Supporting foster carers

Children who are looked-after are classified as being under the age of 18 years and accommodated by local authorities for 24 hours or more, either voluntarily in agreement with the parents or due to a care or placement order obtained via the courts (Children Act 1989). The latest statistics from the Department of Education (2020) identify the amount of children and young people looked after in England in 2019 was 78,150. The child or young person maybe placed with either another parent, foster carer (this can include a friend or relative), secure unit, children’s homes or semi-independent living. Foster care is the most common placement with 72% of looked after children and young people placed with either a family member/friend (13%) or alternatively a professional carer (58%) (Department of Education 2020).

According to the Coram BAAF Adoption and Fostering

Academy (CoramBAAF 2015), fostering is deﬁned as a

way of providing a family life for children who cannot

live with their own biological parents. As demonstrated

by Coram BAAF Fostering and Adoption Academy

(2015), it is usually temporary and children will often

return to their birth families once difﬁculties have been

resolved. An alternative to foster care is kinship care (also

known as family and friends care) where a child lives with

a member of the extended family or a family friend, but is

still considered ‘looked after’ by the local authority

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The Coram BAAF adoption and fostering Academy (2020) define fostering as a means of providing children with a family life when they cannot live with their own biological parents. Foster care placements can offer stability, a sense of belonging and connectedness (Schofiled et al 2012). This is usually temporary whereby children will return to their birth families once difficulties have been resolved or other arrangements such as adoption are made. However some children and young people are fostered until adulthood.

Children in care when compared with children in the general population, appear to have lower outcomes in relation to educational attainment, mental and physical health (Rahilly and Hendry 2014, Meltzer et al 2003). Abuse and neglect are the greatest cause of children being placed in care (Department of education 2020). Maltreatment is associated with negative emotional outcomes including difficulties with relationships and interpersonal skills, less prosocial, more aggressive in addition to disruptive or withdrawn behaviour (Drew and Banerjee 2019).

Foster Carer’s are expected to take care of a looked after child, understand their background and help the child to further their development in relation to physical and emotional health in addition to educational attainment (De Maeyer et al 2015). Most Foster Carers’ derive great satisfaction from the role (Sinclair et al 2004). However, the vulnerability of looked after children can place a high level of stress on Foster Carers (Kaasboll et al 2019). It is important to consider the wellbeing of Foster-Carers, as this can have a direct impact on the emotional, social, and behavioural outcomes for children (Garcia et al 2015).

Health visitors should ensure foster carers have accessible and appropriate multi-professional support. It is also important to endorse the need for suitable training, with clear systems for gaining feedback, which is acted upon (Wilson et al 2004). Foster Carers should be encouraged to have adequate informal support networks from family and friends in addition to peer contact with other Foster Carers such as attendance at support groups. Mentoring schemes can also act as a supportive structure in which experienced Foster Carers can provide practical support to develop confidence and skills (Luke and Sebba 2013). Other entitlements may also assist foster carers such as annual leave, psychologist support and social events.

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