Aspirations: The views of foster children and their carers

Foreword

As professionals, we sometimes get bogged down with jargon and talking about outcomes as if it is something abstract, a tool for managers to monitor performance. But outcomes are really achievements and for good achievements we must set high aspirations for children who have had, through no fault of their own, a bad start in life. It is about having those high aspirations as a marker and then working out what needs to happen to get there. Amongst the best people to tell us what works are children and young people and carers themselves.

This desire for high achievements led us to commission Professor Bob Broad from South Bank University to undertake a longitudinal research study into the views and experiences of foster carers and their children. The result of the first stage of this work is this report and I do not plan on taking any time in my introduction taking you through it; I will, however, congratulate Bob on an excellent and thorough study and extend my thanks to all the carers and young people who have given their time to take part in it.

In the last ten years, from Every Child Matters to the Children and Young Persons Bill, everyone has been talking about improving outcomes for children in care. Not only how to improve the appalling outcomes for this most disadvantaged group but also how we measure those outcomes. Legislatively there has been progress; Every Child Matters, placing five outcomes at the forefront of service delivery. To achieve these global outcomes, we must focus on each individual’s needs and help them to achieve their dreams.

We know that looked after children have some of the poorest outcomes exacerbating the early difficulties that they have experienced. This report looks to provide evidence to improve practice to make immediate and long term improvements for the lives of these children so that they can have a better adulthood.

What saddens me is the lack of aspiration felt by some children about their educational attainment levels. I am clear that as a corporate parent I have the same high aspirations as I do for my own children. I am consistently impressed by our own young people’s achievements. Achievements in circumstances that most of us would find difficult. Achievements often with little support from a bureaucratic system. Achievements against the odds. Successes that they, and we, can be proud of.

High aspirations isn’t just about educational achievement, although important. It’s about life achievements, seemingly small to some but significant to the young person. It’s about having dreams and hopes about life and the self belief that they can be achieved. Our job is to help them achieve those dreams and hopes.

Kevin Williams
TACT Chief Executive

Acknowledgements

The author would like to thank the following, without whom this research study would not have been possible: all the children, young people and foster carers who took the trouble to complete and return the questionnaires as well as those who piloted the original children’s questionnaire and the TACT staff who helped them; namely Shirley Thomas, Chris Bacon, and Gaynor McMillan. Further thanks are extended to Belinda Evans, Sue-Ellen Cottle, Michael Cuevas, Matthew Huggins, Hugh Pelham and Kevin Williams as well as all the area administrative staff who chased up the questionnaires. Finally, thanks are extended to university colleagues and to Jonathan Broad, who contributed valuable statistical insights at the data analysis stage.

Published in 2008 by The Adolescent and Children’s Trust (TACT)

TACT is a national charity for children and young people involved with the care system. Their core services are fostering and adoption, however they also offer a range of other services to help, support, encourage and empower young people and their families.

TACT, Head Office, The Courtyard, 303 Hither Green Lane, Hither Green, London SE13 6TJ
Registered charity numbers: England and Wales 1018963. Scotland SC 039052
ISBN number: 978-0-946786-51-0
Copyright © London South Bank University and TACT

About the author

Bob Broad PhD, Professor of Children and Families Research, undertook this research study in his capacity as Visiting Professor at London South Bank University’s Social Policy and Urban Regeneration Research Institute. He was previously Director of Research at the National Children’s Bureau, London and at De Montfort University, Leicester where for ten years he was Director of the Children and Families Research Centre and where he is now a Visiting Professor.

About the author

Bob Broad PhD, Professor of Children and Families Research, undertook this research study in his capacity as Visiting Professor at London South Bank University’s Social Policy and Urban Regeneration Research Institute. He was previously Director of Research at the National Children’s Bureau, London and at De Montfort University, Leicester where for ten years he was Director of the Children and Families Research Centre and where he is now a Visiting Professor.

About the author

Bob Broad PhD, Professor of Children and Families Research, undertook this research study in his capacity as Visiting Professor at London South Bank University’s Social Policy and Urban Regeneration Research Institute. He was previously Director of Research at the National Children’s Bureau, London and at De Montfort University, Leicester where for ten years he was Director of the Children and Families Research Centre and where he is now a Visiting Professor.

About the author

Bob Broad PhD, Professor of Children and Families Research, undertook this research study in his capacity as Visiting Professor at London South Bank University’s Social Policy and Urban Regeneration Research Institute. He was previously Director of Research at the National Children’s Bureau, London and at De Montfort University, Leicester where for ten years he was Director of the Children and Families Research Centre and where he is now a Visiting Professor.

About the author

Bob Broad PhD, Professor of Children and Families Research, undertook this research study in his capacity as Visiting Professor at London South Bank University’s Social Policy and Urban Regeneration Research Institute. He was previously Director of Research at the National Children’s Bureau, London and at De Montfort University, Leicester where for ten years he was Director of the Children and Families Research Centre and where he is now a Visiting Professor.

About the author

Bob Broad PhD, Professor of Children and Families Research, undertook this research study in his capacity as Visiting Professor at London South Bank University’s Social Policy and Urban Regeneration Research Institute. He was previously Director of Research at the National Children’s Bureau, London and at De Montfort University, Leicester where for ten years he was Director of the Children and Families Research Centre and where he is now a Visiting Professor.

About the author

Bob Broad PhD, Professor of Children and Families Research, undertook this research study in his capacity as Visiting Professor at London South Bank University’s Social Policy and Urban Regeneration Research Institute. He was previously Director of Research at the National Children’s Bureau, London and at De Montfort University, Leicester where for ten years he was Director of the Children and Families Research Centre and where he is now a Visiting Professor.

About the author

Bob Broad PhD, Professor of Children and Families Research, undertook this research study in his capacity as Visiting Professor at London South Bank University’s Social Policy and Urban Regeneration Research Institute. He was previously Director of Research at the National Children’s Bureau, London and at De Montfort University, Leicester where for ten years he was Director of the Children and Families Research Centre and where he is now a Visiting Professor.

About the author

Bob Broad PhD, Professor of Children and Families Research, undertook this research study in his capacity as Visiting Professor at London South Bank University’s Social Policy and Urban Regeneration Research Institute. He was previously Director of Research at the National Children’s Bureau, London and at De Montfort University, Leicester where for ten years he was Director of the Children and Families Research Centre and where he is now a Visiting Professor.

About the author

Bob Broad PhD, Professor of Children and Families Research, undertook this research study in his capacity as Visiting Professor at London South Bank University’s Social Policy and Urban Regeneration Research Institute. He was previously Director of Research at the National Children’s Bureau, London and at De Montfort University, Leicester where for ten years he was Director of the Children and Families Research Centre and where he is now a Visiting Professor.

About the author

Bob Broad PhD, Professor of Children and Families Research, undertook this research study in his capacity as Visiting Professor at London South Bank University’s Social Policy and Urban Regeneration Research Institute. He was previously Director of Research at the National Children’s Bureau, London and at De Montfort University, Leicester where for ten years he was Director of the Children and Families Research Centre and where he is now a Visiting Professor.

About the author

Bob Broad PhD, Professor of Children and Families Research, undertook this research study in his capacity as Visiting Professor at London South Bank University’s Social Policy and Urban Regeneration Research Institute. He was previously Director of Research at the National Children’s Bureau, London and at De Montfort University, Leicester where for ten years he was Director of the Children and Families Research Centre and where he is now a Visiting Professor.

About the author

Bob Broad PhD, Professor of Children and Families Research, undertook this research study in his capacity as Visiting Professor at London South Bank University’s Social Policy and Urban Regeneration Research Institute. He was previously Director of Research at the National Children’s Bureau, London and at De Montfort University, Leicester where for ten years he was Director of the Children and Families Research Centre and where he is now a Visiting Professor.
1. Introduction

This study aims to provide evidence around the outcomes of children in TACT foster care. This summary report presents the initial findings of the study, focusing on the process of foster caring, rather than long-term and final results; later stages of research will investigate interim and final outcomes. The full research report, containing detailed data tables, charts, regional analysis and further research findings, is available from TACT Head Office. (Details at the back of this report).

Special thanks are extended to the children and adults who participated in this study and made it possible.

1.2 General research aims

To research and analyse the perceptions and outcomes of children in TACT foster care placements as well as those of their foster carers.

1.3 Detailed objectives

To investigate the personal and social factors contributing to the health and wellbeing of children in care, including education, self-care, relationships, and participation in decision-making.

To record foster carers’ perceptions of the needs and development of the children in their care and their views of the support services provided by TACT and other organisations.

To analyse children’s and foster carers’ perceptions of what affects the health and wellbeing of children in care.

To produce a report for a range of stakeholders, including the children and carers who participated in this study, TACT staff and relevant external agencies.

To use this information as a springboard for improving practice in the services TACT provides.

1.4 Research sample, issues and methods

The original aim of the study was to work from a core sample of 100 children in TACT foster care, aged 8-18 and living across all eight TACT regions. Initially, we had also intended to survey only children who had been in placement for between 12 and 24 months to increase the likelihood that they would still be in placement in 2008-09 for the proposed follow-up study. However, to ensure that we reached the target sample group size of 90-100 participants, these criteria were changed to a minimum placement length of six months. This target was achieved after two to three months so that the study’s findings relate primarily to medium to long-term foster placements.

The importance of the views of users and carers in research studies is now more widely recognised: “One key indicator of the quality of care in foster homes should be the children’s own views.” (Berridge, quoted in Wilson et al, 2004: 31).

This study focuses almost entirely on the views of children in care as well as the views of their foster carers. It was conducted in line with the ethical standards required of all research conducted at London South Bank University.

The study is based on the results of a questionnaire sent to all children in the sample group; conducting face to face interviews with so many participants across England and Wales would have been unnecessary and impractical. An initial version of the questionnaire was trialled by 20 children at a TACT activity weekend and then amended to make it more ‘child-friendly’ (colourful and based on ‘tick-box’ questions), following consultation with the children and TACT young people’s workers. The university then invited foster carers to participate in the study and asked for their consent to send a letter and questionnaire to the child in their care.

Following three months of preparation, piloting and consultation, two questionnaires – one for carers, one for children – were sent with SAEs to the participants. Unique coding numbers known only to the university were used throughout the study. 56 children’s questionnaires were returned (of 90 participants = 60%) and 61 questionnaires were returned by the 53 foster carers (of 79 participants = 67%) caring for these 56 children. All data from the closed questions and ranking data was entered using Excel software, generating a total of 6200 data items. The study was conducted over a fifteen month period.

Originally, we had intended to use this research in conjunction with relevant data gathered from the TACT management information system, Softbox. Unfortunately, this was not possible because the system was relatively new and unfamiliar to TACT staff at the time of the study.

1.5 The research study

The questionnaires gathered information about several factors: ‘physical, mental and emotional health’; ‘education’; ‘personal, ethnic and cultural identity’; ‘social relationships’; ‘behaviour’; ‘self-care’ and ‘participating with others.’ Several other studies focusing on the looked after system have established that these dimensions are crucial indicators of children’s health and well-being (Broad, 2005; Gilligan, 2001; Sinclair, 2005).

The study examines children’s opinions on a number of issues including their education, life skills, participation in activities and connections with others as well as whether they feel involved in important decisions (for example, about placements and review meetings) and their views of the support and participation available to them. The questionnaire also included a ‘wish list’ allowing children to say exactly what they would like the most.
2.1 Research findings about the children

This report presents the views of 56 children or 62% of the 90 children who met the criteria to be involved in this study and who were sent the questionnaire.

2.2 Gender, region and ethnicity

Of the 56 participants, 24 (43%) were female and 32 (57%) were male. 22 children were from the TACT Wales and South West region, 13 from the London region and 21 from the Midlands region.

48 children responded to the ethnicity questions in the questionnaire; of these, 35 (73%) described themselves as ‘White British’, four (8%) as ‘Asian’, and three (6%) as ‘Mixed Other.’

2.3 Children’s participation in decisions

The questionnaire included a series of questions on the amount of influence participants felt they had about living in foster care, including decisions about their placement and review meetings: ‘a lot of say’, ‘some say’, or ‘none at all.’ Below is a summary of the answers given. Appendix 1 gives a detailed overview of this part of the study.

2.3.i Involvement in decisions about friends/contacts/social services

A majority of responses indicated ‘a lot of say’ about ‘who they can talk to about the big decisions in their life’ (65%) and ‘having friends to come over’ (59%). A significant minority stated that they had ‘some say’ about friends coming over (43%) and being able to see their social worker (41%). Less than 15% of responses stated ‘no say at all’.

2.3.ii Involvement in decisions about review meetings

Between 46% - 65% of children said they had ‘a lot of say’ about their review meetings, attending and being involved in them. A significant percentage (32%) indicated ‘a lot of say’ about where and when their review meetings were held. 87% of respondents stated either ‘some’ or ‘a lot of say’ about attending review meetings. 90% indicated ‘a lot of say’ on being involved in them. 35% said they had ‘no say’ and a significant majority (69%) stated either ‘no say’ or ‘some say’ on the location and timing of review meetings.

2.3.iii Involvement in decisions about the placement

In the critical area of whether a child stays or moves on from their current placement, 95% of children indicated either ‘a lot of say’ (60%) or ‘some say’ (35%) - the highest involvement level that could reasonably be expected. However, the responses also show that children have far less involvement in decisions on some key issues. For example, 71% indicated either ‘some say’ (54%) or ‘no say’ (17%) about which placement decisions were made; 71% had either ‘some say’ (54%) or ‘no say’ (17%) on ‘coming to this placement’, and 64% had ‘some say’ (20%) or ‘no say’ (a significant 44%) on decisions made at planning meetings.

2.3.iv Practice implications

The report indicates relatively little involvement in decisions about the timing and location of review meetings. Allowing children more participation in this kind of decision would allow them to prepare and plan for meetings in the same way as adults. As a practical example, in some local authorities children have been trained and supported to chair their own review meetings.

2.4 Children’s views on their schooling

Education is one of the most important elements in any child’s upbringing, though nationally the number of all young people with five A*- C GCSEs has increased by 11% since 2003 (DCSF, 2007), children in care still tend to underperform compared to children in the general population. For example:

- 44% of year 11 children in or leaving care have one or more GCSEs compared with 96% of all year 11 children.
- 7% of children in or leaving care have five or more GCSEs compared with 56% for all children.

Educational attainment levels for children in the looked after system also form part of the government’s performance framework for local authorities. Participants in this study were asked for their opinions on a number of key schooling issues, ranging them from ‘excellent’ to ‘need more help’. The questions focused on contributing at school; ‘safety and bullying’; ‘friends and activities’ and ‘having someone to talk to’. The majority of responses were ‘excellent’ and ‘good’; for example, 96% felt ‘excellent’ or ‘good’ about school attendance, and 77% felt ‘excellent’ or ‘good’ about getting on with homework. Clearly, this is a very positive range of responses.

2.4.i Most positive responses to schooling issues

A significant majority of answers, between 68% - 70%, indicated that children had ‘excellent’ or ‘good’ opinions about their behaviour, contributions and performance at school. All respondents agreed strongly with statements about feeling safe at school and having someone to talk to if they had concerns.

2.4.ii Least positive responses to schooling issues

Though still attracting high scores, the least positive responses centred on attainment, behaviour and friends. For example, responses to exams, tests and homework, as well as behaviour in school were more likely to be ‘average’. The ‘social’ side of schooling also scored less well – for example ‘being accepted,’ ‘settling in,’ and ‘out of school activities’ all attracted more ‘average’ responses than the ‘attainment’ and ‘performance’ aspects of school.
2.3 Other responses

The children were also asked to describe what they most liked about school to give a broader picture of social and subject interests. A large number of responses (33 out of 67 answers) stated that ‘sports’ and ‘making friends’ were the most enjoyable aspects of school; it is possible, however, that ‘making friends’ may partly be an aspirational response. Just two children indicated they would need more help if they were being bullied at school.

2.4 Children’s life skills

The initial stages of testing (the pilot questionnaire) made it clear that life skills were extremely important to children and to young people’s workers. As a result, this part of the questionnaire focused on more practical issues including ‘cooking’, ‘time-keeping’, ‘budgeting’, ‘listening skills’, and ‘helping others’. Responses were graded according to the children’s perceptions of their own abilities – ‘excellent’, ‘good’, ‘average’, ‘below average’ or ‘needing more advice’. The results have been broken down into two age groups (8-11 and 11-18) and by gender for comparative purposes.

2.4.iii Other responses

The children were also asked to describe what they most liked about school to give a broader picture of social and subject interests. A large number of responses (33 out of 67 answers) stated that ‘sports’ and ‘making friends’ were the most enjoyable aspects of school; it is possible, however, that ‘making friends’ may partly be an aspirational response. Just two children indicated they would need more help if they were being bullied at school.

2.5 Children’s life skills

The initial stages of testing (the pilot questionnaire) made it clear that life skills were extremely important to children and to young people’s workers. As a result, this part of the questionnaire focused on more practical issues including ‘cooking’, ‘time-keeping’, ‘budgeting’, ‘listening skills’, and ‘helping others’. Responses were graded according to the children’s perceptions of their own abilities – ‘excellent’, ‘good’, ‘average’, ‘below average’ or ‘needing more advice’. The results have been broken down into two age groups (8-11 and 11-18) and by gender for comparative purposes.

2.5.ii Boys’ and girls’ responses to questions about their life skills

Girls identified ‘talking with others’ as their top life skill (87% rated it as ‘excellent’ or ‘good’). Using a computer was the top skill for boys (91% rated as ‘excellent’ or ‘good’). Three of the top four life skills for boys and girls, including ‘personal hygiene’ and ‘listening skills’, were exactly the same. Both boys and girls gave ‘ironing’, ‘helping to cook’ and ‘washing clothes’ as their lowest ranking skill areas; specifically, boys said they needed most help with ‘washing clothes’, ‘ironing’ and ‘travelling independently’, whilst girls needed the most help with ironing and cooking (though to a lesser extent than boys) but also with budgeting and using local services.

2.6 Connections - family and friends

This section of the study examined the connections between the child and their family and friends, past and present. Participants were given a list of 11 different categories of people, including present foster carer, birth mother and birth father. They were asked to rate the strength of their connection to each one as either ‘very important’, ‘less important’, or ‘least important’ (though the questionnaire also emphasised that all these connections were likely to have been important at some stage).

Table 1 The importance of different people in children’s lives, by ranking

<table>
<thead>
<tr>
<th></th>
<th>Very Important</th>
<th>Less Important</th>
<th>Least Important</th>
<th>Responses (N=56)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster carer now</td>
<td>94.64%</td>
<td>5.36%</td>
<td>0.00%</td>
<td>56</td>
</tr>
<tr>
<td>Brother/sister</td>
<td>86.54%</td>
<td>11.54%</td>
<td>1.92%</td>
<td>52</td>
</tr>
<tr>
<td>Other</td>
<td>81.82%</td>
<td>18.18%</td>
<td>0.00%</td>
<td>25</td>
</tr>
<tr>
<td>Best friend</td>
<td>79.63%</td>
<td>18.52%</td>
<td>1.85%</td>
<td>54</td>
</tr>
<tr>
<td>Birth mum</td>
<td>73.21%</td>
<td>23.21%</td>
<td>3.57%</td>
<td>56</td>
</tr>
<tr>
<td>Friends</td>
<td>76.36%</td>
<td>16.36%</td>
<td>7.27%</td>
<td>55</td>
</tr>
<tr>
<td>Other family member</td>
<td>48.94%</td>
<td>31.91%</td>
<td>19.15%</td>
<td>47</td>
</tr>
<tr>
<td>Aunt or uncle</td>
<td>47.27%</td>
<td>29.09%</td>
<td>23.64%</td>
<td>55</td>
</tr>
<tr>
<td>Grandparents</td>
<td>43.14%</td>
<td>35.29%</td>
<td>21.57%</td>
<td>51</td>
</tr>
<tr>
<td>Birth dad</td>
<td>46.43%</td>
<td>26.79%</td>
<td>26.79%</td>
<td>56</td>
</tr>
<tr>
<td>Previous carer</td>
<td>14.89%</td>
<td>38.30%</td>
<td>46.81%</td>
<td>47</td>
</tr>
</tbody>
</table>
Foster care is family care and across the board children placed a high value on family, past and present, as well as friends. Whilst the ‘previous carer’ was also identified as important, overall they were identified as the ‘least important’ person at the current time; this may reflect the fact that when a child moves from one placement to another this is often the result of problems between the child and their previous carer. Notably, the level of importance assigned to family members other than ‘birth mother’ and ‘brother/sister’ varied considerably and was much less pronounced and definite than the ranking given to the birth mother. This could be because children were currently out of touch with these other relatives as a result of geographical difference or it could signify more complex estrangements. It is also possible that these results would be the same for groups of children outside the looked after system. Grandparents and aunts/uncles were identified as other important groups as well as (for the vast majority) the current foster carer and best friends. Birth fathers attracted lower level answers than their previous carer.

2.7 Activities and participation
Leisure and physical activities can be an important aspect of a child’s social, physical and emotional development. This section presents findings about a wide range of different activities. It is worth bearing in mind that some of these activities (e.g. sports) are more likely to require travel, expense and equipment than others (e.g. reading) and will also be affected by the child’s age. There was a wide range of responses to this part of the study which generated 678 answers about 21 activities. The results included:

- A third of respondents indicated that they did these activities mainly on their own and two-thirds that they usually participated with others.
- 61% of answers described indoor activities.
- Under 11s were more likely to take part in indoor activities.
- Indoor activities were more likely to be undertaken alone with 61% of responses describing activities like playing computer games, caring for pets and reading as solo activities. 32% of indoor activities involved participating with others, including art, caring for pets and computer games again.
- 39% of outdoor-based activities were solo, including cycling and swimming. 68% were group activities, including dancing, tennis, football and family days out.

Overall these results are largely positive, showing that the vast majority of children are active and involved in a wide range of physical leisure activities. Moreover, only 8% of responses indicated that listed activities were unavailable in their area.

2.8 Magic wand question
The final question in the children’s survey was “If you had a magic wand, what more would you want from being in foster care?” Although the response rate to this question was relatively low with only 20 answers, these included a number of interesting and significant messages, forming an important part of this study’s findings. The answers can be grouped into a number of broad categories:

- Wanting to be treated normally (4 responses)
  “Get the chance to bring my girlfriend over to my place and allow her to sleepover without any problem”
  “To be able to go on holiday abroad with my foster family”
  “Freedom to do things that people that are not in care do, e.g. go on holiday with friends”
  “I do feel sometimes restricted and as though I live in Big Brother by being in care”

- Wanting to see their family more (4 responses)
  “My family around me and contact with them”
  “To see my mum every week and to go to my friends”
  “See mum every two weeks”
  “Like to live with cousin”

- Wanting to see friends more (3 responses)
  “Get the chance to bring my girlfriend over to place and allow her to sleepover without any problem”
  “Make more friends”
  “See friends more”

- About social workers (3 responses)
  “More reliable LA social worker who doesn’t change all the time”
  “Would make all of the social workers and social services disappear”
  “To be able to see my social worker more often to help me more with my schooling (pre-GCSE year)”

- To have more gadgets – real and imagined (3 responses)
  “Playstation”
  “Mobile phone”
  “Rocket boots”

- Needing nothing more (2 responses)
  “There is nothing I can really think of; living here at my foster home is like any other normal house and home”
  “I love everything about where I am!”

- More attention (1 response)
  “Foster parents to play with me more”

These answers support the findings of previous foster care research (e.g. Sinclair et al, 1999), which has indicated that to be ‘treated normally’ is a high priority for children in care. This can include contact with their birth family as well as normal friendships and relationships – though this desire for ‘normalcy’ can also create conflict in the family setting. Padbury and Frost (2002:23) have also identified contact with the birth family as the most important concern for foster children. Sinclair (2005:50) sets out five main requirements: to be treated as normally as possible, to feel that they belong in family care, respect for their origins, for their views to be listened to seriously and opportunities for self-improvement and success.
3 Research findings about the foster carers

The foster carers questionnaire had three main aims:

a) To record their support needs and their opinions of the services available to them
b) To discover their views on the health and wellbeing of their foster child
c) To identify any changes in their child since the start of the placement

3.1 Foster carers' sample and profile

The study gathered the views of the 53 TACT foster carers of the 56 children in the study.

3.1.i Age

The participating foster carers were all aged 32-64. The average age was 49. 55% of respondents were 50 or over and 5% were aged 61 or over (compared to 11% elsewhere), 35% were 51-60 (38% elsewhere), 50% were 41-50 (33% elsewhere) and 10% were 31-40 (9% elsewhere). None of the carers were younger than 30 compared to 1% elsewhere. See Collis and Butler 2003, 25 for comparative results.

3.1.ii Gender, status and housing

87% of participants were female and 13% male (cf. 94% female and 6% male elsewhere (Sinclair et al, 23). 79% were married, 8% living with a partner, 7% were single and 7% divorced (rounding up). This reflects the findings of Sellick and Connolly’s 2002 study which indicated that 78% of foster carers were married. 72% of foster carers’ own children were older than 14. All respondents stated that they lived in a house rather than a flat.

3.1.iii Ethnicity

67% of carers described themselves as ‘White British’. 11% were ‘Black Caribbean’, 9% had a ‘Pakistani’ or ‘other Asian background’; and 13% described themselves as ‘other’ (including Black British and White Asian British). In 34 cases, both carers and children described their ethnicity; from these results, 97% of children (all but one) were placed with a carer from the same or a similar ethnic background.

3.1.iv Faith

75% of participants indicated that they identified with a religious faith, and 25% did not. As a comparison, Collis and Butler (26) found a similar, if slightly smaller proportion (66%) of carers identified with a religious faith. Overall, 52% of carers were ‘Christian’, 6% ‘Muslim’, and 4% ‘Jehovah’s Witness’. Of all participants describing themselves as religious, 90% were ‘Christian’ (five different denominations). Again, this reflects Collis and Butler who found that 92% of carers identified with a religious faith. Overall, 52% described themselves as religious, 90% were ‘Christian’ and 5% did not. As a comparison, Collis and Butler (26) found a similar, if slightly smaller proportion (66%) of carers identified with a religious faith. Overall, 52% of carers were ‘Christian’, 6% ‘Muslim’, and 4% ‘Jehovah’s Witness’. Of all participants describing themselves as religious, 90% were ‘Christian’ (five different denominations). Again, this reflects Collis and Butler who found that 92% of carers identified with a religious faith.

3.1.v Work status

85% of participants described their primary work status as ‘being a foster carer’ – virtually the same percentage as the number of carers who were female, married or living with a partner (87%). 8% worked part-time, 5% full-time, and 2% stated ‘other’.

3.2 Experience as a foster carer

42% of responding foster carers had previous experience of fostering and 58% did not. This is significantly lower than the results found elsewhere. For example, Sellick’s study of Midlands Foster Care Associates carers reported that 90% of carers had previous experience – more than double the percentage found here – but this reflects TACT’s policy aim of recruiting people who are new to foster caring. Of those with previous fostering experience, 28% had been a carer for TACT, 22% for another independent foster care provider, 17% for a combination of the two, 17% for a local authority, and 11% for a voluntary organisation. By comparison, Sellick and Connolly found that 65% of carers with previous experience had fostered for local authorities, 20% for multiple or private, and 5% for voluntary organisations. The contrast in findings here may be the result of the much larger proportion of experienced carers in Sellick and Connolly’s report. The majority of placements were long-term with 72% of responses to the questionnaire describing children who had been in placement for between 12 and 35 months. 21% of children had been in placement for 35-59 months.

3.3 Foster carers’ views on TACT support services

Overall, the study shows exceptionally high satisfaction rates (81% stating either ‘excellent’ or ‘good’ from foster carers about the level of support they receive from TACT. This reflects the results of other foster care satisfaction surveys (e.g. Sinclair, Gibbs and Wilson, 2005). 77% described the support they got from TACT social workers as ‘excellent’, and 95% as either ‘excellent’ or ‘good’. Similarly, ‘treatment by TACT staff’, ‘training from TACT’ and ‘being listened to by TACT’ all attracted a high number of ‘excellent’ and ‘good’ responses.

A vital part of the support TACT provides to foster carers is to ‘listen to them’ and ‘act on their requests’. Again, these two crucial categories scored very highly with 86-92% of responses describing TACT’s support as ‘excellent’ or ‘good’.

Using a similar survey of the views of foster carers as a point of comparison, TACT foster carers seem at least as well satisfied across a range of services and supports. Are these findings too good to be true? The questionnaire was written to incorporate all the standard controls in order to encourage full, open and honest answers. It is possible that the generally positive response rate reflects the findings of other research studies (e.g. Sinclair et al, 2005) which show that, when asked, foster carers tend to give high satisfaction ratings of supports and services. Although the evidence does not show this, it seems likely that foster carers will have a strong sense of duty and responsibility – ‘getting on with it in the face of adversity’ – coupled with a strong value base and, indeed, faith base (see 3.1.iv above).

3.3.i Areas where support is still needed

The least positive responses were to TACT’s record on ‘help with children’s leisure needs;’ ‘support during holidays;’ ‘help from TACT education services.’

The ‘lack of paid respite care;’ ‘support for additional payments;’ and ‘insufficient information about the child’ were also cited as causes for concern. Clearly, these are the most pressing issues that TACT needs
Aspirations: The views of foster children and their carers

4 Children’s arrival at placement and subsequent changes

This part of the study examines foster carers’ reports of their foster child upon arrival in placement and the changes they have seen during the course of the placement.

The questionnaire focused on ten aspects of health and wellbeing: physical health, mental health, education, personal identity, ethnic and cultural identity, social relationships, social presentation, behaviour, self-care, and interacting with children of the same age (e.g. through play).

4.1 The child on arrival in placement

Participants were invited to rate each category as ‘excellent’, ‘good’, ‘OK’, ‘some problems’, ‘a challenge’, or ‘not applicable’. Space for additional comment was also included. Chart 1 provides a visual representation of the results.

Overall, social services stands out as the least consistent agency in terms of quality of service, staff turnover, attention to foster carers’ views, and lack of information provided about the child.

3.3.ii Support from other sources

Overall, foster carers’ responses to the support offered by TACT were significantly more positive than their opinions of the services provided by other organisations and individuals. The average score of foster carers’ views of support provided by TACT was 4.09 (i.e. ‘excellent’ to ‘good’); by comparison, the average score for the support offered by other parties was 3.79 (‘good’ to ‘varies’). ‘Support from other children in household’ and ‘education’ were the two highest ranking services provided by sources other than TACT and ‘support from other agencies’, ‘counselling staff’ and ‘social services’ were all still ranked as ‘good’. Overall, however, carers’ views of external supports varied more and were more negative than their views of the services provided by TACT.

3.3.iii Areas where support from other organisations is still needed

The following issues were identified as needing more support from non TACT organisations:

- Social services (9 responses)
- School uniform allowance payment system (3 responses)
- Access to counselling services (2 responses)
- Medical arrangements (2 responses)
- CAMHS (access problems) (2 responses)

Overall, social services stands out as the least consistent agency in terms of quality of service, staff turnover, attention to foster carers’ views, and lack of information provided about the child.

Studies elsewhere have found that ‘experienced foster carers’ who have taken many foster children or who have fostered for a long time may need less support than ‘newly recruited ones’ (Sinclair, Gibbs and Wilson, 34). However, in this study there was no correlation between the amount of previous fostering experience and the level of support carers felt they needed.

3.3.iii Areas where support from other organisations is still needed

The following issues were identified as needing more support from non TACT organisations:

- Social services (9 responses)
- School uniform allowance payment system (3 responses)
- Access to counselling services (2 responses)
- Medical arrangements (2 responses)
- CAMHS (access problems) (2 responses)

Overall, social services stands out as the least consistent agency in terms of quality of service, staff turnover, attention to foster carers’ views, and lack of information provided about the child.

This ‘spidergram’ presents the average rating for each category and is a useful tool for making comparisons and identifying broad trends (the closer to the centre a category is, the closer it is on average to being ‘a challenge’, and vice versa). Table 2 provides more detailed information about foster carers’ perceptions of their children at the beginning of their placement.

Chart 1 Foster carers’ perceptions of children’s situation on arrival

Situation on arrival

- 5 = Excellent
- 4 = Good
- 3 = OK
- 2 = Some problems
- 1 = A challenge

Physical health

- Participating with other children same age

Mental health

- Personal identity

Ethnic identity

- Social relationships

Social presentation

- Behaviour

Self care

- Relationship

This ‘spidergram’ presents the average rating for each category and is a useful tool for making comparisons and identifying broad trends (the closer to the centre a category is, the closer it is on average to being ‘a challenge’, and vice versa). Table 2 provides more detailed information about foster carers’ perceptions of their children at the beginning of their placement.
Aspirations: The views of foster children and their carers

The changes that take place during any child’s life are not linear, consistent or standardised; change is more about the journey than it is about arriving. The study reports a range of positive changes taking place during the course of placements using the same categories for assessment as 4.1 above. The overall trend was towards gradual, long-term improvement, however, the aspects that were reported as improving the most were also the most immediate and tangible (specifically, the children’s self-presentation, physical health and self-care).

A vast majority (96.5%) of responses to this part of the questionnaire indicated that improvements had taken place since the beginning of the placement. 84% of answers stated that aspects of wellbeing had either ‘improved a lot’ or ‘improved a little’ – an extremely positive level of responses, particularly considering the wide range of problems children are likely to have on arrival in a placement. Chart 2 summarises the results.

### Chart 2 Foster carers’ perceptions of changes in children’s situation post-arrival

The most positive changes (‘improved a lot’ or ‘improved a little’) related to self-care, relationships, and physical health. Behaviour, interacting with other children, mental health and education were the areas that showed the least improvement; though there were some positive signs of change generally change was far less pronounced.

### Table 2 Children’s situation (N=56) on arrival: foster carers’ perceptions

<table>
<thead>
<tr>
<th>Situation On Arrival</th>
<th>Excellent</th>
<th>Good</th>
<th>OK</th>
<th>Some Problems</th>
<th>A Challenge</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and well-being dimensions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical health</td>
<td>21.67%</td>
<td>28.33%</td>
<td>23.33%</td>
<td>20.00%</td>
<td>6.67%</td>
<td>60</td>
</tr>
<tr>
<td>Relationships</td>
<td>6.90%</td>
<td>15.52%</td>
<td>18.97%</td>
<td>29.31%</td>
<td>29.31%</td>
<td>58</td>
</tr>
<tr>
<td>Education</td>
<td>29.82%</td>
<td>26.32%</td>
<td>19.30%</td>
<td>15.79%</td>
<td>8.77%</td>
<td>57</td>
</tr>
<tr>
<td>Personal identity</td>
<td>16.07%</td>
<td>25.00%</td>
<td>30.36%</td>
<td>19.64%</td>
<td>8.93%</td>
<td>56</td>
</tr>
<tr>
<td>Mental health</td>
<td>14.04%</td>
<td>17.54%</td>
<td>10.53%</td>
<td>35.09%</td>
<td>22.81%</td>
<td>57</td>
</tr>
<tr>
<td>Ethnic identity</td>
<td>4.17%</td>
<td>14.58%</td>
<td>22.92%</td>
<td>33.33%</td>
<td>25.00%</td>
<td>48</td>
</tr>
<tr>
<td>Self care</td>
<td>14.04%</td>
<td>10.53%</td>
<td>26.32%</td>
<td>22.81%</td>
<td>26.32%</td>
<td>57</td>
</tr>
<tr>
<td>Presentation</td>
<td>20.69%</td>
<td>32.76%</td>
<td>13.79%</td>
<td>18.97%</td>
<td>13.79%</td>
<td>58</td>
</tr>
<tr>
<td>Behaviour</td>
<td>6.90%</td>
<td>18.97%</td>
<td>18.97%</td>
<td>13.79%</td>
<td>41.38%</td>
<td>58</td>
</tr>
<tr>
<td>Participating with same age children</td>
<td>8.77%</td>
<td>19.30%</td>
<td>15.79%</td>
<td>28.07%</td>
<td>28.07%</td>
<td>57</td>
</tr>
</tbody>
</table>

Totals (566=100%) | 14.49% | 21.02% | 19.96% | 23.50% | 21.02%
Overall, children and their foster carers tended to agree about the level of input children had to decision-making. Significantly, foster carers’ responses indicate that children were much less likely to contribute in situations outside school and the home (specifically, ‘life changes/challenges’, ‘other settings’, ‘community’ and ‘relationships’). This may be because carers are less sure about how their foster children behave in such settings; alternatively, it may be because the children are less confident, supervised and protected outside their school and home.

### 4.3 Children’s participation in decision-making: foster carers’ views

Table 3 lists examples given by foster carers of changes in their children’s situation since the beginning of a placement:

<table>
<thead>
<tr>
<th>UPON ARRIVAL</th>
<th>LENGTH OF PLACEMENT/AGE OF CHILD</th>
<th>CHANGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Hostile and quite argumentative/ bossy/ not a lot of tolerance of others kids”</td>
<td>21 months/13 years</td>
<td>“Integrating well/no longer socially excluded/joined a drama group/has become a valued popular member of the team”</td>
</tr>
<tr>
<td>“Mixed well with other children”</td>
<td>30 months/11 years</td>
<td>“Is lovely with other children”</td>
</tr>
<tr>
<td>“OK”</td>
<td>30 months/13 years</td>
<td>“More helpful with other children and now has more confidence”</td>
</tr>
<tr>
<td>“Could not relate to peers and sometimes became violent”</td>
<td>60 months/15 years</td>
<td>“Has taken a long time but has now improved greatly. Member of local football team”</td>
</tr>
<tr>
<td>“Had no problems relating to children but doesn’t know how to play with boys on his own”</td>
<td>30 months/7 years</td>
<td>“Interacts well with his peers, he can still be a leader but is also easily led. Still looks to us to be told what to do when he is told to go and play with his boys. Still lacks concentration, is easily distracted”</td>
</tr>
<tr>
<td>“Relates to children younger than himself. Likes to be in charge didn’t know how to play with boys and didn’t like sharing toys with sibling. Would keep the best toys to himself and was apt to break and dismantle toys but couldn’t put them back together again”</td>
<td>30 months/13 years</td>
<td>“Still tends to interact with younger children and is easily distracted. Quite often needs to be told what to do needs TV all day as he did when at home with his (parent). Doesn’t like to be told ‘no’”</td>
</tr>
<tr>
<td>“Still has problems making friends, unsuitable friends, rude, boasting, bullying others”</td>
<td>15 months/13 years</td>
<td>“Some improvements but lack of empathy towards others of same age”</td>
</tr>
<tr>
<td>“Finds it difficult to play with children”</td>
<td>20 months/10 years</td>
<td>“Still finds it difficult”</td>
</tr>
<tr>
<td>“Would takeover/ very bossy would not share”</td>
<td>28 months/7 years</td>
<td>“Still very bossy and takes over if given the chance, does not like to share does so if told”</td>
</tr>
<tr>
<td>“Could only play like a baby, had no imagination, needed to be shown how to play”</td>
<td>30 months/8 years</td>
<td>“Done really well with help of health service and us”</td>
</tr>
<tr>
<td>“No skills too aggressive at first”</td>
<td>96 months/11 years</td>
<td>“Improving but sometimes is still too pushy”</td>
</tr>
</tbody>
</table>
Summary of key research findings

5.1 The children

In terms of practical life skills, children reported wanting to be treated as ‘normal’ at home, to establish. The children who participated in this study reported establishing high levels of involvement in decision-making inside and outside their home, but particularly inside the home. There was less involvement in key placement decisions and less still in decisions relating to review meetings (see Appendix 1). Children participated regularly in school, though this applied more to the social than to educational aspects of schooling. Friendships at school were highly valued, but sometimes difficult to establish.

Children wanted to be treated as ‘normal’ at home, at school and by the authorities and be fully included in family activities. For the vast majority of children, the current foster carer is the most important person in their life. Friends and the birth mother are also very important as well as other family members. A key related finding was that a majority of children wanted more contact with their own family, a finding confirmed by other studies (e.g. Wilson et al, 2004: 32).

In terms of practical life skills, children reported competence in ‘personal care’, ‘hygiene’, ‘talking with others’ and ‘using a computer’, but much lower levels of ability with ‘using local services’, ‘washing clothes’ and ‘ironing’, all of which they needed more help with. Children aged 11 or under seemed more willing than over 11s to acknowledge a need for more help with life skills.

5.2 The foster carers

The foster carers ranged from 32-64 years of age. Foster carers reported that on arrival in the child’s home, the majority of children were placed with a carer from the same ethnic origin. Virtually all (97%) included in family activities. The average age was 49 and 55% were 50 or over. Nearly 9/10 of the responding foster carers were female, of whom nearly 9/10 were living with a partner. Foster carers came from a wide range of ethnic backgrounds with 67% describing themselves as white British, a lower percentage than reported in other studies (e.g. 83%, Sinclair et al and 95%, Sellick and Connolly). 33% of carers were of ‘other’ ethnic origin. Virtually all (97%) children were placed with a carer from the same or a similar ethnic background. 75% of carers identified with a religious faith, much higher than in other research studies; further research would be needed to explain this finding fully. 42% of carers had previous fostering experience, a lower percentage than other research studies have found, but this is likely to be linked to TACT’s policy of recruiting people without experience of foster care wherever possible. For 85% of respondents, ‘being a foster carer’ is their primary source of income – emphasising the importance of payments and allowances to carers.

5.2.1 Supports for, and needed by, foster carers

Foster carers indicated exceptionally high levels of satisfaction (‘excellent’ or ‘good’) about the level of support they receive from TACT, reflecting the findings of previous foster care satisfaction studies. Overwhelmingly, carers reported that TACT staff ‘listen to them’ and ‘act on their requests’. ‘Help with child’s leisure needs’, ‘support during holidays’, ‘help from TACT education services’, ‘respite care’ and support for ‘additional payments’ received the least positive responses; these issues should be addressed as a matter of priority in order to ensure that carers and children benefit from continuously improving services.

89% of responses indicated that foster carers receive ‘excellent’ or ‘good’ support from their own children; these were easily the highest ranked answers about support from sources other than TACT, including social services, CAMHS and education staff. Social services was seen as the least effective source of support; this largely stems from inconsistency in standards of service provision, high staff turnover, lack of attention paid to the carers’ views and lack of full information about the child.

5.3 Changes in children on placement

Foster carers reported that on arrival in the placement children presented and were faced with, a wide range of problems and to massively varying degrees. Positive changes were reported across all ten of the aspects of wellbeing that the study investigated. Overall, the survey’s results pointed to gradual, variable and often dogged improvements over time. Children’s self-presentation, self-care and physical health were the aspects which improved the most, whilst education and behaviour saw the least positive changes. It is possible that the slow pace of behavioural change may reflect a gradual, long-term process of improving behaviour on the part of the child and increasing acceptance of some (though not all) behaviours on the carer’s side. Some of the examples of positive change given by carers were quite remarkable and an enormous credit to the children, their foster carers and the other supporting figures in the foster care process.
6 Recommendations regarding future research at TACT

Aside from internal surveys of outcomes, and the collection of management information, this is the first detailed research study conducted at TACT. In effect, this means that TACT now has access to an evolving base of evidence, which can be used along with further consultation and research to inform and drive practice, management and strategy in foster care nationwide. In order to ensure that this report can be built on effectively, there are three main recommendations to make for future research.

6.1 Softbox

The data gathered from this 2007 sample cohort should be collected regularly – preferably biannually – from TACT’s Softbox (Management Information System) or similar system. The same should be done for a 2008 and onwards sample, and the location of the 2007 cohort should be regularly tracked and recorded. Appendix 2 contains a list of the baseline data that should be recorded.

6.2 Identifying needs

The needs, changes and concerns in children’s situations should be identified, monitored and analysed using a combination of management information data, questionnaire and interview material from the children.

6.3 Performance indicators

To ensure that TACT’s services continue to improve and meet ever more rigorous standards, a set of key performance indicators should be introduced. These should refer to, and be based around, national standards and outcome indicators.
Appendix 1 Involvement by children in decisions about foster care. Each column indicates participating children's positions on a range of issues: each reply of 'no say' scores 0; 'some say' scores 1; and 'a lot of say' scores 2. Each score is then divided by the total number of responses. The graph shows the average response to each issue as a percentage.

According to these findings, children felt they had 'a lot of say' or 'some say' about a wide range of issues. The more detailed answers reveal a greater degree of variation.
Appendix 2: Baseline data to be recorded for future studies

### Demographics/personal information
- Age
- Gender
- Ethnicity/nationality
- Disabilities
- Learning difficulties
- Legal status
- Looked after child (LAC) review completed

### Siblings
- Number of siblings, if any
- Whether siblings are in care
- Whether siblings are currently living in the same placement as the child

### Placements
- Immediate placement
- Number of previous placements
- Type(s) of previous placement
- Length of time in TACT care
- Total length of time in care
- Age when entered care

### Health information
- Health services received
- Whether annual medical assessment has been completed
- Any extra therapy/CAMHS help/counselling

### Education information
- School attendance
- Exam results and other qualifications
- Completion of personal education plans
- Exclusions
- Statemented
- Special education needs
- Extra educational help and support

#### References
- Broad, B (2005). Improving the health and well being of young people leaving care, Russell House, Lyme Regis
- Collis, A and Butler, J (2003). Fit to Foster? A Profile of Foster Care and Foster Carers in Wales, Fostering Network, Wales
- Sellick, C and Connolly, J (1999). A description and evaluation of the work of the Midland Foster Care Associates, University of East Anglia

© the author and TACT 2008