Caring for Children with Disabilities

the results of a consultation on the learning and support needs of the foster care workforce

Lucy Peake
Director of External Affairs
April 2009
'We had no training. We learned on the job.' (foster carer)

'The support and training we get through the fostering service is not specific to children with additional needs and therefore not very helpful.' (foster carer)

'[The] hardest thing is being that child’s expert carer and still not being listened to by medics and social workers.' (foster carer)
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Summary of findings

• **Our understanding of the needs of fostered children with disabilities is inadequate.** Scant information about the needs of fostered children with disabilities means it is difficult to recruit, train and support foster carers; and crucially, it is impossible to know whether the needs of children with disabilities are being adequately met.

• **Foster carers and fostering services highlight the need for more generic and specialist training for foster carers working with children with disabilities.** Too many foster carers who look after children with disabilities say they were not recruited, assessed and trained to look after children with disabilities.

• **Foster carers and fostering services state that foster carers must be better supported.** In general, foster carers do not feel well supported by social workers who they perceive have little training or understanding about the needs of disabled children in foster care. Further research is needed to identify the most appropriate models of support for foster carers and social workers must be trained to enable them to provide meaningful supervision.

• **Foster carers’ expertise at looking after children in their care should be recognised and valued,** both by fostering services and by the wider children’s workforce and medical community.
Introduction

In January 2009, the Fostering Network was commissioned by the Children’s Workforce Development Council (CWDC) to undertake a consultation with foster carers and fostering services - both local authorities and independent fostering providers (IFPs) - focusing on the issue of caring for children with disabilities. The purpose was to provide a snapshot of the views of the foster care workforce, to explore the challenges foster carers face, and their learning and support needs.

Background: Children in foster care with disabilities

This report focuses on the experiences of foster families and fostering services providing care for children with disabilities. In England, 59,500 children are looked after in the public care system, and around 70 per cent of them are living with foster families. There are approximately 37,000 foster families in England.

There is scant knowledge about the number of disabled children living in foster care, as well as their needs. No national statistics are kept about the number of children in foster care with disabilities and where research exists there is ‘a lack of agreement about what constitutes a disability, as well as which definition is used.’

The most recent statistics from the Department for Children, Schools and Families (DCSF) tell us something about why children come into public care: of the 59,500 children in care in England, 2,300 were categorised as being in care due to the principal reason of disability. However, these figures do not include those children who come into care for a different principal reason, such as due to abuse or neglect, some of whom are likely to have a disability.

Using the definition of disability as set out in the Disability Discrimination Act (1995) [see below], it is estimated that about seven per cent of all children in England have a disability. Many disabled children have multiple impairments. Cousins (2006) reviewed available statistics and research about the looked after population and found the following:

- Approximately a quarter of all looked after children are disabled.
- Looked after disabled children are less likely than other children to be placed with foster families, but the most profoundly disabled looked after children are in foster care.6 Once within the looked after system, disabled children are generally more likely than other children to be placed in residential settings: 31 per cent of disabled children as opposed to 23 per cent of not-disabled children. However, of the most severely and multiply disabled children, 40 per cent are in foster care as opposed to seven per cent in residential establishments .5
- One in six temporary foster carers looks after a disabled child, according to Triseliotis et al (2000). ‘Over half of the children in his study had learning

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2 www.dcsf.gov.uk/rsqateway/DB/SFR/000691/SFR44-2006
4 Cousins, J., 2006, p.6
5 Gordon et al 2000, p.154 in Cousins, J., 2006, p.4
disabilities, sometimes accompanied by a physical disability; and 10 per cent had more than one disability.\(^6\)

- A review of disabled children in foster care by Gordon et al (2000) found a wide range of disabilities: 50 per cent only presented behavioural disabilities; about 20 per cent had behavioural problems coupled with mild intellectual difficulties; 10 per cent had communication difficulties as well as other impairments; 10 per cent were very severely intellectually impaired; and a further 10 per cent fell into the previous three categories, with multiple and severe impairments.\(^7\)

Reviews of the available literature on outcomes for children with disabilities show that foster carers make a valuable contribution to providing good care for children with disabilities and that fostering works well for disabled children. According to Quinton (2004), ‘allowing for their age, special needs children did better on all the measures of outcome. Placements of children with physical disabilities were very unlikely to disrupt.’\(^8\)

Recommendation 1: National statistics on the number of children with disabilities living in foster care, and the nature of their disabilities, must be kept in order to ensure that the needs of these children, and their foster carers, are understood and met.

Defining disability

The Disability Discrimination Act (DDA) 1995 aims to end the discrimination faced by many disabled people. This Act has been significantly extended, including by the Disability Discrimination Act 2005.\(^9\) It now gives disabled people rights in areas including education as well as access to goods, facilities and services. The Act requires public bodies to promote equality of opportunity for disabled people.

The Disability Discrimination Act (DDA) defines a disabled person as someone who has: ‘a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.’ ‘Physical impairment’ includes sensory impairments, ‘mental impairment’ includes learning difficulties and an impairment resulting from or consisting of a mental illness, ‘substantial’ means ‘more than minor or trivial’ and ‘long-term’ is defined as 12 months or more.

The definition includes a wide range of impairments, including dyslexia, autism, speech and language impairments, and Attention Deficit Hyperactivity Disorder (ADHD). These are all likely to amount to a disability, but only if the effect on the

\(^6\) Triseliotis et al 2000, p.96, quoted in Cousins, J., 2006, p.4
\(^7\) Gordon et al 2000, p.4, quoted in Cousins, J., 2006, p.4
\(^8\) Quinton, 2004, p.92, quoted in Cousins, J., 2006, pp.4-5
person’s ability to carry out normal day-to-day activities is substantial and long-term, as defined above.

The effect on normal day-to-day activities is on one or more of the following: mobility; manual dexterity; physical co-ordination; continence; ability to lift, carry or otherwise move everyday objects; speech, hearing or eyesight; memory or ability to concentrate, learn or understand; perception of risk of physical danger.

For children and young people in schools, there is a significant overlap between those who are defined as disabled under the DDA and those who have special educational needs as defined by the Education Act 1996. The definition of Special Educational Needs includes many, but not necessarily all, disabled children: a disabled child has special educational needs if they have a disability and need special educational provision to be made for them in order to be able to access the education which is available locally.
Consultation methodology

Three objectives were met during the period January – March 2009:

Objective 1: survey design
Quantitative and qualitative methods were used in order to generate rich data and a more in-depth understanding of the issues faced by foster carers with experience of caring for children with disabilities and with fostering services. During January 2009, a questionnaire was developed and piloted, and research themes developed for focus groups.

Objective 2: consultation
During January – March 2009, a survey was undertaken, including both quantitative and open ended questions. Questionnaires were distributed at membership events for foster carers, local authorities, IFPs and foster care associations as well as online via the Fostering Network’s website. There were 326 responses received, of which 239 were from foster carers and 87 were from representatives from fostering services. Two focus groups were held: in Blackburn in January with 16 foster carers from eight local authority fostering services across the north west of England, and in Taunton in March with 10 foster carers from five local authority fostering services across the south west of England. Focus group findings were written up and analysed for this report.

Objective 3: promotion
In England, the Fostering Network has a membership of all local authorities with fostering services, 138 IFPs, 75 foster care associations and 43,250 foster carers. The consultation was promoted through the Fostering Network’s targeted communications to our members, including:

- Our website, www.fostering.net
- Focus, our newsletter for foster carers and fostering services in England
- Independent Focus, our e-newsletter for IFPs
- A Stronger Voice Network Newsletter, our e-newsletter for foster care associations
- Attracting and Keeping Carers, our e-newsletter for fostering services about recruitment and retention issues
- By email to our Rapid Response Group of foster carers who have signed up to be involved in consultations and campaigns.

This report includes information on the scope of the consultation, methodology, a summary of issues discussed and key recommendations.

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10 Including an event in London for 40 representatives from local authorities in London and the south east of England.
11 Focus groups included foster carers from the following local authorities: Blackburn with Darwen, Bristol, Cheshire, Cornwall, Kirklees, Lancashire, Leeds, Liverpool, Manchester, Somerset, Swindon, Wiltshire and Wirral.
12 As at 14 April 2009.
Consultation findings: foster carers and fostering services

Of the 239 survey responses received from foster carers, 186 (78 per cent) foster for a local authority and 53 (22 per cent) foster for an IFP. All respondents have experience of caring for children with disabilities. Of the foster carers who responded, 13 per cent provide short-break care, 6 per cent emergency placements, 37 per cent long-term placements and 44 per cent a combination. They care for children with a broad range of disabilities as well as multiple disabilities. These include learning disability (80 per cent), mental health issues (35 per cent), physical impairment (31 per cent), sensory impairment (26 per cent) and long-standing illness (22 per cent). Just under one-quarter were recruited specifically to care for children with disabilities.

The focus groups enabled further exploration of the types of foster care, the range of children cared for and their disabilities. In the Blackburn focus group, the 16 foster carers were providing the following types of care:
- short-term
- long-term
- emergency
- unaccompanied asylum seeking children and young people
- remand fostering
- teenage fostering.

Foster carers in the group were caring for a child with cleft palate and high medical needs, twins with global developmental delay and hearing impaired children. The group discussed the high number of children in care with learning and behavioural difficulties and most had experience of caring for children with Asperger’s Syndrome, autism, literacy and speech difficulties and dyslexia.

The Taunton focus group consisted of 10 foster carers providing the following types of care:
- short-term
- long-term
- emergency
- unaccompanied asylum seeking children and young people
- short breaks
- newborn - two years
- young people excluded from school
- teenage fostering.

Their fostered children had a wide range of disabilities including:
- Autistic spectrum disorders
- Unaccompanied asylum seeking children and young people with Post Traumatic Stress Disorder
- Foetal Alcohol Syndrome
- Attachment disorders
- Self harming
- Schizophrenia
- Brain cancer
- A newborn baby who had suffered a stroke at birth and was partially paralysed
• Children with webbed fingers and toes
• Hydrocephalus (fluid on brain)
• Diabetes
• Down’s Syndrome
• Cerebral Palsy
• A vision impaired baby
• Newborn babies with injuries from physical abuse
• Attention Deficit Hyperactivity Disorder
• Oppositional Defiance Disorder
• Obsessive Compulsive Disorder.

Of the 97 survey responses received from representatives from fostering services, 54 (62 per cent) worked for a local authority and 33 (38 per cent) for an IFP. The majority of fostering services – 69 per cent said they did recruit and assess foster carers specifically for caring for this group of children. However, the majority of foster carer respondents in this survey – 78 per cent - were not recruited specifically to look after children with disabilities, Foster carers’ own perception is that it is difficult to access relevant training and support to meet the needs of the children they care for. Over half the fostering services in the survey place children with disabilities with foster carers without relevant training, and these placements include children with the following disabilities: learning disabilities (91 per cent), physical impairment (71 per cent), mental health issues (62 per cent), sensory impairment (56 per cent), and long-standing illness (49 per cent). As one respondent said: 'We have placed children in untried placements. However, this is before we are aware of a complex situation or when we have had nothing more specialist available. Training is always sought immediately after it becomes clear it is required.'

Recommendation 2: It is vital that fostering services have accurate information about the number of children in foster care with disabilities, and their needs, so that they can recruit, assess, train and support an appropriately skilled foster care workforce.

Foster carers were asked to reflect on their experience of the training provided by their fostering service. Given that the majority of foster carers were not recruited specifically to care for children with disabilities, it is perhaps surprising that almost three-quarters were satisfied with the pre-approval training in preparing them to foster children with disabilities. This contrasts with the view of fostering service representatives, three-quarters of whom feel pre-approval training is not detailed enough.

However, fewer foster carers thought the assessment prepared them for the tasks and challenges of caring for children with disabilities: 47 per cent said it didn’t prepare them well, 41 per cent said it prepared them quite well and just 12 per cent said it prepared them very well. This is in line with comments received from foster carers which are explored below. The view from fostering services was more positive with 58 per cent rating assessment as preparing foster carers quite well, but a significant 30 per cent felt it left foster carers unprepared.
Recommendation 3: Although fostering services say they recruit and train foster carers specifically to work with children with disabilities, the shortage of foster carers means that children are placed with foster carers who are under-prepared for working with these children. Better information about the looked after population would enhance fostering services’ understanding of the needs of children with disabilities, inform foster carer recruitment strategies and placement matching.

Support needs
The survey shows a mixed pattern of the ways in which foster carers who look after children with disabilities perceive they are supported by fostering services: 80 per cent say they are supported by their supervising social worker, 10 per cent receive supervision from a specialist worker trained in disability issues, half of the foster carers attend a general support group with other foster carers and 11 per cent are part of a disability-focused support group for foster carers. One-quarter of foster carers had links with specialist schemes and services. Again, this perception is markedly different from that of fostering services who report the following support for foster carers: 96 per cent through a supervising social worker; 92 per cent have general support groups for foster carers; 55 per cent say supervision is available with a specialist; and 50 per cent have specialist support groups for foster carers looking after children with disabilities. This divergence indicates a significant gap between what fostering services say they provide and the reality as experienced by foster carers.

Foster carers and fostering services were asked to identify areas they felt they needed further support. The views of foster carers and fostering services were similar, as shown in the table below:

<table>
<thead>
<tr>
<th>Support Needs</th>
<th>Foster carer</th>
<th>Fostering service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td>Holidays and travel</td>
<td>92%</td>
<td>95%</td>
</tr>
<tr>
<td>Home and housing</td>
<td>90%</td>
<td>84%</td>
</tr>
<tr>
<td>Transport</td>
<td>89%</td>
<td>93%</td>
</tr>
<tr>
<td>Everyday life and leisure</td>
<td>87%</td>
<td>91%</td>
</tr>
<tr>
<td>Finance</td>
<td>80%</td>
<td>86%</td>
</tr>
<tr>
<td>Education</td>
<td>73%</td>
<td>68%</td>
</tr>
<tr>
<td>Health and medical support</td>
<td>68%</td>
<td>75%</td>
</tr>
<tr>
<td>Rights and obligations</td>
<td>58%</td>
<td>74%</td>
</tr>
</tbody>
</table>

The survey enabled respondents to add additional comments. Almost all foster carers included other support needs which varied enormously. The most common support needs were respite/short-breaks, managing challenging behaviour due to a disability, the cost of specific equipment or replacing damaged goods. Other issues raised included safer caring issues for children with disabilities, educational tutors, post school and leaving care issues, end of life care, contact and attachment.

‘Support via the child’s social work department, i.e. [there has been] no assessment or support since child has been placed with us even though it has been asked for from day one.’ [foster carer]
'We know what we need but getting the social services for the child to act is a complete nightmare. We used to foster for our local authority but changed because of the complete lack of support. We do 24 hour care for no respite for four years, no help with equipment or adaptations, no help organising education, we could go on and on!' [foster carer]

'It would be nice not to be taken for granted, everyone assuming we are here to handle whatever comes up with no complaints. We do have a life of our own, or maybe would like one.' [foster carer]

Recommendation 4: Foster carers should be able to access support from a specialist worker with knowledge of the particular disability of the child in placement.

Recommendation 5: Further research is needed to explore the different models of support provided for foster carers looking after children with disabilities, and the impact of support on areas including placement stability and improved outcomes for children.

Training needs
Post-approval training was rated more positively by fostering services than foster carers, with 80 per cent of fostering services and 68 per cent of foster carers saying it had prepared them very well or quite well for the tasks and challenges of looking after a child with disabilities. However, a notable fifth of fostering services and a third of foster carers did not rate it well at all. Furthermore, 57 per cent of foster carers said they had not received any specialist or child specific training to help them care for certain children. This contrasts with findings from fostering services, 87 per cent of whom say they offer this type of training for their foster carers. These issues are reflected in the comments from foster carers discussed later in this report.

Recommendation 6: Research is needed to identify core skills post-approval training for foster carers working with disabled children. High quality child specific training must also be available when needed.

Foster carers and fostering services identified the training they felt foster carers needed when caring for children with disabilities. The views of foster cares and fostering services differed, as shown in the table below:

<table>
<thead>
<tr>
<th></th>
<th>Foster carer</th>
<th>Fostering service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rights and obligations</td>
<td>71%</td>
<td>72%</td>
</tr>
<tr>
<td>Health and medical support</td>
<td>60%</td>
<td>81%</td>
</tr>
<tr>
<td>Education</td>
<td>55%</td>
<td>78%</td>
</tr>
<tr>
<td>Finance</td>
<td>27%</td>
<td>42%</td>
</tr>
<tr>
<td>Everyday life and leisure</td>
<td>25%</td>
<td>48%</td>
</tr>
<tr>
<td>Other</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>Holidays and travel</td>
<td>18%</td>
<td>31%</td>
</tr>
<tr>
<td>Home and housing</td>
<td>18%</td>
<td>31%</td>
</tr>
<tr>
<td>Transport</td>
<td>16%</td>
<td>29%</td>
</tr>
</tbody>
</table>
Overall, foster carers want more support, rather than training. However, when asked to prioritise a range of developments or changes that would make a real difference to their work with children with disabilities and their families, the majority felt that training would make the most difference: 61 per cent wanted specialist training (92 per cent of fostering service supported this); 52 per cent wanted general training around disabilities and the foster carer role (71 per cent of fostering services wanted this); 42 per cent wanted planned short breaks (40 per cent of fostering services agreed); 41 per cent supported more information (49 per cent of fostering services supported this); and 26 per cent they would benefit from a support group (47 per cent of fostering services felt this would make a difference to foster carers).

Many issues raised by foster carers related to the support they received from their social worker and/or fostering service:

‘All agency taking an interest in the future of these children.’

‘Seeing a social worker occasionally.’

‘Social workers with a real understanding and insight into the daily stresses and demands of caring for a sick and disabled child.’

‘Placing social worker and local authority who understand what they are asking and expecting foster carers to take on.’

‘Access to services for disabilities in our locality. We are excluded from local authority services in our area as the child is placed by a neighbouring authority.’

‘Where to get help that will make a difference to the care that we give and our children’s lives.’

‘Understanding the impact [of the placement] on the foster family.’

In general, fostering services identify greater support and training needs than foster carers, with a notably higher emphasis on training than foster carers, for example in issues of health and medical support, education, life and leisure and finance. Some of the additional training identified by fostering services is relevant to mainstream fostering, such as behaviour management, safer caring and managing contact whereas others is more specific, such as obtaining equipment, working with specific disabilities, community access and integration.

Foster carers expressed regret that they were not regarded as experts about the children they foster. Several fostering service respondents highlighted the need to enhance understanding of the foster carer’s role, for example, through ‘opportunities to train alongside other specialist service professionals’, ‘better liaison with other professionals’ and ‘training for other professionals – especially medical staff – about the role and responsibilities of foster carers caring for children and young people with disabilities.’ It was also acknowledged that an experienced supervising social worker could make a difference.
**Recommendation 7:** Training requirements for supervising social workers should be reviewed to identify generic training to enable them to gain the skills needed to fulfil their supervisory role and offer real supervision and support to foster carers who care for children with disabilities.

**Recommendation 8:** Generic and specialist training for foster carers should be identified, together with guidance on whether this training is best delivered by the fostering service or a specialist training provider.

The issue of pay was raised only by one fostering service representative who recommended: ‘A payment scheme that affords carers the opportunity to undertake the sort of specialist caring we need for very complex situations.’
Key themes from foster carers

Open ended survey questions enabled the gathering of more in-depth attitudinal information from foster carers. Four key themes emerged:

1. Lack of respect for the foster carer’s experience and expertise / foster carers’ perception that they are not seen as partners in a team looking after a child.
2. Lack of information at placement.
3. Social workers/fostering service failing to understand the needs of disabled children and so failing to meet foster carers’ training and support needs.

Theme 1: Lack of respect for foster carer’s experience and expertise / foster carers’ perception that they are not seen as partners in a team looking after a child

Many foster carers in the survey had developed relevant professional skills in previous or other employment, and they seemed especially frustrated when they brought relevant experience of working with children with disabilities to their fostering role, partly because this was unrecognised, but also because they felt they had more experience than the social workers whose role it was to support them.

Recommendation 9: As people are encouraged to transfer their skills within the children’s workforce, fostering services will benefit in terms of recruiting a skilled workforce. However, it is vital that these skills are recognised and supported appropriately.

‘[The] hardest thing is being that child’s expert carer and still not being listened to by medics and social workers.’ (foster carer)

‘I had a child with I believe Auditory Processing Disorder and Visual Processing Disorder. No-one had heard of it and so no-one wanted to acknowledge it or deal with it. What did I know, I was just a foster carer. It was ignored…..Tutoring that was making good progress was removed without consultation.’ (foster carer)

‘We specified our wish to look after disabled children and young people as we both have an extensive professional background in this work.’ (foster carer)

‘I am trained and work with early years children who have disabilities within an educational setting. My fostering came about when a child in my setting needed care (I was already approved as a respite carer). I have now fostered the same child for 13 years. Training is mostly provided through my job.’ (foster carer)

‘I have a background in health and this knowledge facilitated me pushing to get the child’s difficulties fully identified, accessing benefits and gave me some knowledge of the difficulties I face in day to day care of the child. Social workers and FSW seem to have little understanding or appreciation.’ (foster carer)

‘Most of my training for children with disabilities was gained in previous employment. I used to work in residential care.’ (foster carer)
'I am being used for this [looking after children with disabilities] because of my nursing training. It would be nice if we were shown appreciation of what we do and respected for the work we do well above our remit, for example for a child with enormous medical complications. ' (foster carer)

**Recommendation 10:** Training and awareness-raising is needed for social workers and other professionals working with looked after children about the role and responsibilities of foster carers in caring for children and young people with disabilities. The CWDC and DCSF must ensure that material they produce reinforces the need to recognise the views and knowledge of foster carers.

**Theme 2: Lack of information at placement**

Foster carers felt that the relevant paperwork highlighting a child’s needs was not always passed to them, and that this meant that children’s needs were not met, and put placements at risk of breakdown.

‘Eventually problems are recognised with the child and because they have not been highlighted or acknowledged prior to the placement it can put unnecessary stress on both parties. It can also mean the placement breaks down because support has not been given to the child. ' (foster carer)

‘[lack of information] impacts on other children in placement and can cause disruption. ' (foster carer)

‘No information was given at time of placement about significant learning difficulties, despite her being diagnosed with GDD [Global Development Delay] and having very limited vocabulary. ' (foster carer)

‘The children are given to you to care for, then it’s every man for themselves. ' (foster carer)

**Recommendation 11:** Foster carers find it especially difficult to cope with disabilities that were not highlighted at the start of a placement. Foster carers must be made aware of any known disabilities.

**Theme 3: Social workers/fostering service failing to understand the needs of disabled children and so failing to meet foster carers’ training and support needs**

Many foster carers were critical about the understanding and support they received from their fostering service.

‘Fostering children with disabilities appears to be a poor relation to mainstream fostering. ' (foster carer)

‘Even though the [looked after children] team was really supportive they did not have knowledge of services or help available to children with disabilities. Being looked after took precedence over the disability. ' (foster carer)
‘I feel the local authority has little understanding of the needs of sick and disabled children in care. I am continually coming up against barriers and inflexible policies which cannot be adapted to meet the needs of our sick and disabled foster child.’ (foster carer)

‘Social workers need also to have knowledge of the [disability] and not leave it all for the carer to find out this information or where to go for help and understanding.’ (foster carer)

‘The real issues arise when carers are ill informed and cajoled into taking on kids that they have no knowledge or experience of, especially those with life threatening or life limiting condition, and expected just to get on with it and manage. Local authorities too often want Rolls Royce service for Lada money and are ill equipped and ill prepared to support either the child or the carer through the placement.’ (foster carer)

‘Social workers need to understand special needs to be able to offer support to families. I have attended training which is quite primitive.’ (foster carer)

‘The support and training we get through the fostering service is not specific to children with additional needs and therefore not very helpful.’ (foster carer)

‘[Some] carers do not have the necessary expertise...and lack specific and adequate training and support.’ (foster carer)

‘Carers would benefit from specialist training in giving required medication and behaviours they are likely to encounter.’ (foster carer)

Some foster carers developed their own skills and expertise:
‘My wife undertook training for one year at university to understand autism. All at our own expense. The local authority were not interested until she finished the course. They then asked HER to help THEM.’ (foster carer)

A minority of foster carers who responded to the survey said they have been well supported:

‘Resources and knowledge are most helpful locally.’ (foster carer)

‘Although we have received very little specific training, we are well supported by our local authority, which is keen to help us.’ (foster carer)

‘[We are] happy that we know how to access information or help if needed.’ (foster carer)

‘We are very well supported and training is excellent.’ (foster carer)

Theme 4: Respite/short breaks

‘We had to reach crisis before I got a monthly weekend respite which I had been saying I needed for the previous year! I am a single carer and the child is largely
dependent for all activities of daily living including not being able to go out independently so in my company constantly.' (foster carer)
Conclusion

Approximately one quarter of children in care have a disability, and many of these children have multiple disabilities. Of children in care, the most profoundly disabled children are most likely to be in foster care.

This consultation provides a snapshot of the opinions of foster carers and fostering services responsible for providing care for children with disabilities: 78 per cent of foster carers were not recruited specifically to look after children with disabilities, yet over half said they had not received any specialist or child-specific training to help them care for their fostered children. Foster carers believed that training was difficult to access, support was inadequate and their expertise was not valued. Some of the views of foster carers and fostering services were similar, others were different, but what emerges is a clear need to train, support, value and respect foster carers so that they are able to provide disabled children with the best possible care.

A summary of findings and recommendations are highlighted below:

Summary of findings

- **Our understanding of the needs of fostered children with disabilities is inadequate.** Scant information about the needs of fostered children with disabilities means it is difficult to recruit, train and support foster carers; and crucially, it is impossible to know whether the needs of children with disabilities are being adequately met.

- **Foster carers and fostering services highlight the need for more generic and specialist training for foster carers working with children with disabilities.** Too many foster carers who look after children with disabilities say they were not recruited, assessed and trained to look after children with disabilities.

- **Foster carers and fostering services state that foster carers must be better supported.** In general, foster carers do not feel well supported by social workers who they perceive have little training or understanding about the needs of disabled children in foster care. Further research is needed to identify the most appropriate models of support for foster carers and social workers must be trained to enable them to provide meaningful supervision.

- **Foster carers’ expertise at looking after children in their care should be recognised and valued.** Both by fostering services and by the wider children’s workforce and medical community.
Recommendations

1. National statistics on the number of children with disabilities living in foster care, and the nature of their disabilities, must be kept in order to ensure that the needs of these children, and their foster carers, are understood and met.

2. It is vital that fostering services have accurate information about the number of children in foster care with disabilities, and their needs, so that they can recruit, assess, train and support an appropriately skilled foster care workforce.

3. Although fostering services say they recruit and train foster carers specifically to work with children with disabilities, the shortage of foster carers means that children are placed with foster carers who are under-prepared for working with these children. Better information about the looked after population would enhance fostering services’ understanding of the needs of children with disabilities, inform foster carer recruitment strategies and placement matching.

4. Foster carers should be able to access support from a specialist worker with knowledge of the particular disability of the child in placement.

5. Further research is needed to explore the different models of support provided for foster carers looking after children with disabilities, and the impact of support on areas including placement stability and improved outcomes for children.

6. Research is needed to identify core skills post-approval training for foster carers working with disabled children. High quality child specific training must also be available when needed.

7. Training requirements for supervising social workers should be reviewed to identify generic training to enable them to fulfil their supervisory role and offer real supervision and support to foster carers who care for children with disabilities.

8. Generic and specialist training for foster carers should be identified, together with guidance on whether this training is best delivered by the fostering service or a specialist training provider.

9. As people are encouraged to transfer their skills within the children’s workforce, fostering services will benefit in terms of recruiting a skilled workforce. However, it is vital that these skills are recognised and supported appropriately. The CWDC and DCSF must ensure that material they produce reinforces the need to recognise the views and knowledge of foster carers.

10. Training and awareness-raising is needed for social workers and other professionals working with looked after children about the role and responsibilities of foster carers in caring for children and young people with disabilities.

11. Foster carers find it especially difficult to cope with disabilities that were not highlighted at the start of a placement. Foster carers must be made aware of any known disabilities.
APPENDIX 1: QUESTIONNAIRE FOR FOSTER CARERS

Caring for children with disabilities

The Fostering Network has been asked by the Children’s Workforce Development Council (CWDC) to survey foster carers and fostering services to help them understand the views of the fostering workforce, its priorities and challenges.

We are interested in how fostering services and foster carers are responding to the needs of children with disabilities, especially in relation to meeting the learning, development and support needs of foster carers.

The survey will be distributed to as many of our members as possible. Please take the time to respond by 23 March. Your feedback will help inform the work of the CWDC and the Fostering Network.

All responses will be confidential.

The questionnaire should take less than 10 minutes to complete.

Thank you.

Question 1
Please indicate which type of agency you foster for
- Local authority
- Independent fostering provider

Question 2
Please indicate the type of foster care you offer
- Respite care/short breaks
- Emergency/short-term foster care
- Long-term/permanent foster care
- Combination

Question 3
Please describe your fostered child’s/children’s disability or range of disabilities
- Physical impairment
- Sensory impairment
- Mental health
- Learning disability
- Long-standing illness

Question 4
Were you recruited and assessed specifically to care for children with disabilities?
- Yes
- No
Question 5
Please indicate how satisfied you were with your pre-approval preparation (e.g. *The Skills to Foster* course) for fostering children with disabilities
- Very satisfied
- Quite satisfied
- Unsatisfied

Question 6
How well did your assessment prepare you for the tasks and challenges of caring for children with disabilities?
- Very well
- Quite well
- Not well

Question 7
How well has your post-approval training equipped you for the tasks and challenges of caring for children with disabilities?
- Very well
- Quite well
- Not well

Question 8
Have you received specialist or child specific training in order to care for certain children?
- Yes
- No

Question 9
How are you supported by your fostering service in your care of disabled children?
- Supervision with a specialist worker trained in disability issues
- Supervising social worker
- Links with specialist schemes/services
- Support group with other foster carers [general]
- Support group with other foster carers [specific disability focus]
- Respite

Question 10
In which of the following areas do you feel you need greater support and/or training?

**TRAINING**
- Finance
- Home and housing
- Health and medical support
- Education
- Rights and obligations
- Transport
- Everyday life and leisure
- Holidays and travel
- Other [please state]
SUPPORT

- Finance
- Home and housing
- Health and medical support
- Education
- Rights and obligations
- Transport
- Everyday life and leisure
- Holidays and travel
- Other [please state]

**Question 11**
What type of development or changes would make a real difference to your work with disabled children and their families?

- General training around disability and the foster carer’s role
- Specialist training
- Information
- A support group
- Respite
- Other [please state]

**Please add any further comments**

Thank you for your help. Results will now be analysed by the Fostering Network and reported to the Children’s Workforce Development Council.
APPENDIX 2: QUESTIONNAIRE FOR FOSTERING SERVICES

Caring for children with disabilities

The Fostering Network has been asked by the Children’s Workforce Development Council (CWDC) to survey foster carers and fostering services to help them understand the views of the fostering workforce, its priorities and challenges.

We are interested in how fostering services and foster carers are responding to the needs of children with disabilities, especially in relation to meeting the learning, development and support needs of foster carers.

The survey will be distributed to as many of our members as possible. Please take the time to respond by 23 March. Your feedback will help inform the work of the CWDC and the Fostering Network.

All responses will be confidential.

The questionnaire should take less than 10 minutes to complete.

Thank you.

Question 1
Please indicate which type of agency you work for
- □ Local authority
- □ Independent fostering provider

Question 2
Does your fostering service recruit and assess foster carers specifically to care for children with disabilities?
- □ Yes
- □ No

Question 3a
Does your fostering service place children with disabilities with foster carers who have not had training around caring for children with disabilities?
- □ Yes
- □ No

Question 3b
If yes, does this apply to children with:
- □ Physical impairments
- □ Sensory impairments
- □ Ill mental health
- □ Learning disabilities
- □ Long-standing illnesses
Question 4
How well does your fostering service’s pre-approval training (for example, *The Skills to Foster*) seek to prepare foster carers for caring for children with disabilities?
- It is pitched right and gives a good general overview
- It is not detailed enough about the specific needs of children with disabilities

Question 5
How well does your fostering service’s assessment process prepare foster carers for the tasks and challenges of caring for children with disabilities?
- Very well
- Quite well
- Not well

Question 6
How well does the post-approval training offered by your fostering service equip foster carers for the tasks and challenges of caring for children with disabilities?
- Very well
- Quite well
- Not well

Question 7
Do you offer specialist or child specific training to foster carers in order to care for certain children?
- Yes
- No

Question 8
Are your foster carers who look after children with disabilities supported in the following ways (YES/NO)?
- Supervision with a specialist worker trained in disability issues
- Supervising social worker
- Links with specialist schemes/services
- Support group with other foster carers [general]
- Support group with other foster carers [specific disability focus]
- Respite

Question 9
In which of the following areas do you feel foster carers caring for children with disabilities need greater support and/or training?

SUPPORT
- Finance
- Home and housing
- Health and medical support
- Education
- Rights and obligations
- Transport
- Everyday life and leisure
- Holidays and travel
- Other [please state]
TRAINING

☐ Finance
☐ Home and housing
☐ Health and medical support
☐ Education
☐ Rights and obligations
☐ Transport
☐ Everyday life and leisure
☐ Holidays and travel
☐ Other (please state)

**Question 10**
What type of development or changes would make a real difference to foster carers’ work with disabled children and their families?

☐ General training around disability and the foster carer’s role
☐ Specialist training
☐ Information
☐ A support group
☐ Respite
☐ Other (please state)

Please add any further comments

Thank you for your help. Results will now be analysed by the Fostering Network and reported to the Children’s Workforce Development Council.
APPENDIX 3: FOCUS GROUP THEMES (FOSTER CARERS)

Caring for children with disabilities – a consultation

Background
The Fostering Network has been asked by the Children’s Workforce Development Council (CWDC) to survey foster carers and fostering services to help the CWDC understand the views of the fostering workforce, its priorities and challenges.

We are interested in how fostering services and foster carers are responding to the needs of children with disabilities, especially in relation to meeting the learning, development and support needs of foster carers.

We are surveying as many of our members as possible by questionnaire. We will email this out to members shortly and will need responses by 31 March.

We’d also like to discuss issues with our members at meetings like this.

I hope it’ll be OK for me to take some notes to pass on to the project leader. Everything you say will be treated as confidential. Your feedback will help inform the work of the CWDC and the Fostering Network.

Themes to explore with foster carers

Note for those leading discussion
Please can you note who the foster carers foster for
- Local authority
- Independent fostering provider

Can we talk a bit about the type of foster care you offer.
(Prompts)
- Respite care/short breaks
- Emergency/short-term foster care
- Long-term/permanent foster care
- Combination

And can you describe, briefly, your fostered child’s/children’s disability or range of disabilities
(Prompts)
- Physical impairment
- Sensory impairment
- Mental health
- Learning disability
- Long-standing illness

Thinking about recruitment and pre-approval preparation
Were you recruited and assessed specifically to care for children with disabilities? If you weren’t, how did you start fostering children with disabilities?
How did you find the pre-approval preparation (e.g. *The Skills to Foster* course) in terms of preparing you for fostering children with disabilities?

After your assessment, did you feel prepared for the tasks and challenges of caring for children with disabilities? If no, why not?

Thinking about post-approval training

Can we start by thinking about the post-approval training you have had. What has been helpful to you, and what has been less helpful in terms of your role in caring for children with disabilities.

Can you tell me about any specialist or child specific training you’ve had to help you care for certain children.

Thinking about support from your fostering service

Can you tell me about the support you receive in relation to your care of disabled children.

(Prompts)
- Supervision with a specialist worker trained in disability issues
- Supervising social worker
- Links with specialist schemes/services
- Support group with other foster carers (general)
- Support group with other foster carers (specific disability focus)
- Respite

Can you tell me about any areas in which you feel you need greater support or training.

What type of development or changes would make a real difference to your work with disabled children and their families?

(Prompts)
- General training around disability and the foster carer’s role
- Specialist training
- Information
- A support group
- Respite
- Other (please state)

Thank you
Bibliography


www.direct.gov.uk/en/DisabledPeople

www.equalityhumanrights.com

www.everychildmatters.gov.uk/socialcare/childrenincare/fostercare