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**Hearty Lives (Liverpool) : a case study based evaluation of a project designed to promote healthy eating and lifestyles in looked after young people.**

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## **Abstract**

This article will be of interest to all practitioners who recognise the growing body of evidence focussing on the importance of health for looked after children and young people. Unhealthy weight and lifestyle is specific issue for young people who are in the care of their local authorities, whether living at home with parents under the supervision of social services, with foster carers, or in a residential children's home. There is a close relationship between food, nutrition and family connectedness. Following the principles of Appreciative Inquiry, this small - scale evaluation of the *Hearty Lives (Liverpool)* project, uses a case study approach to gain insight into the learning and experiences of those who were involved in interventions to promote healthy eating and lifestyles in looked after young people. Learning gained through the evaluation may provide useful insights to practitioners and organisations who are interested in developing similar projects or interventions.

**Key Words:** young people in care; nutrition; health and wellbeing

## **Background**

### **Causes and health implications of obesity**

The fundamental cause of obesity and unhealthy weight is an energy imbalance between calories consumed and calories expended. Changes in dietary and physical activity patterns are often the result of environmental and societal changes. Globally, there has been an increased intake of energy-dense foods that are high in fat. Alongside this physical activity has decreased due to increasingly sedentary lifestyles

(1). A well-established body of evidence indicates that obese people are at increased risk of multiple significant poor health outcomes, diseases and health conditions (2). Healthy Weight is a key outcome targeted for improvement in both children and adults according to the U.K. Public Health Outcomes Framework (Department of Health, 2015) (3).

### **The association between unhealthy weight, poverty and deprivation**

A multitude of factors contribute to higher levels of obesity in England ; buying food with higher levels of fat and energy; lack of exercise and poverty-related deprivation of basic material assets considered necessities (3). Conrad and Capewell (2016) and Wilsher et al (2016) highlight the associations between deprivation and rates of childhood overweight and obesity, based on the 2001-2010 National Child Measurement Programme Data in England. (4, 5). In such circumstances, families may make pragmatic choices, buying cheaper, less healthy foods because alternatives that are more balanced are too expensive. Families may have limited knowledge of the health risks associated with their current life-style. Access to green spaces, exercise and sports facilities may be restricted, by limited availability locally and limited access to transport. The consequent risks of early death and morbidity due to diseases such as diabetes and coronary heart disease in later life are clear. In addition to increased future risks, children who have an unhealthy weight may experience breathing difficulties, increased risk of fractures, hypertension, and early markers of cardiovascular disease, insulin resistance and psychological effects (1).

## **Obesity and unhealthy eating as a specific issue for children in care**

In the United Kingdom, the terms “*Looked After Children*” and “*Children in Care*” are concepts defined in the Children Act 1989. They apply if a court has granted a care order that places the child in the care of the local authority, or if a local authority children’s social services department has cared for a child for more than 24 hours. Parental responsibility for the child will be shared between the child’s parents and the local authority if the child or young person is granted a care order. A child who is looked after by their local authority may be living at home with their parents under the supervision of social services, with foster carers or in a residential children’s home or secure unit. For the purposes of the remainder of this paper, the term “*looked after children and young people*” will be used. These children and young people will be in the care of the local authority because they have experienced poor parental support for a variety of reasons. Many will have been considered to be at risk of significant harm or poor developmental outcomes because of neglect or abuse.

Such adverse childhood experiences will compound the effect of other determinants of poor health such as economic deprivation. Liverpool has seen a steady and significant reduction in the extent of deprivation in the last decade, however it remains within the top five of England’s most deprived local authorities according to the 2015 Index of Multiple Deprivation, and ranks within the top ten in relation to Income Deprivation Affecting Children Index (6).

In 2011, Croft and Frith found that almost one quarter of looked after children and young people had an unhealthy weight or were obese. Being in care did not help to resolve the problem and did not prevent children from becoming obese (7). Hadfield

and Preece also found rates of obesity to be high amongst looked after children and young people and that they actually became overweight or obese during their time in care (8). Whilst obesity and poor diet are increasingly a cause for concern for all children and young people, many children come into care with a poor nutritional status. For most of us, food carries with it a symbolic association with love, emotional warmth, comfort, nurture and emotional attachment to care givers. Children and young people who have had early experiences of abuse or neglect often have related food anxieties - will food, love, nurture and comfort be consistently provided or unpredictably withheld?

In the statutory guidance "*Promoting the health and well-being of looked after children*" (Department of Education and Department of Health, 2015) there is a requirement for local authorities to ensure that every child it looks after has an up to date individual health plan as part of the child's overall care plan. This should include mental health and emotional wellbeing and physical health and the care planning framework should include a focus on promoting health and improving health outcomes. The role of social workers in supporting foster carers or staff in children's homes to promote the child's physical and emotional health on a day to day basis is also highlighted.

Baker (2015) found in a rapid review of the literature that young people leaving care have voiced concerns that the experience of leaving care has had a detrimental effect on their health, however plans to support their transition to independence tends to make housing, financial support and education a priority over health and well-being (9). It is therefore important that healthy lifestyles are established before young people

reach this point and where necessary interventions to promote healthier lifestyles are incorporated into transition planning.

### **The Hearty Lives (Liverpool) project**

The Hearty Lives (Liverpool) project was launched in the autumn of 2013 and ran until July 2016. It was supported through a partnership between the British Heart Foundation, Liverpool City Council and Liverpool Health Equalities Group, (a social enterprise alliance delivering practical, evidence-based, programmes and interventions that seek to tackle the root causes of health inequalities.) Liverpool Health Equalities Group managed the project, however a range of stakeholder groups made essential contributions, for example by assisting with recruitment of looked after children, young people and their carers; providing venues for events or facilitating activities within the project. These included the local Children in Care Council, several residential children's homes; children's and community centres; library, parks and leisure services; community and voluntary sector organisations, a city farm, Liverpool Community Health and Everton in the Community (the charity wing of a premier football club.)

Shepherd et al (2005) carried out a systematic review of research on barriers and facilitators to healthy eating in young people (11-16 years) which included a focus on both non-intervention and intervention- focussed research. The review considered wider determinants of health, community and society level interventions. Seven outcome evaluations and eight studies of young people's views were reviewed. The reviewers concluded that the effectiveness of the interventions was mixed, with improvements in knowledge and increasing in healthy eating but differences according

to gender. Barriers included poor school meal provision and ease of access to, relative cheapness of and personal taste preferences for fast food. Friends and teachers were not considered to be particularly important sources of information. Facilitators included support from family, wider availability of healthy foods and motivation to change. The authors concluded that there were significant gaps in the evaluation of interventions and a need to assess the effectiveness of increasing the availability of affordable healthy food in the public and private spaces occupied by young people (7).

The British Medical Association publication "*Food for Thought: promoting healthy diets among children and young people*" (BMA, 2015) explores how the majority of children, young people and adults in the U.K. are not meeting dietary guidance. This may be compounded by adverse childhood experiences. Influencing factors of particular relevance here include the developmental environment before birth and during infancy and its relationship to food environments in later life; the knowledge of parents and carers about what constitutes a healthy diet and family skills for dietary planning, food purchases storage, preparation and cooking. The report includes a call to action to initiate a range of comprehensive measures to promote healthier diets among children and young people, including education and health promotion initiatives that ensure children and young people (and their parents and carers) have the right knowledge to make informed choices (11).

The ethos underpinning the Hearty Lives (Liverpool) was that food is at the very heart of all aspects of care. Family meals are associated with a more healthful dietary intake (12.) Food and its nutritional content affect young people's health and wellbeing outcomes and the relationship between learning to cook and having opportunities to cook are associated with better nutritional indicators, better mental health and stronger



family connections in young people (13.) Emotional attachments and parent –child relationships have their roots in feeding interactions during infancy (14.) Adolescent perceptions of low parental connectedness, communication and caring are associated with unhealthy weight control as well as poor mental health and self-esteem (15.)

The aims of the Hearty Lives (Liverpool) project were to work with young people aged 11-17 in the care of their local authority and their carers targeting young people in foster care and in residential children's' homes as potential beneficiaries. By working in partnership with the project manager, they and their carers would have opportunity to devising the most effective methods of supporting healthier lifestyles in looked after young people. Through the provision of health information, appropriate support and training in food preparation; buying food on a limited budget and making informed choices about their diet would also assist young people to make a successful transition to independent living as they progressed towards adulthood.

### **Activities offered through the Hearty Lives (Liverpool) project**

210 young people and carers participated in the activities and events provided during the three-year project. These included

- *Cook and Taste* courses for kinship groups, carers and staff in residential settings.
- Food growing workshops for families and carers.
- 1 to 1 cooking workshops for young people and their foster carers.
- Sports sessions and gym activities.
- *Walk Leader and Bike Leader* courses.
- Family Fun Days and taster sessions.

- A *Love your Heart* walk and other walking groups.
- *Active Ability* and *Make a Move* training and events and workshops at a local professional football club.
- A *Nutrition Champions* course and a *Train the Trainer* course to enable experienced carers to become champions of the project.

The most popular activities, attracting ten or more participants, included *Cook and Taste* courses; *Active Ability* and *Make a Move* training; the *Nutrition Champions* Course and *Food Growing* courses. *Cycling Sundays* and *Bike Leader* courses were less well attended.

## **Evaluation of the Hearty Lives (Liverpool) project**

The independent evaluation of the Hearty Lives (Liverpool) project had the following aims:

1. To understand looked after children's and young people's views and experiences surrounding food, including healthy eating and food in the context of social relationships.
2. To gain greater insight into carers' views and experiences surrounding food, in terms of both providing healthy eating opportunities for children and young people in their care and the challenges of doing this.
3. To explore how key stakeholders experienced the project to understand impact and outcomes in terms of changes to young people's diets, physical activity levels and wellbeing.
4. To inform potential future work and interventions to promote healthy eating and nutrition in looked after children and young people.

## **Methods**

The design of the evaluation project follows an Appreciative Inquiry approach to recognise the present strengths, successes and potential of the Hearty Lives project by illuminating the perspectives of its stakeholders. The aim is to use people's experiences and imaginations to illuminate what works, the positive core and on what people really care about. Enabling people to share their stories and understandings means that they become co-authors within the development of an organisation or project and can inspire the best in people thereby leading to positive change and development. (16, 17, 18.)

Data was collected during summer 2016. An initial focus group and a series of interviews explored the experiences and perceived benefits of participating in the Hearty Lives programme from both the perspectives of the Project Manager and a sample of project participants. Case Study as a method of collecting and presenting data enables systematic production of exemplars that contribute to the understanding of a phenomenon or the developing knowledge of a discipline. It is recognised to be particularly effective in evaluation projects (19.) In this evaluation the project itself becomes a Case Study triangulating the reflections of the Hearty Lives (Liverpool) Project Manager with short individual case studies of both looked after children and young people and carers who were involved in Hearty Lives (Liverpool.) Interviews included both a focus on healthy lifestyles and physical activity and food and nutrition experiences before, during and after engagement in the programme.

## **Ethical considerations**

Approval to proceed followed submission of the proposal for scrutiny by the Liverpool John Moores University Ethics Committee. Ethical considerations supported the intention to provide an authentic voice to the young people, families and professionals who participated in the research in order to enable their evaluation of their own experiences to inform future service development (20, 21).

### **The Focus Group as a starting point**

A focus group involving young people from the Liverpool Children in Care Council was conducted to establish a base-line understanding of the level of knowledge and healthy lifestyle challenges of “looked after” young people in Liverpool who had not been involved in the Hearty Lives project. Seven looked after young people (three female and four male) aged between 13 and 19 years were recruited. A participation worker supported the looked after young people during an activity that helped to break the ice, generate discussion and ensure engagement of all of the young people on an equal footing. Craft materials were used to construct a collage representing what healthy eating and healthy lifestyles meant to them. This formed the basis of further exploration and discussion with the involvement of the whole group through semi-structured questions. Benefits of making data collection fun for the looked after young people include focussing attention and encouraging reflexivity, supporting inclusivity and enabling exploration of sensitive topics (22).

### **Interview- based Case Studies**

Four face-to-face interviews were conducted with

1. The Hearty Lives (Liverpool) Project Manager.
2. A Hearty Lives Champion (who was also a foster carer).

3. One foster carer (interviewed alone) who had been involved in activities at Hearty Lives (Liverpool).
4. One foster carer and the fifteen-year-old young man in her care (interviewed together) who had been involved in activities at Hearty Lives (Liverpool).

Interviewees were invited to reflect on their experiences by responding to a series of open, semi-structured interview questions and prompts. Face-to-face interviews were audio recorded and responses were later summarised in the short case studies presented in the findings section of this report.

It is widely acknowledged that it is good practice in qualitative research to return transcripts or summaries of interviews to participants to give them the opportunity to confirm that they are authentic, trustworthy, and valid and illuminate a true representation of the intended meaning of the participants (20, 21.) The participants interviewed had the opportunity to make any corrections to returned transcripts they felt were necessary and confirmed accurate representation when this process was completed.

### **Interpretation of the Findings**

Interpretation of the data involved a process of Thematic Analysis – a method of identifying, analysing and reporting patterns in the data flexibly (23.)

#### **1. Findings from the focus group with young people from the Children in Care Council**

The looked after young people who participated constructed a collage representing their individual concepts of healthy eating and healthy lifestyles. They illustrated “healthy eating plates”; an ideal (balanced) Sunday lunch; fruit, vegetables, protein, carbohydrates, fat and sugar; dairy products; words such as “*body*” and “*keep fit*” and “*lifestyle*.”. The collages formed the basis of further discussion and exploration. They expressed embedded concepts of keeping fit, exercise and eating a balanced diet and rated their knowledge of healthy eating as between 7 and 1 on a scale of 1-10, acknowledging that food was “*important*” to them. They described enjoying cooking and preparing foods and trying out new recipes such as *Spaghetti Bolognese; Mac and Cheese; Chicken Korma; Fanta Chicken; Sunday Lunch*.

Their ideas came from a range of sources; campaigns on television and social media (“*everybody is talking about dieting; healthy foods such as “smoothies” and looking good.*”) and magazine images and library books. Most of the looked after young people engaged in physical activities. Examples cited include trampolining at a local park; performance and dance at school or college. Some had experienced theoretical and practical sessions on nutrition and cooking in school or when healthy lifestyles was part of a “*Healthy Eating Week*.” One of the young people had developed an interest in healthy eating and nutrition through undertaking a food hygiene course whilst in custody. This influenced his current eating and shopping habits. Consequently, he had developed aspirations to become a chef. The young people acknowledged that a key influence on their eating and lifestyle was parenting and family.

The looked after young people who participated in the focus group said they had limited finances to spend on healthy activities. They tended to get exercise by “*walking*

*around town with friends” as “City Bikes” are too expensive to hire. (They would use them if they were accessible at an affordable cost.) Things that made healthy eating and life-styles difficult included the comparative cost of healthy foods compared to cost convenience foods and having to shop more frequently as weekly allowances mean budgeting constraints. They said frozen fruit and vegetables do not taste as nice and healthy options in school and college are “unimaginative” and “unappetising.”*

The young people demonstrated their appetite to learn more. They would value activities which enable them to learn more about nutrition and healthy lifestyles; food preparation; trying out a wider range of appetising healthy recipes; exposure to a wide range of engaging activities including adventure sports and outdoor activities; dance and performing arts; Zumba and fitness classes; team games such as basketball, netball and volleyball. Free swimming and access to bikes would be very attractive options.

### **Excerpts from the interview-based Case Studies**

#### **The Hearty Lives (Liverpool) Project Manager’s aspirations and learning from the project**

The Project Manager explained that her role was to establish and co-ordinate the Hearty Lives (Liverpool) project. Interventions were designed to enable carers to provide healthier environments for young people (aged 11-17) in their care thereby improving the eating habits, physical activity levels and health behaviours of looked after young people. This would reduce longer-term risk of cardiovascular disease. She had high expectations of the project; working with carers and young people to design

an intervention programme which would improve the health, nutrition and wellbeing of looked after young people and their carers. (The term “carers” includes foster, kinship and residential carers). Key collaborators were public health and residential care teams within the local authority; the charitable wing of a famous football club; the leading local youth association; Looked after Children Nurses; foster carers and young people themselves. Engaging families and identifying champions from the beginning enabled them to contribute to shaping and promoting interventions. A “Train the Trainer” course for foster carers was developed as it was important that outcomes were sustainable. A resource pack to explore food in the context of physical and mental health was developed and available as hard copy and online.

The project manager reflected that building rapport with children and young people can be challenging, particularly when they are likely to have many professionals in their lives and may not always find it easy to trust others. Taking time and providing opportunities to have fun and meet others before focussing on health and nutrition can be a helpful motivator

The main successes were raising awareness that food and nutrition are an important part of safeguarding and care of children and young people. The project was challenging the project manager was able to identify numerous learning points:

- As a nutritionist, she extended her understanding to recognise the wider impact of food on mental health and wellbeing.
- Food may represent power and control to looked after children and young people with a consequent impact on their behaviour.



- Foster carers are passionate about providing the best possible support for the children and young people in their care, but face daily challenges and there is a gap in their training when it comes to nutrition and healthy lifestyles.
- There is an important opportunity to work pro-actively with the first carer or children's home placements looked after children and young people experience to promote healthy eating and lifestyle.

### **The Perspective of a Foster Carer 1**

Foster Carer 1 had been involved in the first day of the *Cook and Taste* course provided by Hearty Lives (Liverpool). She had really enjoyed the day. She had a young person on placement with her, so invited the looked after young person to come to the remainder of the six-week course with her. The young person declined to be interviewed, but was happy for the foster carer to share their experiences. The young person had been well looked after in foster care from the age of three but became homeless within six weeks of leaving at 18 because she no idea how to cook. The foster carer provided a subsequent two-year placement to support the young person's transition to independent living. This included supporting her to develop life skills, cooking, cleaning and managing money.

The foster carer had always tried to provide a "*healthy plate*" for her family and was keen to introduce the young person to things she had not even heard of before – fresh tuna, sea bass, spinach, and barley soup. They enjoyed the course and together followed up their shared interest at home. During the course foster carers and looked after young people participated in the preparation and cooking of meals, and the young

people were encouraged to take the lead. They kept hold of all of the recipes in a folder so that the young person was able to use them when she left her foster placement. Some of the most memorable recipes included familiar meals, but substituted healthier ingredients for those previously used; using sweet potato to make a healthy cottage pie and using cauliflower and broccoli to compliment curries instead of rice – a *“big success”* and now a weekly favourite. The course also *“Gave you food for thought when out shopping* (taking a list and checking food labels.) This has taught her to check salt and sugar content and *“Don’t assume the dearest is always the best.”*

The foster carer recognised the value of focussing on practical skills, complimenting other mandatory courses such as safeguarding and record keeping. Change has been very positive as a result – the looked after young person is now studying at university and has a part-time job in the food industry. What the foster carer valued most was meeting other foster carers; having opportunity to talk, benefit from peer support and share experiences in confidence.

### **The perspectives of a Foster Carer 2 and the fifteen-year-old young man in her care**

Foster Carer 2 and the fifteen-year-old young man in her care chose to share their experiences together. They became involved in Hearty Lives (Liverpool) when offered the opportunity to do some cooking and fitness training. The looked after young man was particularly interested in activities such as football, baseball swimming and a range of other activities on offer through the charity wing of the football club (Everton in the Community.) He chose football skills training sessions which increased his confidence and led to him playing mid-field in a local young people’s team. Since being

involved in Hearty Lives (Liverpool) he has been inspired to join a kickboxing club nearer to home and he now takes a younger looked after young person placed with the family with him to play football in a local Sunday league.

The looked after young man attended a six-week cooking course at Hearty Lives (Liverpool) with his foster carer. The most memorable recipes to them were a meat-free curry; kedgeree using healthy alternatives to haddock and making garlic bread avoiding the use of butter. Young people and carers on the course were encouraged to be actively involved and there were different alternatives every week so that there was an opportunity to involve everyone. Learning about portion size and what constitutes a “*healthy plate*” encouraged them to cut down a lot at home, and they now have a more balanced range of food groups such as vegetables, meat and potatoes and have reduced salt intake.

They acknowledge that the changes they have made have been hard, but beneficial. Getting to sample food they had cooked was an important motivator as was having a choice, for example choosing a main meal and a pudding and then then making a healthier version. The young person has since lost over 6 kg in weight since they attended the course and is enthusiastic about taking more exercise. He confirms that it has made him feel “*good*” and he now has more self – confidence and is becoming generally more active.

When he is not playing football, the looked after young person attends school and is also thinking of the day when he leaves care and what he will he cook for himself. As his family’s cultural heritage is African, food is not just important from a nutritional

perspective. He is visited once a month by his aunt and together they enjoy cooking traditional food from their own country. This enables him to maintain his own cultural heritage and connect with his early upbringing. He says it is “*So different to English food*”. He is considering a possible future career in catering.

### **The reflections of a Hearty Lives Champion**

The Hearty Lives (Liverpool) Champion was a foster carer who wanted to learn more to compliment her background and qualifications in sport, health and well-being education. She found the course to be “*...one of the best courses I have done.*”

Positive elements for her included

- Opportunity to share experiences and “*network*” with other foster carers.
- Learning new things that she had not previously considered.
- Re-igniting her passion for health and well-being
- Researching more herself.
- Thinking more holistically.
- Recognising that a range of factors including lifestyle, genetics, psychology and gender as well as diet impact upon nutrition.

Becoming a foster carer made her more aware of the relationship between food and the experiences and behaviours of children and young people in her care, for example, why a child in her care was “*rummaging for food.*” She feels that more should be done to raise awareness of how food can be central to building up trust with looked after children and young people. Food may be the only consistency that these children and young people have as well as be a trigger for particular behaviours. She would recommend that awareness of these issues becomes part of

mandatory training for foster carers. *“I feel that there is so much more that can and should be done.”*

She feels strongly that children, when attending contact centres for supervised meetings with parents, should have access to a kitchen where parents and children can be encouraged to prepare food together in a realistic setting instead of being treated to sweets or burgers.

She recognises that her involvement has had a significant impact on both her life and that of the looked after children and young people in her care. Examples include visits to a farm, where there was opportunity to participate in *Cook and Taste* activities and buy products from the farm shop; getting involved in the *“Bike Leader’s Course”* which increased her confidence in safely taking groups of children out on planned bike rides.

As a Hearty Lives (Liverpool) Champion she helped to develop a *“Food in Care”* resource. The resource takes into consideration national recommendations, eating patterns, psychology and behaviour and supported the delivery of a *“Train the Trainer”* course using examples from the *“real life”* experiences of other carers. Play activities, using a toy kitchen were vehicles to explore food hoarding, motivations, smells and behavioural triggers as well as some of the visible biological consequences of poor nutrition. Additional resources included posters, books, cards, budgeting games and leaflets. She says, she is now more aware of daily nutritional recommendations; has bought books and a blender/ juicer machine and invested in a bigger fridge to house more fresh fruit and vegetables with frozen alternatives as a *“standby.”* During summer holidays. She and the looked after children in her care joined a gym and took a more

structured approach to exercise, incorporating bike rides and daily dog walks. *“I have just looked holistically at our lifestyle and made changes where I can...in the summer I bought a T - Shirt and it said “Make things happen”... I honestly think Hearty Lives (Liverpool) makes things happen by looking more holistically at health”.*

## **Discussion, conclusions and implications for practice**

In health and social care research, qualitative methodologies aim to explore complex phenomena encountered by service providers, policy makers, and service users (25, 26.) Nutrition and healthy lifestyles are well recognised as both a global public health issue and as factors in poorer health outcomes throughout the life course. There is an increasing body of evidence which recognises that for looked after children and young people the challenges are compounded by adverse life experiences; early experiences of family and parenting; the possible effects of social deprivation and poverty and the relationships between feeding, parent - child interactions and attachment, behaviour and lifestyle. Food’s symbolic association with love, emotional warmth, comfort, and nurture and may be particularly problematic for looked after children and young people. This does not appear to be resolved, and may well be exacerbated when young people go into care (9,10).

The well-established evidence base highlighting the importance of food, nutrition, healthy lifestyles and well-being for looked after young people is supported by the views and experiences of the practitioners, young people and carers involved in the evaluation of the Hearty Lives (Liverpool) project. The focus group with looked after young people indicates that they had a clear interest in food, nutrition and healthy lifestyles and recognised the emotional, cultural and behavioural aspects of food. They

would have valued the opportunity to benefit from a project like Hearty Lives (Liverpool).

This evaluation project shares a similar goal to other qualitative approaches in seeking to arrive at an understanding of a particular phenomenon from the perspective of those who experience it. (23, 25). In this case analysing the emerging themes from the narrative materials from the real-life experiences of the people who had been involved in Hearty Lives (Liverpool) either as members of the project delivery team or participants, or both. By giving voice to the participants, the research process has illustrated how the Hearty Lives (Liverpool) project team have endeavoured to collaborate with their stakeholders and service- users and involve them throughout the development and delivery of the project.

The participants shared reflections on the experience of being involved in Hearty Lives (Liverpool) highlighting what worked best about the project from their perspectives. The positive core within the project (what the people involved in both delivering and receiving services cared about) is illuminated. Enabling people to share their stories and understandings means that they become co-authors within the research process and potentially future shapers of service developments, particularly where they have imagined what might have worked even better.

### **1. Understanding the importance of food, nutrition and healthy lifestyles for looked after children and young people.**

The findings from the evaluation supported the established literature on the importance of food and nutrition for looked after young people. Despite not being

involved in Hearty Lives (Liverpool), the young people involved in the focus group demonstrated that they already had a good knowledge base in relation to keeping fit, exercise and eating a balanced diet. What made healthy eating and life-styles difficult from their perspective was that they had limited finances to spend on healthy activities, so recognised that projects like Hearty Lives (Liverpool) would be a useful and important intervention for young people like themselves.

Foster carers recognised the importance of promoting nutrition, healthy eating and lifestyles for the young people in their care. They highlighted the symbolic importance and emotional significance of food for looked after children and young people. Foster Carer 1, for example explained that because food is symbolic of love for many looked after young people sometimes when you take young people shopping they are disappointed that you cannot fill the trolley with everything they want. She explained that they have to learn that you only have your "*small purse*" with you and you need to put some things back – it can be hard for foster carers to know how to handle this. She also mentioned a child who had been in her care after suffering neglect and having to forage for food in bins. For several weeks after coming into her care he slept on the landing outside her bedroom door to make sure that she would make him breakfast when she got up.

A flexible approach and being mindful of what food represents to the young person was an important consideration. Presentation of food and formal family mealtimes were considered essential – possibly, because they relate to a young person's own need to be presentable and accepted.



The interview with Foster Carer 2 and the young person in her care highlighted the cultural significance of food and how this can be a means to enabling a looked after young person to maintain a connection with their family and cultural heritage.

## **2. Aspirations, challenges and successes of the Hearty Lives (Liverpool) project**

The main goal of the Hearty Lives (Liverpool) project had been to design an intervention programme that would improve the health; nutrition and wellbeing of looked after young people and their carers. Intervention sessions focussing on food and physical activity led to improvements in family lifestyle, although it is impossible to generalise from the interviews and case studies by attributing them to all of the participants in Hearty Lives (Liverpool). The number of families who were engaged in the more popular activities suggest that the project achieved a considerable reach into the target population. Some of the activities however struggled to recruit more than two or three participants, indicating that more extensive service-user consultation in developing a programme of activities might be beneficial in future projects.

The foster carers and looked after young people involved in the project had hoped to extend their practical cooking skills and an increased awareness of food, nutrition and health. Through working on the group activities, and sharing experiences they also recognised that there were some value added elements to their participation. These included increased confidence and self-esteem in the young people and a greater awareness of the relationship between physical health and nutrition and mental health and behaviour in the foster carers.

The main successes of the project were raising awareness that food and nutrition are an important part of safeguarding and the care of looked after children and young people. The engagement of families and Hearty Lives Champions from the beginning enabled them to contribute to shaping and promoting interventions. The project filled a gap for carers of looked after children by developing bespoke training and a web-based resource pack to explore food in the wider context physical and mental health. Over two hundred already busy families were engaged in different activities over the three years of the project. A small organisation could not have achieved this on their own so establishing successful partnerships with 15 different organisations who had shared goals and actively contributed to the delivery of the project was essential to its success.

### **3. Positive Outcomes as a result of the Hearty Lives (Liverpool) project**

The reflections of the participants suggest a number of sustained positive outcomes following their involvement in Hearty Lives (Liverpool.) Looked after young people become more confident and better prepared to undergo the transition to independent living. Some developed career aspirations as a result of their developing understanding of food, nutrition and cooking.

Sustained changes to family shopping, eating and cooking habits and incorporating healthier recipes into regular family meals resulted from enhanced carer understanding of the relationship between food, nutrition, exercise and the well-being of the young people in their care. This had a positive impact, not just for the looked after young person, but on the whole family.

Foster carer involvement extended to increased whole family engagement in physical activity as well as healthier weight. “*Feeling good*“, increased self-esteem and a better understanding of the effects of food and exercise on the body was recognised by the young man who participated in the interviews.

#### **4. Recommendations to practitioners and service providers**

The foster carers and looked after young people involved in the evaluation project indicate advocate that similar interventions to those provided through *Hearty Lives (Liverpool)* should be accessible to all looked after children and young people and the carers, practitioners and professionals who support them.

Most importantly, embedding food, nutrition and lifestyle into the health plans and reviews for looked after young people is essential. Providing opportunities for looked after children and young people to participate in interventions similar to those that proved to be engaging, popular and impactful during the *Hearty Lives (Liverpool)* project should be considered.

The participants in the evaluation also valued the opportunity to use their own experiences to contribute to future service developments. The following recommendations may be useful to professionals, service providers and policy developers:

1. Make awareness of nutrition, food and healthy lifestyles part of mandatory training for all who care for looked after children and young people,

including foster carers, or parents where there are safeguarding concerns due to the neglect of children and young people.

2. During children and young people's health planning and review maintain a focus on food, drink and physical activity. Foster carers and significant others should record children's food, drink and physical exercise routines. Records should include likes; dislikes; meal times; quantities (especially important for toddlers and babies); allergies; religious needs; and habits and behavioural triggers (if known.)

3. Recognise that the first placement a child experiences is an opportunity to explore what food means to them and to establish healthier lifestyles. Share the information above when the child moves on. Food maybe the only consistency in the child's life so the structure of their eating and drinking patterns may help with their transitions. Healthy eating and lifestyles could become the focus of positive experiences shared by looked after children, young people and their parents during contact sessions.

4. All looked after children and young people should have access to activities which support their own learning about food, drink, physical activity health and well-being. Collaboration between agencies may enable a holistic and sustainable approach. Where financial barriers are a concern consider how bikes and other health promoting activities can be made accessible.

## **Limitations**

The authors acknowledge that the perspectives on the benefits of being involved in Hearty Lives (Liverpool) project are limited to the views and experiences of two foster carers and one young person who had participated in activities offered. The Hearty Lives Manager recruited participants, acting as gatekeeper to the evaluation. Despite the involvement of over 200 participants in Hearty Lives (Liverpool) only four participated the evaluation. The views expressed cannot be assumed represent of everyone who was a beneficiary of the project as those who had a negative experience may no longer be in contact with the project or may have been less likely to volunteer to be interviewed.

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