FOOD FOR THOUGHT

Peer Support Guidance:
Talking Together to Explore Food Related Practice

Partners

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INTRODUCTION

This guidance is based on research which showed that by reflecting on, and talking about, how children and adults use and respond to food, insight can be gained into the experience of care more generally (Punch et al. 2009). Food offers a lens to look at the day-to-day exchanges that take place between children and their carers, the beliefs that both carers and children hold and how these are played out.

From the research, foster carers and residential staff said that, often, there is little time to stop and reflect on the way in which food is being used or to think about what this might be communicating. The *Food for Thought* project has devised a number of ways to try to support this process of reflection. The resources include an *Interactive Introduction, a Facilitators' Pack* (to support the delivery of training on food based practice), a *Reflective Tool* (to help staff and carers to think deeply about one child in particular), a *JOTIT Notebook* (to record and promote reflection), and finally this *Peer Support Guidance*.

The guidance aims to support foster carers, residential workers, support workers and their managers to set up and run a peer support group. It has been written for the person who will be facilitating the group and assumes that they will have had limited experience of running a group of this type before. It guides the facilitator through the steps of setting up, running and managing a peer support group. Ideally, those attending the peer support group would have had prior access to other *Food for Thought* resources.

The Food for Thought Project

For almost a decade, researchers at the University of Stirling have been looking at the ways in which children in 'looked after' care and those who care for them, use food. From talking with residential workers, foster carers, support workers, managers and children and young people themselves, it is clear that food plays a vital role in the experience of being looked after away from home. Food is often thought about in terms of nutrition and certainly there has been much interest in making sure children in care eat well, have a healthy diet and are involved in the choosing, buying and preparation of food.

However, the Stirling researchers were not so much interested in food as nutrition. Instead, they wanted to look at what food and food practices represented to children and adults. In other words, what they symbolised. The researchers explored how adults and children used food to communicate feelings and beliefs and to communicate a sense of belonging (or not), control (or not), and care. It became clear that food was almost a 'window into care'. It was a way of seeing how care was being given and how it was being received and experienced. Adults and children alike used food to communicate 'bigger' thoughts, feelings and actions.

The *Food for Thought* project was set up to build on these research findings. The aim was to work alongside residential staff and foster carers to raise awareness of the symbolic uses of food in order to make positive changes in the lives of looked after children and young people. The researchers and partners on the project wanted to show staff and carers how powerful everyday experiences of food are and what their awareness of this might offer in terms of helping children recover and grow.

WHAT IS PEER SUPPORT?

A peer support group is a group that provides emotional, practical and social support to its members – a place where people can share information, get confirmation that their feelings are 'normal', educate others or just 'let off steam'. (Boffey 2011:6)

The above quote by Maria Boffey in her guidance on setting up and running a peer support group for children of foster carers, provides a really useful starting point to think about what peer support groups are and the function they have for their members. Often, such groups are set up and run by people who share an experience. In that sense they have much in common with self-help groups. Peer support groups have also been used as a way of providing group supervision, more often than not in addition to individual supervision. What both approaches share is that the groups are fundamentally about support rather than any form of evaluation of experience or practice. The diagram below illustrates how these two approaches to group support contribute to the peer support model.

PEER SUPPORT GROUP MODEL

Support

- empathy
- understanding
- listening
- sharing
- facilitator

Group Supervision

- problem-solving
- critical feedback
- evaluation
- agreeing a solution
- leader

Peer support group model

- supported with suggestions and feedback but not evaluation
- like self-help but with peers
- have something in common as carers but have individual experiences
- offering advice/opinions to others whilst also looking at your own work
- includes reflection on the learning process and group working

This model relies on group members being a source of support and encouragement to each other. Although the group discussions are often facilitated, it is the members who contribute rather than a leader or teacher.

Peer support groups therefore promote the idea that the members are experts and, through sharing experiences, that they can learn from each other. By talking and sharing, individuals have to reflect on their care practice or their own feelings and experiences. It is argued that even by listening to others, the same process of reflection occurs. The group itself is regarded as a container for the feelings and experiences that people have. In this 'letting off steam' space, participants are given permission to share without being evaluated. This generates a sense of belonging, reduces isolation and increases the chances that members will be able to hear and respond to any advice and help being offered.

Setting up a Group

This guidance is aimed at supporting a group made up of foster carers or residential staff. These may well be groups that meet regularly for other reasons. Where this is the case, the food-based peer support group should run as a distinct part of the meeting, ideally at the start or following a break. For it to be effective, members need to feel that they have a choice about their attendance and about their level of participation. The peer support group has to have a different 'feel' to the business meeting with which members will already be familiar.

From the *Food for Thought* pilot study that took place during the summer of 2013, the groups that seemed to work best were no larger than six members. The small group size allowed everyone to have their say but it was also big enough to allow those who wanted to take on more of a listening role to avoid feeling overly exposed. Feedback suggested that members of pre-existing groups had a preference for a regular 'food' meeting that was separate from the normal meeting rota. They argued that this would allow them enough time to really get involved in discussion.

In some of the pilot peer support groups, it was also clear that the mix of participants in the separate meetings gave an added dimension to discussions. For example, family support workers and social workers could listen to foster carers and vice versa; foster carers and residential workers could hear about care in different settings and those from specialist posts such as family workers could contribute understanding from a broader perspective.

Most of the peer support groups that were run as a pilot lasted between one to one and a half hours. They worked best mid-morning when children were in school or nursery.

Ground Rules for the Group

In order for the group to be successful, members need to feel safe, motivated and open to giving and receiving feedback. Therefore, the parameters set by the facilitator and the group should be very clear. For example:

- Issues discussed in the group remain in the group
- Everyone is allowed to determine their level of involvement
- No one is permitted to judge or demean the input of another member
- Members can disagree respectfully
- The sessions begin and end on time
- The sessions maintain a focus on food

Group members may benefit from determining their own 'ground rules' for the group. The facilitator can support the drawing up of ground rules. We found that it was best if only 5 or 6 ground rules are identified as it can be hard for people to remember them all if the list is too long.

Prior to the group being set up, the facilitator could consider undertaking a SWOT analysis. This would allow space to reflect on questions such as: What do you see as the strengths of setting up such a group? What might the weaknesses be? What opportunities does the group present and to whom? What are the threats? It can be useful to think about these questions in relation to group members, facilitator, children and young people and to the organisation itself.

RUNNING A GROUP

In order for the group to be effective, the facilitator must keep the following in mind:

Permission

Empathy

Acceptance

Safety

Security

If the group is not used to working together, it is important that clear introductions to each other as well as to the nature and structure of the group are made. The introduction therefore needs to include:

- a statement about the purpose of the group (e.g. to think together about food and how it is being used by us and our children)
- the links to the research project and training if it has been undertaken (i.e. attendance at a *Reflective Workshop*, completion of the *Reflective Tool* or *Interactive Introduction*, use of the *JOTIT Notebook*)
- the parameters of the group (confidentiality, beginning and ending times, whether information will be shared with supervisors/support workers/ managers)
- the role of facilitator (to help the group stay focused, to make sure that everyone who wants to talk gets the chance, to keep to time)
- introductions to each other (if participants do not already know one another)

Remember – the peer support group aims to focus on food related behaviour.

It can be useful to begin each group meeting deciding with the group whether they want to discuss one particular child (e.g. '*Does anyone have a child that they are looking after where there are particular concerns or issues around food?*') or look at a particular theme (e.g. mealtimes, snacks, refusing food, hiding food, non-stop eating etc.). Once this has been decided, it is over to the group to start. The facilitator might want to ask one person to begin by telling the group about the child or about the issue.

All being well, the group will begin talking freely and questioning or feeding-back to the speaker. The facilitator might need to help that process along a little (*e.g. what do you think of that? Has that happened to anyone else in the group?*).

One question to keep encouraging the group to think about is: *what might the child be trying to say?*

Another might be: *what are you trying to say by doing that? What does the child think you are trying to say?*

See **Appendix 1** for a list of prompt questions that might be helpful if the discussion is slow to get off the ground. More often than not, it can be hard for people to stop talking or to keep focused on the topic or issue. The facilitator needs to decide whether going off-topic is still useful and ensure that everyone who wants to contribute is getting the chance.

Group Discussions and Emotions

From the pilot peer support groups it was clear that starting to talk about food was hugely emotive. Carers connected with deep feelings, both in themselves and in the child. They were often frustrated by systems or by the people who had caused the child pain. It is important for the facilitator to manage these feelings and to help the group support its members. This can be done by acknowledging the feeling *(e.g. Talking about this is making you feel really angry/sad/proud. It sounds like [name of child] is feeling really frightened about leaving you to go to school)* as well as checking in with the group as to whether these are common feelings *(e.g. has anyone else felt like this?)*. By doing this, members feel as if they have permission to voice and share feelings safely as well as the opportunity to have their feelings recognised and be normalised by others.

Talking and thinking about food can reignite very powerful memories of need, want and conflict. In many ways, the practices around food and the experiences of it are replications of our most basic early relationship experiences; are our needs being noticed and met? Thinking together about what food might represent to children and to ourselves is a vital part of good quality care experiences.

It can be challenging for the facilitator to keep the group focused on hypothesising what might be behind the use of food. In the pilot it was clear that whilst sometimes it was useful to get together to talk and share the frustrations and delights of caring for children, what people really wanted was time to think about different ways of supporting their child or deepening their understanding of him/her. It is important then that the discussion avoids getting stuck in a round of complaining about systems or particular behaviours. The best way to avoid this is to ask questions which draw the group back to analysing behaviour rather than simply describing it: *What do you think this might be about? What might be going on here? What might the child be feeling?*

The aim of these sessions is to explore possible meanings that food may be communicating and perhaps more importantly to think about what this means for the carer. It is important for members of the group to avoid coming to hard and fast conclusions when hypothesising about children's behaviours and motivations. Rather, the group should encourage people to consider a range of meanings and interpretations as well as best ways to respond.

For example

In one of the pilot groups, a foster carer began to talk about how the child she had been caring for had started to ask for food that he had had when he was looked after by his birth mother. This was really hard for the carer as the food in question was very unhealthy and looked and tasted to the carer, 'revolting'. By talking about the food with the group, she started to wonder whether the child was showing her that he felt safe enough with her to remember and experience events from his earlier childhood. It seemed that he wanted her to be with him whilst he was doing this, not to eat the food with him but to accept him eating it. In so doing, she reflected that this seemed to symbolise that she was accepting his past and the differences between him then and now. She was deeply moved by thinking about the bravery of this child and his ability to use food symbolically to do this.

Ending the Group

The end of the session is also very important. The facilitator needs to give people enough time to wind-down the discussion and to manage and contain any strong feelings. The most effective way of doing this is having a 10-15 minute countdown to the end of the discussion *(e.g. we have ten minutes left on this topic, does anyone have anything that they want to end on?)*. Once the discussion has concluded, the last 15 minutes should be spent asking if anyone has anything that they want to take on from the group to individual supervision or to their practice. It is useful to recap on the themes of the discussion and to check in with the group what the experience has been like for them *(How did you find today's meeting? Would you want to do this again? Is there anything you would want to do differently?)*.

FURTHER READING

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Boffey, M. (2011) Don't you forget about me: *A guide to developing a peer support group for the sons and daughters of foster carers,* The Fostering Network: Cardiff.

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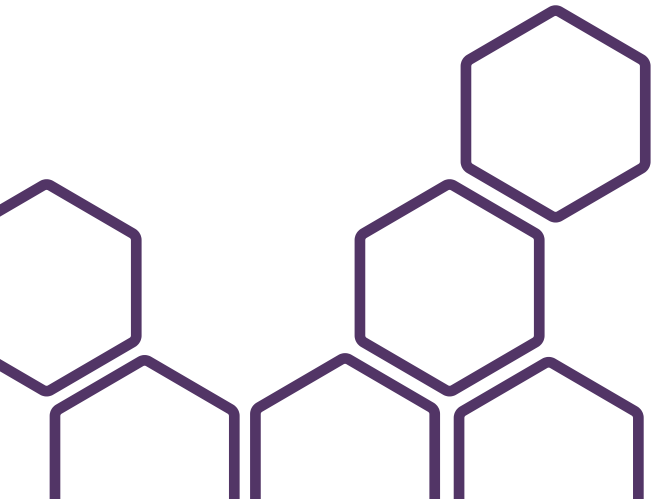
Punch, S., Dorrer, N., Emond, R. and McIntosh, I. (2009) Food Practices in Residential Children's Homes: *The Views and Experiences of Staff and Children, A Resource Handbook for Reflection, Stirling*: University of Stirling.

Tisdall, M. and O'Donoghue, K. (2003) A Facilitated Peer Group Supervision Model for Practitioners. In McMaster, K. and Wells, A. (eds) *Innovative Approaches to Stopping Family Violence*, Wellington: Steele Roberts pp 221-232.

STAYING INVOLVED

The *Food for Thought* team are committed to monitoring the impact of this resource on practice. Over the next five years, the team will be seeking views on how useful this resource is to foster carers, residential staff and managers as well as how they think it has impacted on children's everyday lives. We would be delighted to hear about your experiences of using this resource.

You can do this by sending a comment through the *Food for Thought* website www.foodforthoughtproject.info or by contacting one of the team (Ruth Emond) on h.r.emond@stir.ac.uk. You can ring Ruth on 01786 467710.



ABOUT FOOD FOR THOUGHT

This resource was written by Ruth Emond, Carol George, Ian McIntosh and Samantha Punch (School of Applied Social Science, University of Stirling) and was devised in collaboration with our partners: FCA Scotland, Aberlour Child Care Trust, Perth and Kinross Council, Centre for Excellence in Looked After Children in Scotland (CELCIS) and Institute for Research and Innovation in Social Services (IRISS). The *Food For Thought* project was funded by the Economic and Social Research Council.

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APPENDIX 1: IDEAS FOR QUESTIONS AND PROMPTS

Getting things going

- Does anyone have a particular child that they want to talk about today? Or a particular issue around food?
- How was last night's evening meal?
- Have you notice anything in particular about how your child eats? Or relates to food?
- Has your child changed anything relating to food recently?
- Have you changed anything that you normally do in relation to food?

Helping people to think more deeply

- What did you feel when the child did this?
- What does the group think the child might be trying to say?
- Has this changed over recent times?
- What does the group think the child might be feeling?
- How does this contrast with what the child normally does?
- What does the group think the child might think about how [the carer] responded?

Making connections

- Have any of you had that experience?
- Have you ever felt like that?
- It sounds like you/the child felt [name feeling]
- Talking about this now you seem [name feeling]
- How do you think this relates to the child's early life?
- Would this have happened in the child's family home? Previous placement?
- What did you want to happen?

Ways forward

- What would you do differently?
- What were you pleased about?
- What does the group think [carer] should do next?

Endings

- What were the key things that we discussed today?
- What did you most enjoy about today?
- Is there anything that you would do differently after today?
- Is there anything that you want to come back to in supervision?
- Is there anything you want to talk about at the next group?