Disabled foster children and contacts with their birth families

Researchers from the University of York have been working with seven local authorities in England on a major programme of foster care research (Sinclair et al., 2004, 2005a, 2005b). Part of this work included a three-year longitudinal study of 596 foster children. Claire Baker used data from this study to look specifically at the experiences of disabled foster children and here discusses findings in relation to their contact with birth families. Earlier studies of disabled children who are looked after suggest that their need for family contact is at least as great as that of others, but that a combination of practical difficulties and professional attitudes may lead to a lower level of contact. This article shows that disabled foster children do, on average, have lower levels of contact than their non-disabled peers. It then uses qualitative data to consider possible reasons for this along with the implications for good practice.

Like all looked after children, those who are disabled demand and deserve good practice. The maintenance and promotion of contact between foster children and birth family members is now seen as central to this. This article uses statistical data to compare the experiences of disabled foster children with their non-disabled peers. It also uses qualitative comments from questionnaires and case studies to look at disabled foster children’s experiences of contact with their birth families. Overall, the aim is to examine the nature of disabled children’s contacts with their families and investigate how far these children miss out on what is commonly accepted as good practice.

Definition of disabled foster children

One of the reasons for the lack of information on disabled looked after children is the uncertainty over the definition and measurement of ‘disability’ (Uting, 1997; Gordon, 2000). In order to investigate disabled children’s experiences there is a need to define who is disabled and so distinguish them from other ‘non-disabled’ children.

In practice, there is no ‘perfect’ definition. The definition employed here is a consensus one. The group of disabled children in this study consist of those whom respondents (foster carers and

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Key words: long-term foster care, contact with birth family, disabled children

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social workers) in their questionnaires told us were disabled.

Over the three-year follow-up, the 596 foster children were the subject of six different questionnaires which included questions on disability. The definition developed identified two groups: the ‘clearly disabled group’ (N = 63; 11%) and the ‘contested group’ (N = 72; 12%). In creating the two disability groups, the number of questionnaires received and the number of times the child was labelled disabled was taken into account. The ‘clearly disabled group’ were children where all or the vast majority of respondents said the child was disabled. The ‘contested group’ are a group of children where there was disagreement among respondents over the child’s ‘disability status’. Here the term ‘disabled’ is used to identify children described as such by at least one respondent.

Analysis
The statistical data were analysed using SPSS (a statistical software package). All of the analysis examined the differences and associations between the three groups (non-disabled, contested and clearly disabled). Throughout this article reference to statistically significant results are only cited when the association between the two variables is ‘statistically significant’ at the conventional confidence level (p = .05). This is where such an association would only occur by chance less than one in 20 times.

When a questionnaire respondent labelled the child ‘disabled’, their qualitative open-ended comments were analysed and the child was considered disabled. These replies were examined and coded thematically. A particular strength of the study was in the opportunity to collate responses relating to the same child, from different individuals at different points in time. Finally, the case studies involving disabled children and their carers were analysed. Each interview was transcribed in full and transcripts were read, re-read and ideas and themes refined.

This article will describe this analysis in relation to the issue of contact and disabled foster children, but first previous research in this area is reviewed.

Research background
In the past, contact with birth families was often seen as undesirable (George, 1970). By contrast, local authorities now have a duty to promote contact, so long as this is consistent with the child’s welfare. This prescription is based on theory, research evidence and ethical views about the rights of children and their birth families. Legislation encourages children and families to be kept together where possible and kept in touch if not.

Many research studies suggest that maintaining and promoting relationships can offer significant benefits to looked after children (Berridge, 1997). One of the benefits claimed for contact with birth families is that it improves children’s mental health, for example, through promoting continuity and a sense of identity. A further rationale for contact is that it aids reunification, although in practice, research findings remain complex on the influence of contact on reunification (see Biehal, 2006, for a recent review). The evidence suggests that frequent contact may be associated with return home but does not necessarily cause it or make it more likely. Contact can also be influential in terms of enabling or hindering children to settle in their foster placements. For example, there have been inconclusive findings about the impact of contact on placement breakdowns. (Early work by Berridge and Cleaver, 1987, suggested that contact could lead to fewer breakdowns but recent work by Cleaver, 2000, did not replicate this finding.) There is also evidence that there can be practical difficulties with contact (see Sinclair’s recent overview of fostering research, 2005).

Overall, the evidence on contact and outcomes for all looked after children remains inconclusive. Studies use different definitions of contact, different samples and concentrate on different birth family members. The research evidence for both the positive and negative aspects of contact is ambiguous and is the subject of debate (see Quinton et al, 1999, and Ryburn’s response, 1999).
Looked after disabled children’s experience of contacts

Generally, there is limited evidence on how far findings on the potentially problematic nature of contact apply to disabled foster children. Available literature tends to look at the needs of looked after disabled children in general or disabled children in residential provision. It suggests that family contact for disabled children is as important, if not more so, than it is for all looked after children:

*Children with disabilities have fewer informal opportunities to make friends and new contacts and so the family is crucial in helping them to determine their place in the world and for acting as an advocate when required.* (Russell, 1995, p 104)

The literature also identifies a number of barriers to dealing with the issue of contact with disabled looked after children. One set of barriers is attitudinal:

*Practitioners and managers may assume that contact with family members is less significant for disabled children. Consequently its loss may be erroneously viewed as being less pernicious.* (Read and Harrison, 2002, p 224)

When disabled children are placed in a permanent family, it is easy for professionals to ignore any discussion about contact, especially as such children are unlikely to be able to articulate their depth of feeling. However, it is always important to assess carefully whether contact with significant family members should be retained or introduced. (Macaskill, 2002, p 151)

A second set of problems relates to ascertaining the views of disabled children so that they can be consulted about contact plans:

*I repeatedly got forms from social workers doing assessments or reviews of disabled children with ‘not applicable’ under the heading ‘Child’s view’. I sent them back, pointing out to the social worker that this isn’t good enough.* (Service manager for disabled children, cited in Morris, 2000, p 16)

It may be difficult for some disabled children to articulate their feelings about contact. However, Macaskill (2002) is keen to emphasise that children who do not use formal communication are still able to indicate when contact is relevant to them. Adults may need skills to enable them to listen carefully to the feelings that children express through their behaviour. This may be the only way a child can convey his or her views:

*Julian’s language is limited to a few repetitive words. He missed his birth relatives and wanted to see them. That was clear despite his disability. He was asking for them all the time in the only way he could. He was crying every day. He cried for over a year... it took Julian’s adopters a long time to persuade professionals that contact was relevant. At his first contact meeting with his birth mother and grandmother, his facial expression lit up the room. He conveyed clearly that he recognised them and that this was a significant moment for him.* (Macaskill, 2002, p 140)

As a minimum requirement, Argent (1996) argues that the views of disabled children should always be sought:

*It is never good enough to presume that a child does not comprehend the meaning of relationships and that therefore contact has no significance.* (Argent, 1996, p 2)

These issues provide extra challenges in organising contact for disabled children and their families. Innovative work may be needed to ensure successful contacts:

*Establishing and supporting contact between children with disabilities and their families requires imagination, creativity and patience. Touch and smell might be used, for instance, if sight or hearing are impaired. Records matter too, with names, addresses and telephone numbers and photographs to ensure that personal histories are not lost.* (Russell, 1995, p 117)
Furthermore, as with all foster children, there are issues about the family’s feelings. Carers, workers and children may need to deal with birth family members who feel guilty, who cannot accept their child’s impairment or may have even caused it (Argent, 1996). Birth families may perceive the disabled child as being at an earlier developmental stage and therefore relate to the child as if they were much younger. They may also have complex negative feelings:

One mother alluded to the birth of her disabled child as ‘shattering’ and causing her ‘world to fall apart’, while the adoptive mother described the arrival of the same child in their family as ‘exhilarating’ and ‘one of the most special moments’ of her life. When such contrasting feelings are evident to birth parents it is not surprising that they simply intensify their own feelings of woeful inadequacy. (Macaskill, 2002, p 144)

The statistical evidence available about disabled children and frequency of contact is mainly about residential provision. Gordon et al (2000) emphasise that for disabled children in residential care contact is potentially more fragile. Evidence for this comes from their re-analysis of the OPCS residential survey. This study reports that a third of disabled children in residential placements either did not receive visits from their family or were visited very infrequently. Another study (Lyon, 1990) looked at 50 children with ‘severe learning disabilities’ living in a residential establishment. Again, contact was rare; it generally occurred less than six times a year. The study highlighted the fact that little attention was paid at reviews to the purpose of contact:

In a number of cases they [the social workers] felt for everyone’s sake, consideration ought to be given to termination of these infrequent contacts. (Lyon, 1990, p 22)

In this context, Lyon posed the question: termination in whose interest?

These studies suggest that disabled children living away from their families in residential care risk being isolated from them. There is very little evidence if disabled children in foster placements experience the same situation.

In summary, previous research suggests that disabled children in residential care can experience low levels of contact with their family. In addition, there may be a risk that those involved in organising and supporting contact sometimes underestimate the relevance and importance of contacts for disabled children. However, the research detailed here does not focus exclusively on disabled foster children’s experiences, nor does it compare these to other foster children.

Research findings

Frequency of contact for disabled children: the statistical evidence

In the first part of the York survey (in 1998) all of the children were in foster care. The foster carers were asked, via postal questionnaire, how often the child had face-to-face contact with a variety of relatives. The question covered fathers, mothers, grandparents, aunts, uncles and step-parents. Only a quarter (27%) of the children in the ‘clearly disabled group’ had weekly contact with at least one relative in comparison to around half of those in the non-disabled or ‘contested group’ (Table 1).

These differences were confirmed by the social workers who were also asked about the frequency of contact. Again, disabled children had less frequent visits. Around half of the ‘clearly disabled children’ saw one member of their birth family monthly compared to two-thirds of those in the ‘contested group’ and non-disabled children. Thus, at the 1998 survey point disabled children were less likely than others in foster placements to

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**Table 1**

<table>
<thead>
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<th></th>
<th>Non-disabled group</th>
<th>Contested group</th>
<th>Clearly disabled group</th>
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<tr>
<td></td>
<td>(N) (%)</td>
<td>(N) (%)</td>
<td>(N) (%)</td>
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<tr>
<td>Less than weekly contact</td>
<td>202 54%</td>
<td>26 49%</td>
<td>40 73%</td>
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<tr>
<td>Child has weekly contact</td>
<td>174 46%</td>
<td>27 51%</td>
<td>15 27%</td>
</tr>
<tr>
<td>Total</td>
<td>376 53%</td>
<td>53 55%</td>
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χ² = 7.973; df = 2; p = 0.019
have regular contact with their birth family and relatives.

One reason for a lower degree of contact may be that some disabled children are placed further away from their birth families. Local authorities reported in their Quality Protects Management Action plans that they often had difficulty in locating local placements for disabled children, so there was a greater tendency to use out-of-area placements (Council for Disabled Children, 2003).

The analysis of the data in this study gave some support to this idea. Social workers were asked (in 1998) about the distance of the foster home to the home of the birth family. A distinction was drawn depending on whether the placements were within ten miles of the birth family home and the ‘clearly disabled children’ were more likely to be placed at a further distance from their families compared with other foster children (see Table 2).

Living further away was associated with not having weekly contact, both for the whole sample of foster children and for the disabled children. One reason for the particularly low level of contact among the ‘clearly’ disabled children is probably that their greater distance from home makes contact less easy.

Over time, lack of contact may become habitual. Amy’s case (below) provides an example:

Amy had been with her carers for most of her life. She had initially had respite with them and when she was aged one Amy’s mother asked for her to be looked after full time. Amy was five years old at the time of the interview. The plan was for long-term fostering. The birth family were sent

<table>
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<th>Table 2</th>
<th>Foster placement distance to birth family (social worker 1998 data)</th>
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<td></td>
<td>Non-disabled group</td>
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<tr>
<td></td>
<td>(N) (%)</td>
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<tr>
<td>Distance less than 10 miles</td>
<td>164 72%</td>
</tr>
<tr>
<td>Distance over 10 miles</td>
<td>65 28%</td>
</tr>
<tr>
<td>Total</td>
<td>229 39</td>
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\( \chi^2 = 8.399; df = 2; p = 0.015 \)

notes about the review meetings and invited to attend. The foster carer supported contact and all parties were happy with the arrangement to be informal. Over time, there had been diminishing levels of contact:

She’s [foster carer] been so supportive of contact that it was arranged that they don’t even have to come through me: they can phone direct to arrange a visit. And she’s absolutely fine with that. And I think they know that the door’s always open . . . As the years go by they [the birth family] are more and more getting on with their own lives. (Social worker)

Quality and impact of contacts: the qualitative evidence

Other research evidence on the impact of contacts on foster children generally shows they can be positive or negative (Sinclair, 2005). The same child can have positive contact with one member of their family and detrimental contact with another. There was similar evidence for the disabled children in this sample. In this respect, the important point is that disabled foster children are not different from other foster children. It is therefore crucial to understand the impact of these various contacts and take account of the children’s views.

Sometimes contact was clearly beneficial, helping to maintain a young person’s sense of identity:

He also has regular contact with his birth parents, which helps to put his world into some sort of perspective. (Social worker)

At other times, contact could arouse mixed feelings in all concerned. Fiona and Sarah’s case provides an example:

Sarah and her sister, Fiona, had been with their foster carers for seven years at the time of the interview. They were aged 15 and 14. The foster carers had obtained a residence order about two years previously. Sarah and Fiona have contact with their parents twice yearly. Initially, the impact of contact on the children worried their foster carers:
I mean they used to just go back to how they were when they first came. (Foster carer)

In the early days of contact the girls had begun to wonder about events that had happened to their family:

Then Fiona would start talking about living at home again, and why didn’t she, and why did the police put her mum and dad in jail and things like this. (Foster carer)

The girls had had some play therapy to ascertain their wishes over contact. The foster carers were clear that it was important for the girls to maintain contact:

I think you’ve got to let them have their own family. It’s really easy for you to just look after that child, and it’s all right saying, ‘Oh, they’re all bairns’ and things like that, but they have got a family and they’ll always want a link with that family no matter what . . . they’ve got to have a link with somewhere because there’ll be a lot of things they remember. We don’t remember the things . . . I want them to do what they want to do and I know that they like seeing their mum and dad. (Foster carer)

Sometimes contact was just part of the ordinary run of things and appeared to create no obvious problems, as in the case of Robert:

Robert had begun to have respite with his foster carer from the age of two. After a number of years his mother had asked if he could stay full time with his carer. He was ten at the time of the interview. Robert’s carer had obtained a residence order. Contact for Robert was informal and arranged between the birth mother and foster carer:

I mean one day I had to go into town – it was a Saturday – and I said, ‘Look, I’m in town, do you want him for the day?’ I said ‘You don’t have to have him’ . . . So she had him for a couple of hours. I mean, I don’t mind: she’s his mum. He can go where he wants. (Foster carer)

Robert was said by his social worker to enjoy seeing his mum but equally enjoy going back to his foster carer. The foster carer was happy with the arrangement, but she does not tell Robert if contact is planned in case his mother does not turn up.

However, for other foster children things were problematic. Foster carers and social workers were clearly worried about the impact of contacts on some of the disabled children. As with other foster children, one important source of problems involved the reliability of the arrangements. Disappointment at missed appointments was cited on a number of occasions:

Child’s birth mother died recently and her brothers, who are able-bodied, went to live with grandparents. I find it hard trying to get the above to arrange to see my foster child and also they do not stick to any arrangement, making any plans I try to arrange difficult. (Foster carer)

Contact arrangements are clear but birth parents have made no effort. We are really disappointed for the child as he appears to have been forgotten – working with parents is an integral part of the job . . . sad because they have not had the opportunity to see the changes in him. (Foster carer)

Family have to be constantly monitored to keep to and arrange visiting contact. Very little telephone contact in between visits. Child feels very isolated which impacts upon his ability to settle within the placement. (Social worker)

Again, as is the case for other foster children, there was a potential tension between the ‘two worlds’ of foster care home and birth family home, where there could be different rules and expectations:

Child can sometimes return from contact and ‘play’ the foster carer off against mother. (Social worker)
No return to birth mother, as mother remains an alcoholic and violent, therefore long-term placement required. However, the high level of contact has prompted young person to consider that return home is imminent. High level of contact has set unrealistic hopes of a return home. (Social worker)

Carers often described these negative aspects of contact as having an impact on the behaviour of the child, which could be difficult after visits. Some children were described as having mixed emotions after contact, of being withdrawn and quiet, while others could be boisterous in their behaviour:

Nathan is often disappointed when his mother doesn't turn up and is recently very critical of her and angry. This manifests in his behaviour at home and at school, which deteriorates. When she does turn up he is often very overexcited when he returns home and on these occasions his behaviour at home and school the following day is appalling. (Foster carer)

Social worker has promoted more contact . . . after contact we are left to pick up the pieces. More consultation with us as foster carers would have helped everyone, especially the child. (Foster carer)

Clive and Terry (below) provide an example where contact was continuing to be difficult:

Clive and Terry were placed with a relative in a long-term foster care placement. They had been with their carer for most of their life and were now aged nine. Contact with the rest of their birth family was described as problematic. The social worker felt that the birth mother had originally wanted to manipulate the contact arrangements. She had tried to arrange informal visits without the knowledge of the social services department. The relative had resisted this and informed the social worker:

That's where my relationship with her [birth mother] sort of collapsed.

Because she tried to persuade me and I couldn't yield to it. There's no way I could yield to it . . . I would jeopardise the boys' stay here. (Foster carer)

Contact had been moved to a neutral venue. The frequency of visits was reduced. However, there remained concerns about the quality of the contact:

The contact was poor . . . her ability to play was very poor . . . [Birth mother] was still talking in a way that upset the boys . . . would continue to take the contact as a chance really to undermine the placement. (Social worker)

The impact of contact on the boys at both home and school continued to raise concerns. Clive and Terry were described as feeling divided loyalties between their two families. Social services were currently trying to do some conciliation work with all parties:

We recognised that the boys were under great emotional pressure and it was having a traumatic effect. (Social worker)

Intervening in contact

The existence of these differences makes it important to understand the impact of contact on the individual child and to intervene where necessary.

In the first place, there may be a need to recognise that disabled children, like other foster children, may want to see some relatives and not others:

Contact with grandmother and brother generally positive. Thomas indifferent to mum. No contact with dad. (Social worker)

Faced with such situations, some disabled children had played a role in deciding what level of contact they wanted and a minority had terminated contact altogether. One young person had received counselling over their decision to stop seeing their family:
[Contact] used to make the child very upset, angry, confused, etc. A nightmare. Contact stopped by child for whole of birth family. (Foster carer)

Tracy has decided she does not wish to see any of her family at present. This appears to be in order for her to feel secure enough in the foster home. (Social worker)

Ian provides another example:

Ian was first looked after when he was five. He was placed with prospective adopters for a number of years but never ‘officially’ adopted and the arrangement eventually broke down, whereupon he moved to his foster carer where he stayed for five years. At the time of the interview, Ian was 18 and living in a room in a shared house as part of a supported lodgings arrangement. The leaving care team and a voluntary sector worker supported the placement. His last foster carers lived very near and he saw them nearly every day. When Ian was in foster care he had contact with his birth mother about three times a year. Since turning 18 the onus on arranging contact was left with Ian. At present he had decided not to meet with his birth family.

A second issue concerned the potential need to supervise some contacts. The reasons for this had to do with what the child’s parents did or did not do. Again, this situation occurs in other foster placements. In this case, however, the needs that called for supervision were often connected with presence of impairment:

Dave is overweight and has a variety of mild disabilities. He also has learning difficulties. During contact, his father overfeeds him with chocolate and sweets and fried foods and does not encourage Dave to do his homework. Dave and his father find this satisfactory. His carers do not and argue their role is reduced to that of warehousing Dave Monday to Friday. (Social worker)

The child’s contact has to be carefully monitored and arranged, otherwise she can and has been put in dangerous situations through lack of close supervision. The visits are now for short periods of time only. She loves visiting her family but has caused problems by needing more supervision than has been given. She has wandered off to unsuitable people and was once attacked and allegedly raped while at her mum’s house. (Social worker)

Ascertaining disabled children’s views on contacts

The findings in this study support the emphasis in the literature on the need to ascertain disabled children’s views of contact and on the need to work with them. In practice there seemed to be a number of barriers. First, social workers clearly found it difficult to assess the relevance of contact for some of the disabled children:

Not possible to assess because of child’s severe brain damage. Does not appear to cause any distress. (Social worker)

Contact is assessed to have a neutral impact on the child because of severe learning difficulties. (Social worker)

It is difficult to know if the child even recognises her mother – she shows no more reaction to her than to anyone else. The possibility that she does recognise her must be taken into account and I would also wish to encourage contact with her older sibling. (Social worker)

Echoing the work cited earlier, a number of foster carers and social workers thought that the disabled child did not fully comprehend the meaning of contacts due to presence of impairment(s):

Child doesn’t really understand [cerebral palsy]. (Foster carer)

Child has no contact with birth family. For reasons regarding the child’s disabilities and length of placement he would assume foster carer are his family. (Social worker)
Child has special needs and does not ‘know’ his birth family. (Social worker)

Mother decided to stop all contact. This had no adverse effect on child – she did not acknowledge her as anyone of importance. (Foster carer)

Sometimes it was acknowledged that these difficulties of assessment could be overcome but that professionals might require special training and equipment to facilitate this:

I think social workers should be trained better to understand special needs children, ie this child needs time to think about a question but often says the first things in her head before thinking about it. The social worker takes the first answer without giving her time to think and so often she wishes she had said something different. (Foster carer)

Darren and Pete provide final examples of the potential difficulties with assessing and reviewing contact plans for disabled children:

During the study period Darren had returned to live with his mother full time. He was still looked after on a full care order:

Q: Are you able to spend much time with Darren when you go over?
A: Not a lot . . . I haven’t got the cards [PEC’s communication system] or anything and I don’t see Darren . . . I think Darren just realises that I’m somebody that turns up and I’m not going to take him away and I do get by, you know, one word answers, but you know the communication between me and Darren is . . . effectively that’s all it is. (Social worker)

Pete had been with his foster carers for over 20 years. His current worker acknowledged that there was an ongoing need for a more thorough review of Pete and his carer’s situation, for example to look at Pete’s social contacts, his daycare, his relationship with his foster family, the issue of contact and his current respite situation. The foster carer had been left with responsibility for managing contact and social services had no record of any arrangements. The worker acknowledged the need to consult with Pete:

I don’t think a great deal of work has been done with Pete’s communication and understanding . . . I think we would certainly identify that Pete would be one of the people that we would come back to and say we need facilitators to work with his circle of friends. (Social worker)

At the time of the interview, the foster carer said there had been no recent visits from social services and no assessment by the adult team had occurred or was planned.

Overall, there is a need for social workers to have the skills and the time to spend with disabled children and to understand their point of view. Not doing this creates a risk that disabled children’s views are not routinely ascertained.

Conclusion
Maintaining and promoting contact between foster children and birth family members is now seen as central to good practice. Yet as this study has shown, disabled foster children may be particularly disadvantaged in terms of getting their views heard and in how often they see birth family and relatives. Disabled foster children, like other foster children, value contact but have complex experiences of it. It is therefore crucial to be able to communicate with them about this. Some of the visits caused distress to those involved and there were some worries over quality and supervision of contact. The potential benefits and risks of contact need to be assessed and reviews of contact plans carried out to evaluate purpose, frequency and impact. As with all looked after children, professionals need to work with disabled foster children in order to address such sensitive and potentially troubling issues. However, as we have seen, some workers found it difficult to ascertain disabled children’s
views and assess the suitability of contact.

Social workers and foster carers may need additional support and resources to ensure that contact is of a high quality. Contact arrangements may need to be imaginative in order fully to involve disabled children and their families. This may be an area where training would be welcomed. Disability equality training and training in alternative communication methods would seem helpful, as would access to and knowledge of resource packs aimed at working with disabled children (see Kirkbride, 1999; Marchant, 2000; Marchant and Martyn, 2001).

The statistical analysis presented here found that ‘clearly disabled children’ had less weekly contact with their birth families and relatives when compared to their non-disabled peers. The findings suggested that rates of contact might be lower because some disabled children were placed further away from their families. Workers need to be aware of the frequency with which disabled children are visited. For those with low levels of contact there may be a need to develop strategies to minimise the effect of distance on contacts and to ensure that parents and relatives are supported to overcome distance as a barrier. For some of the disabled children who experience little or no contact, it may be appropriate for them to have opportunities for contact with independent visitors or advocates.

A lower amount of contact for some disabled foster children may also be connected to assumptions that disabled children are unable to value or understand contact to the same level as non-disabled peers. One important factor influencing contact seemed to be the social worker’s and foster carer’s encouragement. Underestimating the importance of contact risks it being less likely to be addressed. Such views may undermine the principle of child-centred contact decision-making and may deny disabled children their rights.

A motivation in doing this research was to raise awareness about disabled foster children. There is a need for all those interested in and working with such children, their families and carers to consider what the implications of these findings may be and to act on them.

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