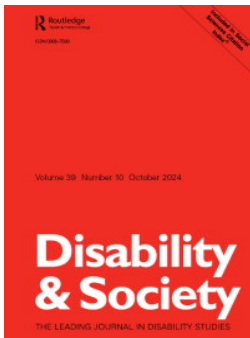




Disabled people as foster carers - closing the recruitment gap  
and more

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## Disabled people as foster carers – closing the recruitment gap and more

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### ABSTRACT

Recent Ofsted statistics for fostering in England show a steady decline in the number of approved fostering households, whereas the number of children needing foster homes has increased. To address this disparity, the present study explored the views of Disabled and Non-disabled foster carers regarding inclusivity within the foster care recruitment system. A two-year project was led by the University of Worcester, in co-production with Shaping Our Lives and the Foster Care Co-operative, using mixed methods across four fostering agencies. Findings were that discriminatory practices, a lack of knowledge and flexibility in recruitment, and a lack of role models meant that Disabled people were generally not perceived as potential recruits. Examples of Disabled foster carers acting as effective foster carers were found, but these were very few and far between. Recommendations are that these discriminatory practices should be challenged at all levels and replaced with a culture of inclusion.

### ARTICLE HISTORY

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### KEYWORDS

Foster care; Disabled foster carers; recruitment gap; discrimination; inclusive practice; role models

### Points of interest

- Disabled people are largely excluded from having equal opportunity to become foster carers in England
- Discriminatory attitudes are held by professionals, combined with a lack of role models and recruitment systems that do not make reasonable adjustments for Disabled people
- Children and young people needing foster homes are deprived of greater choice
- The recruitment gap being experienced by all fostering agencies will continue if Disabled people are not embraced as foster carers

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- Disabled people are denied opportunities to engage in caring roles that would present positive images of disability and enable them to enter the world of work.

## Introduction and background to the project

This paper is written from a Social Model of Disability standpoint (Oliver 2013) and hence capitalises the term 'Disabled', to emphasise the social cause and nature of the exclusion and discrimination which people with impairments continue to face, in this case in the world of fostering.

There is a lack of literature relating to Disabled foster carers in the UK and elsewhere in the world, extant literature focusing on Disabled children already in foster care, or in need of foster homes.

Disabled people appear to be largely absent from the fostering workforce and although many fostering websites include information relating to fostering Disabled children, hardly any mention that Disabled people (who are often experienced parents) could become foster carers. Of the 83,840 children placed in foster care at some point during 2023, 5% were recorded as being Disabled (Gov.UK 2023a). The framework of intersectionality (Shaping Our Lives 2022) also comes into play in relation to the subject matter of this paper – many prospective Disabled foster carers will be women, many will be too poor to foster, some may be from ethnic minorities, and many will not have suitable accommodation. Fostering services have become more diverse in recent decades in respect of recruiting ethnic minority carers and foster carers across a range of sexualities (Karim 2018; Hicks and McDermot 2018) but this diversity has not extended to include Disabled people, who are focus of this paper.

The general experiences of Disabled foster carers when in contact with Children's Services reflect society's wider discriminatory attitudes, and Disabled parents frequently report that the process of seeking this support unjustifiably stigmatises them and their families (Newman and Wates 2005). The majority of children of Disabled parents have no contact with children's services. There are fairly consistent messages, however, about how families experience formal services, often reporting that services are slow, inflexible, intrusive and not always of much value. A lack of communication and co-ordination between children's and adults' services is also a commonly reported problem (Community Care 2008).

A website review of 496 foster agencies in England by the University of Worcester (Torney and Unwin 2018), found that only six (1.2%) foster agencies mentioned that Disabled people might be able to become foster carers, indicating how little Disabled people are considered part of foster care. All of the social workers and all Disabled people involved in this study expressed interest in increasing the numbers of Disabled foster carers.

Foster care is a way of providing a stable family life for children and young people who are unable to live with their parents at a point in time. Foster care practice in England is guided by the Fostering Services National Minimum Standards and a key standard is 13.2:

People who are interested in becoming foster carers are treated fairly, without prejudice, openly and with respect. Enquiries are dealt with courteously and efficiently by staff who have the necessary knowledge and skills. Prospective foster carers are provided with timely and relevant information following their initial enquiry and are kept informed about the progress of any subsequent application for approval (Department for Education 2011).

According to Gov.UK (2023b) 'Fostering in England 1 April 2022 to 31 March 2023', there were approximately 43,400 fostering households in England. This total has remained fairly stable over the last five years, but since 2019 the number of mainstream state-run fostering households has fallen by 11%. The Fostering Network's (2022) UK study of fostering systems referred to there being 'a situation where the fostering system is under immense pressure. The number of children in need of foster families is increasing at a rate that cannot be met by the existing capacity within the foster care sector'.

There is clearly a need for more foster carers and England's fostering agencies and systems should be doing all they can to encourage people to enquire and apply. However, it is rare to find recruitment adverts that include disability in their list of 'Who can foster?' FAQs. Disability has commonly been considered solely in terms of finding suitable carers for Disabled children, rather than focusing on Disabled adults in a parenting role (Wates, 2002). This, whether deliberate or short-sighted, has resulted in excluding suitable and much-needed candidates from the fostering system.

The Office for National Statistics, Labour Force Survey (2018) reported that Disabled people are more than twice as likely to be unemployed as non-Disabled people. The Department for Work & Pensions, Family Resources Survey (2016/2017) showed that 22% (13.9 million) of people in the UK reported having a disability in 2016/17: 8% children, 19% working age adults and 45% pension age adults. Recent findings indicate that Disabled women are significantly less likely to be employed when compared with Disabled men, nondisabled women, and nondisabled men. They were also significantly the least likely to work full-time among these above four groups (Kim, Skinner, and Parish 2020). Women make up a significant percentage of foster carers in the UK, with many taking on the role as single carers (To The Moon and Back Foster Care 2023), making this situation detrimental both for Disabled women who would like to foster and for the children who need foster homes.

A further factor which affects Disabled people's entry into employment is the reluctance to disclose a disability. This means that any reasonable

adjustments (Equality Act 2010) needed to support Disabled people in employment are not put in place, which creates additional barriers in terms of equitable conditions for Disabled people in the workplace (Olsen 2022). However, lack of employer flexibility has also been seen as a barrier for Disabled people, with unnecessary restrictions affecting gaining, retaining and progressing in employment (Molyneux 2023).

A difference between the more general discrimination against Disabled people across other workforces and fostering is the fact that many Disabled people are often already experienced parents and will be performing parenting and caring roles within their own families. Contemporary fostering does provide considerably more challenges than caring for one's own children but if 'reasonable adjustments' (Equality Act 2010) regarding requirements such as being able to attend meetings and use technology for communication and report writing are put in place, then many Disabled people would be afforded an equal opportunity of being assessed. Matching, as ever, is the key to any successful foster placement and social work skills should be focused on this area when assessing potential, rather than pathologising which types of behaviour would not be manageable given an applicant's particular impairment or assuming that a fostered child would automatically have to become the carer for the Disabled adult. Unnecessary barriers to becoming foster carers, such as inaccessibility of the built environment, information systems and support structures, prevent Disabled people from seeking information, as well as sending a message, perhaps inadvertently, that Disabled people are not welcome in fostering.

The Joseph Rowntree Foundation set up a task force to improve the lives of Disabled adults by addressing the support that should be made available to them as parents, stating that Disabled parents commonly face the assumption that impairment or illness *'in itself, and inevitably,'* leads to child deprivation, potential harm or abuse (Morris 2003 p.2). The task force argued for an approach which recognises that such risks are created and/or exacerbated by the lack of appropriate support, unequal access to mainstream services, negative attitudes, and the poverty and poor housing which can be associated with physical/sensory impairments, learning difficulties, and mental health difficulties. Austerberry et al. (2013) in one of the few studies on Disabled foster carers, found that Disabled foster carers reported being less satisfied with the support provided by the fostered child's social worker than other foster carers. These findings were based on a review of a foster carers' survey from 2011, which had an overall response rate of 43% and showed that 13% per cent of foster carers described themselves as having a disability or long-term health condition.

There are no specific national 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 & Pensions 2023) which should be applicable to foster care. A final point here is that contemporary fostering agencies have access to a wide range of support, and models such as the Mockingbird programme (The Fostering Network 2022) are designed to address the complexities of fostering. As of January 2023, there were 117 Mockingbird groups, known as ‘constellations’ in England, Wales, and Scotland, each led by a hub home carer and liaison worker (often a senior social worker); the constellation provides peer support and arranges social activities and strengthens relationships between foster families. This is an innovative idea that nurtures the relationships between children, young people and foster families supporting them to build a resilient and caring community (The Fostering Network 2022). This relatively new initiative has the potential to provide support to all foster carers whether Disabled or not and is a good example of a system able to accommodate the ‘reasonable adjustments’ (Equality Act 2010) that could enable Disabled foster carers to be successful.

### **Aims of the research**

The research was designed in co-production between the University of Worcester, Shaping Our Lives Disability Network and the Foster Care Co-operative. The research was supported by a reference group that met on a two monthly basis, half of its members being Disabled people. Aims of the research were to find out:

- how many Disabled people were currently in England’s foster care workforce;
- whether Disabled foster carers who were practising were able to carry out the contemporary roles of foster care;
- whether there were any barriers to more Disabled people being recruited.

### **Project rationale**

Funded by the National Lottery Community Fund and administered by DRILL (Disability Research on Independent Living and Learning), the research was underpinned by the Social Model of Disability (Oliver 2013), a seminal model which challenges the pathologising of Disabled people and draws a distinction between impairment and disability. This model identifies disability as a disadvantage that stems from a lack of fit between social environment and the physical body. Since fostering system processes vary across the UK, particularly in terms of private sector foster care, the focus of this research was on foster care in England. The main benefits of recruiting

Disabled people as foster carers were seen by the research team as helping provide a greater choice of foster care placements, while simultaneously enabling Disabled people to gain employment. Disabled and non-Disabled foster children were also envisaged as being able to benefit from positive Disabled adult role models. The provision of more diverse foster placements should also mean that fewer children remain in unsuitable settings for their needs.

Additionally, it was thought that this research could potentially lead to foster care agencies looking at new and different ways of growing their businesses, while seeing Disabled people in foster care roles could also positively change attitudes of professionals and the general public.

The research team recruited and worked with four foster care agencies (two statutory and two from the independent sector – one private and one charity) from both urban and rural settings in England, as sites for this project. Unfortunately, the charitable organisation dropped out part way through the research, following a transfer to a new charity. The new management saw no worth in the project continuing, an attitude that personified disablism in the sector.

## Methodology

The project was approved by the University of Worcester Health and Sciences Research Ethics Committee (HCA17180068). After several meetings to establish a mutually agreeable schedule of events, a training needs and perceptions survey was completed by fostering staff at the four sites who had responded to e mails seeking interest in the project. These responses led to the tailoring of a disability awareness training programme to be delivered on each of the four sites. Although the teams of social workers in each site had different needs and experiences around disability, the general programme (delivered by a Disabled Shaping Our Lives research team member) covered issues of legislation, the Social Model of Disability (Oliver 2013), foster care values, co-production, contemporary language around disability and person-centred skills. A survey of social work attendees who attended the disability awareness training indicated that, while prior to the training they had little knowledge about working with Disabled adults and were unsure about legislation, terminologies and best ways of working, almost all were positive post-training about the potential for Disabled people to become foster carers, given appropriate support.

Alongside this investment in staff awareness, the research team's core focus was to ascertain the views of Disabled foster carers and non-Disabled foster carers about the fit of fostering with Disabled applicants, across the four participating organisations. This was achieved by way of surveying all foster carers in two of the four organisations, asking whether they



self-identified as Disabled, what their experiences were of disability matters in fostering, how they would feel about working with Disabled peers, and asking if they would be prepared to take part in a telephone interview with one of the research team. The other two agencies did not think a survey would be productive, due to 'survey burnout,' and relied upon personal contact to elicit any interview participants.

As a result of these initiatives, three Disabled foster carers came forward from three of the sites (the fourth agency dropped out at this stage) and a further nine interviewees were recruited nationally, after they had seen posters and leaflets advertising the research project.

*The research questions asked of Disabled foster carers at interview were:*

- What are your experiences of fostering as a Disabled person?
- What do you know about the experiences of Disabled people who have applied/shown an interest in becoming foster carers?
- What could be done to promote foster caring more as a feasible/achievable role for Disabled people?

Interviewees read the participant information sheet and signed consent forms prior to the interviews which were conducted *via* telephone, recorded and transcribed. The standard conventions regarding anonymity, confidentiality and dissemination were given prior to interview and re-iterated at the commencement of each interview. Following Braun and Clarke (2006) model of thematic analysis, transcripts were independently coded by team members, then compared, refined and discussed to check rigour and consistency. Through this iterative process of interpreting and grouping the data, themes were then developed, similar themes emerging from both the in-house and the nationwide interviews.

The findings below reflect views from the survey of Disabled and non-Disabled foster carers from the two host organisations that took part in the survey, alongside interview findings from 12 Disabled foster carers, three of whom came forward for interview after an invitation at the end of the survey, alongside the views of nine Disabled foster carers who came forward as a result of national publicity that the project attracted. Key themes that emerged from the data collected from both surveys and interviews were those of 'Pre-Assessment Challenges' 'Challenges in the Assessment Process' and 'Fostering Strategies post-approval.'

### **Foster carers' online survey - findings**

The online survey sent to foster carers from organisations H and S, produced 21 responses from foster carers (14 from H and 7 from S). Three respondents reported being Disabled, two with mobility issues and one stated that they

had a 'substantial and long term' disability. Seventeen respondents said that they were not Disabled and shared fostering responsibilities with a non-Disabled partner. The remaining four respondents were non-Disabled single carers.

### ***Pre-assessment challenges***

Four respondents reported experiencing problems associated with disability in their family when applying to become foster carers and described these as follows:

- At my medical assessment, the GP said she may have concerns about me looking after very young children - despite me having done so many times (*Survey Participant (SP) H9*).
- I have an adult daughter with profound complex disabilities who lives with me, and we had questions from some professionals about my capacity to cope even though my daughter was the eldest of five children who are all adults now (*SP H11*).

Further comments related to problems which are commonplace in all fostering applications such as finding relevant information/dates and the tracing of applicants' past relationships. However, additional obstacles were encountered by Disabled applicants, such as when the fostering organisation had no accessible training venues.

Another Disabled respondent reported:

- I have raised my birth child (for 9 years as a single parent) and have always found ways to work around to manage any potential problems with my disability. I seemed, however, to be viewed as a risk option, rather than a positive and proven option (*SP H9*).

### ***Challenges in the assessment process***

Several respondents mentioned mobility and accessibility being raised by assessing social workers as potential problems for Disabled foster carers, particularly in terms of attending meetings, but also in terms of having appropriate mobility and fine motor skills to be able to care for children effectively and safely. Concerns were expressed also that the management of older teens could be difficult and that a child who was violent could present a real danger to a Disabled foster carer. All of the Disabled people interviewed were able to point to their everyday strategies of organisation, preparation and planning they had used for years as they coped with disability's challenges.

### ***Post approval strategies***

One Disabled respondent reported having some difficulties in carrying-out fostering tasks such as getting to meetings, reviews and training events, but found a 'buddy' who drove them to such events, alongside family members helping out as they could with transport. This example typifies the type of support that systems such as the Mockingbird model (The Fostering Network 2022) were designed to provide.

Thirteen out of 21 respondents stated that they already worked constructively with other foster carers, some of whom were Disabled. Seventeen respondents stated that they would be willing to work with Disabled recruits as 'buddy' foster carers. There were, however, two non-Disabled respondents, who stated that they would not be willing to work with Disabled foster carers, for the following reasons:

- 'No concerns with the principle, just not got the time;'
- 'Only because I work almost full time and would not have the time.'

Other positive qualities mentioned by survey respondents that might characterise Disabled foster carers' potential included patience, resilience, calmness, energy, life experience, empathy, understanding, being impartial, not taking things personally, being organised, having good communication skills, being open minded and non-judgemental. Several respondents reiterated that these were the very skills Disabled people needed to utilise on a day-to-day basis, skills that transferred well to the world of fostering. It was acknowledged as a barrier that Disabled foster carers may be perceived by birth families and professionals as a 'second best' choice, particularly as there is a lack of role models in fostering.

### ***Analysis of survey findings***

The negative experiences reported in the survey suggested the presence in assessment practice of disability being stereotypically equated with vulnerability. Such stereotyping is commonly experienced by Disabled people in the wider workplace (Kim, Skinner, and Parish 2020; McKinney and Swartz 2021; Molyneux 2023), where many barriers are attitudinal rather than physical. The physical barriers are perhaps the easiest to address, and during the research project several improvements were made to offices and room layouts through advice taken directly from Disabled research team members.

Several respondents mentioned mobility and accessibility as potential problems for Disabled foster carers, particularly in terms of attending meetings, but also in terms of having appropriate mobility and fine motor skills to be able to care for children effectively and safely.

Disabled people who had either been successful or not in their fostering applications reported that their everyday lives comprised a wide range of coping and organisational strategies, all of which demonstrate the resilient qualities that are so sought in new applicants. Almost all survey respondents, however, were able to give examples where they had not been called back by a fostering organisation after an initial enquiry, or of decisions being made which were clearly discriminatory. A majority of respondents who were now successfully fostering had received at least one rejection from an agency, usually without even a home visit having taken place. Therefore it might be hypothesised that the Disabled people who 'got knocked down but got up again' are perhaps exceptional people. This should not be the case, and it should not just be the exceptional Disabled people who get through foster care approval systems. Given the anti-discriminatory value base that underlines social work (British Association of Social Workers 2021; Social Work England 2024), it is unacceptable that such oppressive practices still prevail.

### ***Findings from interviews: perspectives of current and potential disabled foster carers***

Twelve people were interviewed *via* telephone about their views and experiences, three from the three fostering organisations who remained part of the research project and nine from national sources. All participants were Disabled, and either current or previous foster carers, or were hoping to apply, or had applied and been rejected. Their narratives were varied and gave a lived experience insight into the practices of different fostering organisations around England. The interviews were semi-structured and focused on individual experiences of disability and fostering. Anonymised excerpts from the interviews, using pseudonyms, are presented below:

#### ***Pre-assessment challenges***

Jane is a Disabled person and currently worked as a foster carer but was not initially accepted by a private agency. Her reflections accorded with the Medical Model of Disability (Hogan 2019) – 'You just feel like you're pushed aside, and you're let down because you've got something wrong.'

The interview quotes below hold messages for fostering organisations and also for Disabled people who internalise that fostering, as is the case with other socially valued roles, is not for them. This is also partly due to the fact that there are hardly any role models of Disabled people as foster carers, and even those agencies that participated in the research project did not always feature Disabled people on their websites/promotional literature. Deidre, a Disabled foster carer, made the following points about such lack of profile:

I think it's just about advertising the fact that people with disabilities can still do it. You know, I have a friend who said to me "I would love to foster but they wouldn't have me because I'm in a wheelchair." And I said to her, "well you wouldn't be able to have babies or toddlers, but I said you might well be able to have teenagers."

... I think this is the thing that we all fall down on, Disabled people, we think well we've got a disability and that means we're no good...somebody at church said to me a little while ago when I said I foster..."Really," she said, "I wouldn't have expected that."

The 'medical,' together with participation in first aid training, were parts of the approval process that caused anxiety to several applicants, experiences being reported that the medical and the first aid training dwelt on a deficit model of disability, i.e. what a person could not do, rather than what they could do. These anxieties were exacerbated in some first aid training courses where individual Disabled people were told that because they could not get down on the floor and resuscitate a child they could not be approved. Rose, a Disabled foster carer, commented:

...the medicals are quite rigorous...I was in for 40 minutes: measurements, cognitive ability, they tested everything, balance. So yeah... I think that would be a barrier.

...if you've got a disability, I think they are either going to have to make exceptions, or they're going to have to change the parameters of the medical, because otherwise it will discriminate.

Marie is Disabled and uses a wheelchair following an accident. She had been accepted as a foster carer before the accident, but when applying again more recently, she was turned down:

...I hadn't heard anything from the local authority, so I approached a couple of the private ones [agencies]...went through the full process with them right up until the medical and it was the medical that put a stop to everything, unfortunately...the only really negative that I can see from the medical was that [GP] put chronic, severe depression...I'm on medication for the depression but I'm not in the dark place that I once was.... it was just a few words on a form. I would have liked to have met the doctor that was looking at the form to see this is me. I'm a very high-functioning depressed person, I'm not suicidal.

Barriers such as the medical requirement (which is advisory, not executive) do present real barriers, Marie having provided the following reflections:

- I think the medical process needs to be looked at, they need to look at what are they actually measuring, look at not just putting somebody through a standard medical but assess them in their home -what are they capable of doing by looking at the full environment.

First Aid training is a necessary part of fostering but can be a challenge for some people depending on the disability. Disabled foster carer, Janet, reflects on her experience:

I did it through the Red Cross...I told them straightway "Look I have got issues, when it comes to practising on the Resusci Annie, I don't know if I'll be able to do that, because the exertion..." And she was "Well is your agency aware of this?" So I said, "Well they are." And she said "Well, you phone your agency, I'll phone my superiors." So I phoned the agency, and it was a case of "Well if you can't do it, you can't foster and that's it." That's my supervising social worker at the time, "Well, you can't do it, so you might as well go home." And I said, "Well no, I'm not going home because I've paid for this, and actually I can do it because, I've done it in the past, I know what I'm doing. It's just because I just can't practise in front of people."

Other Disabled applicants were excused the resuscitation part of the first aid course and informed that the key requirement to 'pass' was to know when to dial 999 in such an emergency situation. Such 'reasonable adjustments' would seem to follow the ethics of the Equality Act 2010, but they clearly were not applied across all fostering organisations.

Disabled foster carer, Sarah, felt that convincing people of your overall potential is a challenge in itself:

...I think it's getting people to believe you can do it more than anything. It can be having the child understand your disability as well and having a child that suits your family and your needs as well as helping them.

All of the Disabled interviewees were able to provide examples of disability discrimination connected with the fostering process. Rose stated:

Some professionals don't see that I have capacity to be able to be a foster carer, and others see it as a positive and view me as somebody that is very capable. So it depends on the individual. But I have had quite a mixed bag of social workers coming to my home and gasp when they see how complex my child's disabilities are. The social worker that did the assessment for my adoption with x made it very difficult and very challenging. She didn't think that I was up for the task.

Despite a majority of the experiences reported by Disabled applicants being negative, examples of good practice were also discovered. Deirdre, a Disabled foster carer, shared a positive experience that occurred when applying to foster:

He [social worker] said "the fact that you went forward, and you asked for help when you needed it tells us that if you are in difficulty, you will ask for help and that actually speaks loads to us." So it went completely the opposite way to how I perceived it would be...So that was a big eye opener...I might have thought to myself well I've been involved in a violent relationship that means I can't do this, they're not going to see me as a person who's suitable. But in fact it was completely the opposite.

Amanda is a Disabled foster carer, who was also able to share positive experiences:

When I first applied...I wasn't officially classed as being Disabled. They knew I'd had an accident, but it looked like I was getting better. I've not ever had any issues...

They've [the authority] always been quite supportive...with regards to the disability. And I think because we've always taken teens, it's not like I needed to run around after little children...But I do think that if I'd been registered Disabled at the beginning, it may have been more problematic.

Jane also pointed 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."

- ... I just absolutely love it, and it's challenging and it pushes you... we wanted to foster other Disabled children...some people look at Disabled children thinking oh no, I can't do that...But because we've actually been through it for 10 years with our own son and with having my disabilities, you know, you look at how it feels from the children's point of view...It's about looking past people's disabilities and looking to the actual person.

It was also noted by the research team that the fostering agencies had very little experience of working with Disabled adults, and the earlier training sessions had also found that many social workers had never worked with Disabled adults since qualification, and hence felt unsure about best practice terminology and approaches. This is perhaps not surprising given the lack of presence of Disabled adults across foster care, Marie's reflections here being:

I was the first one that had ever applied to [x fostering agency] as a Disabled person. I do have a social worker myself and she fails to use the correct language when she's assessing. She's not very confident in her role and how she does it. .adults are fumbling, trying to find the PC correct word to say and don't want to cause offence, in the process, they do cause offence.

### ***Analysis of interview findings***

The above findings from interviews with Disabled foster carers indicate that the Social Model of Disability did not characterise the majority of their experiences and that a deficit, Medical Model of Disability (Hogan 2019) was more in evidence. Being a parent and having developed resilience and organisational skills around coping with impairments do not automatically qualify Disabled people to become foster carers but the lack of 'reasonable adjustments' (Equality Act 2010) in the requirements and protocols surrounding assessment are cause for concern in fostering services which claim to work under the principles of diversity and equality. The video which complements and further illuminates this research project - [Disabled Foster Carers - YouTube](#) (University of Worcester, Shaping Our Lives and Foster Care Co-operative, 2020)- contains narratives from Disabled foster carers regarding how accommodations can be made to better ensure that Disabled people are included

on equal terms. Linda, from Oldham Social Services, is featured in the video and provides an excellent example of how the onset of visual impairment meant that she had to change her offer of caring for toddlers to caring for teenagers or babies, whose needs she could fully meet.

Taking the example of First Aid training experiences above, First Aid knowledge is fundamental knowledge that should be accessible to everyone, and it is therefore concerning, as discussed above, that completing a certified First Aid course can be problematic for Disabled people. This appeared to be due to lack of 'reasonable adjustments' (Equality Act 2010), for example allowing chest compressions to be carried out from a seated, rather than kneeling, position. This, and other types of modifications or adjustments, while maintaining the effectiveness of the procedure, could be incorporated into all First Aid courses. UK websites offering advice and support relating to First Aid course accessibility have been difficult to find, although the American Heart Association (2022) has developed First Aid certification for people with physical disabilities, which includes advice on advocacy, modifications and awareness relating to inclusive First Aid practices. There were instances reported above from both professionals and Disabled people wherein Disabled people were excused having to 'pass' the full medical, recognising the difference between practising in a training session versus what might happen in a real-life crisis. The key advice seems to be that knowing when to call '999' is the indicator of 'passing' a First Aid course for fostering purposes. It is also the case that the First Aid course performance of any potential applicant, as is the case with a medical examination, is that these inform the decision-making of a fostering agency. Any advice should be taken within the holistic construct of what any applicant, Disabled or not, might be able to offer fostering.

Many of the foster carer narratives above reflect a lack of application of the equality and diversity awareness that is intrinsic to social work training and practice. The research team also noted that, in the days of specialist social work, many fostering social workers had little or no experience of interacting with Disabled adults and this doubtless added to their non-inclusive practices which often seemed led by a pathologising, rather than a strengths-based approach (Saleeby 2016) to their work. Issues of mental health hardly featured in the present study, partly because of stigma and a hesitation/fear of disclosing such an issue for fear of rejection, a fear that seemed justified in some cases. Clearly if any applicant's physical or mental health needs are such that they cannot reasonably be deemed safe to care, then they should not be approved, but it did appear that any mention of mental health in a Disabled person meant an automatic rejection of application. One wonders how many professional people routinely take medication for their mental health and well-being, and why



such 'normalisation' mores do not transfer to the situations faced by many Disabled people.

## Discussion, conclusion and future direction

The aims of this research project were three-fold, namely, to explore:

- how many Disabled people were currently in England's foster care workforce;
- whether Disabled foster carers who were practising were able to carry out the contemporary roles of foster care;
- whether there were any barriers to more Disabled people being recruited.

Reaching Disabled people who might be interested in fostering was difficult for the research team, whose approaches to Deaf and Disabled Organisations (DDPOs) local to the project's fostering organisations resulted in no significant responses, possibly as the concept of Disabled people as foster carers was so far removed from their world. The challenge remains of how to change this culture, one possibility being to target Disabled sports groups where a younger age demographic is likely to be present, rather than in the more traditional DDPOs, whose membership are likely to be post-retirement age.

It proved impossible to ascertain the numbers of Disabled foster carers in England's workforce because data is not collected locally or nationally regarding the Disabled status of foster carers. The research project has raised awareness about the potential of Disabled people within the fostering agencies who participated, and the findings of this project did receive some considerable national and local media coverage. The project celebrated those few Disabled people who had managed to be approved as foster carers, and has hopefully raised the aspirations of Disabled people, who are currently virtually invisible in fostering services. Much of the evidence above demonstrates that Fostering Services. Minimum Standard 13.2 (Department for Education 2011) regarding the need to assess potential foster carers fairly, without prejudice, openly and with respect, is not being met in regard to Disabled people. The barriers identified were considerable and spanned issues of discrimination, ignorance, a lack of role models and a lack of creative thinking around ways in which foster care could prove a valuable career for Disabled people, and thus provide greater choice for children needing placements and helping close the ongoing recruitment gap. These barriers resonated with the generic employment barriers encountered more widely by Disabled people (Olsen 2022), as well as with Morris's (2003) findings regarding the need for the right support for Disabled parents.

At present, hardly any fostering websites present disability in a constructive light, although a rare and positive example can be found on Leicester City Council's Fostering website, which states the following under their 'Am I eligible to foster?' criteria:

'We do not discriminate on the grounds of class, race, culture, sexual orientation or disability...Disabilities or minor health problems will NOT rule you out.'  
(Leicester City Council [2015](#))

DDPOs have not been proactive to date in supporting or encouraging their Disabled members to foster, possibly because fostering is such an unknown world to them. For things to change, it is important that DDPOs and other disability organisations are informed about fostering and to recognise that they have an important place to play. There needs to be more diversity through inclusivity - Disabled people could be encouraged to work alongside social work assessors and to become social workers and; Disabled people could be reached out to *via* various organisations and more proactive marketing, particularly given the ongoing shortfalls in foster carer numbers (Gov.UK [2023b](#)). Furthermore, the profile of Disabled people as positive contributors to fostering should form part of social work training and continuing professional development.

This research project has been successful in having brought the issue of Disabled foster carers and their absence from the workforce to national attention. Large scale culture change is needed if Disabled people are to be given genuine equality of opportunity in this field of work. The research team discovered case studies of Disabled people successfully fostering, and have brought about attitudinal, marketing, and practice changes in three fostering agencies. There are, however, almost 500 fostering agencies in England and much work remains to be done. The deficit models of disability found in the workforce and the absence of training/awareness about disability in general mean that pathologising views of Disabled people remain, even in a workforce governed by strong anti-discriminatory value bases such as those of the British Association of Social Workers ([2021](#)) and Social Work England ([2024](#)).

Social workers and their organisations have much to learn about disability, legislation, benefits and Access to Work provision (see Unwin, Meakin, and Jones [2020](#)). 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, and successes of systems such as the Mockingbird model (Fostering Network [2022](#)), would lend themselves well to embracing Disabled colleagues.

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, the research team hope to further develop the progress already made by undertaking future large-scale research into the recruitment and retention of Disabled foster carers. It is hoped that the findings from this research will be considered to be important by both statutory and private fostering organisations, as it offers a way forward that provides a greater choice and positive role models of disability for children needing foster care, while also helping close the recruitment gap.

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