

“It's no like one of those  
café places where you can  
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children and young people's views and  
experiences of food and nutrition in residential care

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***“It's no like one of those café places where you  
can order anything you want”***

**CHILDREN AND YOUNG PEOPLE'S VIEWS AND  
EXPERIENCES OF FOOD AND NUTRITION IN RESIDENTIAL  
CARE**

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**September 2009**



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## **EXECUTIVE SUMMARY**

### **WHO CARES? SCOTLAND**

Established 32 years ago, Who Cares? Scotland is the leading provider of independent advocacy support for children and young people who are, or have been, looked after away from home up to the age of 25.

### **THE CONTEXT**

The Scottish Government set up a multi-agency working group in early 2009 to develop nutritional guidelines for children and young people living in residential settings. Members recognised the importance of basing the guidance around the views and experiences of children and young people living in residential care settings. In response to this, the Scottish Government commissioned Who Cares? Scotland to undertake a consultation and provide a report for the working group.

### **THE CONSULTATION**

Overall, the consultation aimed to:

- capture the views and experiences of children and young people looked after away from home about food and food-related issues while living in residential care
- have their views and experiences taken into account in the development of the guidance.

Fifty-one young people participated - 35 male, aged between 10 and 18, and 16 female, aged between 12 and 16.

A total of 13 focus groups were held across seven residential establishments plus two groups focusing on young people with 'unaccompanied asylum-seeking child' or refugee status, living in residential children's units.

Detailed themes were explored with young people:

- their likes and dislikes about food in their current residential placement
- how they are involved in food-related activities and processes such as planning menus, shopping for food and cooking food
- what they know and/or want to know about healthy eating and how they are encouraged to eat healthily
- how flexible mealtimes are and what access they have to food outwith set mealtimes
- how food features in celebrations and potentially, in comparison, in sanctions
- how special dietary needs are met
- how they experience the social aspects of food and how relationships with staff impact on food related decisions.

At each step, participants were asked to consider what works well for them and what doesn't, and what they would like to see changed including what they suggested would help.

## **THE FINDINGS AND CONCLUSIONS**

Five key themes emerged:

- young people seeing food as an unknown quantity
- staff and establishments responding to young people as individuals
- the importance to young people of being involved in food issues
- food – improving quality, quantity, variety and availability
- flexible and alternative eating arrangements.

### **Young people seeing food as an unknown quantity**

Young people regularly made the request for more nutritional information to be made available to them. They want to know what the kitchen and chef look like, if surroundings are hygienic and what ingredients are used in their food. To have this knowledge would be reassuring.

Many who live in residential schools and secure care take the view they have little or no knowledge about where the food they eat is cooked, who cooks it, its nutritional value and what ingredients are used. This appears to be a source of considerable frustration.

Across all focus groups, young people reminded us that many of them are teenagers and are at an age when their appearance is important to them. Many added they are worried about putting on weight. Young women appeared to be especially worried.

### **Staff and establishments responding to young people as individuals**

Young people were able to tell us about their personal likes and dislikes and, at times, took into account restrictions relating to the group and sometimes secure environment they live in.

It appears that individual preferences and circumstances can lose out in processes designed to cater for the majority whilst ensuring the effective management of establishments. At the practice level, some cooks and care staff are more responsive to the preferences and situation of individuals. A minority of young people commented that they had very restricted diets or only ate breakfast and supper as they disliked the food on offer and how it was cooked.

Opportunities for young people to shop for food or cook differed across settings and within different units in the same establishment, and this can be frustrating for young people. Wanting to be more involved in shopping for and cooking food appears to be about individual interest. Those involved in activities such as 'cook night' enjoy them.

It is not clear how much young people's personal preferences are considered when food-related decisions are being taken as part of plans to meet young people's health or other needs.

### **The importance for young people of being involved in food issues**

Many stressed the importance of feeling listened to by the cook and care staff. They wanted to be more involved in food-related decisions. They often gave us reason to believe they feel they have not been listened to in the past, leading to hesitancy or apathy about speaking out in the future.



Throughout the report we describe a children's unit where the young people's experience of food, healthy eating and nutrition is extremely positive and who, overall, have very few negative things to say. They speak fondly of the cook and call her by her name, adding she 'always' listens to them. They do not have a menu-type system in operation and three cooked options are available every night. They also told us they like everything the cook makes and they are able to make requests for particular dishes which are normally made that same week.

The reasons these young people give as to why arrangements in their placement work so well correspond to the suggestions young people make for change. The changes relate to the role, skill and approach of the cook. Operating at a unit level allows for more direct and responsive relationships with decision making close to the children and young people concerned.

### **Food – improving its quality, quantity, variety and availability**

With one exception (the group living in the children's unit whose experience was wholly positive), every other group across all settings commented on the (poor) quality of food served to them. Those living in residential schools and secure units attribute the poor quality of food to the time required to transport food from the main kitchen to their unit and it being reheated in the trolley. The skill of the cook is also critical – food tastes better, is better presented and is more imaginative, depending on the chef on shift. In addition, if young people miss mealtimes, food is reheated again, resulting in a further deterioration in quality and appeal.

Young people requested that more, and more varied, foodstuffs be stored in their individual unit kitchen. They reported there are not enough ingredients stored in the unit kitchen to make a 'proper meal' and the type of food held at unit level is not always to young people's taste.

Young people also asked that what they eat when living at home is also taken into account. Although they recognised that some of these foods may not necessarily be healthy if eaten all the time, they want these types of foods to be considered now and again.

### **Flexible and alternative eating arrangements**

Young people requested more flexibility around food related structures and processes, saying there was generally no flexibility to have the TV or music on while eating or to sit on the sofa, even if this is just once a week as a treat.

Young people also wanted to be considered as individuals in eating arrangement decisions. Feeling uncomfortable about eating in front of others was one of a range of reasons as to why a young person may want to sit away from the table. Having a 'nice' alternative should be available as an option.

More generally, young people repeatedly reflected on the often unchanging nature of set mealtimes and menus. This included the lack of variety, availability and quantity of foodstuffs made available within the units. In addition, if residents were not hungry or were absent at set mealtimes, the only option offered was pre-plated or reheated food. In contrast, individuals' activities and timetables can change, with young people returning to the unit at varying times and having eaten differently to each other during the day. The young people in the placement themselves may also change as some go and others arrive, each an individual. As a result, the needs, views and preferences of the 'household' at dinner time may diverge.

## **ACTING ON THE LEARNING**

Residential establishments may replace the family home for young people who are 'looked after away from home' for at least part of their lives, sometimes all year round and, sometimes, long term. The insights offered by children and young people suggest areas of action for residential establishments to consider. These may have the potential to help improve young people's experience of food and their sense of health and wellbeing both while living in residential care settings and longer term. The learning offered within the 5 key themes has potential implications for management, operations, policy, staff practice and training. In addition, they offer the potential to increase effectiveness and maximise use of resources while adopting approaches which 'place the child at the centre' in line with current Scottish Government policy.

Much of what young people tell us works well for them does so because it is sited at the level of the individual unit or house. This makes a strong case for decision-making which involves young people and incorporates localised solutions rather than a centralised function. They call for arrangements able to flex and respond to the individual and the 'household'.

In addition, young people having access to 'the conditions of everyday living' as close as possible to those common in the wider society suggests the importance of the daily structures and processes associated with food and young people's involvement with food being sited as close to them as possible ie at the unit or house level. Furthermore, 'normalising' everyday experiences and opportunities for acquiring skills for independence help prepare young people for life after residential care.

Incorporating these views may have resource implications. Others may be implemented with little or no cost, but have practical aspects which can be successfully achieved by changes in practice. Some initially may be more challenging for larger establishments currently with central kitchens and catering staff. However, there is also scope to incur less waste and maximise use of resources.

### **Recommended areas for action**

- Decentralised processes including localised food budgets as young people's feedback suggests both food quality and participation can suffer where central purchasing and preparation of food takes place.
- Kitchens (and adequate equipment) at individual unit or house level.
- Maximisation of the role and skill of the cook, as part of the team working with young people, with cooks sited and managed at unit or house level, with a clear remit and scope to respond to individual young people's needs and preferences. In units that do not have an onsite cook, children and young people should have the opportunity to make comments and suggestions about food to an appropriate member of staff.
- Staff practice and training, ensuring an explicit focus on understanding and incorporating young people's *individual* food and food-related likes and dislikes, building knowledge about healthy eating; and on participatory practice and how it can be applied to food and related issues.
- Detailed consideration of food and related issues (including physical exercise) in individual care planning.
- Detailed consideration of food and related issues in individual pathway planning with young people preparing to leave care.
- Use of practical and creative tools to build young people's understanding of and own capacity about food and healthy eating choices such as a 'traffic light system'.
- Development of organisational policy and creative processes to facilitate young people's active involvement in all matters relating to food and healthy eating.

- Perhaps most significant and challenging of all, attention to creating a 'household' culture which also relates to food and food-related issues which, as far as possible, promotes 'normalisation' of the setting.

# CHAPTER 1 INTRODUCTION

## 1.1 WHO CARES? SCOTLAND

Who Cares? Scotland is the leading provider of independent advocacy support for children and young people who are, or have been, looked after away from home up to the age of 25. Established 32 years ago, the organisation currently works with 29 of Scotland's 32 local authorities and directly with ten independent providers of residential care.

### Values

In all our work, Who Cares? Scotland seeks to apply agreed core values. These values ensure we:

- listen to, respect children and young peoples views, and are confident in children and young people's abilities
- are trustworthy honest and reliable
- take a caring supportive approach
- are serious about helping children and young people to speak out
- respect human rights and promote positive attitudes, views and behaviours towards children and young people in care.

### Mission

Our mission statement describes the organisation's purpose:

- Who Cares? Scotland exists to deliver the best quality independent advocacy service to children and young people who are or have been looked after in Scotland
- we respect and invest in children and young people, working with them to ensure that their rights are realised and their achievements recognised
- we strive to enable children and young people to speak out, campaign for change, and reach their potential.

All our work is underpinned by a commitment to the United Nations Convention on the Rights of the Child and our approach to this consultation reflects this.

## 1.2 CONTEXT

The Schools (Health Promotion and Nutrition) (Scotland) Act 2007<sup>2</sup>, builds on the publication, Hungry for Success<sup>3</sup>, and requires local authorities and managers of grant-aided schools to ensure all food and drink provided in schools complies with nutritional requirements, which are now specified by Scottish Ministers in the Nutritional Requirements for Food and Drink in Schools (Scotland) Regulations 2008<sup>4</sup>.

In July 2008, the Care Commission published a bulletin<sup>1</sup> about how well residential services were meeting National Care Standards on 'eating well'. The Care Commission found that overall residential services were supporting children and young people to eat

well but that 20% of services needed to improve. The Care Commission recommended that people and organisations providing residential services should:

- offer a menu which allows children and young people to eat at least five portions of fruit and vegetables a day
- take into account of children's and young people's preferences when menu planning
- improve the way they assess children's and young people's eating, drinking and nutritional needs before they come to the service
- train staff on the importance of food and nutrition to the general health and wellbeing of children and young people so that care staff can, for example, plan menus and educate children and young people on eating well
- develop and put into place clear management policies and procedures on eating drinking, food and nutrition to help them meet the National Care Standards on eating well.

The Scottish Government plans to publish nutritional guidelines for children and young people living in residential settings in Scotland and intends the guidelines to reflect the advice and support provided within *Healthy Eating in Schools: a Guide to Implementing the Nutritional Requirements for Food and Drink in Schools (Scotland) Regulations 2008*. It is envisaged the guidelines will be of interest to anyone working or involved with children and young people who live in residential settings, including residential care homes, residential schools and secure accommodation.

In early 2009, Scottish Government set up a multi-agency working group to develop the nutritional guidelines for children and young people living in residential settings. In preparation of the guidelines, the working group recognised the importance of seeking children and young people who are looked after away from home and living in residential care ie the subject of the guidelines. *Who Cares? Scotland* was commissioned by Scottish Government to undertake a consultation and provide a report for the working group, completed September 2009.

National Care Standards, published by Scottish Ministers, set out the standard of care which people can expect from any care services they use. The two National Care Standards for residential settings for children and young people are set out in:

- *Care Homes for Children and Young People*
- *School Care Accommodation Services* (which include mainstream boarding schools, residential special schools and secure accommodation).

Extracts from the National Care Standards relating to food are contained in Appendix 1.

<sup>1</sup> Care Commission (2008). *Food and Nutrition for Children and Young People in Residential Care – Are Services Meeting the Standards*. Dundee: Care Commission.

<sup>2</sup> Scottish Government (2007). *Schools (Health Promotion and Nutrition) (Scotland) Act 2007*. Edinburgh: Scottish Government.

<sup>3</sup> Scottish Executive (2003). *Hungry for Success: a Whole School Approach to School Meals in Scotland*. Edinburgh: Scottish Executive.

<sup>4</sup> Scottish Government (2008). *Nutritional Requirements for Food and Drink in Schools (Scotland) Regulations 2008*. Edinburgh: Scottish Government.

### **1.3 AIMS**

The overall aims of the consultation, as noted in the proposal to Scottish Government, were to:

- capture the views and experiences of children and young people looked after away from home about food and food-related issues while living in residential care
- take into account the views and experiences of children and young people about food and food-related issues in the development of the guidance.

### **1.4 LAYOUT OF THE REPORT**

Chapter 2 describes the methods used to collect and analyse the data gained from the focus group discussions, and gives details about the sample.

Chapter 3 presents and explores children and young people's views.

Finally, Chapter 4 considers the findings and offers conclusions.

Where quotations appear in the report, the respondent's gender and the placement setting in which the focus group took place is noted. As discussions took place in a group context, it was not possible to associate comments with a specific individual and therefore his/her age.

As most participants were over 12 years of age, unless required in a specific instance, the term young people is used throughout the report when discussing the sample.

## CHAPTER 2

## METHODS

### 2.1 OBJECTIVES

The consultation aims (see 1.3 above) were translated into detailed objectives, designed to identify from children and young people's perspectives:

- what are children and young people's likes and dislikes surrounding food in their current residential placement, including what they think works well and not so well
- how involved they are in planning menus, shopping for food and cooking food
- what they know and/or want to know about healthy eating
- how they are encouraged to eat healthily
- how flexible mealtimes are and what access they have to food outwith set mealtimes
- how food features in celebrations and potentially, in comparison, in sanctions
- how they experience the social aspects of food and how relationships with staff impact on food related decisions.

The detailed schedule of themes and questions used appears in Appendix 2. At each and every step, participants were asked to consider what they liked as well as disliked, and what they suggested could lead to improvement.

### 2.2 OVERALL APPROACH

The consultation method selected was focus groups – this being agreed by the working group and Scottish Government as cost and time-effective. Most groups were facilitated by two members of Who Cares? Scotland staff. Discussions were recorded and transcribed by one facilitator. Data was then recorded on a spreadsheet, and emerging themes were identified and analysed.

As outlined in the proposal to Scottish Government, the target was to undertake eight focus groups, of six to eight participants each, across a mix of residential settings, including residential schools (providing care and education), residential children's units (providing care) and secure units (providing care and education in a locked setting); some geographical spread; and a mix of gender, age range (under/over 12 years) and ethnicity.

Each focus group had between three and seven young people present. To reach the target sample size (48 to 64), more groups - also smaller than planned - were held due to a range of constraints including participants' availability during summer holidays, risk assessment by residential establishments and smaller groups aiding better participation, resulting in repeat sessions being run in the same establishment.

Young people with unaccompanied status as above and living in residential children's units were invited from an established group facilitated by another organisation to help ensure consideration of the food needs of young people from minority ethnic groups.

A confidentiality statement was presented and explained at the start of each focus group, in order to ensure participants understood at the outset that confidentiality would be limited should concerns arise about harm to a child or young person. Who Cares? Scotland did not require to instigate child protection procedures.

None of the young people asked to take part in the consultation refused to participate. If an issue emerged during the fieldwork which suggested a young person needed independent advocacy support, Who Cares? Scotland staff followed up with his/her consent.

## 2.3 SAMPLE

### Children and Young People Who are 'Looked After' – National Breakdown

The Scottish Government's *Looked After Children Statistics* note that, at 31 March 2008:

- there were 14,886 children looked after by local authorities – 8,527 were looked after away from home
- the proportion looked after in residential care was 11%, comprising 1,637 in total
- 55% of the looked after population were male comprising of 8,187
- 68% of the looked after population were aged five to 15, totalling 10,112 with just under half in the 12-15 age group - 4,763.

Scottish Government, 2008.

### Research Sample - Profile

As above, our target sample was between 48 and 64 children and young people. A total of 51 young people participated in the consultation as follows:

- 35 male, aged between 10 and 18
- 16 female, aged between 12 and 16.

Eleven of the 51 had unaccompanied status as above:

- 9 male, aged between 14 and 18
- 2 female aged 16.

In the timeframe available, specific residential establishments were selected as far as possible to reflect the criteria outlined above. In practice, a total of 13 focus groups across seven establishments plus two groups focusing on a specific community of interest, were carried out in the following residential settings:

- two secure units
- two residential schools
- two local authority residential children's units

plus:

- two sessions in one local authority area with young people who had 'unaccompanied asylum-seeking child' (UASC) or refugee status, all living in residential children's units.



**Table 1: Sample – number, age and gender of children and young people by residential setting**

Age	Children's Unit	Residential School	Secure Care	TOTAL
<b>MALE</b>				
10-12 years	1			
13-14 years	4	4		
15-16 years	7	9	4	
17-18 years	2	3	1	
<b>Total</b>	<b>14</b>	<b>16</b>	<b>5</b>	<b>35</b>
<b>FEMALE</b>				
12-13 years			2	
14-15 years	1		10	
16-17 years	2		1	
<b>Total</b>	<b>3</b>	<b>0</b>	<b>13</b>	<b>16</b>
<b>TOTAL</b>	<b>17</b>	<b>16</b>	<b>18</b>	<b>51</b>

**Table 2 Sample – number and gender of children and young people by local authority**

Local Authority	Male	Female
Aberdeenshire	4	2
Dundee City	3	1
East Ayrshire	2	1
East Lothian	1	
East Renfrewshire	3	
Edinburgh City	1	4
Fife	2	1
Glasgow City	12	2
Highland	1	
Inverclyde	2	
North Ayrshire	3	1
Renfrewshire		1
Stirling		2
Western Isles		1
*England	1	
<b>TOTAL</b>	<b>35</b>	<b>16</b>

\* One young person taking part turned out to be from a local authority outwith Scotland, however, the young person's contribution is valid, having shared their experience of food in the *current* placement and so is included in the data analysis.

## CHAPTER 3      YOUNG PEOPLE'S VIEWS AND EXPERIENCES SURROUNDING FOOD- WHAT YOUNG PEOPLE TOLD US

### 3.1      LIKES AND DISLIKES

To explore food generally, young people were asked to discuss their likes and dislikes in relation to food in their current placement. They were also asked to give their views about what works well and what doesn't, and what they would like to see changed.

#### **What young people like**

One group living in a children's unit stood out for reporting a wholly positive experience throughout the entire consultation process. Young people spoke about the food being 'lovely; and attributed this to the chef who 'makes everything from scratch' and 'doesn't use frozen food'.

Another group living in the same setting said their cook has recently changed and reported things are now much better because of this change. They made positive comparisons between the new cook and the previous one. They felt they can speak to this cook much more easily, helped by the fact that she attends the children's meetings, listens to what they have to say and acts on their suggestions.

A common response across the whole sample was to speak about specific dishes they like. All tended to respond with one or two dishes maximum.

*"Macaroni cheese – that's about the only thing, macaroni cheese and fish and chips."* (Male, residential school)

*"I only like the puddings."* (Male, residential school)

*"Some of it's alright, like the chicken nuggets – they're alright."* (Male, secure unit).

Overall, only two young people said there was nothing they liked about the food.

#### **What works well**

One establishment has 'themed nights' every second Wednesday. Young people spoke very enthusiastically - the most popular is American night because they like the hot dogs and burgers served, though they also spoke positively about Indian and Thai themed nights.

The same establishment also facilitates 'cook nights' for young people, when they are involved in cooking. Young people like these nights because they can choose which dish to make and they are learning independent living skills.

However, there appeared to be some inconsistency across the two children's units we consulted. One group reported a young person takes a turn at cooking nearly every night, however, the other group said it doesn't take place as often and thought this was because

of staff shortages. They said they enjoy them when they do take place and would like to have such nights more regularly.

*“Cook night nearly every day of the week, a different person’s cooking. It’s sound. I quite like cooking, you know, at least then you can have something you like.”* (Male, residential school)

*“Yes, we get cook nights but they just don’t seem to happen. You ask staff but there’s never enough staff for you to do them. You get knocked back but then every now and again somebody will end up getting their cook nights.”* (Male, residential school).

Others in similar settings said they like supper time because they can access the kitchen and, with staff supervision, make their own supper. When then asked directly, they confirmed they did not have access at other times. Young people told us that, at this time (supper time), care staff and young people have responsibility for what is made rather than food being brought to the unit from another kitchen in trolleys and reheated. In the residential schools and secure units, they explained this is what happens at lunch time and dinner time. This is explored further in the next section reporting young people’s opinions about what does not work as well.

### **What young people dislike and their views on what doesn’t work well**

Young people were asked about their dislikes and what does not work well as two separate questions, however, their responses covered the same ground.

The first group mentioned in the last section ie living in a children’s unit and having mainly positive experiences, said they would not want to really change anything. They then added that sometimes the food is ‘too healthy’ and they would like ‘more treats and desserts’.

Most respondents gave numerous examples of foods or dishes they do not like and substantiated this with reasons why. Those who only gave examples without volunteering an explanation why were asked to consider whether their dislike was based on personal preference or if they had other reasons. Young people then went on to cite examples where the quality of food being served or how it was cooked was their rationale for disliking the food.

*“The food’s either really runny or all hard and stodgy - it just never seems right.”*  
(Female, residential school)

*“The tatties, they’re pure hard.”* (Male, residential school).

*“It’s no got taste, You canny taste the gravy, it’s like water.”* (Female, secure unit).

Young people living in residential schools and secure settings spoke at great length about how their food is cooked in a main kitchen and then brought to their units in trolleys. In most establishments, these kitchens appear to be some distance away and, as a result, the food needs to be reheated in the trolley when it arrives to the unit. In a couple of establishments, the main kitchen is close enough for the food to still be hot when it arrives however the trolleys are still plugged in to keep the food hot while it is served. Young

people spoke extensively about their dislike for this system and attributed the trolleys as one of the reasons the quality of the food served to them is not as good as it should be.

*“I don't like anything about the food. I think the food's absolutely disgusting and I would change everything about it. It comes in one of those trolleys that you get in hospitals and it's absolutely stinking when you get it up. Everything's either hard, just hot enough, too hot or soggy or pure dry.”* (Male, secure unit).

A common refrain was repetitive menus regardless of the setting young people lived in, however, there appeared to be more flexibility in the children's units than in residential schools and secure units. In the latter, the menu appears to operate on a set two or three week rota. Young people complained about the same food being served each Monday, Tuesday, Wednesday and so on every second or third week. They all said they know the set pattern - many demonstrated by citing what they will eat each day throughout the two or three week rota cycle.

*“You get to know the food off by heart and what you're going to get to eat every single night - it gets really boring.”* (Female, secure unit).

In some places, the menu is given to young people the day before and, in other establishments, the week before and they are asked to mark on the menu what they would like to eat the following day or next week.

The majority of establishments provide two choices, though young people said at times the menu includes similar dishes the same night or one night after the other, also alluding to a rather unappetising use of leftovers. They gave examples such as lasagne alongside mince, or macaroni cheese and Chinese curry one night then Indian curry the next.

*“He makes cauliflower broccoli cheese bake thing and then, the next day, you get cauliflower cheese broccoli soup. He's just blended it all up and put it in the soup.”* (Male, residential school)

*“We had the spicy sausage soup on the Friday and it was nice, but then we had it on the Saturday and Sunday again - it was too much.”* (Female, secure unit).

One secure establishment currently offers no menu or choices at all to young people at dinner time. One young person, who lived there when a rota system and menu was in place, said meals were much better when a choice was available. Young people explained it is currently the responsibility of care staff at some point during the day to find out what is for dinner and inform young people. Young people can ask for an alternative, however, they are told the chef needs to know by 3pm so he can have it ready in time for dinner. The alternative provided however is not another main dish, only a snack such as toast and cheese. A vegetarian option is made each night, though young people were quite clear this is for staff who follow a vegetarian diet and is not as a second option for them.

*“There's always vegetarian option, but that's for the staff – we've got vegetarian staff.”* (Female, secure unit)

*“You get wee tiny portions of vegetarian and it's always better than what we're getting. If you're lucky, you get a wee tiny bit.”* (Male, secure unit),

In another establishment, a vegetarian option is provided at dinner each night as one of the young people's two options. This is despite there currently being no young people living there who are vegetarian.

As well as exploring general likes and dislikes, we wanted to ascertain with the group of unaccompanied young people, if their specific cultural dietary needs and requests are met. They spoke about similar issues to other groups with regard to personal preferences, repetitive menus and lack of variety.

*"I don't eat lunch anytime there. They just make the soup, and the soup is not good, soup every day and bread." (Male, children's unit)*

*"Yeah, I really hate macaroni cheese, and they're making it, I think, in a week three or four times, macaroni cheese." (Male, children's unit).*

Both groups of young people with UASC or refugee status had mainly positive things to say when asked about the response to their cultural needs and preferences. Most spoke about their being given a budget each week to shop for their own food and having responsibility for cooking for themselves. They explained this arrangement is specific to them and other young people living in their unit do not shop for their own food or cook for themselves. Further exploration locally would be required to establish the reasons for these different practices. They confirmed this arrangement personally suits them because they realise they gain the opportunity to learn budgeting, food shopping and cooking skills and that this experience is preparing them for independent living.

Although positive in the main, they also reflected on how this arrangement can create a sense of isolation which is reported on further in the later section on young people's views about mealtimes.

*"I like everything, the whole time I'm there, everything is very good. It's very positive they are giving me my money for my own food, £20 to get my Halal food. It is good, yeah." (Male, children's unit).*

It emerged that, for some young people, this arrangement had recently changed and they no longer shop for their own food or prepare it themselves. Instead, they tell the unit cook what they need and it is ordered as part of the general unit shopping. They were not aware of the reasons for this change, however, added that they prefer to have their own budget and shop for their own food.

For the majority of these young people, their diet consists of Halal food. One though has a preference for African food and shared her experience about getting used to an alternative diet.

*"For me it is ok. At first, like, when I came in it was, like, different but the thing is you just get used to the food and, if you get used to it, you just like it and it becomes normal. I think it's ok. They cook different food and different veg. I like it. At first, I didn't like it but now I get used to it. We just have to get used because it's completely different from what you eat. At first, like, they cook the soup and bread and I think –'oh, my God, how am I going to eat just soup and bread". (Female, children's unit).*

## **What were young people's suggestions for change**

Young people were asked about changes which could help make their experience of food and eating more positive. Their suggestions related directly to the dislikes they had highlighted earlier.

Most suggestions made by those consulted from residential school and secure care settings were about bringing the processes relating to food closer to young people and their unit, with their having some direct involvement - for food to be bought and stored by individual units and cooked there too rather than in a central kitchen elsewhere and brought to units on a trolley.

Young people in several groups in these two settings also acknowledged the skills they would learn if these changes took place and how it would also help them prepare more for independent living.

*"We should do all our cooking in each unit rather than it being brought up for everyone [on trolleys]. Then we'd just be cooking for the four of us in the unit and we'd have more choices and be more involved in the decisions about what to cook each night."* (Female, secure unit)

*"If you cook it yourself, it's helping you to move on rather than other people cooking it for you."* (Male, residential school).

Other suggestions made across all settings related to the quality of food, the lack of choice and young people's personal preferences.

*"Make the potatoes soft and no like bricks."* (Female, secure unit)

*"More options maybe."* (Male, secure unit).

These issues are explored in more detail in the next section.

## **3.2 PARTICIPATION**

To explore how and whether young people participate in activities and processes associated with food, they were asked about their involvement in planning menus, shopping for food and cooking food.

### **What role young people have in planning menus**

Most, regardless of setting, said they have no current or previous involvement in the planning of menus. The length of time respondents had lived in their current placement varied considerably and included some who had recently moved to their placement and others who indicated they had lived there for quite some time.

Young people living in the children's unit mentioned in the previous section who were consistently positive in their comments said they do not have any involvement in the planning of menus. They didn't however see this as problematic as they explained they

like everything their cook makes and they have a choice of three options each evening. They are also able to put individual requests to their cook and feel they are listened to because they see the cook acts on their requests.

*“Not really, we just suggest stuff and the cook usually listens. For example, she bought peppercorns for one young person because he likes things hot. There are always three choices so there is usually something that you like. We don’t have specific menus or anything.” (Male, children’s unit).*

Others who had spent six to nine months or more in their placement reported having had no involvement in planning the menu or having not seen the menu change from its current two week rota and, in a few places, from its present three week cycle.

One spoke about being involved some nine months earlier in planning a new menu for use by each of the units in the establishment but observed the menu had not changed since. Others at the same establishment had no experience or knowledge of young people being asked to participate again in this task.

Three groups of participants from another (single) establishment spoke about a food committee which meets once a month. The chef, young people, care staff, the local children’s rights officer and Who Cares? Scotland worker are invited, and meetings are minuted. Young people were able to explain this was an opportunity for them to speak directly to the chef and make suggestions about the menu. When asked if this was an opportunity to compile a new menu, they told us this was not the case, that it is a forum for suggesting alternatives for certain dishes but not for devising a new menu each month.

The young people we consulted felt generally there is no point attending these meetings as ‘nothing changes’. Yet, when explored further, it emerged none had attended a food committee meeting and they recognised their opinions in fact were based on what other young people had told them. One said he would attend a meeting however if, as he described it, nothing changed, he would not go again.

*“They have the food committee thing, where they ask what we like about the foods and what we’d like to change and that, but nothing seems to be happening.” (Male, secure unit).*

While exploring aspects of participation, young people across the sample again referred to the lack of variety on the menu each day and complained about the repetition associated with the rota system where they see the same menu appearing every two or three weeks.

*“We could probably tell you the menu just now ‘cause it’s that repetitive. Well, it does change every couple of weeks, but it’s not that it changes totally different.” (Male, secure unit)*

*“I’ve never seen it change and I’ve been here about six months.” (Female, secure unit).*

One group spoke about a vacant space at the side of their menu for an alternative option. They described this as allowing them only to request some type of sandwich, though not an alternative meal.

In a residential and secure setting where the food is brought to individual units in trolleys, baked potatoes are provided routinely as an additional option. However as a limited amount is provided, there is not enough if everyone wants one.

*“They only send out for two baked potatoes. If it's eight young people and four staff - what you supposed to do, cut them up into 12 bits?”* (Male, residential school).

### **What involvement young people have in shopping for food**

The level of young people's involvement in shopping for food for their unit varied in each establishment.

Young people living in children's units told us food is ordered by the cook and care staff, and then delivered to their unit from a food service company such as '3663' rather than from a supermarket. One group said they have no involvement in what is ordered, however, the other group (whose experience was wholly positive) said they can make suggestions for the shopping list.

*“No, they just sit and order everything. We never get to go shopping for food at Tesco's or anything like that.”* (Male, children's unit)

*“No, the shopping gets delivered. However, you can ask for stuff if you want it added to the shopping list. For example, we asked for younger drinks [drinks young people prefer] and magnum ice cream.”* (Male, children's unit).

As reported in the section detailing young people's likes and dislikes, some unaccompanied young people living in children's units shop for Halal meat for their own consumption. They also commented that all other food bought for the unit is ordered by staff and delivered to their unit. This was explored to find out if it is the same system used by the other children's units and it is.

In residential and secure care settings, young people reported the only food kept in the kitchen is for breakfast and supper. In most places, this consists of bread, milk, cheese, fruit and cereal. In one establishment they also have yoghurts brought in their 'food rec' [food supplied to the individual units from the main kitchen and used for breakfast and supper dishes]. However, as the number provided is limited to 36, there is not enough for each young person to have one each day.

*It's always the same amount, there's never enough. If you're no fast you're last.”* (Male, residential school).

Arrangements for units obtaining provisions for breakfast and supper in these settings also varied. In some, the main kitchen supplies them and, in others, units have their own petty cash to buy foodstuffs.

*“We're not involved in the shopping for the food. It's all bought in for the whole school and then we get stuff every day like bread and fruit and that.”* (Female, secure unit)



*“Aye, I go to Marco with them but they buy it in bulk and they've got a list. They pre make the list, then they go and buy it. Sometimes they ask you – ‘what do you think of this or do you want that?’ - but it's a very rare occasion.”* (Male, residential school).

In one secure unit where petty cash is used, young people can be involved in shopping for ‘the unit’s bits and bobs’. This is only an option, however, if young people have ‘mobility’ [are able to leave the secure unit] and they’ve build up enough ‘privileges’ [factors enabling their mobility], allowing them to go shopping as part of their mobility plan.

*“None of us in here have got mobility. If you've got longer term people, they've worked up to theirs and they go out for the unit shopping and that.”* (Male, secure unit).

The young people who mentioned earlier they have the option of a ‘cook night’ are involved in shopping for the food they themselves will cook that night. They each are provided with £3.50 to buy food of their choice but commented this was not enough to buy ‘anything decent’.

Other times young people spoke about going shopping themselves was to buy their own toiletries or sweets with their pocket money.

### **What access young people have to the kitchen, their part in preparing food and their supervision by staff**

Each establishment we visited has a kitchen which potentially could be made available to young people, however, access varied. Although there were some similarities, no two facilities have the same practice.

With the exception of unaccompanied young people and the young people in one unit with the opportunity for ‘cook night’, every other young person reported they are not involved in cooking lunch or dinner.

In residential schools and secure settings, young people reported that the unit kitchens are only used for making cups of tea and cooking breakfast and supper and, as above, lunch and dinner meals are supplied to units by a central kitchen. Young people do not have access to this main kitchen and many, particularly in secure settings, have not seen it. All said they would like to see the kitchen because they currently have no knowledge of what it looks like (though the food they eat is cooked there), who cooks their food or what goes in to it.

One group proposed that young people could visit the kitchen when they had ‘leave’ [are able to leave the secure unit when their mobility plan is put in place].

*“We've never seen in the kitchen. You can see it when you go past. There's people when they get leave and stuff they can go and see it.”* (Male, secure unit)

*“Not in the main kitchen. We're just [allowed to cook] in the microwave and the toaster.”* (Male, residential school).

Whether young people access the individual unit's own kitchen and whether this is supervised again varied in each establishment. Most said they have access to the kitchen, whether to make breakfast, supper or a cup of tea. Staff supervision of young people in the kitchen is required in the majority of settings and, if not necessary, it is because staff are 'close by' ie immediately outside the kitchen area.

One group living in a children's unit told us the kitchen and everything in it is locked at all times - they can only access it with staff supervision and what they can make is limited to a sandwich. They explained this was because another young person had been stealing cutlery. They told us this incident was quite some time ago and did not involve any of the current 'residents' [young people currently living there].

*"Nope, we're not allowed in it [the kitchen], 'cause somebody was goin' around stealing knives. There's locks on everything, man, there's even a lock on the fridge. The rule is you don't go in the kitchen."* (Male, children's unit)

*"The only thing you're allowed to make is a piece and butter, and only if staff's wi' you."* (Male, children's unit).

In contrast to children's units, young people taking part in the in residential schools and secure units focus groups commented that they are not allowed to cook and need supervised in the kitchen because of what they described as 'health and safety reasons' or because young people will misbehave in some way if not supervised.

*"They'd need to do a risk assessment, gas cooker, sharp knife - it'd need to go through management, I suppose."* (Male, residential school)

*"Aye, sometimes staff need to be there an' they lock the kitchen sometimes, 'cause people go in and put the pepper in the salt and stuff."* (Male, residential school).

Young people in three separate establishments across three settings told us they *sometimes* have an opportunity to get involved in cooking more than just breakfast and supper. They explained these activities being available to them is dependent on young people's behaviour, staff ratios, and staff themselves wanting to facilitate it.

*"Sometimes we can help make soup if the cook asks us to help with it."* (Male, children's unit)

*"Unless you get the cooking activity, you don't get to cook, it's like baking or that."* (Male, secure unit)

*"You get to do cooking at school; at home eccy [home economics]."* (Female, secure unit).

We asked both groups of unaccompanied young people if they receive help from staff in cooking their dinner. Most said they can get help if they need it, with only a couple saying they get no help. Again, young people spoke positively about gaining independent living skills by cooking for themselves.

*“When I was cooking, some staff, they were very good, they are saying: ‘I will help you’, but some staff they are saying: ‘You are big enough’. I personally get on well with all of the staff but some of them they say: ‘Oh, but you have to learn’”. (Male, children’s unit)*

*“I didn’t know how to cook toast and cheese but one of the staff she said to me: ‘I will learn you how to cook French toast’, and she learned me how to cook French toast, it was good. I was so happy for that staff because she said: ‘I will teach you’”. (Male, children’s unit).*

## **What works well**

Young people cited the following when asked what they think works well:

- themed nights
- cook nights
- breakfast and supper food being stored in their own unit and having access to the kitchen for preparing both these meals
- cooks in children’s units listening and acting on their requests
- specific dishes they like.

*“What we do at supper time works really well - we get to go into the kitchen, supervised and get our own supper It should be like that for dinner time too.” (Female, secure unit)*

*“The food rec, you get cereals and yoghurts, cheese and coleslaw. It’s the food for the week but it’s not exactly main meals stuff, it’s like suppers.” (Male, residential school).*

## **What doesn’t work well**

On the other hand, when asked what they think doesn’t work as well, young people spoke about:

- repetitive menus
- lack of choices
- no knowledge of what is in the meals they are eating
- [poor] quality of food
- specific dishes they didn’t like.

*“Like me - if I eat too much chilli, it brings out my asthma so if they put too much chilli in the chilli then I could end up having an asthma attack. The staff know but the cooks change every now and again so you’ve no way of keeping track.” (Male, residential school)*

*“If you don’t like it [dinner choice] sometimes you can phone for something else to come up, but it’s just like a cheese sandwich and sometimes nothing comes up.” (Male, residential school).*

## What were young people's suggestions for change

Young people told us they would like:

- more choices and more involvement in devising the menu
- more food cooked in their individual unit itself. The majority said they were not 'bothered' whether they actually do the cooking or not - just to see it being made in their own unit was enough.
- the opportunity to cook, if interested in cooking. A few young people who particularly like cooking said they would like to do more cooking themselves.
- better quality of food
- individual units to have their own budget for food.

*"It would be good if they asked us about the menu. I know the girls change all the time, but they could ask us more often what we like then at least we'd be involved in putting the menu together, especially for the ones that are in for a while."* (Female, secure unit)

*"In the other unit I was in when we had chicken fajitas they weren't all made up. It was so good - you got the wraps and they'd put the chicken and sour cream and salsa down, and you just made it all yourself."* (Male, residential school).

One young person spoke highly positively about his experience in a secure unit in England, saying the food there was 'absolutely amazing', with menus at the table for each meal and a three course meal at dinner time. He also said there were more choices than those currently available to him at each meal.

He described the dining area itself being 'like a canteen' with the kitchen in the middle with tables and chairs on the other side and a serving hatch. He said this kitchen provided all the meals for two units.

*"I think they should try that canteen thing, I know it's goin' to take a bit of work to do but, if it's goin' to work, it'll work."* (Male, secure unit).

### 3.3 MEALTIMES

To gain an understanding of the structure around mealtimes in each establishment, young people were asked about the time of each meal and what scope there is for flexibility, including access to food outwith meal times.

#### What mealtimes meant for young people

In every establishment we visited, young people told us lunch and dinner times are set. While breakfast during the week is also served at a set time, there is more flexibility at the weekend.

Young people were clearly realistic when talking about this - they are aware that, because they live in a group setting, there have to be set mealtimes.

We asked young people to explain what happens if they are not hungry at dinner time or have missed dinner for some reason. Every group across all settings explained food would be 'plated up' and put to the side for the young person to have later on. A common view expressed by young people in residential schools and secure settings was that, if their meal is plated up then the food will have been heated three times by the time they eat it: once when first cooked, once when re-heated from the hot plate on the trolley and once again in the microwave. Many said if they miss dinner they will not eat the plated food for this reason.

*"If you miss dinner it's left there to go hard." (Male, residential school)*

*"Sometimes they plate it up for you but you can be away for two or three hours and come back, and it's lying there and it's no very nice, you know what I mean?" (Male, residential school).*

Young people were asked about what happens if they do not like what is served for dinner. Most said they can eat something from the food stored in the unit, however, the choice is limited to fruit, cereal or a sandwich. Overall, three groups from three separate establishments across different settings said that, if they miss a meal, they may have to wait until the next meal before eating.

*"If we miss it, you get something to eat. I missed dinner so I looked for something and I found a tin of tuna so I had a tuna piece." (Male, residential school)*

*"See, if you say you don't want our dinner, they tell you to wait until supper. Supper's about eight or half eight so you need to go hours without a munch." (Male, children's unit).*

We asked about access to food outwith mealtimes. The answers were similar to the above, with young people having access to breakfast and supper-type food such as fruit, cereal and bread. Again they commented on the lack of variety and limited amounts of food kept in the unit. If they have bought something with their pocket money, then they can eat this. In one establishment, young people complained about staff eating the food they buy. (With the young people's agreement, a Who Cares? Scotland advocacy worker followed this up separately).

*"Like, say we get a block of cheese, that lasts up to two days an' we don't get more till the next week." (Male, residential school)*

*"There's cereal and milk, bread and fruit in the kitchen, that's the only food that's kept in there." (Female, secure unit)*

*"Yeah, certain boys in here canny exactly keep their sweets in their room so they need to be kept in the office, then the staff eat them." (Male, residential school).*

## **What works well**

When asked about what works well with regard to mealtimes, most did not have anything positive to say either about the time meals are served or access to food outwith set mealtimes. At the same time, their answers started to highlight positive experiences during

mealtimes when people were sitting together around the table – this is explored further in the later section about food in a social context.

Only one group commented specifically on mealtimes and access to food outwith – young people from the children’s unit whose reported mainly positive experiences who, overall, said ‘everything really, nothing is really bad’.

### **What doesn’t work well**

Girls living in secure units spoke about their discomfort in eating in front of others – an issue explored later in the section describing young people’s views about sitting around the dinner table.

*“You get pure dead self conscious when people are looking at you.” (Female, secure unit).*

Others referred to their earlier answers about mealtimes, relating to negative experiences about plated food, lack of variety, and lack of food stored in the units.

### **What suggestions for change did young people make**

Young people told us they would like:

- more food other than supper and breakfast dishes to be cooked in the unit
- foods other than those used for breakfast and supper dishes to be available in the individual units themselves.
- more access to the food to be stored in the kitchen. Young people reported feeling restrictions are placed on them because of the amount of food available and supervised access to the kitchen itself.
- more flexibility around eating away from the dinner table. Young people recognised that, overall, a structure is required around mealtimes. However, they wanted some flexibility to eat away from the table, for example, on a night at the weekend or if they have a takeaway meal.

*“Just allow us to cook our own food ‘cause, if we’re no hungry at the time it comes oot, we can make it fresh. It’s not been sitting and dinnae get eaten.” (Male, residential school)*

*“More access to the store room” (Male, children’s unit)*

*“We’ve got to sit round the table and the TV gets switched off. For our takeaway on a Friday, we’ve got to sit round the table too. You can sit out there with juice and crisps but not with your dinner.” (Male, secure unit).*

## **3.4 SPECIAL OCCASIONS**

To explore how food features in celebrating special occasions, we asked young people if they could think of instances when food alternative to what they normally eat is provided as part of a celebration.

Every group was able to give examples of food featuring in special occasions. To what extent it features and the type of occasion varied between establishments.

Young people from the children's unit with a wholly positive experience mentioned throughout the report gave the most examples of alternative food featuring in special occasions.

*"Sometimes we get to go out if it's someone's birthday or something, and sometimes we get takeaway, like if we are having a movie night or something like that. Yeah, we have special meals at birthdays, Easter, Halloween, Christmas. And you might go out with your key worker for something to eat in key time [dedicated, one to one time with the young person's key worker]." (Male, children's unit).*

Most commonly, participants cited birthday celebrations. Young people not living in a secure environment spoke about going out for a birthday meal or a birthday party taking place in the unit with a variety of food, different to what is normally offered at dinner time, being brought to unit. Young people living in secure units too were able to give other examples of how food features in celebrations.

*"The other night, it was a girl's birthday and we had a chocolate fountain, so that was good. And say someone was leaving tomorrow, we'd have a big party for them." (Male, secure unit)*

*"We get takeaways sometimes for special occasions or if we've been good." (Female, secure unit).*

In contrast, two groups living in different establishments in two different settings told us that, on someone's birthday, nothing changes in the unit - the only difference being the person is given a cake. One group commented they did not know how special occasions were celebrated because no one's birthday has occurred as yet while living in their current placement.

*"No, for basically your birthday you get a cake, £70 and a card." (Male, children's unit).*

Two other groups of young people in different establishments across two settings cited a young person leaving the placement as an occasion when food played a (special) part, with a party being held for the person and everyone in the unit being able to take part. Two groups also told us they had recently been taken to a fast food restaurant - naming *Pizza Hut* and *China Buffet King* - because they had 'been good'. One group also said that, if they've 'been good', they sometimes get a takeaway meal. Another group living in a secure unit said they had recently won their sports day and a takeaway meal was bought for the whole unit.

### **3.5 SANCTIONS**

We explored whether food is ever used in any way as part of a sanction. Only two young people reported instances when sweets or fizzy juice featured in a sanction for bad behaviour.

*“No, it's never like that. We can get something to eat any time even if it's our stuff in our cupboards. The staff have got the key but they never say no if you want your own stuff. They just unlock the cupboard and you can get it.”* (Female, secure unit).

*“See if you've been kicking off or something and it's the weekend and you want a can [of juice], you widnae get it.”* (Male, children's unit)

*“[Name] keeps his sweets in the office. He doesn't get to keep them and, if he's been misbehaving, then he doesn't get his sweets even though he's bought them so, in other words, they're blackmailing you with your own belongings.”* (Male, residential school)

Although not related to withholding food, a few others also gave examples of sanctions in some way connected to food.

*“My mattress and everything gets taken out if I'm not up for brunch. Brunch is, like, at the weekends. It's, like, around lunch time and, if you're not up for lunch time, they come in and take your mattress and your covers out. They come in and haul you out and take everything out and leave it. You get a few warnings before saying: ‘Get up for your lunch, get up for your lunch’, but then they come in and take your mattress out, then you've got no choice but to get up.”* (Male, secure unit)

*“It's no just down to the staff, it's down to the boys as well if they've no been behaving an' that - like the cook night, you miss out if you've been misbehaving.”* (Male, residential school)

### **3.6 HEALTHY EATING**

We wanted to find out about young people's understanding of healthy eating - if they know what a healthy balanced diet is, are aware they are entitled to expect this and think they have this in their current placement. In addition, we sought to explore whether young people want to eat a healthy balanced diet and their perceptions about what staff do to help promote a healthy lifestyle. Again, we also asked about what works well or not and to provide us with suggestions for change.

#### **What do young people think is a healthy balanced diet**

All young people taking part were able to explain in some way what a healthy balanced diet means to them. The majority of examples offered related to young people's knowledge about recommended daily amounts of calories, fats, sugars, salts etc. Other examples given related to specific foods which they believe to be healthier than others.

*“A healthy balanced dinner is between carbohydrates, proteins, fats, salts, sugar etc. etc. etc. And you've got to have a good mix and you can't exceed it or it's not that healthy for you. Like a big greasy fry up isn't good for you. I learned that from a dietician.”* (Male, residential school)

*“For the younger ones - 1,500 calories a day, and for the older ones - 2,000.”* (Male, residential school)



*“Do you know there's more calories in some salads than there is in burgers because of the dressing they put on them.” (Male, children's unit)*

*“Yes, I eat my five fruit and vegetables every day, always.” (Female, children's unit).*

### **What awareness young people have about being entitled to a healthy balanced diet**

Most taking part evidenced a lack of understanding about their having a 'right' to have access to a healthy, balanced diet. Indeed, their answers indicated what young people think a healthy, balanced diet is rather than whether they have the right to one or not.

*“I've no got a clue.” (Male, residential school)*

*“Aye, a man's 2,000 calories and a woman's 1,500.” (Male, children's unit).*

### **What young people think about being offered a healthy balanced diet**

The majority told us they do not think they are currently being provided with a healthy balanced diet. Their reasons related either to a lack of knowledge of what is in the lunch and dinner dishes they eat - the ingredients and/or calories, fat, sugar content etc - or a belief that the food served to them is generally unhealthy.

*“We're told that things are healthy - like no salt and low fat - but we've got no way of knowing.” (Female, secure unit)*

*“No, we've got no way of knowing what's in our food. We don't see it and we don't cook it, so how can we tell.” (Female, secure unit)*

*“No, you get practically chips every day.” (Male, residential school)*

*“Last night, it was lasagne, and cauliflower and broccoli cheese sauce. They've both got cheese sauce on them, that canny be healthy.” (Male, residential school).*

A few examples were given of specific foods which, for young people, indicate in some way they are being provided with a healthy, balanced diet.

*“Everything's reduced salt in here - tomato sauce, mayonnaise – everything. It's all reduced salt. They've just started buying reduced salt baked beans.” (Male children's unit)*

*“They always give you vegetables, you canny talk round it.” (Male, children's unit)*

*“We've got yoghurts and fruit and baked potato.” (Male, residential school)*

*“Some people will have a healthy balanced diet but it shouldn't just be all baked potatoes. Half the vegetables don't get eaten, they just get chucked away.” (Male, residential school).*

Female participants living in secure establishments believe they do not have access to a healthy, balanced diet because they have, or someone else from their unit has, put on

weight while living there. They told us the prospect of staying there for any length of time and putting on weight really worries them. They attributed this weight gain to their lunch and dinner meals being too high in calorie and fat content, plus their eating sweets and drinking full sugar, fizzy juice, combined with a lack of exercise. They also explained the difficulty they have exercising as what they do and how often they do it is directly related to their mobility plan.

*“No, ‘cause I’ve put on quite a lot of weight since I came in here.” (Female, secure unit)*

*“Every single person that comes in here, and that’s no exaggeration, puts on weight when they come in here.” (Female, secure unit)*

*“That’s probably the sweets we eat - a lot of sweets - and then canny run around and work it off.” (Female, secure unit)*

*“If you’ve got no mobility, you can’t do anything except go to that bit outside.” (Female, secure unit).*

### **What help do young people have to maintain a healthy balanced diet**

Apart from the nature of the food itself they are offered, we asked young people about other ways they are supported to eat healthily, for example, if they have access in their unit to promotional material which encourages a healthy, balanced diet. The majority of units we visited did not display any healthy eating charts - two had posters.

*“No [healthy eating charts in the kitchen] ‘cause the food disnae come from our kitchen. It comes from somewhere, we dinnae even ken where it comes from really.” (Male, secure unit)*

*“No, there’s no charts up or anything like that.” (Female, secure unit)*

*“There are posters in the unit about healthy eating.” (Male, children’s unit)*

*“Aye, we’ve got charts and that all over the kitchen.” (Male, residential school).*

When asked to think about anything else being done by the cook or care staff to promote healthy eating, a few participants provided examples where staff had in some way promoted a healthier diet and/or exercise.

*“Yes, the five plate...hmm...I know she explained for us in how what to eat. You have to eat five things [fruit and veg] a day.” (Male, children’s unit)*

*“I asked my home eccy [economics] teacher to write me out a diet. She said she’s no writing me out a diet, she’s writing me out a healthy eating plan.” (Female, secure unit)*

*“The staff are good at saying, like, if they think you need to start more exercise and that, they’re no bad at it. They’ll come in and go, like: ‘We’re worried about you being overweight’ and that, and they come in and tell you, saying we can help you*

*with this and help you with that, and put you on a plan. Like, the nurse she comes in and does an exercise plan with you an' she's got, like, diet things for you with lots of information on them to help you.*" (Male, secure unit)

*"In the Indian book, I think they had a bit in it with healthy stuff. I think if it wasn't healthy stuff we were cooking, they would've said it's not healthy, don't eat it."* (Male, children's unit).

A few young people told us they believe nothing is being done with them in their setting to promote healthy eating. Their answers related either to the menu or to staff.

*"There's nothing on the menu to say it's healthy. It's just black and white, like pizza and that."* (Female, secure unit)

*"No, staff don't talk to us about it."* (Male, residential school)

*"Naebody talks to you about nutrition or health or that."* (Male, secure unit).

We asked participants what access they have to fizzy drinks, sweets, crisps and chocolate. Most reported having none when staff buy food provisions for the unit, however, they can buy them with their pocket money. A couple of groups said these are included in the unit shopping, though young people do not have access in unlimited amounts - they are either available as treats on certain days or once a week if they have attended school.

*"There's none. We've got a tuck shop in here but we've got to pay for it. We've got to pay for our own fizzy juice, we can buy our own cans at 40p a can\*."* (Male, residential school)

*"You get pocket money and you can buy your own stuff. You keep it in your cupboard. If you've got your privileges, you can go out and get it. If not, you get a munchie run and you put down what you want and people get it for you."* (Female, secure unit)

*"The only reason you basically get one [can of juice] is if you go to school in the morning and then one on the Friday and one on the Saturday."* (Male, children's unit)

*"On a Saturday you get a doughnut and an ice lolly and on a Sunday you get a cake."* (Male, children's unit).

We explored whether, when young people buy these items with their pocket money, they have an awareness of staff monitoring the amount they consume. We also asked if staff speak to them about the role sweets, fizzy drinks etc play in successfully maintaining a healthy, balanced diet. Most told us they do not think staff do monitor this in any way or talk to them about how these foodstuffs affect their daily allowance of fats, sugars etc.

\* Unsubsidised – the establishment in question confirmed it bought (diet) fizzy drinks in bulk which , after conferring with the Care Commission, it sold at 40p in the school tuck shop.

When explored further, young people reflected that they themselves do not monitor their intake. They also recognised that, although they say they want to have a healthy, balanced diet, they do not watch or sometimes want to watch their own consumption of sweets fizzy juice etc. Various reasons were offered – they simply like them (especially the fizzy juice), it's all they have to give them pleasure or relieve boredom, and/or family and friends bring them.

Most young people described how they are allowed to keep these items in their own room, however, in a secure environment, they are stored in their personal cupboard which they can access at any time. One group told us it depends on each individual young person, explaining that if, for health reasons consumption had to be monitored, a young person's sweets, etc are kept in the staff office and young people have to ask to have some.

Nearly all said they prefer full sugar fizzy juice and they are allowed to drink this in their unit if they have bought it with their pocket money. A couple commented that staff will confiscate fizzy drinks if young people are 'getting hyper'. No establishment allows energy drinks to be consumed on the premises, however, the majority of young people said they do drink them when outside the unit or on home leave. One group relayed that a member of staff told them recently that the local shopkeeper was to be asked not to sell energy drinks to young people living in the unit.

*"The other night I'd drank about eight litres of coke and I was falling off chairs and everything, and I was told: ;Right, you're no getting your coke for a couple of days' and I was, like, right fair enough." (Male, secure unit)*

*"You don't get energy drinks in here, you're no allowed them. See if they find out you've got them, they'll take them off you. And didn't [staff name] say he'd go up to the shop and say something about us getting self them." (Male, children's unit).*

We then asked about what drinks are available at meal times. The answers given were almost identical across each setting - milk, diluting juice and water were the most common. Many young people commented about the lack of variety of the diluting juice. One said he requested fruit juice instead of diluting juice, however he was refused.

*"Diluting juice - same thing day in, day oot." (Male, secure unit)*

*"I asked for mango juice and was told it's too expensive." (Male, children's unit).*

### **What are young people's views about wanting to maintain a healthy balanced diet**

Young people were asked if they want to eat a healthy diet and maintain a healthy lifestyle, Most said they do. They gave more examples of maintaining a healthier lifestyle than a healthy, balanced diet. A few cited activities they currently do or have done in the past that has helped them maintain a healthier lifestyle. Again, young people living in secure care said participating in exercise or activities is more difficult for them.

*"Aye, obviously we don't want to walk about fat." (Male, children's unit)*

*"I do swimming three times a week but I've got mobility." (Female, secure unit)*

*“See before, in Afghanistan, I was going to Kung Fu and I was eating the healthy food and, if you see my pictures, I won many times the medals in a competition but since I came here, nothing. I feel, I wish, I want to go back then I would be happy, if there was no war in my country.”* (Male, children’s unit).

Only a couple told us they are not interested in maintaining a healthy balanced diet.

*“I don’t dae healthy eating. I just eat anything that’s put in front of me. If it’s sat on my plate, I’ll just eat it, I don’t worry, I mean I don’t even touch fruit and I eat very little veg.”* (Male, residential school)

*“No, I don’t like a healthy, balanced diet. I think we should have the choice. We’re moving on soon, aren’t we? So we should have the choice to eat what we want.”* (Male, children’s unit).

### **What works well**

We sought to explore what works well at present for young people with regard to their eating healthily. Overall, there was a general lack of response, though facilitators tried to open up discussion by asking whether healthy eating was explored by staff as part of young people’s ‘care plan’\*. However young people either answered no or didn’t appear to have an understanding of what their care plan is.

We also asked if staff have ever introduced exercise plans in their unit, brought in an exercise DVD and encouraged young people to take part, or if classes such as martial arts or yoga are available to young people in their unit. In response, young people offered no examples of these types of opportunity being available to them.

Very few answers indeed were offered in response to the question *what works well?* (in relation to healthy eating). One young person spoke about ‘one cook’ provides ‘amazing meals’ so this helps them maintain a healthy diet. Another young person living in secure care commented that being at school was preferable to the school holidays, because more exercise was available to them during term time.

### **What doesn’t work well**

When asked this question, participants’ answers were generally similar to what young people had raised earlier when considering *what doesn’t work well* in terms of participation, mealtimes and provision of a healthy diet: young people having no knowledge of what is in the food they eat, a lack of food being stored at unit level and insufficient exercise opportunities for young people in secure settings because what is available is dependent on their ‘mobility plan’.

*“We never see the ingredients so we don’t know what is used to cook the food that we eat, that’s not good.”* (Male, children’s unit)

\* A working document for children and young people who are looked after which records their needs in a range of areas including health and action required to meet their needs.

*“Some of us can't even get out to the courtyard. All the exercise you get is walking round the unit. We try to walk round the unit and that, but then we look suspicious and they start thinking that we're planning something.”* (Female, secure unit).

In addition, some commented that sometimes too much food was provided, their being unused to having big meals at both lunch and dinner time. They added that, even if they did not want it, it was there so they ate it. They recognised an element of comfort eating and sometimes boredom, especially those in secure care.

### **What suggestions for change did young people make**

We asked young people if they had any suggestions for change which would promote a healthier lifestyle.

Most said they would like to have more knowledge of what is in their food and also requested that healthier options be available. We explored this more, asking if they would like to see a full breakdown of the nutritional content of each meal they eat. This idea was popular with the female participants who said this system would allow them to keep track of their calorie and fat content, and maintain a healthier diet. On the other hand, male participants overall did not think this necessary - a healthy choice highlighted as such on the menu was enough to promote a healthier diet.

We also asked young people to consider whether a 'traffic light system' would help them identify healthier options on the menu. Most welcomed this idea, saying a system like this would help them monitor their meals and their weight.

*“I would like to know what's in it. Yeah, just to watch 'cause you canny watch what you're taking in, you could be taking in double what you should be.”* (Male, secure unit)

*“Healthy options would be good, then you could control what you eat more and wouldn't be worried about putting on weight.”* (Female, secure unit)

Some highlighted again that, if the food was bought, stored and cooked at individual unit level, then young people would know what they are eating and be able to monitor their daily intake of calories, fats etc.

*“If we were buying and cooking our own food then we'd know what we're eating, instead of having no idea what's in our food all the time. It's no wonder we put on weight.”* (Female, secure unit)

One group said they want to be listened to when they make suggestions about the menu and their suggestions acted on. A few told us many of them do not eat the vegetables because of how they are cooked and presented and, if changes were made, it might help them eat healthier.

*“I think they should get a steamer. They boil all of it and the minute they boil it, it goes like crap.”* (Male, residential school).

### 3.7 SPECIAL DIETARY NEEDS

#### What young people think about specific dietary needs being met

We wanted to explore how young people think their needs are being met with regard to food allergies or specific dietary requirements they might have.

Three young people spoke about either themselves or someone else in their unit having specific dietary requirements. Two of the three were able to give positive examples of how they think such needs are met.

*“If somebody’s allergic to something, they’ll [staff] watch. One of the boys is diabetic so the staff need to watch what he’s eating or something could happen so, aye, they do watch out for you.” (Male, residential school)*

*“Celiac disease - it’s when you’ve got an intolerance to gluten so, aye, I suppose they do work that good for me here. I’m not allowed oat, wheat, barley or gluten. They’ll make the same dinner but just pure different ingredients, so they’ll make my pasta separate from their pasta and my bolognaise separate from their bolognaise.” (Male, residential school).*

Only one young person told us their needs are not being met with regard to a peanut allergy. We explored this further and were told this allergic reaction occurs when the nuts are digested. The young person complained about a lack of cereals and puddings which do not contain nuts available .

*“I’ve got a peanut allergy and I’ve said to them about the allergy but, every time we get a dessert, they send up gateau and I can’t eat them. They’re not even making an effort or they would send up desserts without peanuts in it.” (Male, secure unit)*

We asked both groups of unaccompanied young people about how the cook and care staff take an interest in the foods associated with their culture. There was a mixed response because some also spoke about other difficulties in their lives relating to living away from their family and their own country. However, a couple did give examples where staff have taken time to learn about their culture and the young people reflected on how good this makes them feel. Asked if they have someone within the care system they can speak to about any of the difficulties they experience, either associated with their diet or other things currently going on in their lives, all confirmed they do have someone they can trust and feel comfortable speaking to.

*“Yes, one of the staff, nightshift, they coming in night time. They get the ingredients and write it and they get the paper from the internet and say: ‘I will try this in my home.’ Even on the day shift, some of the staff. they are like interested to knowing how you make it.” (Male, children’s unit)*

*“The chef, she give me Indian cook book and she said: ‘Gonna write anything you want from this.’ In that book, I didn’t like prawns. I think I only didn’t like two things in that book and she was making curries, and that was very good.” (Male children’s unit).*

### 3.8 SOCIAL CONTEXT AND RELATIONSHIPS

In a bid to explore the social context to food within residential care, we asked young people about options available to them other than sitting at the dinner table, including what they like and do not like about this. Again, we gave them the opportunity to make suggestions for improvement.

#### **What alternative options to sitting around the table are available**

Every group across all settings told us no option other than sitting at the table is available to them at lunch and dinner time.

*“You're not allowed to sit anywhere else. We need to sit at the table with everyone else.” (Female, secure unit)*

One group in a secure unit described an exception to this rule - if young people are on a 'sanction' [confined to their bedroom], their meal is served in their bedroom, on plastic plates with plastic cutlery. One also said that, if someone was ill, it might be possible for them to eat in their room, depending on the staff on shift as some allow it and some do not.

We explored this with young people in other settings. Most said eating in their room was not an option even if ill. One reflected it might be an option if 'you're not on high risk' [when regular monitoring is required]. A few thought a snack might be provided if someone was ill and did not want a full meal at dinner time.

Most commented about not being allowed breakfast in bed at the weekend or on a special occasion such as their birthday. One spoke about getting up and helping himself to cereal and taking it back to bed with him. Others in the same group agreed this is allowed, however, staff would not bring a young person breakfast.

*“We've never had breakfast in bed.” (Male, residential school).*

#### **What young people said they like about eating round the dinner table**

Every group we consulted, regardless of setting, described numerous positives gained from sitting around the dinner table. They recognised this is a 'nice time' for them all to get together and speak about their day, get to know each other better and learn more about each other. One said he enjoys his dinner more if he is sitting at a table. Only one young person spoke about enjoying nothing about sitting round the table. It emerged in discussion that this young person's view was coloured by the fact young people in that establishment were split up, two only at one table. Consequently, the young person commented on missing out on the social benefits others spoke about.

*“Tea times, like the family get together, if you like.” (Male, secure unit)*

*“You get a good discussion and that. Like, I work nearly every day of the week. We all sit and have a banter round the table.” (Male, residential school).*



Young people told us, although sitting around the table generally should be a positive experience for them, whether it is or not on a daily basis is totally dependent on two things: which young people and staff are placed at their table and whether or not young people living together get along with each other.

*“It depends what girls are in the unit. Sometimes it can be nice to sit round the table but, just now, it's a nightmare because of who's in, they play up all the time.”*  
(Female, secure unit)

*“You can sit and talk but sometimes you get nippy staff.”* (Male, secure unit).

### **What young people told us they don't like about eating at the dinner table**

All the girls consulted in the two secure units we visited spoke about being uncomfortable eating in front of other people. Some said they themselves feel this and others sympathised with others they know feel uncomfortable. They also described how it can cause problems at dinner time if girls who are feeling uncomfortable refuse to sit at the table and/or staff do not understand how they are feeling. They reported the lack of flexibility about sitting at the table and a lack of understanding from others (staff and young people) results in their having no option than to sit at the table or not eat.

*“Some young people are embarrassed to eat when they come in, so they dinnae eat and other young people try to make you eat. That's one thing when I first came in that I found really difficult.”* (Female, secure unit)

*“Sometimes I've got an issue like that, eating in front of people. I dinnae like eating in front of laddies. You just get told to stop carrying on, sit down and eat your dinner.”* (Female, secure unit).

One group recognised, although it is a time to come together, young people are split up to sit at separate tables by staff and this can result in groups forming. They told us the decision about who sits where with whom is based on gender and young people's behaviour towards each other throughout the day.

*“But you see divides, like, ‘cause all the girls sit together. They all stay together and all the boys at the other table, and the male staff go to the male table so you see all the different groups and that.”* (Male, secure unit).

Most recognised that having no option apart from sitting at the table impacts on them all at some time – if, for example, they have had a bad day and do not feel like sitting at the table or young people are not getting on with each other.

*“If you don't feel like talking or you have fallen out with another young person.”*  
(Male, children's unit)

*“You might not feel like it one day and you've no choice, unless you want to eat yourself later with reheated food.”* (Female, secure unit).

One group living with children younger than themselves spoke about the problems this can cause at dinner time.

*“You've got wee people that start shouting and you want to have your dinner in peace. We've got two different tables and the younger ones sit here, but you can still hear them shouting. It's a nightmare sometimes.”* (Male, residential school).

In every establishment we visited where a television could be viewed from the dining area, young people told us it is turned off at mealtimes. All commented about there being no flexibility, even if young people are watching a programme as dinner is served.

While most accepted the reasons why they need to sit at the table, they all said they would like a bit more flexibility, such as sitting away from the table one night a week or having another room to eat in if they did not feel like eating with the bigger group. All also did not agree with the rule about the television being switched off or not being able to listen to music during mealtimes.

*“We know why we need to sit round the table. It would get too messy if people didn't but, even now and again, it'd be nice to sit at the sofa and watch TV.”* (Female, secure unit)

*“If you did sit away from the table, you would never speak, would you? You'd just sit and watch TV. You wouldnae speak and it'd be a bit borin'. Folk would be chucking stuff all over the couch. Maybe if staff members said you could go away from the table but, if you muck about there, then you go back to the table. If you were allowed to do that, that'd be good. Or even if we were able to come in here, put a wee table in here [small room away from main dining area].”* (Male, secure unit).

Only a few groups reported the TV sometimes being left on - if staff want to watch something. *Wimbledon* was given as an example when the TV remained on during dinner time.

*“If the staff want to watch something, it's alright. But if we do, it's not.”* (Female, secure unit).

Some also made comparisons to what they do at meal times when at home.

*“I'd rather be able to just sit down and watch the telly or something, that's what I would do at my mum's. Just sit and watch the telly with my tray and that.”* (Male, secure unit).

Amongst the unaccompanied young people we consulted, all those who cook for themselves spoke about feeling isolated because they cook and eat their meals at a different time to other young people. They all said they would rather eat at the same time as everyone else.

*“For the first month, I was sitting with them but then they didn't cook for me. So when they finish, I have to cook for myself when the kitchen is no busy.”* (Male, children's unit)

*“For a few months, I was sitting alone then when [another unaccompanied young person] comes, then we sitting together.”* (Male, children's unit)

*"I eat alone, it makes me unhappy." (Male, children's unit).*

### **What works well**

When asked what they think works well, young people referred to the same things they had mentioned when speaking about what they like about sitting round the table.

*"Everyone sits down together, it's good." (Male, children's unit).*

### **What doesn't work well**

Again, the answers given in response mirrored earlier discussions about what young people don't like about sitting round the table.

*"There's no choice, you need to sit at the table and that's it. At home, at least you've got a choice." (Female, secure unit).*

The group of young people living in the children's unit reporting positively on their experiences throughout the report gave the same reasons as other young people – they sometimes have a negative experience, however, overall their experience of mealtimes is mainly positive.

*"I'd change nothing, I really like mealtimes." (Male, children's unit).*

### **Relationships with staff**

Finally, we explored whether young people feel the relationship they have with the cook or care staff has an impact on their experience of food, including decisions about food. Every group of young people gave one or more example where they believe their relationship with staff, either positive or negative, has had an impact on a food-related decision.

Most participants gave examples where different decisions relating to the same request were taken by two different members of staff, saying they believed the decision related to their having a more positive relationship with one member of staff or some staff are 'better than others'.

*"It depends what the cook's like. Some of them are ok and some aren't. It would be good if we saw them more and they were around the unit then we could talk to them ourselves about the food." (Female, secure unit)*

*"Some staff just try and wind you up but I think it's just about making relationships, you get to know the staff. If they're nice wae you, you're nice wae them." (Male, secure unit)*

*"You can ask to have it [meal] in your room. That sometimes happens if you're ill, it depends what staff's on." (Male, residential school)*

*“When the other shift’s on, they always say: ‘There’s no money’, but then when [staff name] on, he says: ‘There is.’ They’ll pay for it out of [establishment name] money, but then the other shift will pay for it out our ain money.”* (Female, secure unit).

*“You speak to them and that, but you’ve got some cooks that are right nippy.”* (Male, residential school).

A couple also acknowledged that, at times, they use the relationship they have with certain staff to their advantage.

*“Yeah, we shouldnae even be saying that, but we do know what staff to go to, ‘cause with some staff, it’s like can we get a takeaway and it’s like ‘no’ but there’s one staff that’ll always get you one.”* (Male, secure unit).

## 4 KEY THEMES AND CONCLUSIONS

The consultation aimed to explore young people's views and experiences of food and food-related issues while living in residential care including their perspectives on healthy eating and nutrition.

### 4.1 KEY THEMES

Five key themes emerged during the analysis of the data:

- young people seeing food as an unknown quantity
- responding to young people as individuals
- the importance to young people of being involved
- food – improving quality, quantity, variety and availability
- flexible and alternative eating arrangements.

#### Young people seeing food as an unknown quantity

From the discussions with young people and our observations, it is clear many of the young people we consulted who live in residential schools and secure care are of the view that they have little or no knowledge about where the food they consume is cooked, who cooks it, what ingredients are used and what its nutritional value is, and this appears to be a source of considerable frustration.

They, arguably like most anybody, want to know what the kitchen looks like, if the surroundings are hygienic, what the chef looks like, and what ingredients are used in their food, and having this knowledge would be reassuring to them.

*“When I first came in, I didnae ken where the kitchen was but it's in a separate building. The dinner comes up, they bring it up round the back, through education into the courtyards - that's where it comes fae, so we don't know where it's coming fae”.* (Male, secure unit)

*“We don't know what we're eating, what's in the food. We're not told, right, there's this amount of whatever, this amount of whatever, they just give you it.”* (Male, residential school)

*“The only chef that I know that I've met is [one chef's name] I've not met [other chefs' names] that's the other two.”* (Male, secure unit).

Young people also commented on how easy it is nowadays to see the nutritional content of the foods we eat because the majority of packaging identifies calories, fats etc, and pointed out, in contrast, that they have no knowledge of the nutritional content of any lunch and dinner dish served to them.

Regularly throughout the consultation, young people made the request for more nutritional information to be made available to them. A 'traffic light system' to identify the nutritional content of individual dishes on the menu was mooted and welcomed by most. They see

this as one way of helping young people to make more informed choices about what they eat at mealtimes.

Across all focus groups, young people reminded us that many of them are teenagers and so at an age when their appearance is important to them. Many added that they are worried about putting on weight. This was evidenced by the number of young people - particularly young women in secure units but also young men in residential schools - who voice concerns about their weight and lack of exercise. They repeatedly make the link with their access to exercise opportunities which may be limited, often being dependent on their individual mobility plan. Young women appeared to be especially worried and told us how common it is for not only young people but also staff to put on weight after eating the food provided for a period of time, expressing concern about this happening to them in the future.

The use of agency chefs, for example, at the weekend or providing cover for regular staff on holiday, concerned most of the young people who chose to speak about this. Though this issue arose only in a few groups - taking place in secure units and residential schools - it also illustrates wider concerns across the sample about a lack of food-related information and sometimes the disappointing quality of food provided. The less common view expressed was that food at the weekend is actually better because the agency chef is a better cook but overall, this means inconsistency for young people and causes frustration when their food is served by someone they have even less knowledge of and it is of poorer quality.

*“Sometimes, at the weekend, when the wee guy with the specs is on we've ended up having to get a chippy because there's not that much.” (Female, secure unit)*

*“It's happened a couple of times if none of the boys like what's come up [at the weekend]. Staff'll just get take out food and they'll go like that to senior management on Monday; that the food that came up wisnae even fit for a dog.” (Male, residential school).*

## **Responding to young people as individuals**

Drawing on their own opinions and experience of the various issues we explored, young people throughout the entire consultation exercise were able to confidently and concisely tell us about their personal likes and dislikes, and make suggestions for change with regard to food and healthy eating in a residential, group living context.

Young people in their feedback were realistic and, at times, took into consideration the restrictions associated with the environment they live in, namely, a group living context and sometimes a secure care setting. In many instances, it appears individual preferences and circumstances can lose out to the exigencies characterising the overall structures and processes in place to provide food for numbers of people and ensure the smooth and effective running of an establishment, for example, young people being asked to decide what they would want to eat in a week's time (as was the case in a couple of the establishments we visited).

There also appears to be some variation at the practice level, with some cooks and care staff being more responsive to the preferences and situation of individuals. Staff and establishments also seem to meet young people's needs with regard to allergies and specific dietary requirements, for example, Halal food. In contrast, however, overall young people's personal likes and dislikes do not appear to be given the same attention.

*"Most Afghani boys, they do not like sweets, more they like spicy things. Every time they [everyone – young people and staff] just eat sweet things in the morning. We've already told them we don't like them [sweet things], but they buy them anyway."* (Male, children's unit).

Although not a majority view, some young people commented on either themselves or other young people they live with eating a very restricted diet or indeed eating nothing except breakfast and supper, because they either do not like the food on offer at lunch and dinner time or the way food is cooked.

*"There's loads of stuff I don't like on the menu but you just need to choose something from it. You've got no other option, it's either that or you just have toast or cereal."* (Female, secure unit)

*"There's a girl in here that lives on cereal and I live on cup-a-soups."* (Female, secure unit)

*"There's a guy through in the other unit that just lives on cereal. If there's plain chicken and that, he'll eat plain chicken but he really just lives on coco pops."* (Male, residential school).

Whether young people want to be more involved in shopping for and cooking food appears essentially to be about individual interest and preference, though it was not explored with young people whether or not they were able to draw on prior experience to help form their views. However, those involved in activities such as 'cook night' told us they do enjoy them.

At the same time, the availability of opportunities for young people to shop for food or cook emerged as inconsistent. This is across all settings and also within different units in the same establishment. Such inconsistency and often a lack of explanation as to why, sometimes, such activities are not taking place, can cause frustration for young people. In contrast, the experiences of young people who are unaccompanied and living in children's units, having more opportunity to shop and cook than others, demonstrate it is feasible in this setting at least for young people to be frequently involved in both activities. When exploring access to the kitchen with the group from the children's unit who consistently reported positively on their experiences, they inferred a unit ethos, risk assessment and decision-making geared to the individual - 'it's dependent on the young person but, normally, yes'.

Finally, although we did not explore links between food and care planning in depth, and we know from our day-to-day practice working with young people who are looked after away from home that young people's level of understanding and involvement in their care plans vary considerably, it is not clear how much young people's personal preferences are

considered when food-related decisions are being taken as part of plans to meet young people's health or other needs.

### **The importance for young people of being involved**

The importance of feeling listened to by the cook and care staff and being more involved in food-related decisions was stressed by many young people. They often gave us reason to believe they feel they have not been listened to in the past, leading to hesitancy or apathy about speaking out in the future. This is evidenced by many sharing shared stories of times when they have spoken to staff, making requests, for example, for a change of menu or more food and more variety of food to be stored and cooked at the individual unit level, and they feel their requests were ignored. There may well be a variety of reasons as to why their requests cannot be acted on, such as health and safety or financial restrictions. However, it appeared an explanation was not regularly offered to young people to help them understand the reasons for this including any constraints, allow them to negotiate with staff or increase their confidence about raising issues of concern in the future.

*"Everybody complains about the food but nothing seems to get done about it."*  
(Female, secure unit)

*"There's not much we can do, we need to eat something from the menu."* (Female, secure unit)

*"Yes, it's a big difference some [cooks] like to speak to you and some don't."* (Male, children's unit).

Throughout the report we described a children's unit where the young people's experience of food, healthy eating and nutrition is extremely positive and who, overall, have in fact very few negative things to say. They speak fondly of the cook and call her by her name, adding she 'always' listens to them. They do not have a menu-type system in operation, however, there are three cooked options available every night. They also told us they like everything the cook makes and they are able to make requests for particular dishes which are normally made that same week.

The reasons these young people give as to why arrangements in their placement work so well correspond to the suggestions for change young people elsewhere make relating to the role, skill and approach of the cook - having one who is good at cooking, who listens to them and responds, acting on their requests, and cooks food they like. In summary, it operates at the unit level on a human scale, enabling direct – and more easily listening and responsive - relationships to exist.

While the overall experience of this group of young people contrasts significantly with all other establishments we visited, other factors present appear to be the similar, for example, staff ratios, budget constraints. To seek to further set this scenario in context, this is one of the larger children's units with eight young people living there at the time of the consultation. From our general experience working in the sector, we observe that the number of young people living in an individual unit within a residential school tends to range from four and eight and, similarly, that the majority of secure units tend to have individual units housing four young people. We recognise that residential schools and



secure units do cater for bigger numbers of young people. In these establishments, meals for each (unit) group of young people are prepared centrally by cook/s in a main kitchen.

Systems in use to allow meals to be served in a timely and efficient manner in the group living environment include the menu system, operating in many of the establishments we visited. Young people recognise this may be necessary within a group living setting. Although they complain about their lack of involvement, they show themselves invariably to be realistic, acknowledging factors which make participation more challenging to organise, for example, individuals having personal preferences and residents (young people) regularly changing. At the same time, they indicate clearly they want the opportunity to be more involved in devising new menus and regularly making suggestions for alternative dishes. Many across the whole sample have lived in the one establishment for a lengthy period (six to nine months) with no involvement – they feel it is unfair never to have a change of menu.

*“I think we should get a say in what we eat.” (Female, secure unit)*

*“He [chef] should come through at our meetings and take a list of what we want.” (Male, secure unit).*

### **Food – improving its quality, quantity, variety and availability**

Again, with one exception (the group living in the children’s unit whose experience was wholly positive), every other group across all settings commented on the (poor) quality of food served to them. The skill of the cook is critical - they made comparisons between cooks, saying some are better at cooking than others which means some of their food tastes better, is presented better and is more imaginative depending on which chef is on shift and has cooked it.

More specifically, those living in residential schools and secure units also attribute the poor quality of food to the time required to transport food from the main kitchen to their unit and it being reheated in the trolley. If young people miss mealtimes, food is reheated again, resulting in a further deterioration in quality and appeal. This can result in a lot of leftover and wasted food which frustrates young people. Many also spoke about how unappealing it is to think about how it will be used the next day.

*“He's wasting money as well he's on about sticking to a budget but he's putting things on that. We're telling him: ‘We don't like it, naebody's going to eat it, you're wasting money putting it on’, but he still puts in on. It just sits in the tray and gets wasted.” (Male, residential school)*

*“Loads of food's left every night, half the trays left”. (Male, residential school).*

Throughout the report we highlight young people requesting that more and more varied foodstuffs be stored in their individual unit kitchen, with some young people commenting again that they themselves, or other young people they live with, eat a very restricted diet. They offered a range of explanations – young people do not like the food on offer on the menu or the way it is cooked, and also express concerns about the limited supply and variety of alternative foods available.

*“Sometimes I've seen myself come in here and I've had nothing to eat, and you canny make yourself something to eat 'cause there's nothing to eat.” (Male, children's unit)*

*“See if you look in the fridge the noo, there's about three eggs and that's it.” (Male, residential school).*

Outwith lunch and dinner time, cereals, bread and fruit are the most popular types of snack food available to young people. This is often the same if they miss lunch or dinner or, as above, do not like what is served. Young people report there are not enough ingredients stored in the unit kitchen to make a 'proper meal' and the type of food held at unit level is not always to young people's taste, meaning there is still less for them to eat.

*“Cornflakes and fruit and fibre; they're pure mingin.” (Male, secure unit).*

In a couple of establishments, other foods such as yoghurts also are cited, however, there do not appear to be enough ordered each week. The young people reporting an overall positive experience gave more examples of the types of food held in their kitchen than all other groups consulted, though they too suggested improvement - more variety and quantity of locally held foodstuffs.

*“Fruit, yoghurts and bread. You can also get crisps and sweets, but only if staff allow you to. We make the supper with what's in the fridge as the cook has gone home. There could be more things in the fridge.” (Male, children's unit).*

Young people also asked that what they eat when living at home is also taken into account. Although they recognised that some of these foods may not necessarily be healthy if eaten all the time, they want these types of foods to be considered now and again.

*“Even if it was one night we were allowed pot noodles in a week, that would be fine. That's what I dinnae see the point in, 'cause pot noodles are probably better in fat and that than chocolate and everything.” (Female, secure unit).*

## **Flexible and alternative eating arrangements**

Throughout different stages of the consultation, young people made requests for more flexibility around existing food related structures and processes. They told us there is generally no flexibility to sit away from the table or have the TV or music on at mealtimes, and very little flexibility at weekends or on an evening when they have takeaway food. They observe that it would be 'nice' to occasionally have music on while eating or sit on the sofa, even if this is just once a week as a treat. They suggest staff do not allow this because arguments might start about what to watch or listen to.

In one establishment, young people told us the only time they can eat away from the table in their own room is if they are 'sanctioned', with misbehaving and then getting themselves 'sanctioned' the only alternative to eating at the table with others.

Young people want to be considered as individuals in decisions about, for example, being responsible enough to eat away from the table without making a mess. They also identify a range of reasons as to why, at times, they might not want to eat at the table - feeling uncomfortable eating in front of other people, having had a bad day, not getting along with other young people, or simply just feeling like a change from their usual routine. In such circumstances, they want a 'nice' alternative to be available.

*"If I asked to have my dinner in my room, it'd be like no, that's not happening, you're no getting your dinner till you come out."* (Male, residential school)

*"There's no choice, you need to sit at the table and that's it. At home, at least you've got a choice."* (Female, secure unit).

More generally, we have reported on young people's repeated reflections about the often unchanging nature of set mealtimes, menus and the lack of variety, availability and quantity of foodstuffs held in the individual unit kitchen if they are not hungry at set mealtimes or miss dinner when reheated, plated food is the alternative. In contrast, individual young people's activities and timetables may change over time. In children's units especially, young people may be at college or work and so may return to the unit at varying times and have eaten differently to each other during the day. The young people in the placement themselves may change as some go and others arrive, each with their own individual needs, views and preferences. As a result, the needs and preferences of the 'household' at dinner time may diverge.

## **4.2 RESPONDING TO WHAT YOUNG PEOPLE TELL US**

The findings and conclusions suggest further issues for consideration including potential action residential establishments can take to act on the findings and respond to what young people tell us.

Some may be achieved by changes in practice or process, with practical aspects, and may have little or no cost. Others may imply a more structural or resource change and have capital and revenue implications. Some initially may be more challenging for larger establishments currently with central kitchens and catering staff. However, there is also scope to incur less waste and maximise use of resources. What they have in common is they offer ideas about possible solutions to issues children and young people raise as causing them concern and help enhance their health and wellbeing, both while living in residential care and longer term.

A strong example of good practice emerged during the consultation. This children's unit is cited throughout the report as a result of the consistently positive reports from young people across the issues explored, including participation. What they said works so well in their unit corresponded to suggestions for change made by other young people elsewhere, particularly relating to the role, skill, approach and (local not central) siting of the cook.

The insights young people have given us suggest areas of action for residential establishments to consider which have potential to help improve young people's experience of food, their sense of wellbeing and health, as well as increase effectiveness and maximise use of resources.

The learning has potential implications for management, operations, policy, staff practice and training, and is in tune with current Scottish Government policy of putting the 'child at the centre'.

Two broad principles are relevant. Economist Schumacher's concept that 'small is beautiful'<sup>2</sup> is directly transferrable to the issues which have emerged, in that much of what young people tell us works well for them does so because it is sited at the local level ie the individual unit or house – including:

- the planning of meals
- buying of food
- preparing and cooking of food (with adequate facility to do so ie kitchen and equipment)
- the provision of sufficient foodstuffs (both in variety and quantity)
- the opportunity for young people to be involved in these different processes and decisions to the degree they so choose, with staff they feel know them and their individual needs, preferences and schedules, and who are willing and able to listen to them and have scope and the resources to respond.

In short, the findings make a strong case for arrangements on a human scale, enabling direct and responsive relationships with decision-making closer to the people concerned (ie young people) and localised solutions rather than a centralised function, able to flex and respond to the individual and the 'household' unit. It is clear this localised solution-making works best when it includes the cook too.

Similarly, Bengt Nirje's 'normalisation' principle<sup>3</sup>, conceived in relation to people with learning difficulties with its use extended in social care more widely including towards children in care, is equally applicable, in terms of young people in residential care having access to conditions of everyday living as close as possible in their circumstances to 'regular' life in the wider society, including an emphasis on individualised, personalised care and minimising institutionalisation. This too suggests the importance of the daily structures and processes associated with food and young people's involvement with food being sited as close to them as possible ie at the unit or house level. Residential establishments may replace the family home for young people who are 'looked after away from home' for at least part of their lives. It is young people's living environment 24/7, sometimes, all year round and, sometimes, long term. Furthermore, 'normalising' everyday experiences and opportunities for acquiring skills for independence help prepare young people for life after residential care.

### **Top Ten Things to Consider**

- Decentralised processes including localised food budgets as young people's feedback suggests both food quality and participation suffer where central purchasing and preparation of food takes place.
- Kitchens (and adequate equipment) at individual unit or house level.

- Cooks sited and managed at unit or house level, with a clear remit and scope to respond to individual young people's needs and preferences.
- Staff practice and training, ensuring an explicit focus on understanding and responding to young people's *individual* food and food-related likes and dislikes, building their knowledge about healthy eating; and on participatory practice including communication and how it can be applied to food and related issues – for both care staff and cooks.
- Maximisation of the role and skill of the cook, as part of the team working with young people.
- Explicit consideration of food and related issues in individual care planning.
- Explicit consideration of food and related issues in individual pathway planning with young people preparing to leave care.
- Use of practical and creative tools to build young people's understanding of and own capacity about food and healthy eating choices such as a 'traffic light system'.
- Development of organisational policy and creative processes to facilitate young people's active involvement in all matters relating to food and healthy eating.
- Attention to creating a 'household' culture in relation to food and related issues which as far as possible promotes normalisation as the norm.

<sup>1</sup> Schumacher, E. F. (1973) *Small is Beautiful: Economics as if People Mattered*.

"...What is the meaning of democracy, freedom, human dignity, standard of living, self-realization, fulfilment? Is it a matter of goods, or of people? Of course it is a matter of people. But people can be themselves only in small comprehensible groups." E. F. Schumacher Society - [http://www.smallisbeautiful.org/about/efs\\_quotes.htm](http://www.smallisbeautiful.org/about/efs_quotes.htm) - retrieved 9 April 2010.

<sup>2</sup> Nirje, B. (1969). The normalization principle and its human management implications. In R. Kugel, & W. Wolfensberger (Eds.), *Changing patterns in residential services for the mentally retarded*. Washington, D.C.: President's Committee on Mental Retardation.

"...the normalization principle means making available to the mentally retarded patterns and conditions of everyday life which are as close as possible to the norms and patterns of the mainstream of society." SRV-VRS: The International Social Role Valorization Journal, Vol. 1(2) - 1994 Classic Article from 1969 - [http://www.socialrolevalorization.com/journal/D-Normalization-1969\\_Nirje.pdf](http://www.socialrolevalorization.com/journal/D-Normalization-1969_Nirje.pdf) - retrieved 9 April 2010.

## EXTRACTS FROM NATIONAL CARE STANDARDS

### **“Leading Your Life...**

#### **Eating Well**

Nutrition is an important part of your healthcare. You should:

- have a good, varied diet;
- have choices in food;
- have any special needs catered for;
- be confident that the care home keeps up food and hygiene standards;
- and
- have any cultural needs catered for.”

**National Care Standards - Care homes for Children and Young People**, revised 2005, p 25.  
Scottish Executive, September 2005

### **“Eating Well**

#### **Standard 10**

**Your meals are varied and nutritious. They reflect your food preferences and any special dietary needs. They are well prepared and cooked and are attractively presented.**

- 1 Catering and care staff know your food choices and preferences, including ethnic, cultural and religious ones. Any special dietary needs (for example, vegetarian or if you have allergies) are recorded in your personal plan and your meals suit these needs.
- 2 You are offered meals that reflect your preferences and are varied regularly according to your comments. There will be an alternative available if you need it and meals will always include fresh fruit and vegetables.
- 3 You have the choice of a cooked breakfast and can have snacks and hot and cold drinks.
- 4 You are encouraged to try different foods, food from different cultures and different styles of cooking.
- 5 You enjoy food that is well prepared and cooked, and meals are well presented. All food handling follows good food-hygiene practices and staff are trained in food hygiene.
- 6 You know that staff understand and promote the social aspects of mealtimes, for example, enjoying meals with your friends.
- 7 You are encouraged, wherever possible, to take part in shopping for food, preparing and cooking meals and snacks, clearing up and deciding menus.
- 8 You can have access to basic catering equipment such as a kettle.
- 9 If you need any help to eat your food (for example, a liquidised diet, adapted cutlery or crockery, or help from a staff member) staff will arrange this for you.
- 10 Staff will regularly review anything that may affect your ability to eat or drink, such as your dental health. They will arrange for you to get advice if you need it.”

**National Care Standards Care homes for Children and Young People**, revised 2005, p 29.  
Scottish Executive, September 2005

## **“Leading Your Life...**

### **Eating well**

Good, nutritious food and drink are important for your healthy development.

Individual choices of food and drink vary, as do dietary needs. Having your own needs and choices met is an important part of the quality of day-to-day life.

**National Care Standards - School Care Accommodation Services**, revised 2005, p 26  
Scottish Executive, September 2005

## **Contributing to Your Care**

### **Standard 10**

You can be involved in discussions on the way the school or hostel is run. You can contribute to developing plans for the school or hostel and monitoring the quality of care.

1 You contribute to monitoring the quality of care and you are involved in planning (for example, through pupils' committee or food committee).

2 You contribute to decisions about day-to-day aspects of the school or hostel services, (for example, menus, timing of meals and activities in your free time) and decisions about how the budget should be used..."

**National Care Standards - School Care Accommodation Services**, revised 2005, p 30  
Scottish Executive, September 2005

## **“Eating Well**

### **Standard 11**

**Your meals are varied and nutritious. They take account of your food preferences and any special dietary needs. They are well prepared and attractively presented.**

1 Catering and care staff get to know your food choices and preferences, including ethnic, cultural and religious ones.

2 You can be confident that the menu varies regularly according to your comments and will always contain fresh fruit and vegetables.

3 Your meals are nutritionally balanced for your dietary needs, for example, if you have diabetes or food allergies.

4 You have access to snacks and hot and cold drinks.

5 Your meals are well prepared and presented. All food handling follows good food-hygiene practices. All staff who handle food regularly receive food-hygiene training.

6 If you need any help at mealtimes (for example, a liquidised diet, adapted cutlery or crockery, or help from a member of staff), staff will arrange this for you.

7 Staff will regularly review anything that may affect your ability to eat or drink, such as your dental health, and if there are concerns arrange for you to get advice."

**National Care Standards - School Care Accommodation Services**, revised 2005, p 31  
Scottish Executive, September 2005

### Consultation Focus Group Schedule (Themes and Questions)

#### 1) Likes/dislikes

What do you like about the food where you live?  
What don't you like about the food where you live?  
Wish list/menu  
*What works well?*  
*What does not work well?*  
*Do you have any suggestions for improvement?*

#### 2) Participation

How are you involved in shopping for food?  
How are you involved in preparing food?  
How are you involved in cooking food?  
How are you involved in putting menus together?  
*What works well?*  
*What does not work well?*  
*Do you have any suggestions for improvement?*  
Do you have any good or bad examples of when staff have accommodated your needs or likes/dislikes eg vegetarian/allergies?

#### 3) Mealtimes

What are the mealtimes - are they flexible?  
What choices do you have if you want to eat away from the table? Where do you go?  
Are there any consequences if you don't eat at the set mealtime?  
Do you have access to food outwith mealtimes?  
Outwith set mealtimes, what kind of food do you have access to?  
Do you have access to the kitchen? Do you have to be supervised in the kitchen?  
Do you have celebration meals/special treats/rewards for doing well at something?  
Has food ever been used as a sanction? If so, what happened?  
*What works well?*  
*What does not work well?*  
*Do you have any suggestions for improvement?*

#### 4) Social aspects of food and mealtimes

What are the good things about sitting round the dinner table?  
What are the bad things about sitting round the dinner table?  
*What works well?*  
*What does not work well?*  
*Do you have any suggestions for improvement?*

#### 5) Healthy eating

Do you know you have the right to a healthy balanced diet? How do you learn about this/it gets explained to you?  
Can you tell me what a healthy balanced diet means? (Use the 'eat well plate') Why do people think this is important?  
Do you think you have this in the place where you live?  
Are you able to have a wee treat (crisps/chocolate) if you want one/deserve one?  
What drinks are normally available at mealtimes?  
Are you able to have fizzy juice if you feel like it at any time?  
Do you know about fats/sugars/salts/carbohydrates in food and what they do/give us?  
What things do staff do that helps you to eat healthily? - or not?  
What makes it easier for you to eat healthier?  
*What works well?*  
*What does not work well?*  
*Do you have any suggestions for improvement?*

#### 6) Staff/cook relationship with young people

Explore whether the relationship with staff and the chef impacts on the above themes.





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