# Food Practices in Residential Children's Homes: The Views and Experiences of Staff and Children

## A Resource Handbook for Reflection

# Food Practices in Residential Children's Homes:
## The Views and Experiences of Staff and Children

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**Thank you to all the young people, residential staff and managers who supported this project and who so willingly gave of their time.**

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# Background to this Handbook

This handbook shares the experiences of staff and children on food in residential care. By thinking about food they reflect on some of the complexities of residential care and what its like to live and work there. We hope that by sharing these views with you and providing you with questions to reflect on, you too will think about how food is used by you, your colleagues and the children you care for. The handbook brings together a range of issues connected to food routines in residential children's homes and aims to 'unpick' some of the assumptions that surround them. It hopes to raise awareness of the many messages connected to food and the different ways in which food can be used.

Too often, residential care has been viewed in terms of its negative outcomes and as a 'last resort'. Residential children's homes are complex environments, fulfilling a range of functions in a variety of ways. For staff working in residential homes it can, at times, be difficult to step back and look at the significance of small acts in relation to "the bigger picture" given the demands and responsibilities that you are required to meet.  Just as children in care can feel isolated when it comes to their experiences and worries, so can residential care workers.

This handbook presents some of the findings of a study conducted in three residential children's homes in Scotland. It was carried out by a research team (Samantha Punch, Ruth Emond, Ian McIntosh and Nika Dorrer) with backgrounds in sociology and social work, based at the University of Stirling.

In order to really get a sense of how food is used everyday in residential care Nika spent three months in each of the three children's homes, observing and taking part in the daily (and nightly) routines. We also conducted 12 group and 49 individual interviews with children, managerial staff, care workers, cooks, administration and domestic staff plus informal conversations with staff and children. A total of 21 children (9 to 18 years) participated in this research.

Our study was funded by the Economic and Social Research Council and conducted between October 2006 and March 2009.

## Staff in the study thought that the handbook could be useful in a number of ways:

- "If someone had given me this handbook on food when I first started to work in residential care it would have been useful because it would have highlighted the importance of food and relationships."
- "People have been brought up in a certain way and have had certain values instilled in them so they use food the way they've been taught. They are not aware what implications it can have on the kids. So a lot of the time it's done but they are not thinking that it's done; the handbook maybe highlights that to them so they can better use food as a tool."
- "The handbook conveys the range of issues that affect residential care workers and their interactions with children."
- "It is very easy when things start to go wrong to get so wrapped up in it you kind of forget the baselines, where things are at, and get tied up in doing certain things without remembering the bigger picture. It's a tool to reflect back on the things we do."
- "It would be useful only as a guide to begin group discussion – each organisation develops their own philosophy... it would be useful as a starting point!"
- "It opens your mind to how big this thing is. It's not just sitting down to a meal."

## What are Your First Thoughts on the Role of Food in Residential Child Care?

**"I don't rate it as that important, is there much to say about it? Also, I think I could probably say in a nutshell 'yeah, it could be involved in nurturing, it could be involved in showing you care, it could be involved in bringing people together'... I could sort of do it in 5 minutes, I think."**

***(Victor, Care Worker)***

As you can see from the above quote, food in residential care feels like such an everyday part of life that it does not feel too important. Food is an ordinary and regular part of people's lives. The cycle of routines that surround it on a daily basis - from shopping to preparing, to consuming and cleaning up are more or less carried out automatically. We do not usually question the meaning of such simple acts as having a slice of toast or making somebody a cup of tea. However how we 'do food' and the routines and rituals that this involves interlinks with our values, how we care for ourselves and others, and how we define our social positions.

In the context of residential care, the mapping out of food practices can highlight the ethos, beliefs and aims of a home or the barriers that exist to fulfilling them. Our research findings demonstrate that food is used by staff and children not only functionally, as sustenance, but also symbolically. In other words, food is a means through which relationships can be built and developed. Therefore, access to food, and the negotiations that take place around it, can play an essential part in children's experience of being in care. Similarly how food is used can shape adult's experiences of working in residential care.

**"I didn't realise that there was so much to say about food, you know. I thought it was based around the healthy eating thing … but in the end I realised that there is a lot more to food and looking at the social aspects of mealtimes … it's something you don't think of, or maybe you do subconsciously."**

***(Hannah, Care Worker)***

# Food as a Symbol

In sociological approaches to **'everyday' life**, it has been argued that we can understand a society or a group of people through looking at the ways in which **daily routines and rituals** are organised. By rituals we mean a series of actions frequently repeated and often expected to be performed in a precise manner. Rituals play an important role in any society, not only for practical reasons but for what they symbolise. Rituals and symbols can be thought of as "the material expression of something else" (Durkheim, 1995: 208). For example, many of the table manners and dinner rituals we perform without ever questioning them originated in distinctions between social groups around moral beliefs and the significance of such ideals as respect, self-control, and pleasure (Visser, 1991).

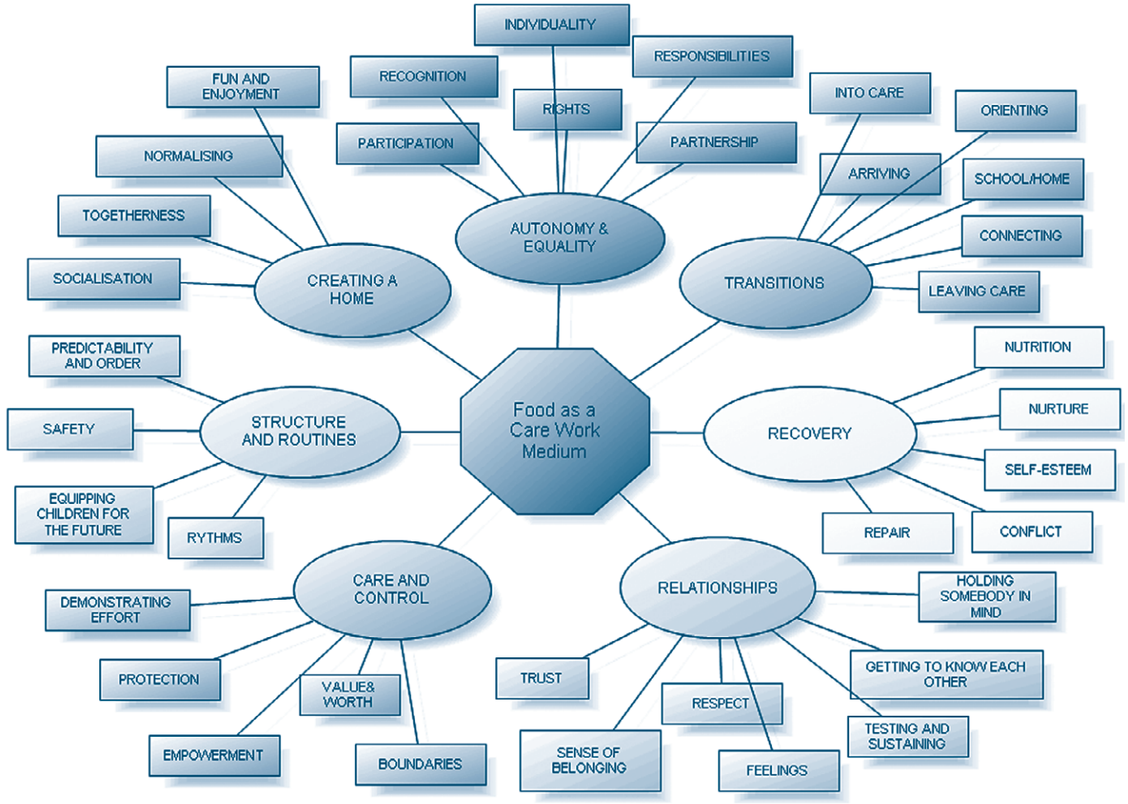
A fundamental starting point for our study of food in residential care was to understand **food not only as a physical object** but also **as a social object** that carries and changes meaning with the different uses it can be put to by people in their interactions with each other (Charon, 2007). In other words, we looked at food beyond its physical qualities to being instead something that can come to stand for **thoughts, feelings, and relationships**. Symbolic meanings work because they are so familiar that we do not consciously think about them. However, **symbols are also powerful** as they are condensed ways of expressing meaning and are often filled with emotions.

In residential care many perspectives impact on the ways food is done and used (see the diagram on page 30). They need to be taken into account when trying to understand the role food plays in a residential home, for children ***and*** staff. The diagram on the next page shows all the different ways that food is used in residential care.

*"In a sense, Child and Youth Care, like all helping professions, involves the encounter of cultures, each with its own way of assigning meaning to particular events. The culture of the young person and family, the culture of the dominant society, the culture of the program in the organisation, and the culture of the worker all impinge on the intervention process. It is only when the worker attends to how meaning is construed in all of these that she can begin to understand the young person and his or her behaviour."*
*(Garfat, 2004:9)*



# Food and its Interconnection with Care Aims – An Overview



# Mealtimes as Sites of Ambiguity and Ambivalence

*Ambivalence: the presence of two opposing ideas, attitudes, or emotions at the same time; a feeling of uncertainty*

*Ambiguity: a situation in which something can be understood in more than one way and it is not clear which meaning is intended*

The ambiguous figure of the vase/two faces illustrates one of the key features of mealtimes in a residential children's home: their twofold nature. Mealtimes can be one of the best and worst times of the day. They can be fun, educational, and happy; they can also be stressful and difficult despite staff making much effort and putting careful thought into enabling mealtimes to be a positive experience for everybody.

These are some of the words staff used to describe mealtimes:

An open welcoming forum, relaxed and happy times, a stepping stone, themes of constancy, social gathering, a process we go though, focal point, a dot on the map of the evening, a milestone in the day, a point of stress, hotspot, a flashpoint, captive audience, goldfish bowl, spotlight, theatre for conflict, conflict-oriented environment, a chimpanzee's tea party

## *Do you remember your first day at work?*

Your experience of your first mealtime may have been very similar to that of the majority of staff and children who participated in our study. You may have felt nervous and uncomfortable. You may have felt on display, like in a "goldfish bowl" in which your mistakes were magnified and observed by an "audience". You may have felt a sense of entering into something different and needing to understand "how the place actually works" (Sandra, Care Worker). You probably also felt very excited to have arrived and to meet everybody. You may have welcomed the opportunity to get time to talk as the running around and many 'going ons' of the house have come to a momentary halt. So, there can be many mixed feelings about mealtimes.

## *When do you say a mealtime has been 'good' or 'bad', and what are the reasons for this?*

# Mealtime Tensions

Mealtimes can be surrounded by ambivalence. Both children and staff talked about the different, and sometimes conflicting, ways that they understood and experienced mealtimes. Mealtimes could be all of these things and often all at once!

| | | | |
|---|---|---|---|
| Fixed times and procedures make mealtimes and the pattern of the day predictable. | PREDICTABLE | UNPREDICTABLE | The course of each mealtime can be highly unpredictable depending on what people 'bring to the table'. |
| Eating in a close group conveys a sense of intimacy in the private home. | INTIMATE | FORMAL | The pressure of social expectations and the shifting composition of the group can also make it a complex, formal public event |
| The proximity of people around the table can convey a sense of closeness. | CLOSENESS | INTRUSIVENESS | This proximity and the expectation to converse can also feel intrusive. |
| Eating around the table together can create a sense of trust and togetherness. | TRUST | DISTRUST | There can also be increased fears of food contamination or other threats posed by others |
| Mealtimes can be thought of as inclusive events. | INCLUSION | EXCLUSION | Mealtimes may exclude some due to the complicated and potentially intense social dynamics at the table. |
| People can feel powerless or vulnerable around the table because of the level of exposure to or surveillance of the group and the need to eat. | POWERLESS | POWERFUL | People may also feel powerful if they have the attention of the group and they may cause a disruption of other people's basic needs. |
| Mealtimes are thought of as shared time. | SHARED TIME | ME TIME | People also look to get some 'me time' through mealtimes; time to attend to needs, relax and think |



# The Importance of Mealtimes

For many of the staff mealtimes were an important place for children to learn about behaviour, acquire skills and feel connected to one another and the staff. Mealtimes could offer a real sense of belonging and closeness which many considered also happened within families. There was acknowledgement that this had not often been the experience of the children within their family homes. Mealtimes were therefore about repairing poor experiences and relearning ways to socialise and make relationships.

Children shared many of the staff's views on the importance of mealtimes. They too reported enjoying a time where everyone could be together and where stories could be shared by staff and children. For a significant number of ex-residents food and mealtimes were key memories of their experience of the residential home. For them visiting for a meal could constitute a continuing connection point with their residential home on several levels: a reconnection with the nurturing and care they received, an opportunity to reflect on the past and their transition to the present, a confirmation of their relationships to staff

> **"It's better 'cause if you're like sitting on your own and that, I prefer to sit and have a meal and once finished you can still sit there and just talk to people."**
>
> *(Melanie, 16)*

> **"I think it's better tae 'cause you just feel like a big family."**
>
> *(Ryan, 15)*

However, many of the children were more negative about mealtimes and highlighted things that bothered them.

> **"Mealtimes are OK, but when it's like crowded around the place you're like "oh here we go" and you can't sit down."**
>
> *(Adam, 17)*

> **"Sometimes like if I'm in a mood and that I don't like talking to anybody."**
>
> *(Demi, 15)*

***Are there other reasons that are important to you?***
***What are the pros and cons of mealtimes in your residential home?***

# Shared Mealtimes Around the Table – Attendance

On the opposite page is a list of different approaches that we observed across staff teams and at different points in time. In practice the boundaries between these approaches can be more blurred and there can be some cross-over of the pros and cons listed here depending on the make-up of the resident and staff group and issues affecting them at different points in time. As you can see each one of these approaches has advantages and disadvantages attached to them.

***What is your approach to getting the children around the table for mealtimes?***

***What are your reasons for doing it this way? Have you moved between the approaches?***

**"I think we have become more sensitive to the reasons why some of the young people won't eat at the table. It's not just being awkward. They have very real difficulties and issues around it that we need to work with."**

*(Nicole, Care Worker)*

| Children's Attendance at the Table is: | Pros | Cons |
|---|---|---|
| **Strongly Expected.** Children are expected to sit at the table for teatime (unless they provide a sufficient reason for not eating). The enforcement and predictability of the routine offers security and is helpful to the children as they can feel anxiety around food provision. | • Increase children's regular consumption of nutritional, cooked meals<br>• Group sits together regularly, some level of inclusion<br>• Children learn routines, basic manners and self-discipline at the table. They make up for missed experiences and are being prepared for independent living<br>• Little food waste | • Children can experience mealtimes as forced events not in their interest<br>• Adult control of the physical and emotional self<br>• Mealtimes can be viewed as something "to get through"<br>• Difficult experiences or feelings may result in aggression at the table and result in the removal or restraint of a child |
| **Highly encouraged – some pressure.** Adults may either try to coax children to the table or use spatial sanctions e.g. lock other rooms; lock the kitchen in between mealtimes. Some enforcement is important due to the cons of non-attendance and reasons given above. | • Increases children's consumption of nutritional, cooked meals<br>• Regular coming together of the group<br>• Children have some level of autonomy to participate in the mealtime on their own terms | • Mealtimes can be preceded by difficult interactions between staff and children<br>• Children feel their needs and priorities are not respected<br>• 'Us versus them' perceptions can emerge; resistance can be practiced<br>• Attendance varies; children may not stay at the table for long<br>• Food waste |
| **Encouraged - without pressure.** Attendance is expected but there is less adult pressure to sit at the table. Some flexibility in terms of times and spaces for eating. Importance is placed on creating a sense of belonging and on relationships, and recognising children's individual difficulties. | • Children perceive sitting around the table as a positive choice; come to the table to join the conversation even if not eating<br>• Children can withdraw when they feel they cannot cope; learn to articulate and manage feelings<br>• Can get privacy or one to one time when they feel they need it without missing out on a meal | • Not many children may join in regularly depending on circumstances; buy in and out of mealtimes<br>• Frictions within the group can become ingrained<br>• Children may not eat meals regularly<br>• Food waste |

# Chores: To Do or Not to Do

Chores constitute one of those everyday issues over which there could be strong disagreement within a staff team. The table on the opposite page outlines different approaches to children and young people participating in the daily chore of washing the dishes. Each approach has advantages and disadvantages attached to it.

On the whole, the children in our study, were not averse to the idea of being taught how to look after themselves in terms of managing money, cooking, and cleaning but they felt they should not be made to do it. They felt it would be useful if they were given some more responsibility in the house step by step without this amounting to pressure on top of everything else. They said that being expected to cook or clean for everybody could make them a target for other children or could lead to unfairness (e.g. the perception that some children are being asked to do chores more often than others, or that you always have to do the dishes on the night when all plates and pots have been dirtied, or the feeling that other children are getting more help from staff, which will often be the case due to different levels of ability).

| General Approach to Chores | Reasons and Perceived Benefits of Doing Chores: Staff's Views | Difficulties |
|---|---|---|
| **There should be a cleaning rota and the children should wash all the dishes** – staff also help<br><br>**Cleaning should be highly encouraged if necessary by use of rules and sanctions** – e.g. everybody has to do their own dishes | Both the first two approaches have similar reasons attached to them.<br>• Showing respect and appreciation that somebody has spent time preparing their food.<br>• Reinforcing responsibilities and training - instilling some basic self-care principles.<br>• Overcoming a dependency culture on staff - not being lazy nor treating staff like servants<br>• Preparing children for independent living.<br>• Not avoiding resistance - e.g. they can't get around doing something purely by 'kicking off'.<br>• Participation - many households expect everyone (adults & children) to contribute to cleaning up<br>• Chores in return for pocket money seems fair (can be similar in other households).<br>• Practical issues: it avoids having to wait to use the room until staff have completed all the work; it is a big job and can be done more quickly if several people are doing it. | • The rota can be a great source of anxiety for the children.<br>• Staff have to cope with children's resistance<br>• Imposing of sanctions or restraints: "You are not getting anything until you've washed your plate"<br><br>"The amount of arguments and confrontation that this initiates between staff and residents, it's not even worth it. And on top of that, half the staff here don't even wash their own dishes."<br>(Liam, Care Worker) |
| **The children should be encouraged to help but their participation should only be voluntary** – e.g. cleaning is the primary responsibility of the cook or other staff | • Compulsory chores sets up another area for potential conflict.<br>• Enforcing chores feels punitive and 'institutional' – having to do it because you are told to do it.<br>• Children help much more when staff cook with them in the evening or weekend or away from the unit and from the spotlight of the main mealtime.<br>• Encouraging a relaxed culture of participation is more effective – 'everybody mucking in'.<br>• When there is mutual respect, children may be more likely to help.<br>• The children tend to be used to looking after their absolute immediate needs, they are not used to this sort of cooperative, collaborative way of living.<br>• Creates opportunities for noticing and acknowledging the children's acts of helping. Whilst doing the chore voluntarily, children may open up about things that are worrying them | • It can be predominantly female staff who end up doing the chores.<br>• A peer culture of not helping with chores can develop. Children who initially enjoyed helping may stop.<br>• A fear of deskilling children and 'letting them down' by not encouraging participation and teaching basic tasks.<br>• Creating an expectation that staff clear up all the time can lead to conflict if children are asked to help out at times |

## Different Ways of Managing 'Snacks'

Staff distribute snacks in many different ways, such as the following:

| | | | |
|---|---|---|---|
| **"If you ask you won't get"** – only requests for fruit or yoghurt have a likelihood of being granted. Staff determine the handing out of all snacks e.g. as 'treats' for positive behaviour | **Rationing Rules –** Biscuits, crisps, chocolates are locked away and distributed according to rules, for example two packets of crisps per day per child, one bottle of flavoured water | **Play it by ear** – there are no rules, staff hand out biscuits, chocolates, crisps etc. according to "common sense" | **Box schemes** – each child is allocated a box with a week's supply of crisps, biscuits, chocolates etc. The boxes are locked away but can get accessed any time on request. |
| **"You always get"** – Crisps, biscuits, chocolates etc. are locked away but staff always bring out enough for everybody if you ask. | **Free access** to all snacks | **No snacks** are bought and stored in the house apart from in house baking and fruits | |

***How are snacks managed in your residential home?***
***How would the children describe the approach?***

**NIKA: What would you tell me about snacks?**
**THOMAS: Dinnae ask for them. Because if you ask you dinnae get.**
**NIKA: If you ask you don't get?**
**THOMAS: Sometimes.**
**NIKA: What would it depend on?**
**THOMAS: If staff are in a good mood or something.**
***(Thomas, 12)***

**"They're locked away in here, but you're still allowed them, but they don't give you like millions and millions and millions of packets. They just bring a handful over enough for everybody, and you still get chocolate biscuits."**
***(Melanie, 16)***



Children require residential care for a range of reasons. Most come to care with a history of trauma which can range from emotional or physical abuse and neglect, to sexual abuse, loss and bereavement. These children are therefore likely to continue to experience a range of emotions which they find difficult to contain and will try to eliminate in some way: fear, anxiety, disappointment, guilt, shame, sadness, anger, loneliness, helplessness, and confusion. Similarly, caring for children who carry this level of past trauma and distress can have an impact on the adults providing that care. The staff can experience powerful feelings working with the pain that the child brings. Difficult feelings can also result from dealing with the child's means of coping with this pain (rage, rejection, risk taking behaviour, sadness etc). Food can be amongst the things we look to when trying to suppress or replace such distressing feelings (Koenig, 2007).

Our study did not seek to observe or detect 'disordered' eating amongst the children or staff. Repeatedly, however, interactions took place around food which reflected the intense emotional complexity of the residential environment. For example, the children's often incessant requests for food, on the one hand, and their rejection of the food offered on the other, mirrored their fundamental ambivalence towards being in care. For staff, who made continuous efforts to absorb and embrace children's emotional tensions, food (be it the making of cups of tea, the snacking on chocolates or the caring for each other with fancy foods) could become something to hold onto which helped in maintaining composure. Children, but also staff, could at times "shovel" down large quantities of food or indulge each other with extra rich puddings. For staff, too, the nature of the work and setting brought a host of difficult feelings about their relationships, closeness, control, and power or powerlessness.

Our observations included incidents where children used complaints about food, the breaking of a food related rule, or the reporting of indigestion and not feeling like eating as a means of creating an opportunity to talk to a member of staff about how they feel. Feelings which were difficult to identify or talk about could be shown through food (see Punch et al. 2009).

# Expressing Emotions

**"I will try and think what feelings I have towards food within my workplace 'cause that was quite interesting in that I never gave it any thought whatsoever."**

*(Beth, Care Worker)*

## *How much are you aware of your own uses and feelings around food when you are at work?*

Here are some of the things children said in relation to food and feelings:

- When you are in a good mood you will just eat anything.
- When you are in a bad mood you don't like any of the food that is offered to you.
- When you have got a lot of stuff on the worst thing is eating with everybody around the table.
- If you are in a mood or you feel bored you can just eat and eat and eat. Crisps help best.
- Food can give you something to do when you are 'grounded' and it can stop you from thinking.
- Food can make you feel happy when you've been really hungry and somebody gives you your favourite dish.
- If somebody annoys you, it helps when you go and eat something.
- Food can make you feel guilty when you have not left any food for other people.

Many staff referred to the children comfort eating due to self-esteem problems or a need for control. Some worried that children would drift into developing eating disorders or obesity. Adult uses of food, in contrast, were mostly viewed in terms of cheering up oneself and others. Staff felt they were more likely to use food as a positive intervention tool, for example to elevate children's mood by offering them a treat or to settle children down by making a tray of hot chocolates.

Only some of the children felt that staff also help them with the expression of negative feelings. Some children reported that negative feelings and related behaviours are 'punished', for example when staff send you to your room during mealtime and you miss pudding.

## *How do children in your residential home use food to show feelings?*



# Expressing Conflict and Resistance

Compared with drug use, bullying between residents, or school attendance, food appears relatively harmless (Kilpatrick et al. 2008). In fact, on first reflection, it is more likely to be associated with nurture than conflict. Yet food and mealtimes constituted a frequent trigger of conflict and aggression for the children.

**Staff called food:**
a "catalyst", a "power tool", a means for "power tripping", a "way to kick off", an "opening gambit", a "focal point", a "last stronghold"

While the regulation of children's eating and saying 'no' to repeated requests for snacks was necessary in the interests of health, for the children such regulation could, as many staff noted, feel like a personal rejection heavy with emotional significance due to their past experiences. Moreover, it could for some children mean the withdrawal of the relative freedom they may previously have experienced in relation to food. Taking the perspective of the children, their resistance to the adult regulation of food was therefore about much more than just a defiance of adult authority.

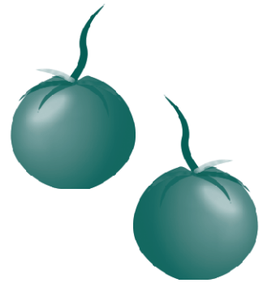
Similarly, both the children and staff pointed out that complaints about the food – which could be frequent - were not always about the food. Food could offer a safe and effective, and thus arguably important outlet for anger or frustration.

Not only the children put up resistance to food routines. A significant number of staff also disliked being assigned times for eating or the repetitiveness of the menu and subtly boycotted these. In all three homes, which served very different meals, many staff expressed their discontent with the menu choices of the cook. The cook, we suggest, could be viewed as representing the institutional dimension of the home. Interestingly, the kitchen emerged as the most contested space in the house – with staff, cooks, and children variously claiming ownership over it.

**"Sometimes when I'm in a bad mood I complain, but if I'm in a good mood then I'll just come in and say, "OK" or I'll just make up an excuse and say I'm not hungry."**

*(Carrie Ann, 15)*

The 'lock up' of food and being 'shut out' of food spaces brings to mind how children can experience being in care, namely as being 'locked up' and 'shut out' from their families or communities.



# Food and Relationships

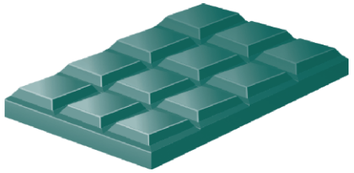
## *What are the first things you do when you arrive on shift?*

There are a range of relationships that exist within residential care. These go beyond the relationships that exist between children and staff and extend to the relationships that exist amongst the staff and children's groups as well as the relationship each resident and worker has to the building, to the managers and to the wider systems. Food marked these relationships from the beginning.

Food has significance as a medium through which connections with a place and people can be made. It offers something like a bridge in a visible and tangible way. It can communicate recognition, acceptance or the claiming of a person or place through its link to personal needs.

For many of the staff, as for the children, a stopover at the kettle or the fridge or asking the cook what's for tea constituted regular rituals on arrival at work or at 'home'. The food practices of children and staff ranged from covert rituals of bringing in bought food, requesting snacks, helping oneself to or sharing food (or hot drinks) with others, and using food to welcome visitors. It seemed to be a way for staff to switch from their private selves to their staff/public selves.

Food also played a significant role in the move into the residential home for both children and new staff.



## *In your residential home, what role does food play in staff and children's admission and how is this viewed?*



For children, food could both help and hinder during this difficult transition period into care. It was a common practice in each of the residential homes to make children feel welcomed by finding out what food they like and dislike. This was invested with much meaning by staff. However, some children viewed eating preferences as something personal, and only to be shared in the context of close relationships. Questions about what they liked to eat could be viewed by some with suspicion and as being as much about control as about caring. Demi, for example, experienced questions about food preferences as "annoying" and confusing when she moved in. Several of the children said there was no point in asking them at the beginning because their head was full with other worries. Nevertheless, it did help getting something to eat that you like. It's a Catch 22!

Sometimes informal uses of food, like having a cup of tea together and finding out how children like theirs, could be a positive way of showing that you have noticed a child.

As you know it can take a long time until children feel confident enough to join mealtimes around the table. The children gave a few tips for making it easier at the beginning. For example, staff could:

- Go to the shop with you to get something to eat that you know and like
- Allow you to eat in a different room from the group
- Allow you to eat with somebody you have gotten to know a little
- Help you through your first mealtime by dishing food out for you or sitting next to you

**"I'm not telling you. I hardly know you."**

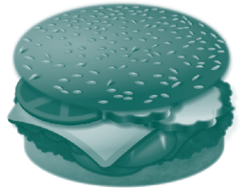
*(Demi, 15)*

Once settled in, children often used food requests or instructions (for example for how to make their special cup of tea) as a way of making themselves known and testing the care workers' willingness to know and remember them.

Some of the children also placed a heavy significance on knowing how to make each person, residents and staff, a cup of tea exactly how they like it. It highlighted people's individuality and differences as well as personalising relations between them, thereby emphasising that they are not just 'a resident' or a 'a staff member' but they are 'Melanie' and 'Beth' and they look after each other.

Children's enjoyment of food could become inextricably intertwined with the sense of familiarity and trust associated with the person preparing the food.

Often children used food to explore the extent and limits of the power they may have in relation to staff and each other. For example they could demand to have something made for them or demand to be brought certain food or drinks to their room. It can be difficult to decide whether this is an inappropriate use of control or if it fulfils an important part of relationship building and responding to the children's anxieties.



**"It makes me feel happy. I think it's like your brain's set up to think: 'Oh this is wonderful food' because the person's cooked such good food for you in the past and your brain's set up to think 'Oh this is going to be nice whatever."**

***(Colin, 18)***

## Providing 'Family-like' Care: Can a Residential Establishment Be a 'Home'?

In policy and practice there has been a longstanding tension between a residential unit as an 'institution' and as a 'home' (Peace and Holland, 2001). The term 'institution' continues to have very strong negative connotations. Current UK policy favours foster placements as the preferred care setting for children and that children need families in order to grow and develop. Institutional care can be seen as the opposite of a family. However there is also a positive side to being an institution. For example, as many of our participants – staff and children - pointed out, a significant number of children in need of care prefer the residential home to a family setting or believe that their needs can be better met in a residential home.

**"We can't get away from the fact that whether or not we like it, we're an institution. What we're trying to do is minimise and mitigate against the worst aspects of institutional behaviour."**

***(Angus, Assistant)***

In order to understand how an institution can also be something positive and useful, we have to look at what the concept of 'institution' means in essence. An institution can be defined as something that shapes a person's actions or behaviour according to 'normal' standards or values. In this sense, we can see how a family home can also be understood as an institution, as families organise their life into patterns according to certain ideals and expectations and the requirements of their working lives. 'Institution' can provide an enabling structure but can also mean constraint, such as having to conform to externally imposed standards. So if we think that all social groups that have a role in shaping behaviours are institutions, then the question becomes what type of institution do we want to be?

**"I've said "It's not their home" and to try and kid this on I think is insulting to them 'cause it's manifestly not their home, it's an institution. Now, we can make it as comfortable and as reasonable as we can, and to minimise all these kinds of impacts, but to kid on that it's their home, that's an insult."**

***(Scott, Cook)***

***To what extent can the residential home be both a 'home' and an 'institution'?***

# Food and Creating a 'Home'

While staff had mixed views about whether their residential home is an institution or not, they all pointed out that considerable effort was put into minimising institutional aspects of the home. Staff often referred to food routines as one of the features that made the residential home 'family-like'.

Many staff in each children's home made a direct and spontaneous reference to 'normal' life when talking about the food routines at their residential home, often backed up by a comparison to their own home. However, while it was thought that in a family home food routines come about somewhat naturally; in the residential home such normality had to be created. Food was thought of as a tool in creating a homely, family atmosphere inside the residential home.

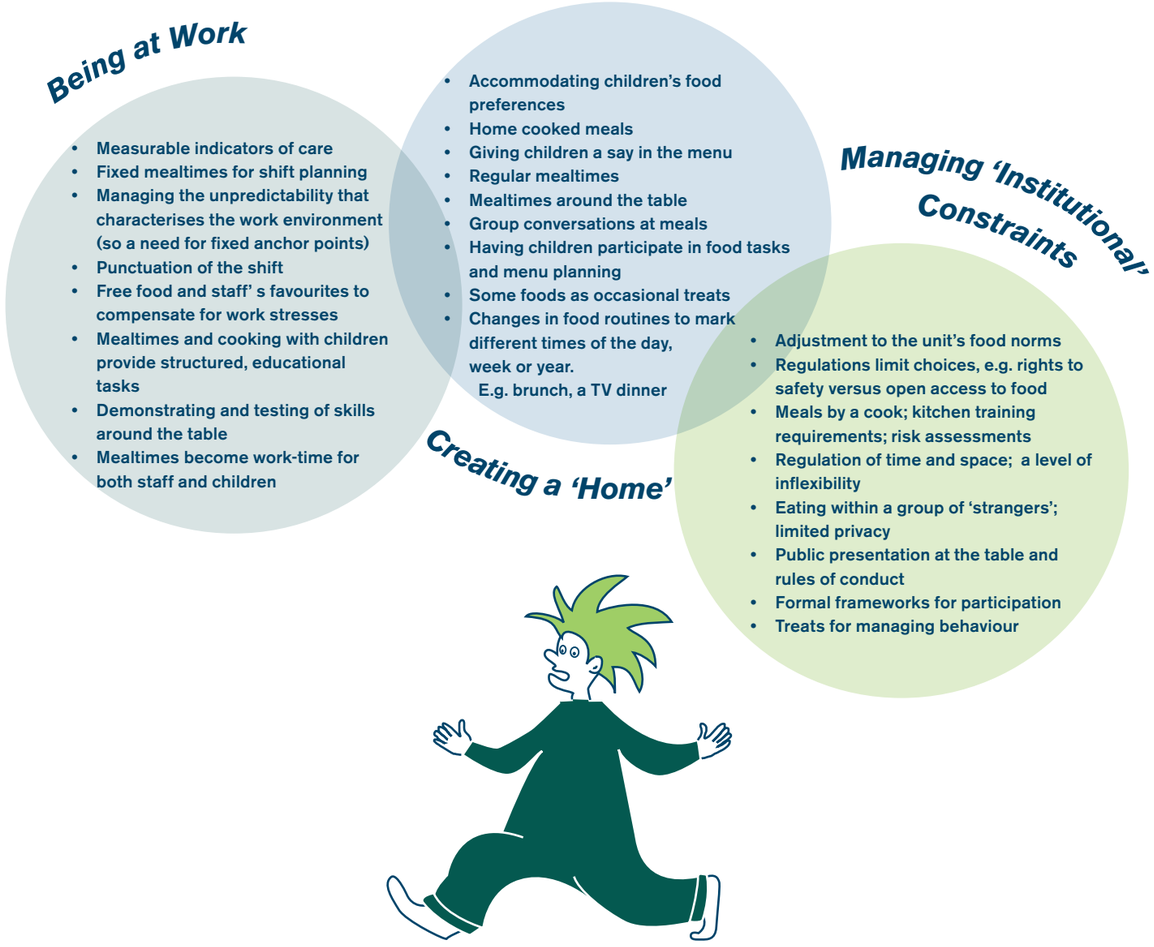
That the residential home is never entirely like a family home could, however, also be highlighted by looking at food. Some members of staff noted that because the children had difficulties in a family setting the boundaries and structures around food in the residential home had to be different. Others pointed out that the children's responses to being given or refused food are different in the residential home because of the children's past experiences or the effects of living with a large group of children.

Staff described a sense of juggling the demands of creating a home like environment with the bureaucratic and 'treatment' demands placed on them as a provider of formal substitute care. Furthermore the children's home was their workplace. This tension is shown on the next page.

> **"The fact that it is a children's unit and these kids are already marked out as being in care and a big part of what we're trying to do is give them as normal an experience of growing up as possible, but we can't make it completely average or ordinary because we need to have boundaries and structures and just by the very nature of having those it becomes institutionalised, it becomes regimented with routines that you wouldn't expect to find in a everyday family situation"**
>
> *(Vinnie, Care Worker)*



# Food Routines and Three Key Tensions in Residential Care: A Juggling Act



# Can Food Make you Feel at Home in Residential Care? Children's Views

The children, in contrast to many of the staff, were clear that they were living in an institution rather than 'their home'. Some pointed out that the fundamental difference was that they were not there by choice and they did not get to spend as much time with their family as they liked. However, this did not mean that the children thought that the residential home could not be 'home-like'. They explained that a 'good' residential home can be thought of as a place where people help you, a "chill space", a "breathing space", and a "safe place". It becomes 'home' when you get to know people and when you feel that people care about you like they care about a friend or their own family and they make an effort to understand you as a person. Having their own space and possessions and a right to privacy was thought of by all as very important for making them feel 'at home'. Some of the children felt the adults should not tell them "it's just like your own house" if it is not.

- The majority of children did not feel that the systems for participation, for example joint menu planning or rotas for chores, created a sense of 'home' or 'ownership' of the house for them. Some found them difficult or "pointless".
- Some argued that food by itself cannot make you feel 'at home', however other children said that food can contribute to making them feel 'at home' although ultimately it can only do so when they are sharing food with their family and friends.
- While almost all the children felt that getting their favourite dish could make them feel "happy", they also stated that the food their mum used to make for them can only make them feel 'at home' if their mum made it.
- Children highlighted that the familiarity, identification and trust one feels towards the people who prepare and share the food with you are a crucial determinant of how the food is experienced.
- Ways in which food could make children in care feel at home:
  - Some foods the children used to get at home, like sweets, crisps, or a special hot chocolate could provide a comfort and transmit a memory of being with their family
  - Having a friend over to share food with
  - Being allowed to eat in front of the TV
  - Being allowed snacks in their room or to eat their meal away from everybody, for example when they were going through a hard time
  - Two of the children said that coming back from school or college for their lunch or tea around the table
  - Only children at one of the homes spontaneously associated shared meals around the table with notions of being a 'family'.



# Food, Care and Control

Thinking about the role of food requires people to think about the aims and objectives of residential care in general. What should 'care' consist of in a residential home? Is food part of 'basic care' or does it go beyond that? How can caring for children be demonstrated, and is it different from caring about children? Nearly all staff stated that elements of 'care' and 'control' were central to their work. It was however less clear whether these two notions are in conflict with each other or what it means to balance them.

**Staff's Views**

The majority of staff saw food as an important way to communicate that they cared about the children.

- Many members of staff thought that finding out each child's favourite foods helped them to feel that they were individuals even though they were living in group care.
- For staff, paying attention to the children's 'likes and dislikes' demonstrated that they had recognised a child, showed an interest and cared enough to make something especially for them.
- Establishing a child's food preferences could define their care role as 'family like' since knowing what your child does and does not eat was considered to be characteristic of a parent.
- Several members of staff noted that such small gestures as bringing a child their special hot drink or remembering how they like their toast could be used to show genuine care and effort, something that can be difficult for a child to know when the adult is paid to care for them.

**"It's a way to show caring and nurturing and comfort, 'cause there's such a comfort round food … It's a simple way, shall I say, whereas some other bits can seem really hard to show you're caring. When I say, "No you can't go to your mother's tonight" in case she beats you up, that's me caring, but it doesn't feel very like it if you're wanting to go and see your mummy."**

***(Nicole, Care Worker)***

**Caring also consists to a large part of exercising control** over children, which, as Nicole points out, is a form of caring that the children may find very difficult to trust and accept and which can elicit complicated feelings. Several members of staff highlighted that the children in their care required stricter boundaries, guidance and protection than other children because of their past experiences. So, it is less about care versus control but rather **care *and* control on a continuum of caring.** Across the three residential homes we found varying approaches to care, with some staff teams tending towards a more liberal approach and others towards a more structured approach, and some being somewhat torn in the middle. We hope the remainder of this handbook will help you to reflect on some of the advantages and disadvantages connected to your own use of care and control.

In the area of food, direct control was at times considered necessary with regard to:

- The amount of food or certain types of snacks the children were eating.
- Their access to the fridge or kitchen.
- Their conduct and presence at the table.
- Food was also used as a means to exercise control over other areas. For example, treat food could be used as an incentive for good **behaviour** or as a reward for good conduct at **school**. Food and such food related tasks as menu planning, cooking and doing cleaning cores were used to achieve a level of **participation** in care.

Food was also tied up with **official controls and regulations** (see p31), issued by external authorities in the interest of the safety and welfare of the children, but which could be difficult to bring in balance with the care aims of a residential home. For example Health and Safety requirements could negatively impact on staying responsive to individual needs and creating a 'home-like' atmosphere. Taken together, control as an important part of staff's care duty could lead to the existence of many rules within a residential home.

Over time some rules could become so normal that nobody questioned their existence. In the present study many staff claimed that there are no rules for eating around the table apart from "don't throw food."

***Can you identify and explain the reasons behind each rule practiced in your residential home?***



**Children's Views on Care and Control**

All the children noted that the staff's role is about making sure the children stay safe. It is the staff's responsibility to provide care through giving them a room and basic material things. However, the children thought that helping them feel good about themselves and helping them with their families were amongst the most important care responsibilities that staff have. In addition, the granting of privacy was flagged up as very important.

Almost all the children spoke very appreciatively of their cook who was clearly an important person for them. They approached the cook for a range of needs. Often the cook could be their first point of call when needing to talk about something or to let off steam. Many expressed their regret that people could sometimes do or say things to the cook that were not pleasant. In several ways then, and maybe because of their position of lesser power, the cook could fulfil a parental role.

**"Scott's the best. I wish he was my dad! It's just, his cooking, he's got a nice personality, he's got a good sense of humour, he's just great."**

***(Abbey, 12)***

**Food and Caring**

Many children felt that knowing how somebody likes their food or drink and paying attention to detail (e.g. what cheese you like and how you like it on your toast) is a way of showing you care. Generally it was felt that if a person does not like the food that has been prepared and requests an alternative, it would be a gesture of caring to make them something different. Several children in all three homes gave examples of staff preparing something in a special way for them (a special supper snack, soup when you are ill), which they viewed as good care; often less because of the food per se than because of the personal attentiveness and connection involved in these acts of providing (see Punch et al. 2009).

**MELANIE: 'Cause when Angus was off I missed my toasted rolls. Know what I mean? So I had to get other people to make ma toasted rolls.**
**NIKA: And was it the same?**
**MELANIE: Nuh.**
**NIKA: What was missing, do you think?**
**MELANIE: Angus!**

***(Melanie, 16)***

*Children argued that there can be a fine line between*

## Control feeling like Caring *and* Control feeling like Constraint

Overall, the children felt that a certain level of control from the adults was helpful, in fact, necessary. In each of the residential homes, children stated that their care workers need to take control where the children may not manage and cause harm either to themselves or others. Many children also placed importance on the learning of manners, healthy eating, and independent living skills.
However, the children also stated that there was a limit to the usefulness of staff exercising control. For example, many of the children said that it was good that they were introduced to different dishes and that the staff encouraged them to try healthy food choices as long as they were not pressured into eating different foods. As one of the boys pointed out, nobody should be ***"pushed into doing anything, you should still have a choice"*** (Alex, 15).

From the point of view of the children, there were 'fair' and 'unfair' uses of control and there was a fine line between what was perceived to be adequate or unfair control could be fine.

**Fairness & positive control/care**

**For example:**

- Supervising the use of knives so that nobody gets injured
- Locking away snacks such as crisps or chocolate bars to help children stay healthy and prevent other children eating them all in one go
- Encouraging children to wash their hands so that food does not get spoiled.
- Interventions that prevent other people from putting you off your food
- Telling a child to withdraw from the mealtime when he/she is not in the right frame of mind

**Unfairness & negative control/care**

**For example:**

- Being pressured into changing your diet
- Changing your manners through reprimands in front of everybody
- Compulsory participation in chores
- Rules that restrict your access to spaces (like the kitchen, dining room, or bedroom)
- Rules that restrict access to your possessions, e.g. your mobile phone during mealtimes.
- Group sanctions for something other people have done.
- Not being allowed to make yourself something to eat outside the fixed mealtimes, e.g. when you have been out in the evening

***Which of these do you agree and disagree with?***



## Power and Empowerment

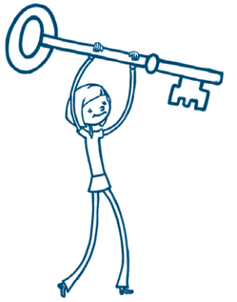
The idea that adults have power over children or need to exercise this power can be a difficult subject for staff and children. Often power is something that children in residential care have experienced as being misused by adults. Similarly staff seemed uncomfortable with considering their role as involving the use of power. Instead, staff preferred to think about power as exercising control in the form of 'boundaries' or 'routines', which they considered key aspects of caring.

However this can limit how we reflect on the many dimensions of power. What are the meanings behind acts of power and control? What does power consist of and how is being powerful and powerless experienced? Power, control and power differences are part of all areas of our lives.
Power relations in the residential care context can be ambiguous. Both our observations and the accounts of our participants suggest that child-adult relations across the residential homes were characterised by a 'power paradox': at times adults and children perceived each other as simultaneously powerful and powerless. Food practices were a crucial way in which this was played out.

The diagram on the next page illustrates the complexity of power relations that impact on the relationships between staff and children in a residential context.

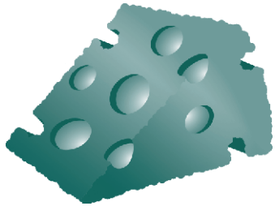
**"Personally, there are times when I think, "What can I do?" I don't think I'm that confrontational, I prefer to negotiate and barter and there are times when the kid wants to dig their heels in and that's not going to work. And at the end of the day you think, "What can I do? Sanction you?" (LAUGHS) And it just doesn't seem appropriate."**

*(Alan, Care Worker)*

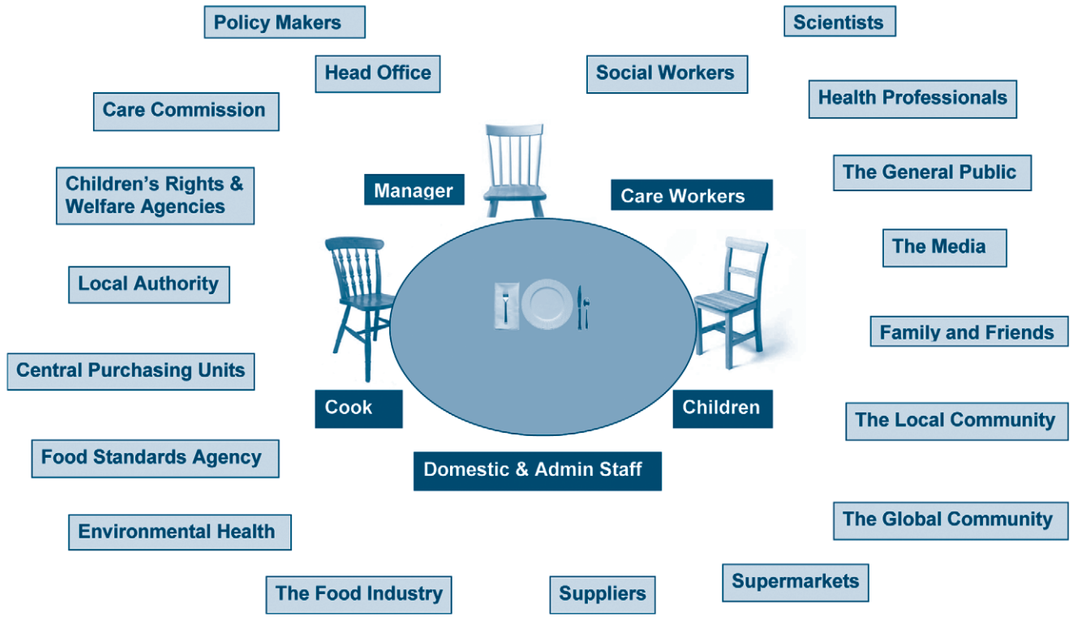


**"You have got that control, it's like it's a power thing - we've got the power, we've got the keys."**

*(Sally, Care Worker)*



# Residential Care: Webs of Power




# Food as a Site of Official Control

Staff sometimes argued that residential care workers are in many ways the opposite of powerful. Mapping out the stakeholders and decision makers in relation to food illustrates this well (facing page). Many of the staff also felt constrained by the rules, regulations and policies that have been imposed on residential children's homes in the area of food. One of the managers said food is something "everybody has got an opinion on" and is therefore difficult to get right for everybody.

Food can also be linked to external assessment and controls as it can be viewed as a measurable indicator of care work. The children's weight, for example, is a very visible aspect of their wellbeing in contrast to their feelings or thoughts; quantifiable are also the number of menu choices provided, the quantity of snacks consumed by the children, the number of new food they have tried since their arrival, or how many children sit around the table during mealtimes. Given the difficulty of providing an 'objective' measure for good relationships, there can be pressure to deliver measurable evidence via the area of food.

Many members of staff felt that safety is a number one priority and there are good reasons why practices around food are regulated differently from a family home. However, current health and safety policies which call for ever stricter control measures could also mean that there was a heightened perception of risk, safety and liability in relation to food and the kitchen which could constrain interactions between staff and children.

Some highlighted that health and safety regulations, in fact conflicted with other care aims such as the creation of a home-like environment which was equated with informality and access to food (in your home you can go and "raid the fridge"). Current health and safety legislation introduced a level of mistrust towards children and staff and defined children as both in need of protection and as a constant risk to others, for example through contamination.

**"I'm not trained to make meals for these kids so if anything happened, I would be liable."**

*(Sally, Care Worker)*

**"I suppose you're more governed by health and safety things here, aren't you. Knives are locked away in cupboard – and there's good reason for all of these things. And some things are kept outside and some things you don't' have easy access to because there's too much of it, because it's a big household, you know, if this was your family home you'd have all the food in the kitchen cupboard. "**

*(Alana, Care Worker)*

# The Importance of Adult Power and Control

Staff had to control food for a range of reasons including children's safety, health, emotional wellbeing, skills development and education. In order for children to feel safe and supported adults need to have more power than children and need to able to make decisions on behalf of them. Some members of staff, however, also pointed out that there can be a "thin line" between imposing rules for the sake of safety and health and imposing rules for the sake of keeping the upper hand.

**"It would be comfortable for me to say, right, lunch is at such and such a time and then when that time is over it's over and then, "You didn't get any? Well, that's a shame. So maybe tomorrow you'll know to be here at that time." And then I have to think, well, that's not really my role to be doing that, and I'm here to make sure that they get fed – and not necessarily when I think it's right that they eat."**

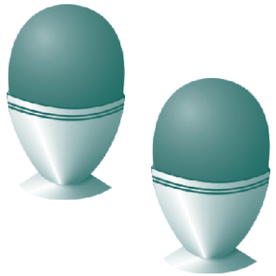
*(Scott, Cook)*

**Tilting the balance**

Almost all the children in our study recognised the staff's decision making power and exercise of control, although they felt it was more than their parents, for example, when staff issued sanctions and restrained children's movements. For some children, the easiest option was to "do as you are told", even if they did not share the staff's view, for example, on the importance of doing cleaning chores right after the meal. When children perceived there to be a rigid divide of power this resulted in attitudes of rebellion, which in the interviews surfaced as jokes and fantasies around the use of force or violence. In our observations they emerged in the form of a 'circularity of power' – children responded to control with resistance to which staff responded with a tightening of measures of control. Children could subsequently experience frustration over adults not making an effort to understand how they feel.

**NIKA: And what do they usually tell you when you're complaining like that?**
**DEMI: Just eat and stop being ungrateful.**
**NIKA: How does that make you feel?**
**DEMI: I just feel like chucking a plate or some thing about**

*(Demi, 15)*





# Staff and Children have Different Relations to Food

The tables below list some of the food practices in which staff and children engaged. They show that whilst staff have 'official control' over many issues relating to food the children use food to try to gain control or exercise power.

Staff too can use unofficial actions around food to excerpt power. Often the battle for power was tied up with other feelings and experiences for both children and staff.

- Staff are in possession of keys and can lock food spaces (kitchen, dining room, storage rooms) and thus deny or control access to food
- Staff largely determine what, when, and where children eat. Mealtimes can be defined according to adult objectives, e.g. breakfast as a time to get focused for school.
- Staff can remove somebody from the table, at times leading to children missing their pudding or their food getting binned.
- Staff can set the tone and rules for conduct at the table.
- Staff can help themselves to snacks just as in their own home. Sometimes they snack more at work than at home.

- Staff can define food spaces as adult or public spaces, e.g. by having a staff lunch at the table, by holding a meeting in the dining room, by using the dining room to welcome visitors.
- Staff can define the meaning of and entitlement to certain types of food by calling them 'treats'.
- Staff have more opportunity to use food for the expression of companionship, for example by sharing food or eating together in little groups.
- Staff can use food to express their identity and personal concerns, for example, by eating different food, by having special things bought for them for regular use rather than as treat, by having their own cup.

- Children can choose what food is put on the menu.
- Children can choose to eat or not to eat.
- Children can earn a change in food routines through positive behaviour.
- Children can disrupt mealtimes and interfere with others' eating.
- Children can spoil or contaminate food.
- Children can injure themselves and others – knives, hot surfaces, hot substances.
- Children can waste food.
- Children can hide food.

***In what ways do staff and children use food as a means of gaining control or resisting rules and expectations?***

# Sharing Power – Recognising Autonomy

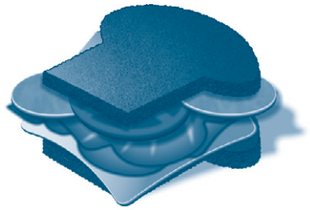
Interactions around food could reflect the children's means for redressing the power imbalance. There were a number of small acts that could enable children to feel like staff are on their side and help reduce feelings of 'us' versus 'them'.

**"He would ask you to make him something to eat and it didn't become about the food itself again, it became about whether or not you would go and make it for him, that's what became important for him. It was you sending out the message that his relationship with you was valuable enough for you to go through and make him something to eat."**

***(Alana, Care Worker)***

**Some examples of adults helping children to exercise power and control in positive ways:**

- Being flexible with routines, for example offering a favourite snack to a child every now and again for no reason or bringing a special breakfast roll to their room.
- Giving children some room to co-direct food activities, even if this can mean a deviation from some rules, e.g. a later lunch, a sandwich taken to the back room.
- Allowing for occasions of role reversal, e.g. a child asking a member of staff to tidy up, a child looking after members of staff through making them cups of tea or a snack.
- Giving out food treats not only as a reward for compliant behaviour, e.g. unconditional treats instead of ice creams for doing the dishes as expected or toast brought to your room if you get up.
- Allowing for some playful teasing out of power differences, e.g. banter around who owns the kitchen, who can boss whom around to make cups of tea.





# Summary of Key Themes

The staff and children involved in this study showed us that food and their behaviour around it was a key part of life in residential care, one that shaped people's experiences of being and working in care. Through food adults and children gained a sense of belonging, negotiated and marked out relationships, learned different social skills and expressed a range of feelings. Food also offered a safe way for adults and children to test boundaries, to show anger and distress, to reject care or relationships and to demonstrate power over another or oneself. The following tables summarise some of the main issues that emerged in relation to each of the four parts of this handbook:

**Part I: Food and the Residential Care Context**

- Food is such an **ordinary everyday aspect** of providing care that the interactions and meanings that surround it are rarely questioned or brought into consciousness.
- Food works as a **powerful symbolic medium** through which thoughts, feelings, and relationships can be played out.
- Staff and children who participated in this research indicate that food is used to achieve a wide range of **care aims.**

**Part II: Managing Food Routines**

- Mealtimes can be **ambiguous** events. They can either be the best or worst times of the day. People tend to have mixed feelings about them and can experience them in conflicting ways.
- There are different approaches to managing a range of practical issues around food across teams and resident groups, such as mealtime attendance, chores, and access to snacks. While each staff team can give good reasons for choosing a particular approach all the approaches have a set of **pros and cons** attached to them. The children's experience of these approaches can differ from the views of staff.

**Part III: Food, Feelings and Relationships**

- Interactions around food often reflect the **intense emotional complexity** of the residential environment. Children and staff use food to suppress, replace, or manage emotional tensions. Feelings which are difficult to identify or talk about can be shown through food.
- Food is a medium through which connections and **relationships can be created, tested, negotiated and sustained.**
- Both staff and children can respond to the regulation of food with **resistance** but for the children such regulation tends to be experienced in complex ways partly due to their past experiences.
- Through food staff and children manage the **transition** into the residential home, gradually gaining an implicit understanding of rituals, codes and procedures.

**Part IV: Food and the Tensions within Residential Care**

- The food practices of a residential home reflect the difficulty of **balancing the demands** associated with it being simultaneously home, institution and workplace.
- Food is an important tool to **demonstrate caring**. Staff and children agreed that this also necessarily involved some exercise of adult control. However, there could be a fine line between control feeling like caring and control feeling like constraint.
- Through food staff and children could be made to feel **powerful and powerless**.
- Mapping out who the stakeholders and decision makers are in relation to food can illustrate that staff and children's relationships are embedded in a **complex webs of power**. The external views and regulations which impact on the residential home can be disempowering for both staff and children.
- Staff need to recognise that in comparison with children they have different possibilities available to them when using or regulating food. Small gestures around food can enable children to feel like they are **sharing power, care and control** with staff.



# Summary of Key Differences between Children and Staff's Views

| | Staff's Views | Children's Views |
|---|---|---|
| **Home** | Staff felt very strongly that they should try as much as possible to replicate a 'normal' family home. Many staff considered that food and the routines that surround it can make the residential home 'family-like'. Many also felt that they should recognise and tell the children that the care home is their home. | The children were less concerned with the care home being like a 'normal' home. Regular (but often inflexible) routines, rules and participation did not enable children to feel more 'at home'. What mattered to children was their privacy, how their movement and access to spaces and possessions was constrained or subject to surveillance. Having the opportunity to determine when it was right for them to participate and in what way was important (such as sitting at the table for meals or doing chores). Their sense of home and belonging depended on their relationships to staff and children. |
| **Safety** | Staff placed much importance on helping the children be and feel safe. Risk prevention was at the forefront of their care duties. For staff setting clear boundaries and offering children firm guidance and structure was very important for the children's development and wellbeing. | The children shared the view that an important staff role was to help them be safe and to maintain order. However, they also needed to be allowed room to test their environment, and to build relationships and trust through exercising resistance and self-determination. Too easily the staff's exercise of control could shift from feeling empowering to feeling constraining for the children. At times the children felt the staff could forget what it feels like for them. |
| **Skills** | Many staff were worried about the children learning enough social and practical skills to enable them to manage on their own when they left care. Many staff considered that children need to take part in chores around food because they learn important skills by doing so which will be important when they are in the 'real world'. | The majority of children therefore felt that being encouraged to work on your manners, skills, and healthy eating was good but they should always feel they still have a choice. They did not share the view that they should be made to contribute to chores. When participation was enforced in inflexible ways it was not experienced in terms of learning or caring by the children but in terms of unfair control or a power imbalance. For the children, relationships and a sense of belonging come first, then learning and participation can follow. |

# Conclusions

- Food is used symbolically. The food practices of a residential home provide a window into the fabric of a home. Dynamics between and amongst staff and children, tensions between different demands and care aims are played out through food.

- Just as there are many different ways of being a family, there are many different ways of being a residential home. Consequently food practices are carried out in context-specific ways which depend on a range of cultural and social factors including the:
  - managers' role
  - ethos and identity of the unit
  - dynamics of the staff team (high/low turnover of staff, etc.)
  - dynamics of children's resident group (eg. high/low turnover, settled or not)
  - fluctuating patches of crisis versus non-crisis situations

- There can be a dominant fear of 'the institution' and the assumption can be that all care has to be provided in a 'family-like' way. The issue is not whether a residential home is like an institution or a family. It is about whether the structure, routines, and guidance it provides are enabling and aiding the well-being of all rather than being disempowering or constraining.

- Food practices can be shrouded in ambivalence and ambiguity: they may be intended in one way but interpreted by someone else in another. For example, an act intended by staff to be caring or enabling can be perceived as control or pressure by children. The symbolism of meanings around food practices can be different between children and staff, but also between different children, and between staff members.

- If practice is determined by risk prevention it can become too rigid to accommodate the children's needs. Staff and children need to be allowed flexibility and room to shape and negotiate their relationships and food practices.

# Practice and Policy Implications

Residential staff are involved in a highly complex task which includes helping children recover from the past, supporting children to access services (like education) in the here and now, and planning for their future. This past, present and future work takes place within a setting where not only are children's past lives being played out but also the experiences and values that staff bring.

- **Food provides a barometer for how a children's home is functioning.** By reflecting on the practices and attitudes toward food, staff and children can monitor the ethos and culture of the unit and how it may be changing over time. Food is a simple, and not too controversial, way of looking at what your unit may be doing and how this links to what you want to be doing in relation to the care and support you offer. Cultural and practice changes can occur very gradually and often without people noticing. It is important to stop and reflect on your service at regular intervals both in the short-term (how are individuals or the group dynamics, how is the shift is going?) and in the long-term (how is the unit placed in relation to organisational structures within which it is embedded?).

- **Food can be a useful tool** in helping children recover from past neglectful or abusive experiences. Through food children can experience a sense of consistency and nurture as well as learn to develop autonomy and a sense of control. It is a powerful way of demonstrating trust, care, predictability, flexibility and attuned 'parenting'. It lets staff 'do' care rather than just 'say' care.

- **Food is central to the building and sustaining of relationships.** Relationships are complex in residential care. They happen between and within generations (adult to adult as well as child to child). It is important that thought is given to the opportunities that exist within food practices to help children make and learn about relationships and how they work.

- **There are many alternative ways of doing food**, each approach has advantages and disadvantages attached to it. Residential homes and policy makers have good reasons for what they do but the complexity needs to be acknowledged: *"Residential is not black and white. There are lots of grey areas." "It's almost a dance between security and duty and rituals and to try to make them feel good about themselves. It's really complex."*

- **Food interlinks with all aspects of the spectrum of care aims** that a residential home tries to fulfil. One implication for practice and policy of this study is therefore: *"to help people see the importance of food and issues around food and how it impacts in residential life".*

- **Understanding the role of food in residential care can highlight the importance and often far reaching implications that seemingly small gestures can have in the residential context. The everyday act has enormous therapeutic potential:** *"For me it highlights how important the context of meaning is in residential child care; the overall sense of all the rituals, the nurturing. The 'making sense of your world' is hugely important. And this is just another addition to that; the meaning of food being just as important as in actual fact the physical act of eating it; it's more than fuel you put into your body."*

- **The study highlights the important care work provided by the cook and domestic staff. Their role within the home may deserve greater recognition by employers.**

- **Policy makers need to be aware of all the implications that the regulations they issue can have on care practice in the residential home. It is important that residential units have a degree of control over how they organise food and the practices that surround it.**

- **There are no major cost implications of the suggestions made here.** *"The one thing that stops change is costs. If you look back at policy developments the only things that get done are the ones that don't cost."*

**Food practices can involve many positive elements: connecting, caring, bonding, empathy and sharing special ocassions but they also can invoke notions of power, hierarchy, punishment and control.**

**We hope that this handbook has offered you something to talk about with your colleagues and young people. You might find the questions a helpful tool to guide this discussion. We would be very keen to hear any feedback you might have about this handbook and about the project in general. You can contact us as follows:**

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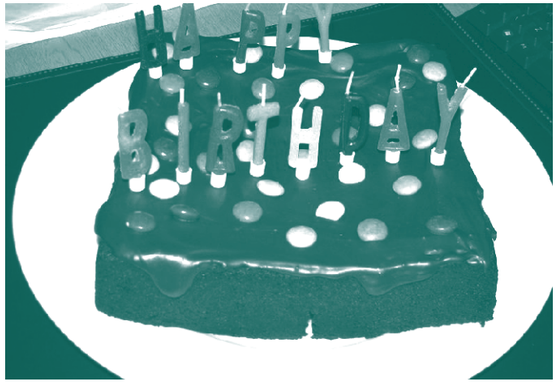
HAPPY
BIRTHDAY

taste

ASDA
gravy granules
for meat

*It's almost an automatic thing, eating and preparing food. You don't really give it much thought really. So I suppose from that point of view this is probably the first time a lot of people have given food and the mealtime experience any great deal of thought. (Geoff, Care Worker)*

**This handbook brings together a range of issues connected to food routines and food practices in residential children's homes. The aim is to share staff and children's experiences of food and mealtimes in residential care. It hopes to raise awareness of the varied ways in which food can be used and the different meanings attached to interactions around food from both children and staff's perspectives.**

**The handbook presents some of the findings of a study conducted in three residential children's homes in Scotland, which included observations, individual interviews and focus groups with children and staff. Care workers involved in the study said the following about the handbook:**

*It is useful as a guide to begin group discussion – each organisation develops their own philosophy... it is useful as a starting point!*

*It's quite strange really because on a day-to-day basis you never really think about food do you?*

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