

The Fostering Network logo, consisting of the text "The Fostering Network" in white, stacked vertically, inside an orange square.

The
Fostering
Network

The background features a light gray grid of plus signs. Overlaid on this grid are several colorful geometric shapes: a large orange square in the top left; a teal square, a purple square, and a yellow square in the upper right; a large dark blue rectangle in the center containing the main title; a blue rectangle and a dark teal square in the lower right; and a red square in the lower left.

State of the Nation's Foster Care 2021

Thematic report 3:
Children's unmet needs

About the survey

Children may enter the care system for a number of reasons, for example, because of family disruption caused by illness or a bereavement, abuse, neglect, they are seeking asylum or they have highly complex health and care needs.

Roughly three-quarters of the 97,000 children looked after away from home and family in the UK are being cared for by around 56,000 foster families. Foster families provide children in care with the opportunity to thrive in a family setting and offer them a loving and stable environment, often into adulthood. This means that improving outcomes for children in care must involve improving foster care.

Every three years we conduct the State of the Nation's Foster Care survey to produce a reliable insight into fostering in the UK; to identify areas of good practice and understand where improvements are needed. This is the fourth time we have conducted this survey and, for the first time, we also surveyed our fostering service members.

As the largest independent survey of foster carers, we were pleased to receive responses from 3,352 foster carers, representing six per cent of fostering households in England, four per cent in Northern Ireland, eight per cent in Scotland and seven per cent in Wales. At the time of the survey, the foster carer respondents were caring for approximately 5,669 children. This represents nine per cent of all children living in foster care in the UK. We also received 99 fostering service responses, which represents around 19 per cent of the total fostering service providers in the UK. By surveying our fostering service members we have enriched our evidence base. This offers a perspective from those who provide services, enabling us to gain a deeper insight into the challenges within the system and how they impact on the overall service and experience of children.

Our 2021 surveys sought foster carers and fostering services views on how children's needs are currently being met by the care system, as well as key practice and workforce issues such as support, recruitment and capacity in the sector. In order to ensure that the voices of children in foster care are included in a report about their needs, we have drawn on additional evidence. This report focuses on the unmet needs of children in care and therefore only includes children under the age of 18.

The Fostering Network will use the findings of this report to influence the foster care agenda and create change for the benefit of children by bringing them to the attention of national and local decision and policy makers.

This report is part of a series of publications using the survey data. You can access the other reports on our [website](#).

Introduction

All children deserve safe, stable and loving childhoods and the right to the best possible health and education. They should be able to learn and use the language, culture and religion of their family to reflect their own identity, and to have their views listened to and taken seriously.¹ When children are removed from their family and taken into care, the state (in the form of the child's local authority/trust acting as 'corporate parent') is responsible for making sure their rights are fulfilled and their needs are met.

Foster carers provide children with stability and security and can offer what for some children will be their first positive experience of family life. Stable foster care can help to improve children's mental wellbeing and educational outcomes. Yet, the findings of our most recent State of the Nation's Foster Care survey once again highlight that for a growing number of children in care, the state is failing in its responsibility to support the relationships and meet the health, education and cultural needs of children in foster care across the UK.

We have chosen to focus on five specific areas of need for children covered in the State of the Nation's Foster Care 2021 survey:

1. Mental health
2. Education
3. Fetal alcohol spectrum disorder (FASD)
4. Relationships with birth family
5. Culture, language and religion

These topic areas were selected to be explored further in our survey due to an increased number of enquiries that we received from our foster carer and fostering service members through our advice and information services.

Every child is unique and their lives do not fit neatly into categories. Individual children may experience some or all of the issues covered in this report. The responsibility to support children to navigate life sits with us all, including different national and local governments, departments and organisations, many of which have statutory responsibilities towards children. Making improvements to the services that will sufficiently meet the needs of children in care cannot - must not - remain within the confines of the fostering system. Governments must do all they can to ensure that children develop to their full potential.² A better understanding of the particular needs of children in care, and how these should be addressed, is necessary in a range of disciplines including health, education and other sectors such as the courts.

Policy and practice regarding children in care needs to recognise the intersectionality of different aspects of children's lives. This report highlights some ways in which this can begin to happen, listing some overarching recommendations towards the end. Making improvements will rely on strong multi-agency working.

Throughout the report, we have used the term 'children and young people with care experience' where possible to highlight that care experience is just one part of children's identities. In places we need to differentiate between children who are in foster care, as this group were the focus of our survey.

Focus on children and young people

Context

The report is part of a series of publications using the State of the Nation's Foster Care 2021 data. You can access the main report and others on [our website](#).

Children and young people coming into care have the right to have all their needs met, with their best interests as a top priority in all decisions and actions that affect them.³ If it is in a child's best interest to live in foster care, they have the right to be cared for in a continuous,⁴ loving, safe home by foster carers who are well trained and supported to meet their needs and help them heal from past trauma. However, our survey findings show that too often these rights are not being met.

Children are experiencing too many moves from foster carer to foster carer, being excluded from school and sometimes unnecessarily entering residential care.⁵ Often these moves result in children being dislocated from their local community, away from support services to whom they are already known, and further from relationships which are important to them. Most significantly, these factors can lead to many children in care having poorer outcomes in their education and mental health than their non-looked after peers and other looked after children who experience greater stability in care.

Increasingly, children are entering care at an older age, frequently in their teenage years, and are presenting with complex physical and emotional needs. Responsibility to provide holistic, wraparound support for children lies with many agencies and departments which are currently not working together sufficiently. This is partly due to a lack of understanding of care experience and the impact of trauma. An insufficient system does not help children flourish and can exacerbate the impact of trauma that children in care may have experienced during difficult and chaotic early years. Children who have experienced neglect, abuse or exploitation or who cannot be looked after by their family must receive special support and protection to help them recover from trauma and live to their full potential.⁶



On top of all this, not enough is done to prioritise, maintain and strengthen children's relationships. This includes with adults or other children important to them, such as their siblings. Relationships with family members and friends are important for all children to help them learn, grow and to support them throughout their lives. For children and young people with care experience, developing and maintaining secure relationships is even more important, but their opportunities to do so are too often denied. We actively campaign to improve this through our [Keep Connected](#) campaign. This calls on everyone who plays a part in supporting children and young people in foster care to maintain their most important relationships.

Foster care is the bedrock of the children's social care system. It is essential that there is a pool of high-quality, highly valued foster carers who are all supported and trained to meet the complex physical and emotional needs of children. Foster carers need to be able to provide trauma-informed care and have a good understanding of children and young people's mental health and wellbeing.

There are not currently enough foster carers to meet all of children's needs. In our State of the Nation 2021 survey, all but six services reported having a shortage of foster carers to meet the needs of the children in their local population.⁷ A shortage of carers can mean that children coming into care may not be able to be matched with a foster carer who is best placed to meet all of that particular child's needs. It may also mean that children are split up from their siblings or have to move further away from friends, school and others they have meaningful relationships with.

A successful care system should enable every child who comes into care to thrive – urgent change is needed for this to happen.

1. Mental health

Children with care experience are much more likely than their peers to have experienced abuse, trauma and neglect. Indeed, coming into care, regardless of the circumstances, is a traumatic event for any child. This means that children and young people with care experience are more likely to experience poor mental health.

...even with good carers, care experience can be inherently traumatising. Separation from family, moving homes, changing schools, feelings of rejection and instability are very stressful for vulnerable young people and can shape their self-belief and relationships to come.

Person with care experience living in Scotland⁸

As well as having a higher prevalence of poor mental health, children and young people with care experience are more likely to find accessing mental health support difficult. This is for a range of reasons, including perceived stigmatisation and a lack of understanding of care experience and foster care among the professionals that support children.⁹ As one child explains:



There is not many people who can [help with my childhood trauma and severe PTSD] and it takes a very long time to get funding or for my foster [carers] to be listened to by professionals.

Boy, aged 10, living in foster care in England¹⁰

We also hear from our members that some children are caught in the cycle of not being able to be assessed until they are in a 'stable placement', when mental health treatment at the point of need could in fact help improve stability in their current placement. Some children also have to restart their Child and Adolescent Mental Health Services (CAMHS) referral when they move placement, especially when the move is between different areas.

Foster carers' responses to our survey show that many feel the children in their care are not always receiving meaningful support for their mental health.

As carers we had to fight the children's social worker to secure a diagnosis. The local authority we foster with and the looked after children CAMHS team washed their hands of us. We had to go via the GP to our own local authority where we live to secure a diagnosis and ultimately, hospital consultant support. The children were judged on family history, not on need.

Foster carer respondent

Foster carers also reported that the provision of training to support children with their mental health and trauma is falling short of what is required.

Foster carers reported that the pandemic had a varied impact on children's mental health and wellbeing.¹¹ However, as an overall group, research suggests that the mental health of children and young people with care experience has been disproportionately affected by the pandemic,¹² while at the same time a quarter of children in care in England were unable to access mental health support.¹³ Children's mental health is already on government agendas across the UK. However, the policy response needs to reflect the needs of children in care, be more swift and sufficiently ambitious. The mental health of thousands of children in care requires an urgent, properly co-ordinated and well-funded plan across all services. This includes how to deal with ever-growing CAMHS waiting lists.

An approach to promote good mental health and wellbeing for children in schools

[Mentally healthy schools](#) is a website run by the Anna Freud Centre that brings together quality-assured information, advice and resources to help schools understand and promote children's mental health and wellbeing. These resources can be used to increase staff awareness, knowledge and confidence to help them support their pupils. It is vital that this increased awareness and knowledge also includes the impact of trauma and the specific needs of children and young people with care experience.

The top five learning and development gaps identified by foster carers were:

1. Mental and physical health needs (including developmental disabilities)
2. Allegations
3. Trauma, attachment and therapeutic parenting
4. Understanding behaviour
5. Looking after teenagers

Key findings:

- Out of the 3,352 foster carers who responded to the survey, **a quarter** reported looking after at least one child who is receiving mental health support.
- **A further quarter** of foster carers were looking after at least one child who they felt needed mental health support but were not getting it.
- Four out of the top five learning and development gaps identified by foster carers were around supporting children with complex needs.
- We asked fostering services to rate their access to specialist support services. The 99 fostering services who responded to the survey ranked their access to health workers and child advocacy services lowest.
- Only **a quarter** of services reported having excellent or good access to mental health workers.

How fostering services rated their access to the following specialists:



Mental health support is needed but only given if it is considered life threatening. I am appalled how little our children are valued or supported. Provision is not there when it would make such a difference to the child's welfare. It would support foster families [to] care effectively.

Foster carer respondent



Every child has a right to the best possible health, including their mental health and wellbeing.¹⁴

Recommendations for governments:

1. Governments across the UK should invest in children's mental health services to ensure all children in care who require mental health support can receive timely support.
2. To supplement statutory mental health services for care experienced children, governments across the UK should also consider the introduction of funds modelled on the Adoption Support Fund in England to make therapeutic services available for children and young people in foster care.
3. Every local authority/trust should have a mental health lead for children in and leaving care. This lead should have local oversight over the mental health of children and young people with care experience, promoting good wellbeing and offering consistent and transparent support such that their mental health outcomes are comparable to their peers.
4. Mental health practitioners (e.g., mental health nurses or counselling services) should be available to all children through their school. Practitioners should have knowledge and understanding of the impact of trauma and the specific needs of children and young people with care experience.
5. Governments should introduce a care experienced children and young people's impact assessment for all statutory guidance related to health to ensure policies are trauma-informed and coherent.

Recommendations for children's placing authorities:

6. All children entering care should have their mental health needs assessed as soon as possible by an appropriately trained mental health specialist.
7. All children's placing authorities should work with mental health services, schools and foster families to ensure that mental health support for children in care is available all year round, not just during school term times.

Recommendations for child and adolescent mental health services:

8. When a child in foster care receiving mental health support moves between local authority/trust areas, they should not have to restart their referral process.
9. Children's mental health practitioners should invite foster carers to be effectively involved in meetings about the mental health of children in their care to ensure holistic support.

Recommendation for fostering services:

10. All fostering services should ensure that there is sufficient specialist professional expertise to support, and provide consultation for, children and young people, foster carers and supervising social workers. This could be provided through more intensive (responsive) trauma-informed training, or by sharing expertise across agencies.

2. Education

It is well documented that educational outcomes are more likely to be lower for children and young people with care experience than their non-looked after peers. This situation is not acceptable, and it is vital that we properly understand the reasons for that disparity. We must assess and understand individual children and have high expectations, so they are supported to reach their full potential.

Prior to coming into care, children may have experienced abuse or neglect or lived in poverty, all of which are linked to having poorer educational outcomes. There is strong evidence that a child's wellbeing needs to be met before they are able to fully access education. Alongside this, many children may have had poor school attendance and once in care, they are more likely than their peers to move schools, be excluded from school and have additional learning/special educational needs (henceforth we will use the term 'additional learning needs' to include special educational need [SEN]/special educational need and disability [SEND] used in England and Northern Ireland, additional support needs [ASN] used in Scotland and additional learning needs [ALN] used in Wales).

Each country across the UK has slightly different offers for children and young people with care experience in terms of educational support. These offers also vary between each local authority/trust. On the whole, all children in care should have:

- a personalised education plan/an individualised education programme (PEP/IEP)
- additional funding targeted to meet their needs
- a designated person for children with care experienced within the school, to offer support.

Despite these provisions – and the existence of Virtual School Heads⁵ in every local authority area in England, the majority in Scotland and their introduction being explored in Wales – there is still a frequent disconnect between those who work with children with additional learning needs and those who work with children and young people with care experience, even though the overlap between these cohorts of children is significant.

Foster care can help children improve their educational attainment and learning by meeting their wellbeing needs and providing them with stability, consistency and access to increased support and funding. Foster carers have a vital role to play in children's education – they should be supported and listened to by the team around the child to help them reach their full potential.

Most children have been impacted in some way by the 'learning loss' caused by the pandemic. Evidence suggests that pupils from disadvantaged backgrounds have been disproportionately affected,¹⁶ meaning that the learning of these children must be prioritised in the years to come. Some foster carers reported that learning during the pandemic worked well for their children with care experience, i.e., due to smaller classroom sizes.¹⁷ It is important that differences in educational provision which worked well for children during the pandemic are retained, rather than lost.

Free online module to support children with care experience in schools

The Fostering Network in Scotland's [Young Advocates programme](#) has created a [free online module](#) on supporting young people with care experience in education. This model was co-produced with young people. Sign up to Children in Scotland's eLearning Hub to access.

Key findings:

- Of those foster carers who had a child living with them at the time of the survey (May-July 2021):
 - **74 per cent** had at least one child in mainstream early years, school or college provision
 - **13 per cent** had at least one child in a special school (this is considerably higher than the two per cent of those in a special school in the national school population¹⁸)
 - **three per cent** had at least one child in alternative provision or a pupil referral unit (this is also considerably higher than the less than one per cent of those in a pupil referral unit in the national school population¹⁹).
- **38 per cent** of foster carer respondents were looking after at least one child with an additional learning need. A further **13 per cent** were looking after a child that was being assessed or awaiting assessment.
- **54 per cent** of foster carers were looking after at least one child who receives additional support to assist their learning. Of these foster carers, **a quarter** felt that the additional support was not sufficient.
- **A quarter** of fostering service respondents rated their access to their local virtual school/looked after children's education coordinator (LACE) as satisfactory, poor or very poor.

Over 1 in 10 foster carers reported that the additional support their children receives in school is not sufficient.



Example of good practice: supporting children and their foster families in education

Fostering Attainment and Achievement (FAA) is a unique programme in Northern Ireland, commissioned by Government and delivered by The Fostering Network. It has been running since 2007 and works to improve educational outcomes for children in foster care. The programme considers foster carers to be a child's primary educator. FAA is trauma-informed and offers support to both children and foster carers, to nurture each child's potential, promote their educational experience and proactively encourage learning and overall educational attainment and achievement. The service uniquely provides tailored educational resources to individual children to support their learning, including one to one tuition in the child's home. It recognises the key role that foster carers play in children's educational development.

The following quote is from a kinship foster carer who looks after her two grandsons:

'Support from FAA allowed both boys to move forward. The maths tutor is known to one of my boys from school, which meets his emotional needs along with his academic needs, as he feels safe and secure with the tutor and therefore feels settled to learn. In each of the boys' schools, the role of the emotionally available/key adult has helped in both their school work and wellbeing. I also feel listened to and valued by both the school and the boys' social worker. As a team we have been able to work in partnership to secure additional support in school.'

Every child has a right to an education, and one that develops every child's personality, talents and abilities to the full.²⁰

Recommendations for governments:

11. Governments should provide sufficient funds for children and young people with care experience to ensure personalised educational support is available for their identified needs.
12. A virtual school or similar body that has local oversight of the statutory duty should be introduced in every local authority/country of the UK. This body should be fully resourced to effectively promote the progress and educational attainment of children and young people who are care experienced so that they achieve educational outcomes comparable to their peers. This body should provide a consistent and transparent offer to all eligible children and be held accountable.
13. Governments should review the best way to reduce barriers and delays to children accessing additional support for their learning.
14. Governments should introduce a care experienced children and young people's impact assessment for all statutory guidance related to education to ensure policies are trauma-informed and coherent.

Recommendation for educational settings:

15. All schools should provide whole staff training, raising awareness of care experience and trauma-informed practice. This can address any gaps in knowledge for new starters, as well as refresh and update all staff awareness and improve collaboration between the designated person for children with care experience and their colleagues.

Recommendation for educational settings, children's placing authorities and fostering services:

16. Foster carers are an integral member of the team around the child and often know the child best. It is cited within legislation that 'parent' is defined as those who care for a child. As such, foster carers should be actively involved in their children's education by having their effective involvement facilitated. They should be listened to, invited to meetings regarding the education of the children in their care and have the appropriate authority delegated to them to make decisions for the children they look after, just as any other parent would.

Recommendations for virtual schools:

17. Virtual schools, or bodies with similar responsibilities, need to fully engage with all children they are responsible for, as well as their foster carers where applicable.
18. Every child and young person with care experience needs to have a consistent and transparent offer from their virtual school, or body with similar responsibility, to overcome the postcode lottery of support.

3. Fetal Alcohol Spectrum Disorder (FASD)

FASD occurs when prenatal alcohol exposure affects the developing brain and body of a foetus. FASD is a spectrum, with each person being affected differently and having various characteristics and strengths. While more than 400 behavioural characteristics and related mental health diagnoses can co-occur, such as issues with sleep, stress and poor problem solving, FASD is at its core a life-long neurodevelopmental condition.

FASD is a condition which is of particular interest to foster carers, and therefore our members, because of its prevalence among children and young people with care experience. Although the exact prevalence of FASD in the UK is unknown, research suggests that the number of children affected by the condition could be much higher than previously thought. One study in Peterborough suggests that as many as three per cent of children could have FASD. This rose to 27 per cent in looked after children.²¹ Other research suggests that more people could be affected by FASD than autism spectrum disorder (ASD)²² (ASD is one of the most common childhood-onset neurodevelopmental disorders in the UK with one per cent of the population thought to be affected).²³

Sue and Tony's story

Sue and Tony are foster carers. Here they share some of their experience of caring for twin boys with FASD.

'Even though the children in our care had many typical traits of FASD, it is barely recognised or understood – we were often accused of bad parenting and exaggerating difficulties. The continual battles for diagnosis and support have been both the highs and lows of our fostering experience; fighting for diagnosis, their education, health and care plans at school, for specialist school provision, short break care and special needs groups who would accept them.

'We were so lucky to receive an FASD diagnosis, with facial features, because the boys can present themselves so well in some social situations. There are still very few people around us that have understood their disabilities and difficulties daily life brings to them and us. Each "success" has brought us a great feeling of achievement.'

Unfortunately, diagnosis of FASD can be difficult. This is partly because there are not enough medical professionals who work in the field, but also because many of the symptoms of FASD may appear similar to other neurodevelopmental conditions. Although some affected individuals can be identified at birth or soon after, many may not become identifiable until the child is of primary school age or older. As laid out in the statutory guidelines for looked after children's medical needs in England, the consideration of whether a young person has been affected by prenatal alcohol exposure should happen for every child where there is a concern.²⁴ Early diagnosis and appropriate support are essential, especially for executive functioning (a set of mental skills that include working memory, flexible thinking and self-control).²⁵

A wider awareness and understanding of FASD among social workers, foster carers, health and education professionals is required if children and young people with FASD are to get the diagnosis and support that they need.²⁶ In Scotland some steps have already been taken to raise awareness and provide support through the establishment of a [FASD Hub](#), funded by Scottish Government and run by Adoption UK. The hub includes a helpline, a family support service and forum. In England and Wales, the recent [NICE Quality Standard](#) raises expectations that children and young people with probable prenatal alcohol exposure and significant physical, developmental or behavioural difficulties are referred for assessment. This is to be welcomed and should be a standard element of looked after children's medicals.

The Quality Standard in England and Wales also requires children and young people with a diagnosis of FASD to have a management plan to address their needs. The management plan covers the basic and immediate needs of the child or young person after assessment, as well as their long-term needs. It also helps people with FASD, their families, carers and service providers to understand and address the associated challenges. The plan helps to coordinate care across a range of healthcare professionals, as well as education and social services, and improves outcomes. To have the most impact, it is vital that children's plans are truly multi-disciplinary.

Read more about FASD and access resources [here](#).

One third of foster carers were not given information about FASD as part of their pre-approval training.

Key findings:

- **One third** of foster carer respondents were not given information about FASD as part of their pre-approval training.
- **Nine per cent** of foster carer respondents reported having cared for a child with a diagnosis of FASD in the last 24 months. A further **13 per cent** cared for a child with suspected FASD. These figures were higher in Scotland where there is increased funding and training and consequently, a greater awareness of FASD.
- Of those foster carers who had cared for a child with a diagnosis:
 - **55 per cent** felt that health professionals were knowledgeable or very knowledgeable about the condition, **26 per cent** felt they were somewhat knowledgeable and **19 per cent** felt that they were unknowledgeable or very unknowledgeable.
 - **Half** reported that education professionals were not sufficiently knowledgeable about the condition.
 - Only **a third** received follow-up support post-diagnosis. Support was provided by health, education and social work professionals. The majority of those who received support post-diagnosis said it was effective.
- Of those who were seeking a diagnosis:
 - **Two thirds** had not received any support from their fostering service or child's social worker around getting a diagnosis.
 - **71 per cent** did not receive any support from their fostering service to cater for the child's additional needs thought to be related to FASD.

Example of good practice: joint training offer with lived experience

Brian has been a foster carer for over 27 years. In that time he has become a special guardian for four young people – three of these young people have a FASD diagnosis and still live with him and his wife. He told us why joint training across children's services incorporating lived experience is so important to improve the experiences of those with FASD and their carers.

'Training needs to include the whole team so that they can understand and provide a consistent approach to the plans of those with FASD. The most effective training that I deliver is to multi-disciplinary teams working with children with FASD. The training is often organised by the Virtual School because they have a wide range of contacts, including foster carers. Attendees are invited to consider an individual child or young person who they work with, using my generalised training to make real plans for real people.'

It is not enough to just have some FASD knowledge acquired from the internet to deliver quality training. Training isn't an easy thing to do because FASD is such a complex neurodevelopmental disorder.'

Every child has the right to the best possible health and education that must develop their personality, talents and abilities to the full.²⁷ FASD can significantly impact how children interact with the world. Greater awareness of FASD and diagnosis can enable better targeted support.

Recommendation for fostering services:

19. Fostering services should ensure that pre-approval training for foster carers includes FASD. This is so that foster carers are aware of the prevalence and understand the support required. More in-depth training should be provided post-approval.



2 in 10

foster carers reported having looked after a child diagnosed with or suspected FASD.

Recommendations for governments:

20. Relevant government departments across education, health and social care should increase funding for training on FASD. This should be for all those who work with children in care, to help improve awareness of the condition.
21. As awareness of the condition increases, more children will be diagnosed. Increased funding of support models for affected children and families should be made available across education, health and social care. Children's care plans should be developed via an informed multi-agency approach to tailor support for each child's individual needs.
22. Governments should review their data on children with additional learning needs to include FASD as a primary need. This would help give an indication of the prevalence of FASD and help target interventions needed by children.

Recommendation for children's placing authorities and fostering services:

23. Children's placing authorities and fostering services should work together to provide multi-disciplinary training on FASD to all teams working with children and young people. They should also ensure that those who undertake looked after children's medicals have a full understanding of FASD.

4. Relationships with birth family

In this section, we focus on children's relationships with their birth families, often maintained through court-ordered contact, henceforth referred to as family time. One of the great benefits of foster care lies in the fact that children are able to maintain links with their birth family (including parents, siblings and wider family members), despite being raised by a foster family. Many children in foster care spend regular time with their family members or other people who are important to them. Programmes that maintain positive relationships with family members have been found to deliver year-on-year improvements to children's mental health and wellbeing.²⁸



My foster carers work hard to help me and promote my relationship with my birth parents. Because of that I feel like I have more love than a normal child. It makes me feel stronger. [...] I love my foster carers, they treat me like their own but still support me loving and accepting my parents.

Girl, aged 14, living in foster care in England ²⁹



The importance of good relationships for everyone, but especially for children in care, has long been recognised. Almost a decade ago, The Care Inquiry³⁰ in England identified relationships as 'the golden thread' that run through children's lives. More recently, The Promise³¹ in Scotland stated that 'young people growing up must be supported to have lifelong links with their carers' and that the 'workforce needs support, time and care to develop and maintain relationships' with children. It is therefore vital that the constructive, positive relationships children in care have are nurtured and protected. All children in care should have trusted adult relationships that last throughout and beyond their time in care.

However, family time does not always function as well as it should. The frequency of family time does not always consider the views of the child, birth family and foster family. Poorly managed or poorly focused family time can have the opposite of the desired effect and is associated with risks to children and young people's wellbeing. Support for everyone involved in and having clarity on the purpose of family time is key, and depends on the investment of time and resources.³²

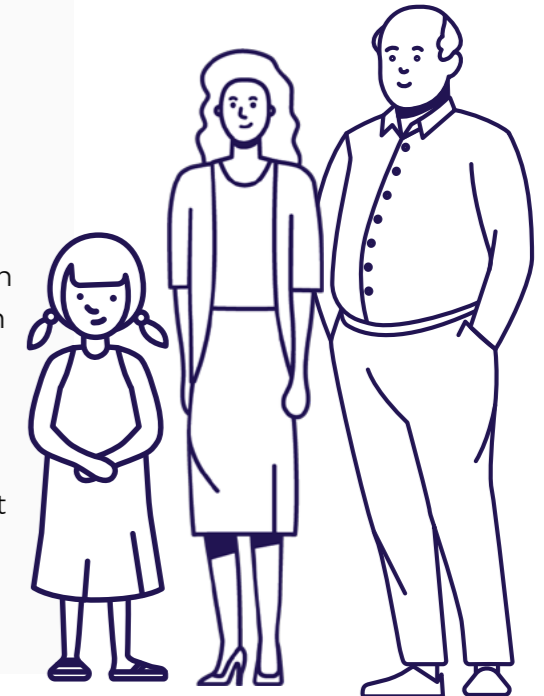
Key findings:

- **26 per cent** of foster carers always felt support by their service in relation to family time for children in their care, **35 per cent** usually felt supported, **19 per cent** sometimes felt supported, **10 per cent** rarely felt supported and the remaining **10 per cent** either never felt supported or are not involved in the management of family time.
- We asked foster carers what, if any, they think the main issue is with family time for children in foster care.
 - Foster carers feel contact is planned to meet the needs of the parents and does not take into consideration the child's emotional wellbeing. They would like to see better communication with and consistency for children, alongside an assessment of the impact of family time on individual children.
 - They also felt that some parents or other birth family members do not proactively engage with contact, despite it being agreed in the care and support plan, which can have a negative impact on children.
 - Foster carers reported feeling a lack of consideration about their involvement in family time. This includes feasibilities around travel, holidays and other children they care for. Foster carers want to be heard so they can do the best for their children.
- On the topic of contact with siblings, foster carers felt that children's individual needs within their sibling group needed to be given greater consideration. They felt that children require more support to help manage their sibling relationships and the impact family time can have on their emotional wellbeing.



I would like contact arrangements to be reviewed where that is appropriate and for contact to be always about meeting the needs of the child.

Foster carer respondent



Every child has the right to express their views, feelings and wishes in all matters affecting them. They have the right to have their views considered and taken seriously,³³ including when decisions are being made about how often and where they can see their family. Every child deserves support to nurture and maintain positive and trusting relationships with adults and other children who are important to them.

Recommendations for the family courts/ children's hearings system:

24. Family time should always be about meeting the needs of the child and their perspectives should always be sought when making decisions that affect them. Plans must be child-centred. The courts/hearings system should use a variety of methods to allow all children to effectively share their views, taking into consideration their age and developmental stage, and demonstrate how their views have been taken into consideration.

25. The views of the foster carer and their family, including other children in foster care, should also be taken into account when making decisions about family time.

Recommendations for children's placing authorities and fostering services:

26. Children's contact plans need to be reflective of the needs of each individual child, and what is in their best interests.

27. Whenever a meeting is called to plan or discuss family time for a child in foster care, their foster carers and fostering service should be invited to participate and support in agreeing the practical arrangements to fulfil the contact agreement.

28. Children, birth families and foster carers involved in family time should be offered skilled professional support to recognise the complexity of relationships and manage the multiple, complex factors involved in successful family time to ensure the best outcomes for children.

29. Social workers who work with children in foster care, birth families and foster carers should have a good understanding of the family courts process, including the role of the children's carer. This is to help them best support children and families.

30. Foster carers should be supported with their understanding of the life-long importance of quality family time, how best to support and enable it and how to address some of the challenges which may be experienced.

5. Cultural, language and religious needs

Every child has the right to learn and use the language, customs and religion of their family,³⁴ and should never have to lose any part of their identity when they enter foster care. All children and young people in need of foster care should be placed with a foster family who is able to understand what that particular child needs to thrive, build relationships, learn and develop while supporting them to navigate life's challenges.

When children enter care, their cultural, language and religious needs should be carefully considered during the matching process. Following the matching process, foster carers should be fully supported to ensure they can meet all the cultural, language and religious needs of the child. This includes celebrating religious festivals, considering specific dietary requirements, helping them wear religious clothing, or looking after their hair and skin. Children should also have the opportunity to feed into the matching process and say what is important to them.

However, this is not consistently happening. As two care experienced people share:

" I grew up in a Caribbean household despite both my parents being African. I believe I lost my identity and culture and I was forced to assimilate to the Caribbean culture which led to me having an identity crisis. But my foster carer being black meant that she understood my needs such as having eczema and having to get my hair braided every month.

Person with care experience living in England ³⁵

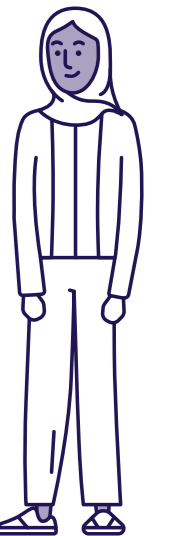
"

"

You learn to be adaptable because you are placed in different families who have different cultures and religious beliefs.

Young person with care experience living in England ³⁶

"



Ensuring sufficient, child-centred and up-to-date information about the child is shared with the prospective foster family is something foster carers tell us is essential; as is the sharing of relevant and appropriate information about the foster family with the child. When this is done in a timely way it increases the chance of the match being successful, the right support being provided and all of a child's needs being met. This is not consistently happening to the extent that one foster carer responding to our survey shared:



Not only have I not had any training in this, a [child of mixed heritage] arrived with us but on the referral form was 'White'. No attention was paid to this and it is important.'

Foster carer respondent

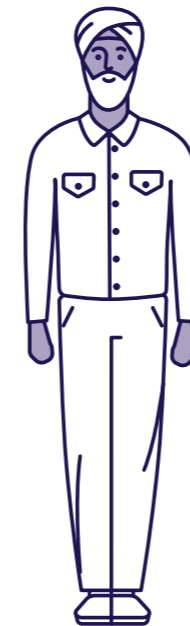


Foster carers should receive training to help them understand and work to meet the cultural, language and religious needs of a child in their care, or a child they might care for in the future. Equally as important is enabling foster carers to reach out to their peers and wider community for support and for children to be part of that community also. Feeling part of a wider community is extremely important for everyone. For children and young people with care experience, it can help provide secure relationships and stability in their lives when everything else around them appears to be transient.

In order to make the best possible matches to meet the needs of every child in need of a foster family, more foster carers need to be recruited. Children and young people need carers who are best placed to support them emotionally, spiritually, culturally, in their health, education and so on. The more high-quality foster carers there are, the more likely it is that a child or young person in need of a foster family will be placed with the best possible foster carers for them, in the right location, at the first time of asking. The Fostering Network estimates that [a further 9,300 foster families need to be recruited](#) this year in order to ensure there is a sufficient variety in placement options for children.

Key findings:

- Of those foster carers who have cared for a child of a different ethnicity, **half** had not received any training to help them care for that child.
- **55 per cent** of foster carers had not received any support or advice around a child's cultural and/or religious needs.



55%

of foster carers had not received any support or advice around a child's cultural and/or religious needs.

Every child that is unable to live with their family should be provided with alternative care that respects what is important to them including their culture, language and religion. ³⁷

Recommendation for governments:

31. Governments need to focus on ensuring the sufficiency of a diverse pool of foster carers to enable good matching and a choice of options for each child to ensure there are enough foster carers available locally who are well equipped to meet the cultural, language and religious needs of children needing foster care.

Recommendations for children's placing authorities and fostering services:

32. For high-quality matching and permanency planning to occur, it is vital that all social work professionals and those making decisions for children, including panel members, feel confident in initiating or engaging in discussions about matters related to culture, language, ethnicity and religion. All services should provide training to these stakeholders to ensure a high degree of cultural and religious competency. Such training should result in children being matched with the best foster carers for them at the first time of asking and enable robust plans to be made to address any identified gaps in foster carers' skills or knowledge to best support the child.

33. Support for foster carers should be tailored to the individual needs of the child they are caring for. Foster carers should be supported and empowered to access community support where appropriate.

Conclusion

Three-quarters of children who are looked after live with over 56,000 foster families across the UK. There can be little doubt that significant positive change to the experiences and outcomes of the tens of thousands of children and young people who are care experienced is needed. To do this, there must be a focus on and investment in foster care, together with an awareness of the impact of care experience across other services.

Children should enter care with the confidence that the system in which they now find themselves will be fit for purpose. That is, a system in which their 'corporate parents' (their local authority/trust) will strive to meet all of their needs; help them to recover from the traumatic start to life they may well have experienced; provide them with loving, stable homes; and support them to become flourishing adults. Children entering care should also feel confident that other statutory services, including health, education and the family courts/ children's hearing system, will have a good understanding of their particular needs. Those services should work in partnership with children's social care, and be set up in such a way that children's voices will be listened to. Unfortunately, the findings of our State of the Nation 2021 survey show that this is not yet the case.

Foster carers have highlighted these needs time and again. As our 'The status of foster carers' report indicates, foster carers – the very people who often know the children in their care better than anyone else – are too frequently excluded from meetings and decision making about the child. If foster carers were properly listened to and treated as equal, valued members of the social care workforce, then the issues raised in this report would not have been allowed to continue to negatively impact the lives and outcomes of children in care for so long.

All of the unmet needs that are identified in this report need to be addressed immediately, having already persisted for many years and been exacerbated by the coronavirus pandemic. Children in care require a diverse, knowledgeable, skilful and reflective team around them – including social workers, health professionals, teachers and foster carers – working in their best interest so they can flourish. All members of this team should be trained with expertise in trauma, attachment and therapeutic care practices. Children must be supported by a range of reflective practice and wellbeing opportunities which allow them to thrive. There can be no more procrastination – governments, children's placing authorities, fostering services, and other sectors such as education, health and the courts must do all they can to make sure every child can enjoy their rights, by creating systems that promote and protect children and meet all of their needs.³⁸

Overarching recommendations

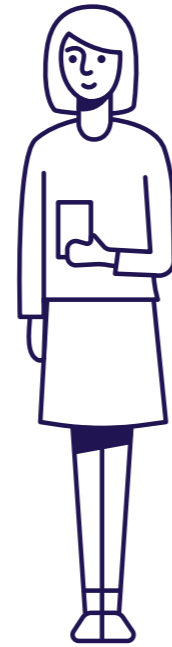
Policy and practice regarding children in care needs to reflect the whole of children's lives, rather than viewing children through the lens of one particular service. Support should be holistic, multi-agency and child-centred. The following recommendations are applicable to the government departments responsible for children and young people, for fostering services and children's placing authorities.

Recommendations for governments:

34. Governments should fund the development of training to raise awareness of care experience and how it can impact children and young people. Once developed, this should be used across all public sector organisations that support children including in education, health and other sectors such as the courts. Young people with care experience should co-produce the training with those who support them, including foster carers. It should be comprehensive, take a children's rights' based approach and be reviewed regularly.
35. Governments should roll-out this training in health, education, social care and other sectors including the courts. This is to better train practitioners in therapeutic responses to supporting children and young people with care experience.
36. Governments should review their focus on fostering and ensure they have structures in place at a national, regional and local level. This is to provide leadership, collaboration and a shared strategy to address issues. This includes the sufficiency of a diverse pool of foster carers and to drive improvements in performance of the fostering sector.
37. Regulations around delegating authority to foster carers should follow child-focused policy and practice, similar to that introduced in Wales. This is where decisions foster carers have the authority to make are formally agreed and communicated clearly at the outset of the placement, and foster carers are given the maximum appropriate powers to take decisions relating to children in their care.
38. A learning and development framework for foster carers, such as that in Wales, should be implemented across the UK and sufficiently funded. It should cover accredited and standardised pre- and post-approval learning and development. This framework should include:
 - therapeutic parenting
 - the impact of trauma and trauma-informed responses
 - FASD
 - supporting children with developmental needs or disabilities.

Recommendations for children's placing authorities and fostering services:

39. Fostering services should ensure there are outlets for children in care to have their say and be listened to. Children should be encouraged to speak out about their experiences and appropriate action should be taken to let children know their views have been heard.
40. Foster carers should be invited to attend all relevant meetings where planning, review and decision making affect them, the placement plan or the children they care for.
41. When a child moves on from a placement, the former foster carer should have the opportunity to contribute to the referral information to support a smooth transition for the child, where appropriate. Any information about additional support needed, such as their education or mental health, should be included to ensure a continuity of support.
42. All foster carers should have an agreed annual learning and development plan. It should address both the standard and specialised learning and development required to meet the needs of the children they care for, or might care for, in the future.
43. All foster carers should be empowered to request further and specialist learning and development they feel they require to encourage children in their care to thrive. They should be able to access funds to fulfil their learning and development needs.
44. Support for children and young people with care experience should be provided as soon as possible and should not be withheld awaiting the outcome of an assessment. Following the outcome of an assessment, children's views must be listened to and support tailored to them. Support required should be discussed with the child and the foster carer, recorded in the care plan and regularly reviewed. Foster carers should have all the information and tools they need to provide the best possible care to children.



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About the data

Both the foster carers' and fostering services' surveys were open for nearly 10 weeks from 5 May until 11 July 2021 and hosted online via Smart Survey.

Foster carers' survey

The foster carers' survey was promoted via our website, magazine and through social media and emails.

A total of 3,352 foster carers from across the UK responded to our 2021 State of the Nation survey, maintaining it as the largest UK-wide survey of foster carers. The survey was distributed during the pandemic, representing a good response rate.

While most respondents were from England, there was a strong response from other nations, with Scotland, Wales and Northern Ireland all returning more respondents than would be expected for the proportion of the UK population living in those nations and the distribution of fostering households across those countries.

Thank you to all the children's charities and organisations across the UK who worked with us to support the development of recommendations for this report.

About the foster carer respondents:

- **72 per cent** of respondents foster for a local authority/health and social care trust. The remainder fostered for independent providers. This is higher than the actual proportion of local authority carers in the UK which is approximately two-thirds of all carers.
- **42 per cent** currently had one child in foster care living with them, **28 per cent** had two.
- At the time of the survey, the foster carer respondents were caring for approximately 5,669 children. This represents around **nine per cent** of all children living in foster care in the UK.
- **Seven per cent** were approved family and friends/kinship foster carers. This is significantly lower than the actual proportion of family and friends foster carers across the UK.
- **75 per cent** foster with their partner or other adult.
- **Seven per cent** had been fostering for less than a year, **31 per cent** for one-five years, **26 per cent** six-ten years, **26 per cent** 11-20 years and **10 per cent** more than 21 years.
- **Around a third** had other children not in foster care living in their household.
- Since 2019 there has been an increase, from **42 to 50 per cent**, of foster carers aged between 55 and 74, and a corresponding decrease in the proportion of carers aged below 54. This continues a trend from our 2014 survey indicating that the foster carer workforce is getting older.

Fostering services' survey

The fostering services' survey was open to fostering service members of The Fostering Network only. The link to participate was sent via email directly to the registered managers or someone of an equivalent position with the knowledge to answer the questions. Participation was encouraged by using our practice support team's and country offices' contacts to promote the survey.

A total of 99 services completed the survey. This represents one-fifth of the total fostering service providers across the UK.

About the fostering services respondents:

- **75 services** were based in England, **two** in Northern Ireland, **12** in Scotland and **10** in Wales.
- The total number of fostering households approved by the fostering service respondents was 13,540 which represents around **25 per cent** of the total fostering households in the UK.
- 42 of the people who responded on behalf of the fostering service were registered managers, 26 were fostering service managers, 13 team managers and the remainder had various other job roles.

57 services
were independent
providers

42
were local
authorities/trusts



Demographic information about the foster carer respondents:

- **83 per cent** of respondents were female.
- **57 per cent** of respondents were Christian and **37 per cent** had no religion.
- **87 per cent** of respondents were white British.
- **88 per cent** of respondents were heterosexual, **four per cent** of respondents were gay or lesbian and **two per cent** bisexual.
- **Five per cent** of respondents stated they had a disability.



About The Fostering Network

As the UK's leading fostering charity and membership organisation, we are the essential network for fostering and we bring together everyone who is involved in the lives of children in foster care. We support foster carers to transform children's lives and we work with fostering services and the wider sector to develop and share best practice.

We work to ensure all fostered children and young people experience stable family life and we are passionate about the difference foster care makes. We champion fostering and seek to create vital change so that foster care is the very best it can be.

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Registered office 87 Blackfriars Road, London SE1 8HA

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