Mutual Benefits: The Potential of Disabled People as Foster Carers

End of Project Report for Disabled Research on Independent Living & Learning (DRILL)

Peter Unwin, Becki Meakin and Alexandra Jones

School of Allied Health & Community

University of Worcester

July 2020

Contents

Project Overview

The present study investigated whether inclusiveness is being promoted within the foster care system in terms of encouraging fostering applications from Disabled people. As part of the DRILL (Disability Research on Independent Living and Learning) initiative, funded by the Big Lottery, a two-year pilot project was undertaken, with a focus on encouraging inclusive practice within the foster care system in England. The project was led by the University of Worcester in collaboration with Shaping Our Lives Service User and Disabled People's Network (a Disabled People's Organisation) and the Foster Care Co-operative. Apart from researchers from the aforementioned organisations, the project steering group/research team also included IMPACT members (the University of Worcester's interest group of service users and carers). The study explored the opportunities and barriers surrounding inclusivity of and accessibility for Disabled people wishing to become foster carers. Working with one private, one charitable and two statutory sector fostering organisations, an action-based approach was adopted as the chosen methodology. A mix of surveys, telephone interviews, audits of websites and procedures and customised disability awareness training sessions were held in all pilot sites after initial survey feedback. Additionally, the research team attended events for Disabled people to encourage interest in the project.

The initial aim was to gauge the level of disability awareness and perceptions about disability via an online survey completed by pilot-site staff members. Accessibility audits of pilot sites were also carried out and used to make immediate, easy to implement enhancements. A short survey was sent to existing foster carers at two of the pilot sites, at their request. Several Disabled foster carers and other interested parties affiliated with the pilot sites and elsewhere offered to share their experiences by way of a telephone interview. An end of project survey was sent to the pilot sites to assess the project impact on their practice, looking at both immediate improvements and strategies for the future. A final project seminar was arranged by the research team for the pilot sites, other project collaborators and interested parties involved in foster care and disability issues.

Main project findings were that fostering social workers recognised that Disabled people could provide a valuable part of the workforce, that there was a need to embrace the social model of disability and a need to clarify regulatory positions regarding areas such as benefits assurance and first aid training compliance. Recommendations are made to help bring about cultural changes required. A video which illuminates the content of this report, featuring fostering professionals and Disabled foster carers is available at https://www.youtube.com/watch?v=8WWJry7Pr4k&t=65s.

Acknowledgements

Introduction: Project rationale

The project was underpinned by the Social Model of Disability (Oliver, 2013) which challenges the pathologising of Disabled people, and distinguishes between impairment and disability, identifying the latter as a disadvantage that stems from a lack of fit between a body and its social environment.

The research team recruited and worked with four foster care agencies (one private, one charitable and two statutory) as pilot sites for this project, from both urban and rural settings in England. The aim was to scrutinise existing practises and determine the scope for positive changes. Focusing on marketing, recruitment and support issues, ways were explored in which Disabled people may be able to perform valued work roles in foster care, while at the same time providing positive role models for children and helping fill recruitment shortfalls, so contributing to halving the unemployment gap for Disabled people as referenced by The All Party Parliamentary Group on Disability (2016). Provision of more diverse foster placements will also mean that fewer children remain in unsuitable settings for their needs.

The core project research questions were:

- Why are so few Disabled people engaged as foster carers?
- What could be done to encourage Disabled people to come forward as potential foster carers?
- What could be done to promote fostering as a feasible and achievable role for Disabled people?

Background to the Project

Foster care is a way of providing a family life for children and young people who are unable to live with their parents at points in time. There is a lack of literature relating to Disabled foster carers in the UK, the literature focus mostly being on Disabled children (e.g. Wates, 2002). Disabled people appear to be largely absent from the fostering workforce and at the commencement of the study, it was found that very few websites mention that Disabled people (who often are parents already) could become foster carers. Lack of research in this area, coupled with unnecessary barriers such as inaccessibility of the built environment, information systems and support structures (many of which could quite easily be practically addressed) not only prevent Disabled people from enquiring, but also send a message, perhaps inadvertently, that Disabled people are not welcome as potential candidates for fostering.

There seem to be no specific policies regarding Disabled people as foster carers although policies relating to rights, equal opportunities, social inclusion and supporting people to move into paid employment are relevant key policy initiatives in the UK (Department for Work and Pensions and Department of Health, 2016) and foster care policy (e.g. Fostering Network, 2018) suggests a full commitment to equality of opportunity.

The focus of the present project was to begin exploring these inequities, and to see whether Disabled people might be given an equal chance to gain employment as foster carers and thus enable foster children to benefit from the presence of positive Disabled adult role models via the transfer of independent living skills and resilience strategies.

Statistics

There is an estimated 8100 shortage of foster carers in the UK, with a 6,800 shortfall in England alone (Fostering Network, 2018). In 2018 there were 55,200 children in foster care in England - a 3% increase on the previous year. Seventy-five percent of looked-after children (those accommodated by their local authority) are in foster care, 65% of these due to neglect or abuse. Just under 10% of children in foster care were reported to be Disabled.

Figures from the Department for Work & Pensions, Family Resources Survey (2016/17) show that twenty-two per cent (13.9 million) of people in the UK reported having a disability. A further breakdown of these figures indicates that 8% of children, 19% of working age adults and 45% of pension age adults are Disabled. The Office for National Statistics, Labour Force Survey (January to

March 2018) reports that Disabled people are more than twice as likely to be unemployed as non-Disabled people. There is clearly a need for more foster carers and the fostering system should ensure inclusivity in its recruitment approach to actively encourage a variety of people to enquire and apply.

Methodology

The research was granted ethical approval by the University of Worcester Health and Sciences Research Ethics Committee and carried out in the spirit of co-production with Disabled people and ex-foster carers and care leavers integral at all stages. A steering group of Disabled people, fostering professionals, ex- foster carers an academics was established and met regularly throughout the course of the project.

An online training needs and perceptions survey was completed by fostering staff at the four sites, to enable appropriate tailoring of a proposed bespoke training programme and make it as relevant as possible. An online survey link entitled 'Training Needs Analysis and Perceptions Survey' (see Appendix 1) was sent by email to each organisation to distribute to fostering staff and panel members. By clicking on the link, a participant information page appeared first, explaining the reasons for the research, the core confidentiality and dissemination protocols and stressing the voluntary nature of participation. The survey, sent out in Spring 2018, contained 25 questions which covered disability issues and perceptions of various forms of disability. No personal identifiable information was requested, and responses were analysed in late July 2018. The findings then informed the structure and content of the training sessions.

Accessibility audits were conducted at each pilot site to identify areas for improvement. Apart from site visits, an accessibility checklist was sent to each organisation to help pinpoint relevant areas for enhancement, with a self-assessment template to record actions (see Appendix 5 for checklist and template).

A short survey tailored for existing foster carers was also made available via an online link (see Appendix 4 for questions).

Semi-structured telephone interviews were conducted with willing participants (including existing foster carers and those interested in the role), which were recorded and transcribed for analysis. In addition to volunteers from the pilot sites, several Disabled foster carers also came forward for interview as a result of having heard about the project.

Findings from the Training Needs Analysis Survey

In total, eighty-one participants (fostering team staff) from across the four sites completed the online survey. The responses were mostly positive, indicating a general agreement that, with appropriate support, Disabled people have the potential to be very good foster carers.

The main concerns identified as potential obstacles to fostering, were the level of severity or complexity of a particular disability (physical / sensory, cognitive or mental), which may hinder fostering-related task-performance and so could prove problematic in the care and safeguarding of the child. Other concerns were aimed at hypothetical problems particular to being Disabled:

> - *'If their own [Disabled person's] needs are such that they would be unable to meet a child's needs…'*

> - *'Some Disabled people struggle to care for themselves let alone children.'*

Some social workers expressed a reservation that the foster child would automatically become the carer of the Disabled adult:

> - *'… children have often suffered serious neglect issues and sometimes been caregivers to their parents. It is important that children have the opportunity to be children and not responsible for the adults around them.'*

The severity of the disability was mentioned by several respondents as a significant barrier to fostering:

> - *'Those with significant complex disabilities that need the care of someone else'*

> - *'Maybe a single applicant with physical disabilities that impair their ability to manage the physical demands of the fostering task'*

> - *'People with Severe Learning Difficulties with Autistic Spectrum Disorder (Severe).'*

With regard to particular competencies a Disabled person may have, participants identified many attributes such as empathy, understanding and awareness of disability and discrimination, overcoming adversity, overcoming barriers and being more resilient.

Traits such as determination and resilience were also highlighted as potential benefits that could help children, many of whom who may have low self-esteem. Some of the social workers' comments are cited below:

> *- 'It is possible that a Disabled person who has experiences of discrimination and exclusion might offer an insight into the feelings and experiences of vulnerable children who might feel marginalised.'*

> *- 'The ability to empathise and advocate for children/young people who have a similar need/diagnosis. Being familiar with the range of support services available.'*

The matching of all foster children with foster carers is core to professional practice and the need to be particularly skilled in this area was mentioned on several occasions:

> *- 'As with all people, if your assessment evidences that you're not able to provide the required care to meet a child's needs…* [Disabled people] *should have opportunity to assessment and creatively consider how things can be changed to support them.'*

> *- 'Cases would have to be considered individually and with very careful matching. Some Carers will have disabilities which are simply not compatible with the complex children in the care system and this could put them at significant risk and may not be the most appropriate placement for a child.'*

Respondents from two of the sites reported a shortfall in their knowledge of concepts relating to disability. The majority of participants from three of the sites did not know what co-production[1] was, and, although a majority had heard of the social model of disability[2], they were unsure how it might be operationalised. Many of the social workers had never worked with Disabled adults, only

---

[1] The **Care** Act 2014 statutory guidance offers the following definition: '"**Co-production**" is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered.'

with Disabled children, and some expressed that they would be out of their comfort zone. They were open about not having the requisite knowledge about benefits and other forms of support and were unsure about 'correct terminology 'regarding disability. (See Appendix 3 for a General Statement on Benefits Systems and fostering which was provided to the pilot sites).

The Training Sessions

Depending on requirements and staff numbers, either one or two training sessions were arranged at each of the four pilot sites, in order to accommodate all prospective participants. Equipment, such as overhead projector, flip chart, clipboards, pens and paper were made available on the day. Refreshments were available when required and lunch was provided in the training room. Education materials were provided by Shaping Our Lives, who delivered the training, which consisted of a Power Point presentation, four different case studies, a 'social model of disability' exercise and a training evaluation form. Post-training, 'disability friendly' guidance material was sent out to all participating staff (See Appendix 2), along with a guide to the Equality Act 2010. The training session agenda included discussion around disability issues and fostering and the role of medical assessments. A quiz at the end of each session was a light-hearted and useful addition.

The sessions were generally positive. Participants asked for clarification on issues that they were not sure about, such as how to support people with different disabilities; the use of correct terminology; how to adapt assessments to meet a specific person's needs and what the term 'disability' covers.

Certain concerns were raised such as:
- Concern that children fostered by Disabled people will become carers for those people.
- That mental health is a different problem to a physical impairment and that mental health is about a person rather than an impairment that does not affect behaviour.
- That some Disabled people might not be able to afford to foster.

It was recalled that same-sex couples were not being considered for fostering a few years ago and that now, again, it is important to re-adjust attitudes and embrace Disabled people as an important and active part of the foster care workforce.

---

[2] The **social model of disability** states that people are Disabled by barriers in society, not by their impairment or difference.

Corporate policy in the statutory pilot sites seemed to restrict what staff could do with their websites to make fostering more encouraging and inclusive, e.g. one agency was not allowed to show any photographs of staff or foster carers. The private sector agency in the study, by contrast, had full and immediate control of content and staff were able to make key changes that encouraged Disabled applicants.

Evaluation of the Training Sessions

Most participants felt that, after the training day, they better understood the difference between `Disabled', `impairment' and `health conditions', although there was some ambiguity surrounding these terms/concepts and how they interlink, which needed further clarification. Additional areas for learning identified by participants during the training included the following: disability rights, the Equality Act 2010, additional information about the range of disabilities and how to support colleagues and carers. The evaluation questionnaires indicated that most participants were 'very satisfied' with the training and found the content informative and useful.

Findings from the Foster Carer Survey

An online survey link was sent to foster carers associated with the pilot sites which focused on attitudes toward Disabled carers (see Appendix 4 for questions). Twenty-one foster carers took part in the survey, three of whom reported being Disabled. One Disabled respondent believed that the problems they experienced when applying to become a foster carer were solely due to them being a Disabled person while the other two Disabled applicants reported having a medical assessment which they believe dwelled too much on what they could not do. The third person reporting continued intense questioning about their ability to foster, despite already having looked after children outside of fostering and felt that they were not believed by the assessor.

Difficulties with Fostering Tasks: One Disabled respondent reported having some difficulties in carrying out fostering tasks and described these as follows: *'Getting to meetings, reviews, training etc. due to mobility issues*.' The strategies they used to overcome these difficulties were *'Having a buddy who drives, family members who help out'.* Several respondents mentioned mobility and accessibility (relating to meetings, school runs and safeguarding) as potential problems for Disabled foster carers.

Experiences or life skills that have been important to being a foster carer: Qualities mentioned by several respondents included those of patience, resilience, calmness and life experience.

Working with other (buddy) foster carers for mutual help/support:

- Eleven respondents stated that they supported other foster carers with a range of tasks, such as giving shared lifts to meetings. Twelve respondents said they would do the same for any Disabled colleagues and showed interest in working alongside any Disabled foster carers in a 'buddying' capacity. One respondent stated: *'I feel it is important to have support from other foster carers as the system can often leave you feeling isolated.'*

Requirements for disability equality and awareness training

- *'Being sure everyone uses appropriate terminology.'*
- *'In all honesty I've never given it a thought in terms of foster carers, I've always thought about disability for the children and YP's [young people] but maybe there should be more training in that area.'*

This last comment reflects the way society currently sees disability and fostering – focusing on Disabled children needing placements but not thinking that Disabled adults could be foster carers.

Telephone Interviews with Disabled Foster Carers

Recruitment of existing or prospective Disabled foster carers for interview was difficult due to lack of interest from fostering organisations and media outlets. However, one of our interviewees was contacted by The Guardian (Ryan, 2019) and subsequently featured in an article titled *'Being a foster carer is the best thing that I've done with my life'*, which included a summary of this project. The article prompted several individuals and agencies to contact us for more information or offering to be interviewed.

The following quotes are from some of the Disabled foster carers who have come forward as advocates of Disabled fostering:

Jane is Disabled and is currently working as a foster carer but was not accepted initially by a private agency and reflects: *'You just feel like you're pushed aside and you're let down because you've got something wrong.'*

She also points out that there is much more to fostering than logistical and manual prowess:

'… for me fostering is not necessarily all about the physical side, helping children…getting them washed, dressed…walking them to school. That is a good part, but most of it for me is looking after children, it's the emotional side and the understanding of how and why the children actually behave the way they do.'

Jon commented: *'…we have an added set of skills, finely tuned over many years of just having to get it done regardless of the difficulty.'*

Suzanne recalled a dialogue with a young person with behavioural difficulties who was in her care at the time. Suzanne asked:

'…why is it that you haven't had a go at me?'.

The teenager's answer was: *'…you're in enough pain…I wouldn't want to add to that… I'd never attack you anyway because you're really kind to me.'*

This last cameo suggests that children and young people might adopt different ways of behaving when they live with a person they see as having to overcome the challenges of disability on an everyday basis.

Other examples of successful foster caring by Disabled foster carers comes from Alison and Linda below:

Alison was turned down by several agencies before acceptance by a local authority where she has used her life experiences to help several children, including a young girl who was otherwise en route to a special residential establishment:

> *'… I got approved as a foster carer three years ago now. I began my role with two easier placements, perhaps with younger children, and they were short term. I now have a child who was considered very difficult to place, and was about to be placed out of the area due to extreme behaviours and her own special needs. She has now been with me over two years – is placed with me permanently, and is doing fantastically well. She has turned around her behaviours, she is settled in school, she is doing well out of school with her interests and hobbies - and it has just really worked for both of us'.*

Linda had fostered for a local authority for over 20 years before she became visually impaired and describes how, rather than give up fostering, she altered her fostering offer:

> 'I've *been a foster carer for twenty-eight years, and I lost my sight six years ago - literally overnight. I've not lost all my sight, I'm severely sight-impaired, so it has allowed me to*

11

carry on fostering. I've had to make quite a few changes to the way that I foster and the ages that I foster; obviously because I can't run around after the toddlers like I used to do, can't keep them safe in the park and things. With the babies it makes a difference in the way that I make the bottles up – I've got a special kettle that only pours one lot of water out at a time into a bottle so I don't burn myself; I buy bottles that have got quite dark markings on, so I can see the measurements. It seems a bit silly, but I'm very careful what clothes I buy because of buttoning the buttons up and I've had babies with poppers here there and everywhere and almost back to front - but they don't mind.

I'm not as good at being outside as I used to be, taking babies for walks, but I've got a very good family and we tend to do it all together'.

Linda stresses the importance of family network but her local authority were also very positive in their responses to Linda's requests to chance her criteria and do their best to accommodate her changing needs.

End of Project Survey for Pilot Sites

In total, 19 respondents participated in the survey (see Appendix 6 for the survey questions). Due to a merger and change of management at one of the sites, which unfortunately ended their involvement in the project, only three pilot sites took part in the end of project survey.

The replies to the survey were largely positive, demonstrating impact.

All staff felt that the project aims had been clear and gave no comments regarding possible improvements. Most staff felt that their understanding of disability had improved and were more aware of the different types of disability. The need for a wide range of support solutions was identified, many of which are possible to easily and quickly implement, with little if any financial outlay.

The Disability Equality Training and meetings with the research team were valued highly by staff from all pilot sites.

Importantly, it was recognised by the majority of fostering staff that Disabled people can be a

good role model for foster children in a variety of ways, such as adopting a proactive approach to dealing with adversity, focused problem solving and building resilience to manage life's difficulties.

End of Project Seminar

A one-day seminar was arranged for 25 delegates including staff from the four pilot sites, representatives from other relevant organisations, current Disabled foster carers and research steering group members (see Appendix 7 for the presentation slides).

Feedback from the Seminar Delegates

Participants attending the end of project seminar held in December 2019 gave their views, guided by the four DRILL indicators regarding the effect of the project on Knowledge, Policy, Wellbeing, and Empowerment.

Knowledge (which aspect of the project has helped you gain the most useful knowledge?)

- Listening to the experiences of Disabled foster carers and applicants.
- Awareness of the lack of people with disabilities who foster.
- Legislation and training – more aware and need for niche targeting campaigns.
- Day to day practice and how to improve website.
- Listening to different experiences of Disabled carers.
- Awareness training and opportunity to truly reflect with Disabled people.
- Challenged perceptions and way of thinking.
- Case studies of individuals and good practice by fostering services.
- Listening to experiences carers' presentations.
- Gained understanding of the discrimination Disabled people face when applying to foster.
- Personal stories / film clips from Disabled carers.

Policy (what aspects of the project could potentially affect national policy?)

- Introduce policy that emphasises we cannot discriminate against disability and should introduce reasonable adjustments.
- I think stats / datasets need to include disability. Ofsted ask for ethnicity, ages etc. but nothing is asked about disability.
- Future policy to include recommendations for disability-friendly language.
- Case studies showing Disabled people can foster could feature in the outputs of Fostering Network / Foster Talk / BAAF – and get Ofsted on board.

- Medicals, first aid training, disability benefits.
- The absence of foster carers who are Disabled within a society that needs foster carers and role models for children who are increasingly experiencing multiple complex issues.
- Medicals – speak to the consultant/person who knows the person [existing or potential foster carer].
- The CoramBAAF Practice Note *'Disabled Foster Carers'* could impact on practice.
- Recognising barriers that shouldn't be barriers e.g. recording; some aspects of training.
- It could improve the national conversation around fostering and disability.
- Guidance on website access to widen information to Disabled prospective carers. Clarity on regulations and requirements e.g. recording, mandatory training, accessibility.

Wellbeing (Any positives you can mention from being part of the project e.g. confidence?)
- Confidence in talking to other people about disability – looking to improve this in the organisation.
- Staff more confident to recruit Disabled foster carers challenging our existing practices and perceptions.
- Broader understanding has helped reflect on practices and confidence.
- It has been a very motivational experience to drive forward change and development.
- Campaigning – reaching out to other Disabled groups.
- Remembering it's about asking the right questions, letting people tell us what they 'can' do.
- It has given me an ability to create real change within a national organisation.
- Greater knowledge in talking to prospective carers who are Disabled in working role.

Empowerment (e.g. has any aspect of the project helped you help others?)
- Provided information to recruitment team and provided guidance / help where necessary.
- We have reviewed our existing carers to see how we can help them. Breaking down misconceptions with Disabled people and children's staff.
- Yes, have arranged talks with our assessment team and recruitment officers.
- Involvement in project has helped me bring challenge.
- This will help me support assessing social workers and carer engagement officers – promote them to open up conversation around disability and think wider than the GP / Medical report.

- I now speak to organisations at a national level and train assessors in disability inclusion.
- Will share knowledge with advisors to improve all advice to prospective / existing carers.

Any other comments

- Fascinating piece of work that is crucial for the future of fostering and moving away from deficit-focused views of disability.
- Need to focus on SW [social worker] training, how many SW have a disability.
- Great project and it's only the start. [The Fostering Agency] will continue with this and incorporate it into our marketing strategy for 2020/21.
- Would like to do more – thank you.
- Media driven campaign to gain wide publicity.
- Not only has this been interesting and inspiring, it has enabled me to consider many practical ways of implementing into practice.
- Fabulous project, great potential to change fostering for good.
- Useful day with lots of ideas for development within our service to improve advice / information to prospective and existing Disabled carers.

Project Research Team evaluation using DRILL indicators for assessing impact:

Knowledge

- The steering group has gained considerable knowledge about fostering, kinship care and adoption.
- We have established that there is little data or research about Disabled foster carers.
- We have reached out through national media and pilot sites to meet with twelve Disabled people who are successfully fostering and interviewed them about their experiences. Their narratives provide learning for Disabled people and fostering agencies.
- Staff in fostering agencies have learned about disability equality, strengths of Disabled people, how to recruit Disabled people and how to work more inclusively.
- National media campaigns from the project team and local campaigns by pilot sites have raised the profile of Disabled people as potential foster carers.

Policy

- Minister for Disabled People, Justin Tomlinson MP, has provided clarification about welfare benefits for Disabled people who work as foster carers.
- Department of Work and Pensions' policy lead for Access to Work met with the project team to clarify what support is available to Disabled foster carers.
- The project team has been commissioned to write a CoramBAAF Practice Note for social workers on Disabled foster carers.
- The project has influenced the practice in all the pilot sites, including two specific campaigns aimed at Disabled people which used inclusive methods of communications and practice which flowed from the project activities.
- The project has raised awareness of service providers' responsibilities under the Equality Act and their responsibilities to a diverse workforce.
- Potentially influenced policy changes about the role of medical assessments and using other practitioners rather than just GPs for medicals.
- There has been a change of approach by participating agencies who are changing their 'fit and healthy' requirement to foster, to a more inclusive diversity statement, using wording such as 'active and emotionally strong'.

Wellbeing

- Two Disabled people contacted us and said they had failed to be approved as foster carers but had been inspired by our project to try again.
- Fostering is a flexible career for Disabled people. Some Disabled people's applications have been received by the fostering pilot sites during the duration of the project. Although we did not expect to get Disabled people approved to foster over the project duration (due to a long process from application to approval for all applicants) we hope more Disabled people will apply and be successful in the future. One pilot site in particular mentioned an increase in initial enquiries since commencement of the project.
- Fostering can provide many rewards and a sense of purpose for Disabled people.

Empowerment

- Disabled project group members have developed knowledge about co-producing research.
- There has been a co-productive and creative sharing of knowledge between the Disabled and non-Disabled researchers, academic staff and pilot sites.
- Steering group members have made ongoing progress with engaging Disabled groups about foster care through social media.

- Administration and finance staff at the University have gained experience of working with Disabled people and have supported new systems to help with this (including continuous evaluation of software that enhances accessibility for various users).
- Exposure in *The Guardian* and other media outlets should lead to more Disabled people applying to foster.

Conclusions and Recommendations

This research project has been successful in having brought the issue of Disabled foster carers and their absence from the workforce to national attention. For the first time, the narratives of Disabled people as successful foster carers have been heard and exist now as role models. Large-scale culture change is needed if Disabled people are to be given genuine equality of opportunity in this field of work. The project has brought about changes in three fostering agencies, begging the question about whether other agencies will follow suit. There are almost 500 fostering agencies in England and much work remains to be done if Disabled people are to become part of every one of those agencies. A Practice Note '*Disabled Foster Carers'* (Unwin, Meakin and Jones, 2020) has been produced for CoramBAAF (national organisation for professionals, foster carers and adopters), which should help bring about such culture change and the research team is actively seeking future funding to roll our findings out on a wider scale.

Social workers and their organisations have much to learn about disability, legislation, benefits and Access to Work provision. Disabled people's organisations need to widen their horizons also and appreciate that, despite the challenges, a fostering career could be a very fulfilling one, and one which provides positive role modelling to children and young people. Recruitment to foster care has been at crisis point for some time and the research team believes that the huge pool of Disabled people in England could make a significant difference to closing that gap, if only they are given the opportunity.

The following recommendations are intended to help bring about the requisite cultural changes;

Fostering Organisations
- That fostering agencies meet the Equality Act 2010 requirement to avoid direct and indirect discrimination of Disabled people in recruitment, selection and support services.
- All fostering organisations and agencies to review their websites and marketing material to ensure that Disabled people are welcomed as foster carers.

- Recruitment and selection systems to be accessible and tailored to accommodate a range of Disabled people's access requirements.

- Fostering agencies should ensure that their information on welfare benefits, Access to Work provision and implications for Disabled people is kept up to date.

- Training for all foster agency staff in Disability equality and awareness, ideally delivered by Disabled people, to be a core requirement of registration.

- Current Disabled foster carers should be championed by their agencies as role models to encourage other Disabled applicants.

- Foster agencies should consider adopting some of the best practices for supporting all foster carers; such as buddying schemes that would better support foster carers with long term health conditions and impairments.

Government Agencies

- Local commissioning authorities should only approve fostering agencies which demonstrate their commitment to the inclusion of Disabled foster carers.

- Ofsted inspections of fostering agencies should monitor/gather data across fostering agencies by disability/impairment in addition to the diversity issues already measured, such as ethnicity.

- Department of Work and Pensions' guidance should specify fostering as falling within its Access to Work provisions and provide specific guidance for advisors and assessors.

- Central government to fund a recruitment campaign targeting potential Disabled foster carers with a view to reducing the shortfall in foster placements and providing better choices for children and young people in need of care.

References

All Party Parliamentary Group on Disability (2016) *"Ahead of the Arc" – a Contribution to Halving the Disability Employment Gap*

https://www.disabilityatwork.co.uk/wp-content/uploads/2016/11/All-Party-Parliamentary-Group-on-Disability-Ahead-of-the-Arc-Report.pdf

Department for Work & Pensions (2018) Family *Resources Survey*

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/692771/family-resources-survey-2016-17.pdf

Fostering Network (2018) https://www.thefosteringnetwork.org.uk/advice-information/all-about-fostering/recruitment-targets

Office for National Statistics (2018) *UK labour market statistics: March 2018*.
https://www.ons.gov.uk/releases/uklabourmarketstatisticsmar2018

Ryan, F. (2019). Being a foster carer is the best thing that I've done with my life. *The Guardian.*
https://www.theguardian.com/world/2019/may/15/foster-carer-best-thing-disabled-people-shortage

Unwin, P., Meakin, B. and Jones, A (2020) *Disabled Foster Carers .Practice Note 73*. London: Coram BAAF. https://corambaaf.org.uk/bookshop/practice-notes

Wates, M. (2002). Disability and adoption: How Unexamined Attitudes Discriminate against Disabled People as Parents. *Adoption & Fostering Journal, 26*(2), 49-56.
doi:10.1177/030857590202600207

Appendices

Appendix 1: Training Needs Analysis and Perceptions Survey for Pilot Site Staff

1. Do you think that Disabled people can become foster carers?

2. Are there any reasons why you think some Disabled people *could not* become foster carers?

3. Are there any impairments or health conditions that you think could stop someone becoming a foster carer? If 'Yes', please choose all that apply: Optional

- ☐ People with a mobility impairment, such as someone who uses a wheelchair?
- ☐ Someone who is blind or partially sighted?
- ☐ A Deaf person, or someone with hearing loss?
- ☐ Someone with a cognitive impairment, such as memory loss?
- ☐ Someone who has difficulty speaking, or making themselves understood?
- ☐ Someone who has a learning difficulty or disability?
- ☐ Someone with mental health issues?
- ☐ Someone who has a neurodivergent condition (such as dyslexia, dyspraxia, epilepsy or being on the autistic spectrum)?

☐ Someone who has a chronic condition (such as Fibromyalgia, Lyme Disease or ME)?

4. What would be your concerns about a Disabled person working as a foster carer?
Please comment below:

5. Are there any competencies / qualities, that a Disabled person may have, that could be an advantage in their role as a foster carer? Please comment below:

6. Do you think your service has any processes/procedures/practices that would not be accessible to Disabled people?

7. Do you currently work with any Disabled foster carers?

8. Have you ever done Disability Equality training?

9. How much do you know about the Equality Act 2010 and to whom it offers legal protection?

10. How much knowledge do you have about making goods, services and employment accessible for Disabled people as detailed in the Equality Act 2010?

11. Do you understand the difference between the following: Disabled, impairment and health conditions?

12. Are you confident in talking about Disabled people?

13. Are you confident about making reasonable adjustments in a non-discriminatory way?

14. Are you confident about asking a Disabled person what their access needs are?

15. Are you confident about making buildings and services accessible for the following people:
a) People with a mobility impairment such as someone who uses a wheelchair?
b) Someone who is blind or partially sighted?
c) A Deaf person or someone with hearing loss?
d) Someone with a cognitive impairment such as memory loss?
e) Someone who has difficulty speaking or making themselves understood?
f) Someone who has a learning difficulty or disability?
g) Someone with mental health issues?
h) Someone who has a neurodivergent condition (such as dyslexia, dyspraxia, epilepsy or being on the autistic spectrum)?
i) Someone who has a chronic condition (such as Fibromyalgia, Lyme Disease or ME)?
Please add any comments regarding what you would like to learn about working with any, or all of the above groups.

16. Are you confident about making a document accessible to Disabled people?

17. Are you confident about making a meeting or event accessible to Disabled people?

18. Are you confident about working with a Disabled person who has a support worker, personal assistant or carer?

19. Do you understand what co-production with Disabled people and other service users involves and why it is important?

20. Do you know what independent living means and why it is important to Disabled people?

21. Have you heard of the social model of disability?

22. Please tell us anything else that you would like to learn about Disabled people, disability rights and disability issues:

23. What is your view on the potential of Disabled people as foster carers?

24. In order to assess your training needs, please indicate below your level of knowledge about / experience of, working with Disabled people:

24a. How would you rate your training needs in terms of your knowledge and understanding of disability awareness and equality?

24b. How would you rate your training needs in terms of your knowledge of working with Disabled people either as colleagues or customers?

Please add any comments you may have relating to your training needs:

25. Finally, please let us know what we need to do, to make the training day accessible for you?

Appendix 2: Disability Awareness Post Training Handout

Mutual Benefits: Disability Equality Training delivered by Shaping Our Lives, September 2018

Supporting material for trainees

The Social Model of Disability

- Recognises that Disabled people are Disabled because of barriers put in their way by society. These barriers can be practical, attitudinal or prejudicial.

The way we describe Disabled people

He is a Disabled person with …

- Physical or mobility impairments

- Visual impairments or living with sight loss
- Deaf or hearing impairment
- Cognitive impairments
- Learning disability or difficulty
- Brain or head injuries
- Speech or communication impairments
- Mental health issues
- Neuro divergent conditions such as dyslexia, dyspraxia and autism
- Chronic illnesses such as ME, Fibromyalgia, Lupus
- Long term health conditions and illnesses

The Equality Act 2010

Definition of a Disabled person:

if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

Protects people from discrimination in the following areas:
- employment
- education
- access to goods, services and facilities
- buying and renting land or property
- functions of public bodies, for example the issuing of licences

Also protects people associated with a Disabled person from harassment.

Benefits of having Disabled foster carers

- Pool of knowledge about overcoming barriers and problem solving
- Life strategies for Disabled children – peer support
- Insight into disability issues that improve your service offer
- Opens up other markets
- Policies and practices beneficial to all aspects of your service
- Organisation that cares about the people working for it

Common barriers to accessing services for Disabled people
- Physical access
- Communication
- Practical arrangements such as time of appointments
- Attitudinal and prejudicial
- Financial
- Gatekeepers such as overbearing carers
- Cultural

Collecting the right information about people using your service

- Do you have any communication access requirements?
- Do you have any physical access requirements?

- Will you need a personal assistant or supporter?
- Do you have an impairment or health condition that you wish to share?

Record the answers and ensure you consider them in the recruitment process

About people who support Disabled people

PA or Support Worker?

There is no definition and it is usually a personal preference what they are called. However, generally the terms are used as follows:

- Personal Assistant (PA) usually: personal care: eating, toileting, dressing and work support
- Support Worker usually: work-based support - reading, translating, driving
- Address the person not their supporter
- Support workers and PAs are often funded
- Confidentiality agreed between employer and worker. Carer usually means family member.

People who use wheelchairs/scooters

- Always remember it is the wheelchair user's personal space
- Don't lean, touch or push unless asked
- If you can sit when speaking to someone in a wheelchair, they will not have to crane their neck to maintain eye contact. Also stops you 'looking down' on a Disabled person
- Language - wheelchair user NOT wheelchair bound
- You can say: follow me, come this way, are you walking there? No special vocabulary required.
- Greet person like you would anyone else so offer to shake hands if this is custom and practice.

People with sensory impairments

- Approach from the front
- Introduce yourself, explain who else is in the room
- Handle with care!
- Guide by offering your arm and be in front, do not push
- Do not interfere with mobility aids (white canes, dogs)
- Describe route and surroundings
- Make eye contact
- Say if you are joining or leaving an interaction

People who are Deaf and hard of hearing

- Capital D for Deaf - Identify culturally as Deaf people.
- BSL (British Sign Language) is a first language and NOT the same as English
- BSL speakers may not speak or read English confidently
- Don't attempt 'home made' signing
- Learn the finger spelling alphabet
- https://www.british-sign.co.uk/fingerspelling-alphabet-charts/
- If an interpreter present allow longer for interviews/assessments
- Allow time for everyone to have a break

- Good communication for everyone
- Face people, don't cover mouth
- Don't slow down, speak at the speed you would normally
- Be well lit
- Ask about communication preferences – text, WhatsApp etc, minicom

Working with people who have speech impairments

- Don't feel intimidated or embarrassed!
- Ask to repeat sentence or words you didn't understand
- Ask them to spell out difficult words
- Let person finish to get context
- Don't interrupt or fill in words
- Don't pretend to understand
- Person may be able to write it down or use keyboard
- Other people may be able to help
- People do not mind repeating themselves
- Allow longer for an interview or assessment

Working with People Living with mental health issues/distress

- Create a calm environment
- Take time to explain tasks
- Have instructions that can be taken away and absorbed – in writing, a video
- Be proactive with breaks
- Support their 'whole day' – help think through travel to and from, and offer support with admin and diaries
- Be flexible for good and bad days
- Have a policy around behaviours

Appendix 3: General Benefits Statement – Disability and Foster caring

BENEFITS STATEMENT

Anyone who is receiving welfare benefits should visit this website to check how fostering may affect your eligibility to receive benefits:
https://www.gov.uk/foster-carers/claiming-benefits-while-fostering

We also recommend that you contact your local benefit agency to discuss your entitlement to benefits if you want to become a foster carer.

If you are a Disabled person receiving disability related benefits you will probably need to advise the benefits agency of a change in circumstances. In some instances, this may lead to your benefits being re-assessed.

If you are a Disabled person who becomes a foster carer it may be possible for you to apply for Access to Work which provides access equipment, support in work and travel.

The tax allowances for people who foster are generous and, although you should always discuss your personal situation with your local benefits advisor, we hope that you will not be deterred by any fear of losing benefits.

Disabled foster carers who have been interviewed as part of our research project, all report being treated fairly by local benefits officers and benefits issues have not been a barrier to them becoming foster carers.

Appendix 4: Foster Carers' Survey

We are working with Shaping our Lives, the University of Worcester and Foster Care Cooperative, in trying to raise the profile of Disabled people as foster carers.

This short survey is to see whether you see yourself and/or your partner as having disabilities, and if so, your experiences in relation to this / problems you have encountered because of this / that are associated with this.

1. Do you consider yourself Disabled?
   a. If yes, how would you describe your disability?

2. If you have a partner, are they Disabled?
   a. If yes, how would you describe their disability?
   b. Do you and your partner share fostering tasks?

3. If you or your partner are Disabled, have you encountered any difficulties in carrying out fostering tasks?
   a. If yes, please give details:
   b. If yes, can you describe any strategies you have used to overcome these difficulties?

4. Would you be willing to work with Disabled 'buddy' foster carers (for mutual help/support)?

5. Can you identify any areas of difficulty for foster carers with disabilities?

6. Would you feel confident 'buddying-up' with new foster carers as part of our initiative?

7. Are there any areas for awareness training that you could identify?

Appendix 5: Access checklist

Is your service accessible to all Disabled people?

This checklist aims to give you a snapshot view of how accessible your service is, and the areas you need to change and for which you may require training.

You can use this checklist to identify gaps and areas for improvement. Then use the self-assessment template at the end of this document to record actions.

Capturing information

In order to provide an accessible service, you will need to find out about any impairments or health conditions that the service user may have, such as:
- physical or mobility impairments
- visual impairments
- Deaf or Hard of hearing
- cognitive impairments
- brain or head injuries
- speech or communication impairments
- learning disability or difficulties
- mental health issues
- neurodivergent conditions (such as dyslexia, dyspraxia, epilepsy or autistic spectrum conditions)
- long-term conditions or illnesses.

This information, along with other access requirements, should be recorded for reference and frequently checked for accuracy.
Are you currently recording these details for clients?
☐ Yes
☐ No
☐ Don't Know

Communication

Do you offer service users information and communication in different accessible formats? This may include:
- Plain English
- Easy Read
- large print
- different coloured paper
- information in advance
- British Sign Language (BSL) interpretation
- text relay service (for people who find using the telephone difficult)
- electronic non-pdf documents (e.g. text only for text-to-speech translation software)

☐ Yes
☐ No
☐ Don't Know

Are you and your staff confident and knowledgeable about what to do if a service user requests accessible information or communication support?
☐ Yes
☐ No
☐ Don't Know

Is there clear information for staff about how to action information or communication support requests?
☐ Yes
☐ No
☐ Don't Know

Making communication accessible

Do you do these things to make communications accessible?

(Tick either 'Yes', 'No' or 'Don't know' for each point)

Yes	No	Don't know	
☐	☐	☐	Use Plain English with no abbreviations or acronyms.
☐	☐	☐	Be concise.
☐	☐	☐	Avoid the use of block capitals, italics and underlining.
☐	☐	☐	Restrict the use of bold only to titles and headings.
☐	☐	☐	Have a process in place to offer your written materials printed using a clear font such as Arial at 14-point size (12-point size is a minimum) upon request.
☐	☐	☐	Produce large print at a minimum of 16 point but ideally at the size requested by the service user.
☐	☐	☐	Format large print documents on A4 pages (not enlarged onto A3 as this is difficult to hold and read).
☐	☐	☐	Avoid complex diagrams or graphics and provide a text description of photos, pictures and diagrams.
☐	☐	☐	Make Easy Read materials available that have been produced by a specialist.
☐	☐	☐	Ensure there is a good contrast between print and the colour of paper (e.g. do not use dark blue print on light blue paper).
☐	☐	☐	Provide printed materials on different coloured paper if requested by the service user (some people may only be able to read print on a specific colour).
☐	☐	☐	Provide translation, such as British Sign Language, on request.
☐	☐	☐	Record the preferred communication format of each service user.

Some notes about communications and translation:

- PDFs may not be accessible using access technology, so have Word or text versions available as an alternative.

- For most Deaf people, BSL is their first language. The grammar and syntax are different to English. Written information may not be suitable so always ask before providing written materials.

- If BSL or other interpreters are required, agree with the service user who is responsible for arranging this.

- Allow plenty of time to book interpretation services and ensure funding is in place.

- Allow longer for sessions where an interpreter is required.

- Build in breaks for both the service user and interpreter.

- Ensure all materials are available in the service user's preferred format.

- Easy Read materials should use a combination of words and pictures.

Physical access

Are your premises, venues and proposed consultation/meeting rooms accessible to all Disabled people?

It is good practice to provide photographs and floor plans of your premises, as this helps people to orientate and feel safe, reduces anxiety and allows people to make their own assessment of accessibility.

Do you provide photographs or plans of the building and important access points/areas? For example, the outside of the building, entrance, toilets, consultation/meeting rooms.
☐ Yes
☐ No
☐ Don't Know

Do your premises have the following accessible features? Do you provide accessible information on these features and do you provide access support?

(Tick either 'Yes', 'No' or 'Don't know' for each statement)

Yes	No	Don't know	
☐	☐	☐	There is parking nearby and/or Blue Badge spaces.
☐	☐	☐	If needed, a parking space can always be reserved for a Disabled person.
☐	☐	☐	Directions are always available in an accessible format with a photo of the front of your building and a local map.
☐	☐	☐	Information on the nearest public transport is consistently provided.
☐	☐	☐	There is clear signage to the building and within the building.
☐	☐	☐	Paths to the front door are a minimum of 830mm wide.
☐	☐	☐	Paths are free of potholes, obstacles and deep gravel.
☐	☐	☐	There is level access or a ramp to the front door, or a clearly signed alternative accessible entrance.
☐	☐	☐	The doorbell/intercom is at an accessible height for a wheelchair user or someone of restricted height.
☐	☐	☐	There is an area for assistance dog toileting.

Can you meet these requirements in your premises or premises you are hiring?

(Tick either 'Yes', 'No' or 'Don't know' for each statement)

Yes	No	Don't know	
☐	☐	☐	Corridors are always clear of obstacles and have even floors.
☐	☐	☐	At least one consulting room is accessible for wheelchair users, allowing space for turning once inside.
☐	☐	☐	Service users are always advised if there are long walks to the consulting rooms and/or stairs.

☐	☐	☐	At least one lift is wheelchair accessible.
☐	☐	☐	There is an access procedure in place if a lift is out of order.
☐	☐	☐	At least one toilet is fully accessible.
☐	☐	☐	The accessible toilet is large enough for all types of wheelchair and mobility aids.
☐	☐	☐	There is room in the accessible toilet for a hoist or someone to assist.
☐	☐	☐	Regular checks are made to ensure that the accessible toilet is in working order and clear of clutter.
☐	☐	☐	You can vary lighting in a room for people who are light sensitive.
☐	☐	☐	You can provide different types of seating, e.g. with and without head and arm rests, and different seat heights.
☐	☐	☐	You can provide a quiet space.
☐	☐	☐	You have agreed Personal Evacuation plans with regular service users who may need assistance in evacuating the building in the event of an emergency.
☐	☐	☐	You know what arrangements are in place to evacuate Disabled people who need assistance from your premises.

We recommend you commission a full disability access audit of your premises.

Your local Disabled People's Organisation (DPO) should be able to give you information and advice, and you can also contact the National Register of Access Consultants (NRAC) – an independent register of accredited Access Auditors and Access Consultants who meet professional standards and criteria established by a peer review system. It is a UK-wide accreditation service for individuals who undertake access auditing and access consultancy. Find out more at /www.nrac.org.uk/

Making and arriving for appointments

Is your booking procedure accessible?

(Tick either 'Yes', 'No' or 'Don't know' for each statement)

Yes	No	Don't know	
☐	☐	☐	You always offer a variety of ways for people to make appointments (phone, email, letter).
☐	☐	☐	You always offer flexible appointment times (avoiding rush hour is often better for Disabled people).
☐	☐	☐	The height of your reception desk is accessible for wheelchair users and people of restricted height.
☐	☐	☐	The reception staff are always fully informed of any access requirements of regular service users.
☐	☐	☐	Reception staff have had Disability Equality Training (DET).
☐	☐	☐	The registration/referral form is fully accessible for all service users.
☐	☐	☐	There is a clear process to handle sensitive information that the service user might disclose in the registration/referral form.
☐	☐	☐	The waiting area is uncluttered, free of obstacles and has sufficient space for people using a wheelchair or other mobility aids, and for people with an assistance dog.
☐	☐	☐	A hearing loop is available, and staff know how to operate it.
☐	☐	☐	The appointment reminder system is accessible and accounts for the variety of ways in which people might require this information.

Consultations and meetings

Are you able to engage appropriately and confidently with all Disabled service users? This involves a mixture of behaviours, attitudes, language and practicalities.

Are you confident about how to talk about disability and access needs? ☐ Yes ☐ No ☐ Don't Know
Are you confident about how to ask if someone needs assistance? ☐ Yes ☐ No ☐ Don't Know
Are you confident about being able to meet someone's access needs? ☐ Yes ☐ No ☐ Don't Know
Have staff and volunteers received Disability Equality Training (DET)? (see below) ☐ Yes ☐ No ☐ Don't Know

Knowledge and skills

There are specific skills needed when working with Disabled people, and you may need training to gain relevant knowledge, understanding and skills.

Have staff had training in the following areas?

(Tick either 'Yes', 'No' or 'Don't know' for each skill/type of training)

Yes	No	Don't know	
☐	☐	☐	Disability Equality
☐	☐	☐	The social model of disability and what reasonable adjustments are
☐	☐	☐	Wheelchair etiquette
☐	☐	☐	Guiding visually impaired people
☐	☐	☐	Using Plain English when speaking and writing
☐	☐	☐	Communicating with Deaf people and Hard of hearing people
☐	☐	☐	Communicating with someone who has a speech impairment
☐	☐	☐	Managing challenging behaviour
☐	☐	☐	Co-production training

We would always recommend ensuring staff and volunteers receive Disability Equality Training (DET). For best results, this training should be delivered by Disabled people.

Your local Disabled People's Organisation should be able to either provide DET or put you in touch with trainers who can.

Some simple actions and considerations can greatly enhance the experience for Disabled people using your service. This could include:

- When greeting someone, give your name/role and explain who you are.

- Remember the noise level, temperature and lighting might not be appropriate.

- Always face the service user when talking and talk clearly – not too fast – using concise sentences and without covering your face or mouth.

- Maintain eye contact with the service user unless they have asked you not to (some people may prefer to avoid eye contact).

Personal assistants, support staff and carers

The service user may wish to attend a consultation with a carer, personal assistant, support worker, advocate, family member or friend.

> Are you aware of how to appropriately involve personal assistants, carers and other support staff?
> ☐ Yes
> ☐ No
> ☐ Don't Know

Do staff do the following?

(Tick either 'Yes', 'No' or 'Don't know' for each statement)

Yes	No	Don't know	
☐	☐	☐	Staff agree with the service user if they want the other person to be present during any interaction.
☐	☐	☐	Staff always address the service user and not the other person, unless the service user requests otherwise.
☐	☐	☐	Staff always listen to the answer given by the service user in their own words.

Co-production

Co-production means working equally with other stakeholders in the design, delivery and evaluation of your services. Stakeholders are people who use your services, people in local communities who may want to use your services and other agencies.

Do you co-produce your services? ☐ Yes ☐ No ☐ Don't Know

If you have not co-produced services with Disabled people before, we recommend that you identify your staff training needs and approach a Disabled People's Organisation to help you.

You have now completed the checklist.

Next, complete the self-assessment form to help identify your next steps.

Self-Assessment Template				
Area	What we are doing well already	What we need to do to improve	Who is responsible for making it happen	When will it be completed
Capturing information				
Communication				
Physical Access				
Making and arriving for appointments		.		
Consultations and meetings				
Knowledge and skills				
Personal assistance, support staff and carers				
Co-production				

MUTUAL BENEFITS: THE POTENTIAL OF DISABLED PEOPLE AS FOSTER CARERS – END OF PROJECT QUESTIONNAIRE	
Project Overview: an innovative project researching the potential of Disabled people to become foster carers. The research which runs until January 2020, is led by Disabled people from Shaping our Lives Disability Network, in partnership with the University of Worcester and Foster Care Cooperative.	
1. Were the aims of the project clear to you? ➢ If not, how could we have done this better?	
2. Has your general attitude and understanding of Disabled people changed? ➢ If so, how?	
3. Has your perception of Disabled people as potential foster carers changed? ➢ If so, how?	
4. Are you aware of the additional qualities and strengths that Disabled people might bring to fostering?	
5. Has your approach and practice changed as a result of taking part in the Mutual Benefits pilot project?	

> If so, how has is changed?	
5a. Which parts of the project influenced your practice (tick all that apply): Disability Equality training ☐ Communications audit ☐ Meetings & discussions with Mutual Benefits researchers ☐ Media and publicity ☐ 5b. Which of the above has had most impact on your practice?	Please use this space for any additional comments:
6. Did you encounter any barriers to changing practice?	
7. What changes have you made to encourage Disabled people to apply to become foster carers? (please tick all that apply) Communications ☐ Website ☐ Recruitment ☐ Strategy ☐ Culture ☐ Leadership ☐ Other (please comment):	Please use this space for any additional comments:
8. What else could you do to increase the number of Disabled applicants - what could we put in place?	

➢ What could you do?	
➢ What could the Mutual Benefits team do?	
9. Are you aware of any Disabled people having applied or being recruited since the start of the project in January 2018?	
10. Have you collected any data about the number of Disabled people who have applied to become foster carers since January 2018? ➢ If so, can you share this with us and/or share any case studies?	
11. What has been the biggest change you have noticed within your organisations relating to Disabled foster carers and Disabled applicants?	
12. What is the biggest change you would like to see regarding the recruitment of Disabled foster carers?	
13. What is the biggest change you would like to see regarding working with disabled foster carers?	

14. Are there any issues that are still preventing you from considering disabled people as foster carers?

For example, are you unsure about how fostering may affect disability related benefits or are you worried about how a disabled foster carer can get reasonable adjustments to foster?

Please give details:

Slide 1

University of Worcester

Mutual Benefits: The Potential of Disabled People as Foster Carers

drill

1

Slide 2

University of Worcester

What is Today About?

- Where we are now
- Where we would like Disabled Fostering to be
- Further discussion and Networking

WHAT WOULD YOU LIKE TO GET OUT OF TODAY'S SEMINAR?

2

Slide 3

University of Worcester

England Statistics

- 75% Looked-after children are in foster care
- 65% through neglect or abuse
- In 2017 there were 53,420 children in foster care – a 3% increase on the previous year.
- Cost £1.7 Billion p.a.
- 10% Turnover of Foster Carers p.a.

(Department for Education, 2018)

- 6,800 Shortage of foster carers England

(Fostering Network, 2018)

3

Slide 4

University of Worcester

England Statistics cont'd....

- Just under 10% of children [in foster care] were reported to be Disabled. Although the percentage is in line with 2016, the number is showing a decrease since last year with 4,855 in 2016 and 4,560 in 2017.

- Independent fostering agencies reported slightly higher percentages of Disabled children (10% or 1,785) compared with 8% (2,775) for local authorities.

(Ofsted 2018)

4

Slide 5

University of Worcester

Disability and Foster Care

- Disproportionate nos. of Disabled children in foster care but there is no culture within fostering which includes Disabled people as foster carers. This may be because:

  › fostering services have failed to reach out to Disabled people;

  › because of stigmatic and pathological views of disability;

  › Disabled people are worried that any core benefits will be adversely affected should they foster.

5

Slide 6

University of Worcester

Why did we bid for this project?

- Provision of more diverse foster placements will mean that fewer children will remain in unsuitable settings.

- Disabled foster children could benefit from positive Disabled adult role models – transfer of independent living skills and strategies.

- For Disabled people to have equal opportunity to become foster carers.

- So Disabled people can gain employment, contributing to halving the unemployment gap for Disabled people (The All Party Parliamentary Group on Disability, 2016).

- Raising 'ability' awareness of Disabled people as good foster carers.

6

University of Worcester

Why did we bid for this project? cont'd...

There is no culture within fostering which includes Disabled people as foster carers. This may be because:

- fostering services have failed to reach out to Disabled people;
- it maybe because of stigmatic and pathological views of disability and
- it may be that Disabled people are worried that any core benefits will be adversely affected should they foster.

7

University of Worcester

Mutual Benefits: The Potential of Disabled People as Foster Carers

- Pro-active pilot sites sought across the sector
- Labarious task negotiating this access
- Survey
- Training delivered by a Disabled person
- Audit of websites / advertising materials
- Exploration of minimum standards / regs
- Exploration of Benefits systems / Access to Work
- Case Studies
- Meetings between pilot sites and local DDLOs

8

University of Worcester

The Survey: Training Needs Analysis for Disability Equality and Inclusion training

- The survey was constructed using Boston Online Surveys
- 25 questions about disability awareness and perceptions
- Survey link was sent to pilot sites for fostering staff to complete
- Anonymity and confidentiality was maintained
- Training sessions were prepared using the answers given in the survey to tailor the content to training requirements.

9

University of Worcester

Findings of Training Needs Analysis

79% of respondents (64 out of 81) gave reasons why [some] Disabled people could not become foster carers:

Most said because of severity or complexity of disability:

- Comments related to cognitive and mobility impairments; difficulty communicating and mental health issues.
- Safeguarding - "If their disability means they could not meet a specific child's needs".

But:

- Many staff recognized that Disabled people had life experiences relevant to fostered children.
- Many staff stated that careful matching is key, whether the carer is Disabled or not.

10

University of Worcester

Findings of Training Needs Analysis continued...

- 55% of respondents felt confident about talking about Disabled people.
- 30% of respondents were confident about making things accessible for a visually impaired person.
- 25% of respondents were confident about providing access for someone with mental health issues.
- 25% of respondents were confident about making buildings, services and information accessible.
- Most respondents did not know what co-production is or how to do it.
- Most respondents reported knowing 'a little' about the Equality Act 2010.

11

University of Worcester

Foster Carers Survey & Interviews

- Exploring lived experiences of foster carers, whether they themselves, and/or their partner are Disabled or not.
1. Survey: 30 questions - foster carers' perceptions regarding disability and foster care:
   - Most reported they would support/work with colleagues who were Disabled.
   - Only 3 of the 21 respondents reported being Disabled.
   - Most respondents said they would work as 'buddy' foster carers.
   - Most respondents felt there were areas of difficulty for Disabled foster carers with mobility and safeguarding being the main issues.
2. Interviews were arranged with 12 Disabled foster carers which revealed negative experiences in approaching agencies but mainly positive experiences once recruited.

12

Slide 19

University of Worcester

CoramBAAF Practice Guide - Recruiting and Retaining Disabled Foster Carers

- Definition of Disability
- Rights of Disabled People under the Equality Act 2010
- Welfare benefits and Disabled people
- Access to Work
- Disability Statistics
- Marketing Material / Websites
- Reaching out to Disabled People
- Language and Terminology
- Social Model of Disability
- Inclusive Recruitment and Assessment incl. First Aid Regulations
- Matching
- Support networks including local Disabled organisations
- Educating the whole organisation, including panel
- Case Studies – How to do it / How not to do it!

19

Slide 20

University of Worcester

Future Funding and National Roll-out

- It is important that the findings from this project have a wider impact and are used to improve practice in relation to recruiting Disabled people as foster carers.
- To this end, we hope to secure funding to further the progress already made to:
  - Promoting a culture of true inclusion, through training and open discussion;
  - Encouraging a broad-minded and forward-thinking attitude to the recruitment of foster carers, to genuinely derive MUTUAL BENEFITS through effective cooperation.

20

Slide 21

University of Worcester

Key Areas Still Needing Work

- Attitudes – Professional (including children's frontline teams)
- Effective reach out to Disabled people and their organisations
- Knowledge – Nature of disabilities / benefits / outside resources
- Disabled foster carers to be championed by their agencies
- Monitoring / Recording of Disabled applicants / Conversions
- National or Regional roll-out, tracking progress from first point of enquiry

21

Slide 22

University of Worcester

References

- Department for Education (2018). *Promoting the education of looked after children and previously looked after children.* London.
- Fostering Network (2018). https://www.thefosteringnetwork.org.uk/advice-information/all-about-fostering/recruitment-targets
- Ofsted (2018). Fostering in England 2016 to 2017 main findings. https://www.gov.uk/government/publications/fostering-in-england-1-april-2016-to-31-march-2017/fostering-in-england-2016-to-2017-main-findings
- The All Party Parliamentary Group on Disability (2016). https://www.disabilityrightsuk.org/news/2016/december/disability-employment-gap-campaign-downing-street

22