



An Evaluation of the Healthier Homes Programme, NHS Wirral

**Final Report, 2011
Applied Health and Wellbeing Partnership**

The Applied Health and Wellbeing Partnership

The Applied Health and Wellbeing Partnership is an initiative of NHS Wirral Research & Development Team and Liverpool John Moores University Centre for Public Health. The Partnership supports the development, delivery and evaluation of the Wirral Health and Wellbeing Strategy, through the innovative generation and application of evidence for effective and sustainable health and wellbeing commissioning.

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Executive Summary

This evaluation examined the impact of the Healthier Homes initiative on young people's residential care home managers and staff, and on the young people within the homes

Healthy living is an important issue for young people living in care. Policy documents such as Every Child Matters highlight the need for children to be supported to be healthy, stay safe, enjoy and achieve, make a positive contribution, and achieve economic wellbeing, regardless of background and circumstances

Healthier Homes has been developed by the NHS Wirral Curriculum Lead for Lifestyle and Policy as a practical tool to help Wirral's residential settings for looked after children to consider their current practice around healthy living

A longitudinal qualitative approach was deemed most appropriate for this evaluation, where interviews were held with residential care home managers and staff at the beginning of the project roll-out, and between seven and eight months later. This allowed identification of immediate impacts, as well as longer-term challenges in sustaining activities

Main findings showed that residential care settings for young people were already implementing many healthy activities at the start of the Healthier Homes project. Many excellent examples of good practice were shared

Staff revealed that they valued the opportunity to show the good practice that was being undertaken in their homes. The role of food was a particularly important issue, and was not just seen as something related to healthy eating, but acknowledged as a social activity, and learning independence

The role of physical activity was also highlighted as important, particularly during the second wave of discussions. All residential care home managers and staff demonstrated an appreciation of the role of physical activity, and supported and encouraged this amongst the young people

The thoughts and perceptions of the managers and staff were reflected in the discussions held with young people, who commented on the good availability and quality of fruit and vegetables, the support and encouragement received from staff regarding healthy behaviours, and the opportunity to share and discuss issues regarding food and activities during meetings

Evidence and Impact – Staff Quotes

"It's a great way of reminding the staff of all the things to make sure we think about"

"for me, you're already doing it, but Gareth's (NHS Wirral's Curriculum Lead for Lifestyle and Policy) come in and made us highlight it even more.....that's what he says, celebrate it"

"It's nice to refresh our (staff) understandings of being healthy"

"He (the residential care home manager) knows about the evidence, and that's important, and he's instilled it in us"

"It's had a definite positive effect. A definite major effect, we enjoyed doing it. We zipped through it so quickly cos we were already doing everything, we already had loads of this anyway so we did it really quickly."

"We really enjoyed doing Healthier Homes, and we all found it really informative. It was really comprehensive and detailed"

“Having Gareth around, having the support was great. The amount of support was perfect.”

“Nothing was too difficult though with Healthier Homes, everything was really great and straightforward, although it was difficult for us to reference one which was the multicultural element cos we hadn’t done it”

Recommendations made by residential care home managers and staff include:

- Collect insight from young people in the development of the ‘useful practice’ part of the folder, such as their thoughts around impact of activities on the young people, and examples of evidencing good practice
- Include a section in the folder to allow comments from care home staff to NHS Wirral Curriculum Lead for Lifestyle and Policy (or other reviewers)
- Include an information sheet with the Healthier Homes information containing details of community projects and activities (for example Bike It), along with contact details of people they may need to contact
- Provide residential settings with more details about community events and activities
- Provide information that may help homes achieve the Healthier Home status, for example ideas regarding multicultural events or themed nights
- Include a section in the Healthier Homes folder where staff can update on activities and achievements 12 months on from receiving the Healthier Homes status

Dr Hannah Smith, Health and Wellbeing Researcher
Hannah Madden, Health and Wellbeing Research Assistant

H.Smith@ljmu.ac.uk
H.C.Madden@ljmu.ac.uk

Applied Health and Wellbeing Partnership, Centre for Public Health, LJMU

1. Introduction

Compared to foster care, “in residential care, the living environment is more like that of an institution than a home. The care workers work according to a schedule and none of them actually live on the premises. There are more children and adolescents living together and they are often closer in age than are children in foster care”¹.

Individuals from many sectors are involved in caring for looked after children, including carers and parents, social care, medical and educational professionals, and who all have an impact on the physical, psychosocial and spiritual health of looked after children. It was stressed that the health of looked after children should be considered holistically².

1.1 Policy

Recent governmental policy has stated the importance of healthy lifestyles for young people in care. Every Child Matters stated that every child, whatever their background and circumstances, should have the support they need to be healthy, stay safe, enjoy and achieve, make a positive contribution, and achieve economic well-being³. Residential homes must work to reduce the differences in health outcomes for looked after children and those in the general population⁴.

In Scotland, the National Care Standards Document⁵ identified Keeping Well - Lifestyle and Eating Well as separate key standards, with in-depth consideration of requirements, and how these might be demonstrated. The Eating Well standard included healthy eating, food preferences and choice, food preparation and freedom, sociable mealtimes and nutrition. The healthy lifestyle standard included 18 separate points that promoted discussion, information and delivery of services for healthy lifestyles and nutrition, screening, dental health, substance use, primary care and annual medical checks⁵. Scotland has been described as having an enviable reputation within Europe with its advanced care standards for residential care².

In comparison, the standards covering England have been described as much more general and less detailed²; they stated that young people in care should enjoy the highest attainable standard of care, receive regular medical checks, receive health care which meets needs for physical, emotional and social development, information and training appropriate to his/her age and understanding and to enable informed participation in decisions about his/her health needs².

1.2 Health

The health considerations of looked after children are complex. Evidence has shown almost two-thirds of looked after children enter the care system as a result of neglect or abuse⁶. Children often enter the care system with a worse level of health than their peers, in part due to the impact of poverty, chaotic lifestyles, poor parenting and abuse or neglect⁷.

Research exploring the health of looked after children, and those in residential homes, has predominantly focused on mental health, emotional and behavioural problems, and related support needs. There is a dearth of evidence focusing on general healthy lifestyles, healthy eating, or physical activity.

1.2.1 Mental Health

Research has found that looked after children had a higher rate of mental health disorders; using the same assessment scale, 45 percent of under-18s in care were classified as having a mental health disorder, in comparison to 10 percent in the general population⁴. These authors also found that looked after children were seven times more likely to have a conduct disorder than children in the general population, and children in residential care were much more likely to have a mental

disorder than those in foster care or placed with family or friends (72 percent compared with 40 percent and 32 percent⁴). Looked after children suffering mental disorder have been found to be more likely than those without to have more physical health problems, problems with reading, maths and spelling, play truant and have fewer friends⁴.

1.2.2 Physical Health

Looked after children have been found to have lower education attainment and more physical health problems, the most common being eyesight, speech and language problems, co-ordination difficulties and asthma. Annual health assessments are offered to looked after children, however, uptake is as low as 25 percent in some local authorities. Research has found this is due to young people not viewing health assessments in a positive light, and refusing to attend^{2,8}. Looked after children were twice as likely to not have been immunised for Meningococcal C vaccination, when compared to children living at home⁹. It was suggested that frequently moving between placements may reduce the continuity of primary care or uptake of school-based immunisation programmes. They also commented on difficulties extracting data and identifying looked after children⁹.

One study found young people in the care system were more likely to be overweight or obese and although children entering care had a normal weight distribution, those who had been in care for many years were more likely to be overweight or obese. The authors concluded this increase in weight had happened during their time in care.

1.2.3 General Health and Wellbeing

Only one study was found which investigated the promotion of general health and social wellbeing needs of looked after young people. It was identified there is a lack of research considering the health needs of looked after children, and sought to explore the areas of health that were being addressed within this population, and any areas of concern⁹.

This study, based in Northern Ireland, reviewed case files of young people in foster and residential care, and used focus groups with parents, social workers, residential home workers and young people. Despite the triangulation and the in-depth nature of the study the authors did not report asking any questions about healthy eating and only briefly commented on physical activity and wellbeing. The paper focused on views relating to the importance of health. Findings revealed that parents, social workers and residential home workers discussed control over the health of the young people, concerns of carers including mental health and sexual health, and that parents should be more involved in the health of looked after children. All of the young people saw their foster or residential carers as having primary responsibility for addressing issues of health⁹.

1.2.4 Healthy Living

The promotion of healthy eating is an important yet complex consideration for looked after children. Food and mealtimes is not just about healthy eating. Decisions about how food is provided and consumed can have a fundamental impact on the relationships and dynamics within a residential home.

One in-depth qualitative study of three homes in Scotland found staff believed a meal around a table in an informal calm way made a residential unit feel like a 'home', which was thought of as positive, and staff tried to encourage this. Other methods such as the children helping with menu-planning, cooking and kitchen chores and having open access to the kitchen was also thought to help foster the feeling of being 'at home'¹¹. However, young people in the same homes believed that these created unnecessary rules, inflexibility in doing chores, restriction and controls on their diets. Staff sharing food breaks and eating the same food with the children was thought to blur the lines between a workplace, a home and an institution. It was concluded that food and diet can contribute to the residential home feeling like a 'home', an 'institution' or a 'workplace' depending on whose perspective it is viewed from, and how rules are implemented¹¹.

Despite associations between overweight and obesity and looked after children¹⁰, there is a dearth of research exploring the promotion and uptake of physical activity amongst this population.

Physical activity is widely regarded as a fundamental element of a healthy lifestyle, providing “male and females of all ages, including those with disability, with physical and mental health benefits, as well as with social relationships”¹². Physical inactivity is a risk factor for the onset and progression of a number of chronic physical and mental health conditions, therefore physical activity needs to be promoted amongst the population¹². Evidence has shown that “one third of all deaths are due to diseases which could be at least partly reduced by increased physical activity”¹³.

1.3. Healthier Homes, NHS Wirral

In light of recommendations to consider the health of looked after children holistically, Healthier Homes has been developed in Wirral to provide a practical tool to help Wirral’s residential settings for looked after children to consider their current practice regarding physical activity and healthy eating.

The Healthier Homes standard incorporates policies and guidance including: The National Health Care Standard (2005); Statutory guidance on promoting the health and wellbeing of looked after children (Department of Health, 2009); Ofsted – The new inspection framework and schedule for inspections of safeguarding and looked after children’s services (2009); Care Matters: Time for Change – White Paper (2007); NCERCC Toolkit on the Health of Looked After Children (2007); National Healthy Schools Status Audit Tool, Annual Review and Enhancement Model (2010); Wirral Children and Young People’s Plan (2008-2011). The National Health Care Standard is referred to by most guidance and provides practical documents including audit and planning tools, and has been central to the development of the Healthier Homes tool.

The National Health Care Standards entitlements and outcomes that relate to physical activity and healthy eating, and have been fundamental to the development of Healthier Homes, are:

Health Care Standard Entitlement 2: Living in a caring, healthy and learning (including educational) environment.

Outcome 2(a): The child/young person is provided with a safe, secure, caring and stimulating environment, where he/she can develop and achieve his/her physical, emotional, educational and spiritual potential.

Outcome 2(b): The child’s carers are supported, trained and adequately resourced to provide for the healthy development of children/young people who are in their care and protection.

Health Care Standard Entitlement 4: Having access to effective healthcare, assessment, treatment and support.

Outcome 4: The child/young person is able to access effective healthcare to enable his/her health to be promoted, maintained and treated.

Health Care Standard Entitlement 6: Being prepared for leaving care by being supported to care and provide for him/herself in the future.

Outcome 6(a): The child/young person will develop understanding of his/her needs and responsibility for maintaining his/her health and wellbeing.

Outcome 6(b): The child/young person has the knowledge, skills, values and attitudes to keep him/herself safe, to prepare for adult life and to play a part in creating a healthy, safe community.

Residential settings for young people in Wirral have been encouraged to use Healthier Homes to consider their own practice against these outcomes. The Healthier Homes standard comprises ‘Useful Practice’, with opportunity for settings to detail brief evidence of current good practice

and/or consider areas for development. With reference to the National Health Care Standard audit tool and the Every Child Matter's 'Onion Model', the 'Useful Practice' has been separated into four key areas: Participation, Practice, Policy and Partnership. One example of Useful Practice is provided below.

ECM Onion	Useful Practice	YP outcomes/ impacts	Evidence of useful practice already in place	Development which needs to be done	Potential partners
Participation	Young people are able to demonstrate that they have the knowledge, skills, attitudes and values to keep themselves safe and to care for their health and wellbeing	You know how to look after yourself	Questionnaires, reports from school, staff observations, health care reports, YP files, personal profiles, health care plans, weekly case management plans	Develop questionnaires, staff informally monitor for examples of awareness and positive behaviour	Gareth Hill, Schools, LAC nurses

The Healthier Homes approach has been rolled out into the ten Wirral based residential settings, between January 2011 and September 2011. The initiative was subsequently introduced to further three homes beyond Wirral.

2. Methodology

2.1 Approach

A logic model was developed to outline the intended inputs, activities and outputs of the Healthier Homes programme, and was used to inform the development of the evaluation (see Appendix 1). Evaluation planning commenced at the outset of the programme implementation therefore a longitudinal qualitative approach was deemed most appropriate, to capture longer-term impacts and experiences of the programme, and to explore the thoughts regarding implementation of the programme. The perceptions of residential care home managers and staff (referred to as managers and staff throughout the remainder of this report), and the young people within these, were the focus of this evaluation.

The first wave of the evaluation was undertaken in late 2010 and early 2011 as the Healthier Homes initiative was introduced into residential care homes.

Reporting of findings was due September 2011 therefore the second wave of the evaluation was undertaken in July and August 2011.

2.2 Data Collection

In-depth interviews were deemed the most appropriate data collection tool, to enable detailed consideration of impacts, perceptions and experiences of Healthier Homes. In-depth interviews were undertaken in residential care homes, with managers and staff, until the data reached saturation, and no new themes or ideas were being produced. These were conducted in either single or paired interviews depending on the preferences of the staff in each home.

The qualitative approach was proposed to elicit baseline in-depth information regarding current practices around the promotion of healthy living; behaviours relating to healthy eating and physical activity; young people's awareness of healthy lifestyles; and the impact of staff behaviours. The discussion guides were developed in consultation with the Curriculum Lead for Lifestyle and Policy at NHS Wirral. A copy of the discussion guides used in wave one and two of the evaluation are provided in Appendix 2 and 3. Discussions were facilitated by researchers from NHS Wirral Research and Development Team.

The NHS Wirral Curriculum Lead for Lifestyle and Policy held qualitative discussions with the young people in each of the Wirral residential settings (see Appendix 4 for this discussion guide). These findings were analysed in the context of this evaluation.

2.3 Settings

Three residential care homes were initially selected as settings for the evaluation, and were representative of the ten homes across Wirral. The settings were selected by the NHS Wirral Curriculum Lead for Lifestyle and Policy (who developed the Healthier Homes initiative).

The information collected at each of the settings was analysed immediately after each interview to identify what themes and concepts emerged. After conducting interviews in the three locations it was clear that no new themes were being discussed and the data had reached saturation. Therefore no further data collection visits were required for the first wave of the evaluation.

The NHS Wirral Curriculum Lead for Lifestyle and Policy discussed the evaluation with each residential care home manager before the evaluator made contact to arrange a visit. The

residential care homes were visited once each over the end of 2010 and beginning of 2011. Discussions with managers and staff lasted between 30 minutes and 60 minutes.

A follow-up of this qualitative data collection took place in two residential care homes in August 2011, to determine any longer-term changes in the healthy lifestyle-related perceptions, views and experiences of residential care home managers and staff following the implementation of Healthier Homes¹. These follow-up visits also gave staff in the residential care homes the opportunity to comment on any changes they would make to the initiative. As before, the data were analysed immediately following the interviews, to ensure that no further data collection visits were required.

2.4 Analysis

All data were analysed thematically to identify patterns of perceptions, views and experiences, which were then combined into themes to form a comprehensive picture of collective experiences.

Although no sensitive issues were discussed at interview, the names of the participating residential care homes have been re-coded to ensure anonymity. Any quotes which included numbers of residents or names of residents have also been removed to ensure anonymity of residents.

¹ Setting 1 was no longer in operation at the second wave of the evaluation, and could not be re-visited. Therefore a different home was visited (Setting 4)

3. Results

3.1 Wave 1 Findings

Thematic analysis found several patterns which emerged from the data as integral to the healthy eating and physical activity behaviours of staff and young people in the residential care homes. Themes related to the promotion of health; the role of food; young people's understandings of health; staff as role models; evidence and impact; environments; and relationships.

3.1.1 Promotion of Health

When asked if the residential care home promoted healthy living, all of the respondents immediately discussed the food available and processes relating to mealtimes.

"You can think about this (health) in a number of areas but the most obvious one would be the food"

Setting 1

"We have X young people here, they already like fruit and vegetables and like to eat healthy foods but we make sure we introduce them to new types"

Setting 3

Physical activity was discussed by all of the residential care home managers and staff who were interviewed. However physical activity was not discussed as often, or in as much depth as food.

"We consider their individual interests and make sure there is provision for them to exercise"

Setting 1

"The kids go the park...it's having them enjoy it"

Setting 2

"The young people really enjoy being active...we make sure they have the opportunity to do the things they really enjoy"

Setting 3

Issues of control were mentioned throughout the discussions, with particular regard to encouraging healthy behaviours. Residential care staff in one home discussed that having a relaxed approach in the house was more effective than being strict, particularly in terms of health promotion. For example, one residential care home manager discussed smoking behaviours and the difficulties encountered when encouraging them to quit:

"We can't control them, if they choose to do that. We're not a secure establishment, it's not a detention centre or anything like that it's their home and if they smoking when they come here there's very little we can do to stop that. We promote it in subtle ways"

Setting 1

This residential care home manager went on to explain that:

"We concentrate here on what we can change"

All of the respondents described the importance of ensuring that young people have a healthy lifestyle, without forcing them to do so.

"It's more like getting them to do it without them realising, it's just about putting things in place at the moment and having them enjoy it really".

Setting 2

"We encourage our young people to become involved and sometimes they do, sometimes they don't"

Setting 1

"We have to recognise that young people of this age group, 15-16 year olds, would probably go for the burger and chips every day if they were allowed"

Setting 1

One residential staff member acknowledged the different influences that impact on a looked after child's life:

"Two years is the maximum we have with these young people, there is only so much we can do. They might still see their family. You're one aspect in these young people's lives. For some young people we are more significant than others."

Setting 1

All residential care home managers and staff discussed consideration of emotional health and wellbeing. At one setting, this was discussed throughout the conversation, without prompting:

"At the end of the day the evidence is there in front of our eyes, they're healthy and they're happy and their emotional health is just as important for their health"

Setting 1

"physical health cannot be separate from emotional health, which cannot be separate from behaviour, it's all part of the health, the whole thing has to come together to for a healthy person overall. You can eat your 5 a day from here to eternity but if your emotions are all over the place it's not going to do you any good. I think if young people are emotionally healthy, there must be some sort of correlation between dietary changes and general sense of wellbeing."

Setting 1

At another setting, when prompted, the respondents discussed emotional wellbeing in relation to therapy and the relationships between the young people and their key workers.

"They have therapy once a week, every one of them, they're very close to their key worker"

Setting 2

"I think what you actually want to hear is we do access CAMHS, all the specialists, like CAMHS, or the alcohol misuse, or a counselling session, so they'll sit down, if a young person's willing to go to that you know, drug or alcohol misuse, safe sex, all that type of stuff, staying safe, so we implement that as well."

Setting 2

3.1.2 Role of Food

Ensuring that the looked after children had the opportunity to choose the types of food they ate was seen to be important, and was discussed by all of the residential care home managers and staff.

"We have consultation with the young people, we have a food questionnaire that each young person is provided with on admission where they have the opportunity to express their likes and dislikes, and their preferences in relation to food"

Setting 1

"The kids are having an impact on choice, what they want as well. Now when we have a meeting on a Sunday, we now know that we're not going out and buying whatever we want on Monday. There's always food in the house for everyone out there and that's how it should be"

Setting 2

"They choose what they like, with guidance"

Setting 3

The role of food as an opportunity to promote and consider the learning of practical and social skills was also a recurring theme throughout the discussions with care home managers and staff.

"There's two aspects to it really, yes concentrate on the health and safety aspects that's very important but it's important that they can cook, to do something useful, to learn about food and health. At the end of the day, it's supposed to be an enjoyable thing, it's more than just sustenance, it's a social activity, and it's about learning something new and encouraging young people to learn new things"

Setting 1

"We take the young people here shopping for their food...they chose to do a casserole, they went shopping for the ingredients and then they came back and made it"

Setting 3

Fresh fruit is routinely made available, young people generally don't have to ask for food, so it's not seen as an issue of control

Setting 1

"You know from monitoring when the kid's declining, so if you know the kid's declining dinner, all week, is this a social issue now cos we've got kids in the communal area, are one or two young people having issues with each other and they can't sit together?"

Setting 2

"We like to take young people out for a meal.....its about thinking about food as more than just nutrition, it's about how to conduct yourself in those situations and they enjoy it."

Setting 1

Despite having only recently been introduced in the residential care homes, there was evidence that the Healthier Homes project had already made an impact, in terms of the food provided.

Interviewer: So do you think it (Healthier Homes) is having an impact on the staff as well?

Respondent: ...it really has, even food choice, when staff go shopping of a Monday and they're buying better quality food"

Setting 2

3.1.3 Young People's Understandings of Health

When asked whether they thought the young people in their residential care home were aware of the need for a healthy lifestyle, the respondents gave mixed responses. One setting suggested their young people were aware of the need for a healthy lifestyle:

"They (young people) understand the health implications of eating healthily and being active, we explain it to them"

Setting 3

Other residential care home managers and staff expanded on this, suggesting that although they might understand the importance of being healthy, it is often difficult to enforce those behaviours:

"If I was basing it on observed behaviour I'm not sure to be honest with you, I can say that there's a difference between observed behaviour and what they actually know.....I think they do recognise it but whether they always enforce it I don't know to be honest with you."

Setting 1

"We prompt them, but like any kid you know if you didn't put something in place they'd quite happily just sit there"

Setting 2

3.1.4 Staff as Role Models

When asked whether the residential care home staff encourage young people to be healthy, respondents acknowledged the influence that staff have on young people.

"We're role models for young people"

Setting 3

"It's motivating the staff, some are fit, some aren't, but at the same time it's not about you have to be fit to go and do exercise, go for a nice walk"

Setting 2

"You model behaviour, its routines. (For example) this is a home, people are free to make a cup of tea, there's a lot of staff here who drink a lot of tea. It's routine for the rest of the young people as well..... we don't have tea breaks, within the course of a normal day there's plenty of opportunity for us to make a cup of tea. And we'll ask the young people, do you want a cup of tea, and sometimes they'll say no sometimes they'll say yes. And then sometimes they'll come back to you..... They're learning, basically. What we're trying to here is promote an atmosphere in which that's the norm, you have a cup of tea you make someone else a cup of tea. It's a good social skill. It's reinforcing that psychological pathway, that it's nice to do something for others."

Setting 1

"I'll give you an example.... I've got one staff member and he's a really good staff member, he's been coming in, doesn't do it anymore, but he came in with like a bottle of red bull and one of those Rustlers microwave hotdogs. Well, we're role models for young people, well if I get up in the morning and I'm a young person and I see a staff member with that at 10 o'clock and I say can I have one of them and they say no you got to have Weetabix, and that's gonna cause a kick off now because you you shouldn't be bringing your own food in, because....we don't be allowing young people to do that so why are you doing it"

Setting 2

"That's why the staff have got to be motivated, because half the things that goes on in this house, and in most children's homes, there's the staff, you know. If the staff can get out of an activity with the kids, like going swimming with the kids for instance, oh I haven't got my swimming trunks, well you need to go home and get it don't you, cos you're in work. The kid's still gonna go swimming, whether you've got yours or not he's still got to go swimming, so I'll wait here while you go and get your shorts. But, yeah with the staff, that's a big issue."

Setting 2

3.2 Evidence and Impact

The impact of the Healthier Homes project, and ways of evidencing these, was raised throughout the interviews. Despite having only recently been introduced into the settings,

residential care home managers and staff discussed the impact of Healthier Homes even when they were not asked explicitly about this.

"It's a great way of reminding the staff of all the things to make sure we think about"
Setting 3

"for me, you're already doing it, but Gareth's (NHS Wirral's Curriculum Lead for Lifestyle and Policy) come in and made us highlight it even more.....that's what he says, celebrate it"

Setting 2

"It's nice to refresh our (staff) understandings of being healthy"

Setting 3

"He (the residential care home manager) knows about the evidence, and that's important, and he's instilled it in us"

Setting 2

Many of the care home staff discussed ways in which they will evidence good practice, without prompting:

"Gareth says you need to be putting some more on this menu sheet to say this is an accurate account of what the young person's eaten, so it can be used for behavioural modification, and that's what happens, you need to cos you're doing it but you're just not telling people. That's what it's all about."

Setting 2

"we're going to be taking photographs of young people participating in these activities, like fishing, so the young people can see, people can see what we do quite a lot of"

Setting 1

"The kids can write in here about us. This is reviewing officers, social workers, I think Gareth's put one in, and the therapist. Cos speaking to Gareth, it's how do you evidence good practice? It wasn't being evidenced, so this was one of the things that we've put in place."

Setting 2

3.2.1 Environment

The environment was a recurring theme throughout all of the discussions, in relation to health, health promotion, and health behaviour. It was evident that there were issues of promoting a healthy lifestyle to the young people in the residential care settings, but whilst ensuring that a homely environment is promoted. This cross-cutting theme demonstrates the complexities of health considerations of looked after children.

"Because what we don't want to do is posters. In some settings that's fine, in school or in medical settings you know yes, but this is their home, we don't want all these healthy eating posters all over the walls about 5 a day. When you stop and think about it you think to yourself actually, on one level you think well that's a good idea, but it's not something that you'd have in your house. It has to be more subtle"

Setting 1

"It's interesting, the schools have been through this (Healthy Schools) process haven't they but much more than schools this is a necessity in their lived environment."

Setting 1

The importance of ensuring that the residential care setting has a homely feel was echoed throughout many of the discussions with staff.

"The kids look after the house, they clean the house with us as well. They've got to clean their own bedrooms, their own bathrooms, they also help us clean the house, it's their house as well. They do chores in the house, in the garden, bit of extra pocket money, so it's all good really."

Setting 2

"the kitchen's being revamped, one of the main things we're trying to do is to make it a more domestic style environment, previously it was very commercial and institutional.....one of the things we'll be doing, because it will be a more friendly domestic environment, the children will have more opportunities to participate in cooking."

Setting 1

3.2.2 Relationships

All of the interviews included discussions about health promotion and the relationships between the residential care home staff and the young people living there. All of the staff stressed the importance of providing a caring and nurturing environment for the young people to live:

"At the end of the day they're not here cos they've done anything wrong...they're here because of their circumstances...we want to make this as pleasant an experience as possible"

Setting 1

"What's really important here, we've got a mixture of males and females here, and the mixture that we've got here as well, the girls can actually come to us, and tell us things"

Setting 2

One residential manager acknowledged the difficulties of providing health promotion in a structured environment for young people when this may not be something that they are necessarily familiar with:

"some young people who come in they've not experienced that sort of formalised meal settings at all so you can't turn that round over night, it has to be done in a very caring nurturing way...reinforcing it and making it a positive experience for them....we talk about how their day goes, their own experiences, anything really."

Setting 1

"you want to build that relationship with them and they won't do something just because you tell them to do it and at the same time you're trying to build a relationship with that young person, we take a different approach than one that will be met with hostility and resistance"

Setting 1

3.3. Discussion of Wave 1 Findings

Our discussions with managers and staff found that they were all very keen to promote an open, relaxed environment, where young people were encouraged to choose their food menus and activities, and were free to access the kitchen and make food. Staff discussed the importance of ensuring the environment was that of a home rather an institution. This echoes the findings of¹¹, where similar actions were taken to help foster the feeling of being 'at home'. Importantly however, also discussed this with the young people in the homes and found that this created unnecessary rules and restrictions and controls on their diet¹¹. It is therefore important that the views of the young people are sought to examine their views, perceptions and experiences of these behaviours. It was also discussed how behaviours

around food can impact on whether the home is viewed as a home, a workplace or an institution¹¹.

The predominant consideration when asked about health promotion was regarding food. Physical activity is also important for children¹² especially in light of findings that young people in the care system were more likely to be overweight or obese¹⁰. Food was viewed as having a number of implications for the health and wellbeing of young people. Providing open access to the kitchen and the food in it was thought by residential care managers to promote a warm and homely environment, and an opportunity for learning. Eating and mealtimes were viewed as an opportunity to promote social skills, and the provision of food was viewed as a caring and nurturing activity.

Managers and staff discussed that the young people in their home's enjoyed being active and were encouraged to be active, but they did not describe the provision of physical activity, and the implications of this, in as great depth as they did food.

All of the residential care managers and staff discussed the importance of providing a caring environment, without prompting. It was evident that care home staff had to balance between building a caring relationship with the young people, and encouraging them to follow a healthy lifestyle, without forcing them to do so. It was a key finding that residential care home staff repeatedly discussed caring and nurturing the young people, as 'Living in a caring, healthy and learning environment' forms a key element of the Healthier Homes initiative.

Although the Healthier Homes initiative had only recently been introduced in these settings, the residential care staff were enthusiastic about the project and showed understanding of the rationale for the initiative, for example "I've completely understood why, and it's made our practice better".

All staff discussed how they had started to evidence their activities, and how they had plans to evidence others in the future. All of the settings were enthusiastic about the initiative, and all had high praise for the NHS Wirral Curriculum Lead for Lifestyle and Policy.

3.4 Evaluation Wave 2

The second wave of the evaluation involved revisiting the residential care home settings to explore how the environments had changed over a longer-term period, since the introduction of the Healthier Homes initiative. Discussions were held seven to eight months after the first wave, and were held with managers and staff and again conducted in either single or paired interviews². Repeating the qualitative approach elicited in-depth information regarding how the Healthier Homes standard had impacted on the promotion of healthy living; behaviours relating to healthy eating and physical activity; young people's awareness of healthy lifestyles; and the impact of staff behaviours. Further, residential care staff were asked about their experiences of implementing the Healthier Homes standard, whether they had found any activities too easy or difficult to achieve, and whether they had any suggestions for change. A copy of the second wave discussion guide is provided in Appendix 3.

In light of the research findings by¹¹, the second phase of the evaluation also considered the views of the looked after children (collected by the Lead for Curriculum and Policy).

Data were again analysed thematically to identify patterns of perceptions, views and experiences, which were then combined into themes to form a comprehensive picture of collective experiences.

² Setting 1 was no longer in operation at the second wave of the evaluation, and could not be re-visited. Therefore a different home was visited (Setting 4)

3.5 Findings

The second wave of evaluation came as the homes had begun to meet the Healthier Homes standard, and many of the discussions reflected on the impact that these changes had on the overall environment of the home, and some of the challenges that followed. Themes of healthy eating, physical activity, impact on staff, empowering the young people, and challenges of achieving the Healthier Homes status emerged from the data.

3.5.1 Role of Food

When asked about the impact that Healthier Homes had on the young people's lifestyles, healthy eating was immediately discussed in all interviews. Staff acknowledged that, whilst healthy eating was promoted in the homes, it could be challenging to encourage the young people in their care to want to eat healthily.

"We've got this menu voting system in place...so we ask them now and they tick what they want each night and whatever gets the most votes that's what they have"

Setting 3

"The kids here know they should be healthy, yeah, they know what it is to be healthy and about healthy eating, but don't always want to act healthily, sometimes they'd just rather eat pizza and chips!"

Setting 4

"We try to encourage healthy eating but it is a challenge. Sometimes the young people go food shopping but they don't always want to. The age they are at it's difficult to encourage them to want to go food shopping"

Setting 4

"Every 3 months we get these Change 4 Life things, look see recipe cards, ideas for healthy foods, and I think they're like seasonal. But I mean its one thing to say here you are cook healthy foods everyday and sit at the table to eat every day, but in real life it's different. These are out all day with their mates, they get back at different times and then heat the food up, wolf it down and off they go. And they don't always want healthy foods. So I think Healthier Homes has helped acknowledge that it is a challenge, it's like oh what you're doing, you think it's normal but it's hard, and you've done well to provide this, change that."

Setting 4

"They have the menu book, that's something Gareth helped with. Young people get to be involved in choosing and making the food provided. It's good to get the young people sat down for a meal, so they can have a chat about their day, make it a social activity"

Setting 3

3.5.2 Physical Activity

During the first wave of the evaluation, discussions of health promotion revolved predominantly around food. However, since working to achieve the Healthier Homes strategy, physical activity was more widely discussed as a key issue in the second wave of evaluation.

“They love the free pass, for the gym.....it means they (the young people) can go out with their mates and have some independence, they can do activities without needing one of us adults to be with them, they can’t always go out with money, you know, if they been robbing and that, so it means they can go out with their mates, choose to do stuff, take their pass and then do it, they enjoy the gym.”

Setting 4

Further, the residential care managers in this setting explained how participating in the Healthier Homes project had increased their awareness of available services.

“We didn’t even know these (gym passes) were available until taking part in this (Healthier Homes)”

Setting 4

“We do the activities, and once a week we all go out and do an activity”

Setting 3

“We’ve implemented a lot of things ourselves....physical activities like bike riding and the gym”

Setting 3

3.5.3 Impact on Staff

During the first wave of the evaluation, it was clear that managers knew that they were role models for the young people living in the homes, and managers discussed the need to motivate all staff to set an example. During the second wave of evaluation, the staff were clearer about the specific ways in which their behaviour could be modelled by the young people.

“The staff here are seen as role models. One staff member enjoys cooking and that’s it, X doesn’t know how to cook and doesn’t cook at all, but X makes a lot of homemade food which has lots of hidden vege in....the kids here and the staff are encouraged to learn it”

Setting 4

“We got X signed up to a gym and now one of the staff goes too”

Setting 3

Staff also discussed the things they had learnt, just by taking part in the Healthier Homes programme and working to achieve the Healthier Homes status. Many had gained an increased awareness of services.

“There are lots of things that the staff here have learnt by being part of Healthier Homes, for example awareness of the free bicycle training, the multicultural centre, the free gym passes. We didn’t know these were available before Healthier Homes”

Setting 3

“Cos doing this (Healthier Homes) we got to know about things”

Setting 4

“We’ve got this menu voting system in place...so we ask them now and they tick what they want each night and whatever gets the most votes that’s what they have” Setting 3

3.6 Evidence and Impact

Findings from the first wave of the evaluation revealed that the Healthier Homes project was already having a positive impact on the residential settings. During this first phase staff also discussed some of the ideas they had around evidencing the activities they participated in. The second wave of evaluation provided the opportunity to explore the longer-term impacts of Healthier Homes. Views of the residential staff were overwhelmingly positive.

"It's had a definite positive effect. A definite major effect, we enjoyed doing it. We zipped through it so quickly cos we were already doing everything, we already had loads of this anyway so we did it really quickly."

Setting 3

"We really enjoyed doing Healthier Homes, and we all found it really informative. It was really comprehensive and detailed"

Setting 4

"Having Gareth around, having the support was great. The amount of support was perfect."

Setting 3

"Nothing was too difficult though with Healthier Homes, everything was really great and straightforward, although it was difficult for us to reference one which was the multicultural element cos we hadn't done it"

Setting 4

3.7 Challenges

At the first wave of evaluation the residential managers discussed some of the challenges of encouraging healthy behaviours amongst the young people in their residential care homes. For example, one residential manager explained that the young people in his home understood what it means to be healthy, but that does not necessarily make it easier to engage them in healthy behaviours:

"If I was basing it on observed behaviour I'm not sure to be honest with you, I can say that there's a difference between observed behaviour and what they actually know.....I think they do recognise it but whether they always enforce it I don't know to be honest with you."

Setting 1, Wave 1

These thoughts continued to be echoed and enforced in the second wave of evaluations. Many discussions concerned the challenges of trying to embed some of the initiatives and maintain them as part of daily practice, and reflect the challenges faced by residential care home staff when promoting healthy lifestyles amongst the young people.

"Sometimes the young people go food shopping but they don't always want to. The age they are at its difficult to encourage them to want to go food shopping, and get involved in healthy lifestyle. One of their residents was really into it, got really involved in the planning, cooking and all that but then lost interest and now doesn't bother with it, his interest has worn off."

Setting 4

"We tried changing the dishes and the washes to see if they could have the independence to get on and be in charge of those things and they can't, so we'll go back to what it was. The ideas are great but the consistency of it working is another thing."

Setting 3

“Young people know they should be healthy, know what it is to be healthy and about healthy eating etc, but don’t always want to act healthily, rather eat pizza and chips”

Setting 4

“It’s hard cos the girls are just out with their mates, they just wanna go and hang out with their mates.”

Setting 4

“We’re struggling to find a system that works for tea time, they get so much choice about what to have....those who are (something that) they haven’t picked won’t eat it, cos they say I haven’t picked that I didn’t want that, so there’s girls who go regularly without their tea cos they won’t eat it. And it dictates what the adults here have. If they were in their own house they wouldn’t say Mum that’s what I want and that’s what you’re having too, would you?”

Setting 3

When discussing the challenges faced, one of the residential care home managers reflected on what achieving the Healthier Homes status meant to them.

“So I think Healthier Homes has helped acknowledge that it is a challenge, it’s like oh what you’re doing, you think it’s normal but it’s hard, and you’ve done well to provide this, change that.”

Setting 4

3.8 Recommendations

During the second wave of interviews, the residential care staff were asked whether they had any suggestions for changes to the Healthier Homes initiative. Staff had suggestions regarding the practical elements of achieving the Healthier Homes status, along with some ideas for additions to the initiative.

3.8.1 Recommendations for Practice

Residential care home staff provided a number of practical suggestions about implementing the Healthier Homes initiative.

“It would be good to have input from the young people in the development of it. Maybe it would be good to give them a questionnaire to fill in and sign”

Setting 4

“It would be good to have a section in the folder where we could put comments from us to you, cos some of these things, not everything is going to work in every home. Cos this one here about the vegetable patch, we’ve got a terrible rat problem, and so it affects us having this vege patch. But we could put a comment in here, well we’re doing this towards it like. Or just a feedback form somewhere in the folder.”

Setting 3

“It would be really good as well if we could have a sheet in the folder like an information sheet, with contact details of people we might need to contact, like the Looked After Children Nurses at Arrowe Park, anyone who we might need for Looked After Children, and things like Bike It”

Setting 3

3.8.2 General Ideas

The staff also suggested some more general ideas that may assist them in evidencing the various sections of the Healthier Homes standard.

"It would be good if free cookery classes could be offered to the young people. These might be being done already but we don't know about it, and the young people in our setting would really enjoy this. One of our lads loves cooking and doesn't have many friends so it would be a great opportunity to get him to mix with other people and get out and about"

Setting 4

"Some ideas for the future would be things like getting more involved with the community and having details about events, like local community events."

Setting 4

"We didn't really know how to go about doing a themed night, so it would be really useful if we could have some information about ideas for multicultural events or themed nights, such as Chinese New Year, like a leaflet to say this is coming up, you could do a themed night, with recipes for food and ideas and that. It would be great if these could come addressed to the young people"

Setting 4

3.8.3 Healthier Homes Status

All of the staff talked about the future of the programme and had thoughts and ideas around the sustainability of the initiative.

"Cos doing this (Healthier Homes) we got to know about things, but we need to have continual input, it's like now we've done this and got the standard for 3 years is that it, is that it, no more input. And things can change so quickly, we might have Healthier Homes for 3 years but 6 months down the line Ofsted might come in and say well they've got Healthier Homes but there's stale food in the fridge. Or we might get shut down but we've still got Healthier Homes, so that needs to be considered.....I think it needs to be done every 12 months to 2 years, so much can change in three years, it should link in with Ofsted cos you might get a Healthier Homes assessment that says Outstanding and an Ofsted one that says unsatisfactory.

Interviewer: Do you think the activity folder should be done every 12 months?

Not all redone the same but it could be revisited, there could be a 12 month column on here for (points to file) where you can put comments about what things have been done, what's changed and that in the 12 months."

Setting 3

"We saw the plaque (Healthier Homes status) and thought that's great, we've got this now. But it only lasts for 3 years so we just wondered what we need to do after 3 years, do we do it again? And just wondered what might be on the notes for next time, maybe there could be new things on there outside of the home like events and community activities. I know the things we could work on are the things we didn't manage to do, like introducing ethnic dishes or themed nights"

Setting 4

3.9 Discussions with Young People

The second phase of the evaluation also considered the views of the young people living in each of the Wirral residential care settings. Interviews were undertaken by the NHS Wirral Curriculum Lead for Lifestyle and Policy.

3.9.1 Healthy Eating

Discussions with young people in each of the Wirral residential care settings revealed that they had a good understanding of healthy eating. Young people commented on having a balanced diet, having the right food available for them to eat healthily, and made reference to 5-a-day. All of the young people said that fruit was always available, some commented that they like the smoothies and yoghurts that were available, and some commented on the freshness of the fruit and vegetables. The young people stated that vegetables featured in all

meals, and they all felt they had a wide range of foods available to ensure they ate healthily. The young people in one home suggested that they

“Had the right food for healthy eating and felt it was probably more than other young people get”.

All of the young people were involved in menu planning and all felt that their ideas were listened to. The young people also expanded on their thoughts on menu planning, and topics discussed here included that they felt their ideas and choices were always taken seriously by staff, that they had a fair system around choosing meals which included voting, and that staff encouraged healthier options and suggested alternatives such as swapping chips for homemade wedges. Young people in one setting mentioned that they sometimes felt that other young people took too much of what was on offer, which left a reduced choice and quantity of food for the others.

Young people in all of the settings discussed their involvement in food shopping, with some stating that they have a budget to consider, and some specifically mentioning the input for carers regarding healthy choices. The young people in one setting mentioned trying to sneak treats into the weekly shop past the ‘eagle-eyed carers’. Young people in one setting highlighted the important role that these regular food shopping trips had on Pathway work.

Independence was highlighted as a key issue, where young people in one setting discussed working towards being independent by handling budgets for food, shopping and cooking for themselves on three days per week, and in another setting showed awareness of the importance of cooking as a skill for independent living. It was clear that cooking and food preparation is encouraged in each of the settings, with young people stating that they enjoy cooking and baking, and cook for staff and young people. Young people in one home talked about how cooking is incentivised by bonus charts.

3.9.2 Meetings

All of the young people stated that meetings are held regularly, and they discussed things such as activities they would like to try and any issues regarding food. Young people in one setting gave examples of cycling and training as the types of activities they might discuss. The young people felt that the meetings were an opportunity to get views heard, and were confident that any issues raised would be acted on and that real changes came from these meetings. Young people acknowledged that discussing these issues was a good thing, and felt ‘listened to’ at meetings.

3.9.3 Physical Activity

The young people gave a variety of views when asked if carers helped them to access activities such as cycling and swimming, with many re-enforcing the support and encouragement given to them by the carers. A range of specific examples were provided, including visits to the park accompanied by carers, using their free leisure passes for activities such as swimming and the gym, such as Zumba, Boxercise, horse riding, and football. Young people in one home talked about the support they had from staff in completing individual activity planners, and in another setting discussed the exercise equipment that they had in their home specifically for their use. One group talked about a course that they had booked onto at Tranmere Football Club where they can get involved in exercise, cookery and homework support.

In one setting, the young people commented that cost was never a problem when it came to activities, and that they always felt supported to take part, and this was echoed by young people in another setting who said they

“Felt assured that carers would support any reasonable wishes linked to being active”.

The young people in one setting talked about their awareness of the Cultural Inclusion Officer, and explained that they had participated in activities that this Officer had set up for them. Another setting saw young people discuss an activity budget that they received, the biggest part of which is earned by good behaviour and performing tasks. Finally, the young people in one setting mentioned that the staff talk to them about the benefits of exercise, including the positive effects of exercise on mood.

3.0 Discussion of Wave 2 Findings

The follow-up discussions with residential care home managers and staff showed that healthy eating is clearly supported and encouraged throughout the residential settings. The staff discussed the types of approaches they use to ensure that young people are involved in food selection, whilst supporting healthy behaviours. These findings echo those from the first wave of evaluation, where staff discussed how young people were encouraged to choose their food menus and promote a relaxed and open environment. This demonstrates that staff continued with their efforts throughout the year, and that they value the importance of allowing young people to be involved in food. These findings were also supported by the discussions held with the young people, who all clearly stated their involvement in choosing their food. These discussions with young people also showed that the staff had supported young people in understanding healthy eating, as many young people showed knowledge of having a balanced diet and 5-a-day.

Physical activity was discussed in more detail than during the first wave of the evaluation, as they had now had more time to think about and evidence some of the initiatives around this. The residential staff clearly support and encourage physical activity amongst the young people in their settings, and this was further corroborated in the discussions with young people. All young people felt supported to participate in the activities that they wanted to, and valued the opportunity to discuss ideas for activities with others during the young people's meetings.

The second wave of discussions revealed some of the challenges that they had found when implementing some of the health initiatives. These findings are valuable as it highlights the nature of working with young people and that whilst some activities might work in principle, they are not necessarily sustainable over the longer-term. Many staff acknowledged that Healthier Homes enable some appreciation of the everyday efforts that they make, and the challenges that they have to overcome, and valued this recognition of their efforts.

Residential staff were already beginning to identify positive impacts of the Healthier Homes programme during the first wave of the evaluation, and these were further supported during the follow-up discussions. Once again, staff were overwhelmingly positive about the Healthier Homes programme and the impact it had had on their home. Again, staff highlighted the excellent support received from the NHS Wirral Curriculum Lead for Lifestyle and Policy.

Re-visiting the residential settings after experiencing the Healthier Homes programme enabled the staff to identify recommendations regarding practice, the actual Healthier Homes status, and more general recommendations. This type of information is invaluable and such issues can only really be recognised after the settings have experienced implementing the Healthier Homes programme. Staff suggested recommendations such as having a section in the evidence folder for their comments specific to certain activities would be useful, along with a contact sheet to further support their engagement in activities and community initiatives, and having young people's involvement in the development of the activities and the ways to evidence them.

4.0 Summary

"I've completely understood why, and it's made our practice better".

It is evident that the Healthier Homes initiative has had a positive impact on both the staff and the young people within Wirral residential care settings. Discussions with staff and young people have been overwhelmingly positive. The impact of the Healthier Home initiative was evident following the first wave of the evaluation, where staff praised the ideas and the support provided, and welcomed the opportunity to evidence the excellent work in their settings. The second wave of evaluation enabled residential staff to reflect on some of the challenges that they had faced when sustaining some of the activities they had implemented, and provided some excellent recommendations for taking forward the programme.

Discussions with residential care managers and staff about health and wellbeing have demonstrated the complexities of providing for young people in residential care, and reflect previous research findings. It is evident that providing a residential care setting with a homely environment, with caring and nurturing relationships, where health and social skills are encouraged but not forced, can be challenging.

The first wave of discussions with residential care home managers demonstrated their efforts and understandings of encouraging and support healthy behaviours, but within an open and relaxed environment. All young people were encouraged to access the kitchens and make food, and these positive actions were echoed during the second wave of the evaluation. These follow-up discussions with residential managers showed that the initial activities to evidence Healthier Homes had been continued and further supported. During the first wave the residential managers showed their understanding of the role of food, acknowledging that the promotion of healthy eating and choosing and cooking meals has an effect on more than physical health. Staff acknowledged the role of food in promoting social skills, independence and pleasure. This is a key issue, and particularly pertinent as researchers have highlighted the key impact of social context on health behaviours, and the role that eating can have on learning and building social relationships and independence (Delormier, Frohlich and Potvin, 2009).

During the first wave of evaluation, the predominant theme regarding health promotion was regarding food, and the second wave of evaluation also further demonstrated the excellent work around healthy eating, but now focused a lot more on physical activity than during the first wave. The importance of physical activity for children has been stressed by researchers (Kruk, 2009), and findings have shown that young people in the care system are more likely to overweight or obese (Hadfield and Preece, 2008), therefore the findings regarding physical activity are extremely key. The second wave of discussions saw residential staff discuss physical activities in more detail, and specifically discuss some of the ways in which activity is promoted in their settings. These points were further reflected in the discussions with the young people, who all said they felt supported and encouraged to participate in the activities that they wanted to. Further, the young people valued the opportunities they had to discuss new activities during young people's meetings.

Discussions with young people yielded examples of how staff join them in activities such as football and going to the park, and supports the impact that staff have and how they are viewed as role models by young people. The impact that staff in residential children's homes can have has been explored by Evans, et al., (2009) who examined fruit and vegetable intake, and found that children living in homes with more staff support and policies had greater intake of fruit and vegetables than children in homes with less support and policies.

Revisiting the discussions with residential care managers enabled identification of any challenges that had been faced with implementing and sustaining health initiatives of a longer-term period. Care staff were honest about the challenges they faced when trying to

implement and sustain health related activities. The staff felt that the Healthier Homes initiative acknowledged the everyday challenges that they have to face, and gave opportunity to identify and highlight the excellent practice that is done in every home by care staff. Although residential carers have primary responsibility for addressing issues of health and wellbeing, one residential care staff member interviewed during the first wave of evaluation acknowledged that there are a number of influences on young people's lives and that "for some young people we are more significant than others". This finding reflects research by Fleming et al (2005) who described the many sectors who impact on the 'physical, psychosocial and spiritual health of looked after children', and this further highlights the challenge faced by residential care settings in promoting health and health behaviours. Some of the discussions with the young people gave a flavour of the challenges the care staff have in sustaining healthy practices and behaviours. For example young people in one setting mentioned they sometimes felt that other young people took too much of what was on offer, leaving a reduced choice and quantity of food for the others, and creating a potentially testing situation for the care staff to manage. Young people in another setting talked about trying to sneak treats into the weekly shop past the 'eagle-eyed carers', and in some ways acts as a reminder that these are typical behaviours of children. The challenges reflect the hard work that residential care managers have done in order to achieve the Healthier Homes status.

5.0 Recommendations

The second wave of evaluation saw residential care managers share a number of ideas and recommendations for the Healthier Homes initiative. These have been discussed in the summary of second wave findings section and the main recommendations are summarised here.

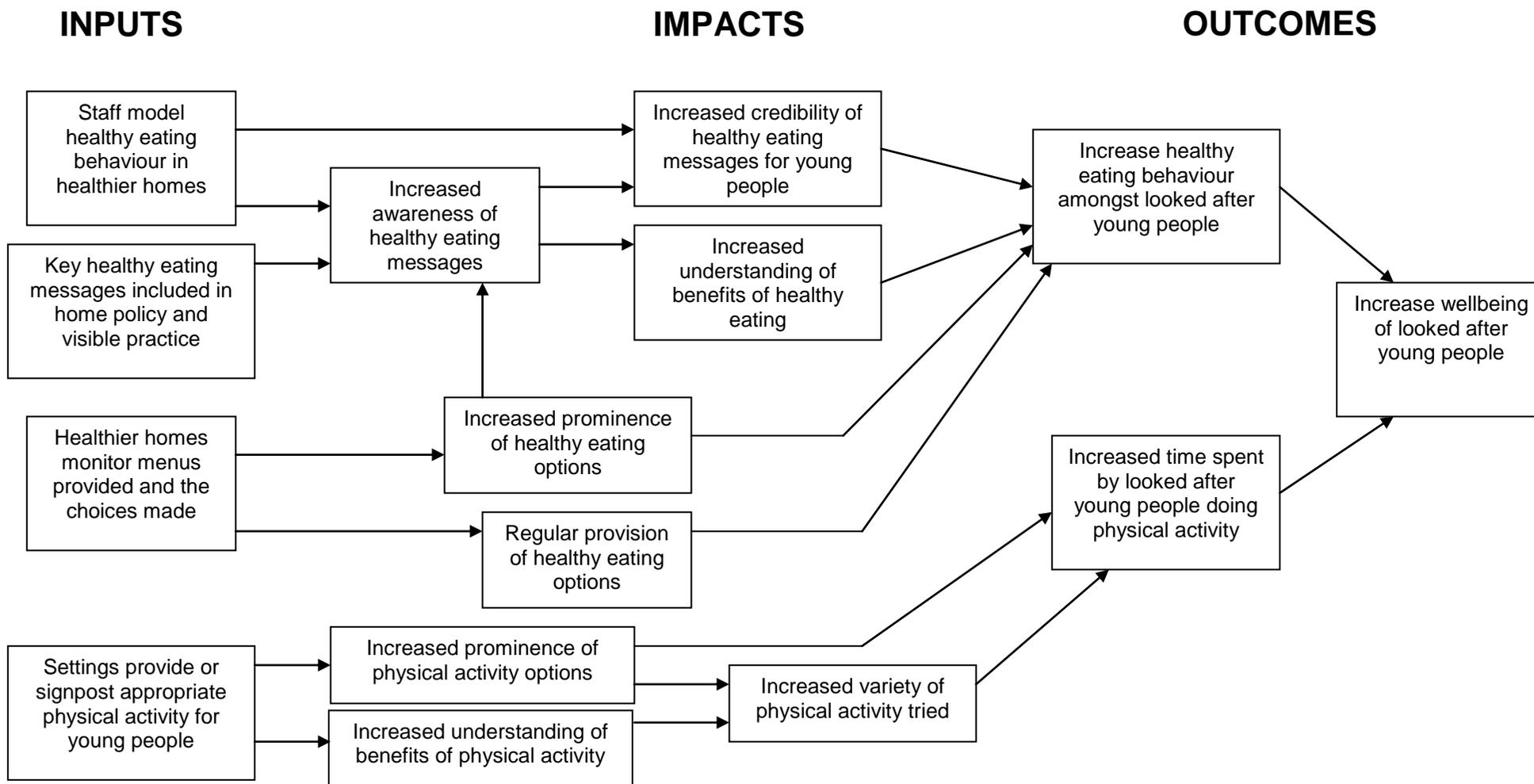
- Collect insight from young people in the development of the 'useful practice' part of the folder, such as their thoughts around impact of activities on the young people, and examples of evidencing good practice
- Include a section in the folder to allow comments from care home staff to NHS Wirral Curriculum Lead for Lifestyle and Policy (or other reviewers)
- Include an information sheet with the Healthier Homes information containing details of community projects and activities (for example Bike It), along with contact details of people they may need to contact
- Provide residential settings with more details about community events and activities
- Provide information that may help homes achieve the Healthier Home status, for example ideas regarding multicultural events or themed nights
- Include a section in the Healthier Homes folder where staff can update on activities and achievements 12 months on from receiving the Healthier Homes status

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Appendix 1 – Logic Model

Healthier Homes Logic Model



Appendix 2 – Wave 1 – Discussion Guide

1. Do you think your home promotes a healthy lifestyle for the children living here?

Links to impact of environment on residents and messages conveyed

How, why

Healthy eating messages

Physical activity messages

Do you think you would like to do more to promote a healthy lifestyle to the children living here? How, why

2. Do you think the children here are aware of the need for a healthy lifestyle?

(Consider this in terms of the age of the children)

Do they understand the benefits of healthy eating?

Do they understand the benefits of being physically active?

Do the staff understand the need for a healthy lifestyle?

3. Do you think the staff at the home encourage children to be healthy?

Links to staff modelling healthy behaviours

How, why

4. What do you think of the menus and food choices provided?

What do the children enjoy eating?

What do the children think of the food provided?

Do you think you would need to change the menus to ensure the children eat healthily / are they healthy already?

5. Do the children here enjoy being physically active (play, exercise, sports etc)

What facilities are there for the children to be physically active here?

What do you think of the facilities? Would you make changes if you could (in an ideal world)?

Are the children encouraged to be physically active outside the home?

Would you like the children here to be more physically active? How, why?

Appendix 3 – WAVE 2 – Discussion Guide

1. Do you think your home promotes a healthy lifestyle for the children living here?
Links to impact of environment on residents and messages conveyed
How, why
Healthy eating messages
Physical activity messages
Do you think you would like to do more to promote a healthy lifestyle to the children living here? How, why

Has the Healthier Homes project had an impact on children's lifestyles?

How/why?

2. Do you think the children here are aware of the need for a healthy lifestyle? (Consider this in terms of the age of the children)

Do they understand the benefits of healthy eating?

Do they understand the benefits of being physically active?

Do the staff understand the need for a healthy lifestyle?

Has Healthier Homes had an impact on children's awareness of being healthy?

How/why?

3. Do you think the staff at the home encourage children to be healthy?

Links to staff modelling healthy behaviours

How, why

Has Healthier Homes had an impact on staff?

How/why?

4. What do you think of the menus and food choices provided?

What do the children enjoy eating?

What do the children think of the food provided?

Do you think you would need to change the menus to ensure the children eat healthily / are they healthy already?

Has Healthier Homes had an impact on menus and food?

How/why?

5. Do the children here enjoy being physically active (play, exercise, sports etc)

What facilities are there for the children to be physically active here?

What do you think of the facilities? Would you make changes if you could (in an ideal world)?

Are the children encouraged to be physically active outside the home?

Would you like the children here to be more physically active? How, why?

Has Healthier Homes had an impact on children's physical activity?

How/why?

Overall thoughts about Healthier Homes project

What were the good points?

Any suggestions for changes or improvements?

Any questions for Gareth?

Appendix 4 – Young People Discussion Guide (Developed by NHS Curriculum Lead for Lifestyle and Policy)

Informal Script

As you probably know, I've been working with your carers on making _____ a "Healthier Home". We have been looking at the whole "what- where- why- and when" of food in your home and making sure you have opportunities to exercise.

I've been very keen to find out how involved you are in these issues. Explain what you plan to do with the information you gather here.

Can I ask you some questions because what you think is very important to "Healthier Homes"?

-
- What kinds of food are available for you here so you can eat healthily?
 - Do you think these are the right foods for you?
 - Why? *(ask them to expand on this - they might think they are right because they are perceived to be healthy, or they might think they are right because they are foods they enjoy eating. Similarly, they might be seen as 'wrong' foods because they don't like them, rather than because they are unhealthy)*
 - In what ways are you involved in:
 - Menu planning
 - Shopping
 - Cooking
 - Any other food issues in your home?
 - Have you ever discussed food or activities, such as cycling or swimming, at a Children's meeting?
 - If yes:
 - What kinds of things do you talk about here?
 - Do you like having the opportunity to talk about these things?
 - If no:
 - Would you like to talk about these things?
 - Why would you like to?
 - Do you have a free leisure pass?
 - If yes:
 - How often do you use it?
 - What kinds of things do you use it for?
 - Do you think it's a good idea?
 - If no:
 - Would you like one?
 - Why would you like one?
 - How do your carers help you access free activities like cycling and swimming?
 - Would you like to say anything else about
 - The food available to you here
 - The activities that you have opportunity to be involved in here

- Anything else?