

# Breaking the silence on special needs children in foster care: The diversity of children in foster care, carers and processes

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## Abstract

This study aims to advance the understanding of children with special needs in foster care by identifying the characteristics, processes, and outcomes of their placement. The study uses a quantitative approach to identify 190 children with special needs (registered) from among 2,157 foster children in Catalonia and the Balearic Islands, Spain and examines key data covering 2008 to 2018. The results show that children with special needs are overrepresented in placements with single-parent foster carers (mainly women), raising questions about the extent to which the care system takes the complexity of special needs into account.

## KEYWORDS

child protection, foster care, foster care profile, special needs

## INTRODUCTION

Diversity is usually associated with gender, race, ethnicity, or culture. However, another form of diversity—involving disability or chronic illnesses—is often less visible. Studies of disability have focused on various manifestations of it, such as ‘intellectual disability, physical disability, visual or hearing disability, emotional disturbance or other medical conditions’ (Slyter, 2016, p. 157). Chronic illness is defined as a health problem that lasts three months or more, affects a child’s

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normal activities, and requires frequent hospitalisation, home health care, and/or extensive medical care (Mokkink et al., 2018). In their review, (Compas et al., 2012) confirmed that chronic illnesses requiring frequent health care and the regular use of medication or special equipment are prolonged, are not resolved spontaneously and are rarely completely cured.

Children with disabilities experience 'unique' vulnerabilities; for instance, they are at greater risk of abuse than their peers (Sainero et al., 2013; Taylor et al., 2016), they present a strong association between disability and maltreatment (Stalker & McArthur, 2012), are more likely to experience social difficulties (Águila-Otero et al., 2018), and experience social inequalities (Flynn & McGregor, 2017).

Children with chronic illness are also more vulnerable due to the stress they have to face associated with the conditions of their disease and adherence to treatments (Compas et al., 2012). Disabilities and chronic illness are both associated with 'special needs' (SN), not only because of their effects on childhood development; the impairment of motor, sensory, and cognitive functions; and their relationship with learning but also due to the impact of medical care (hospitalisation and/or school absences) on the schooling and socialisation of children (Rubio et al., 2003). Parenting foster children with SN—in either the disability or chronic illness context—requires a high level of commitment (Lauver, 2008). Both cases will therefore be treated as 'SN' in this article.

The research has raised concerns regarding the prevalence of children with SN in child protection systems (Taylor et al., 2016). Several studies have indicated that between 14% and 47% of the population in protection have SN, but not all of these studies were conducted at the national level. Furthermore, the welfare placements, permanency planning goals and case outcomes of SN (Slayter, 2016) as well as the educational attention they receive are unknown (Zetlin, 2006). These conditions have led the SN group to be described as 'hidden and unknown' (Stalker & McArthur, 2012; Stalker et al., 2015).

Some studies have attempted to obtain a national acknowledgement of the situation. For example, (Kelly et al., 2015) examined the situation in Northern Ireland by exploring the characteristics of the population with disabilities in the child protection system as well as their previous situation and placement stability. The noteworthy findings include the reasons for children's entry into the protection system, which contain neglect and being beyond parental control. The research also suggested that 39% of children with disabilities had spent more than five years of their childhood in the care system. The most common type of foster care for disabled children was non-kinship foster care (40%). Finally, children with disabilities had experienced a greater degree of instability, as 29% of the children had experienced two or more placements, compared to 12% of the total population of children in care.

Another study focused on the population of children between six and 18 years of age in residential care in an autonomous community of Spain (Águila-Otero et al., 2018; Sainero et al., 2013). Nineteen percent of these children were identified as having an intellectual disability, and this group was associated with a greater probability of having suffered physical abuse and having parents with a history of mental health conditions and alcohol problems.

Another group of studies sought to identify the needs of those who foster children with SN. Brown & Rodger (2009) found that the main difficulties were associated with taking on the financial cost of looking after SN children, dealing with the healthcare system, difficulties in finding time for themselves, and difficulty in juggling different roles, which made it necessary to seek both formal support from specialised professional services and informal support from within their communities. The studies also pointed to concerns that had received little attention, such as the social stigma directed at foster children and issues relating to the experiences of the foster

parents. Their needs were related to obtaining the support they required and their feeling that they had to fight constantly to acquire what their foster child needed (MacGregor et al., 2006).

Several studies have evaluated SN foster care. The results indicate that children's well-being improved significantly and that the framework of foster care facilitated this improvement, though some or many of the initial problems persisted, such as behavioural and health problems (i.e. Amorós et al., 2001). Furthermore, many concerns regarding professional responses have been reported in the literature (Flynn & McGregor, 2017; Taylor et al., 2016), including concerns about professionals and their inability to deal with children with SN as well as constraints on system responses (Flynn & McGregor, 2017; Stalker et al., 2015).

Despite this evidence, research into SN children in the context of child protection from 'non-tragedy perspectives' (in which SN is considered simply in terms of diversity rather than in terms of pity, tragedy or melancholy) is poorly developed (Flynn, 2020), and research in the specific context of foster care is even less developed. Little is known about the prevalence of children with SN in foster care and the characteristics and processes of their entry into the child protection system, or about those fostering these children, including whether children with disabilities are more likely to be placed with foster carers who have a particular profile. Research is required to fill this gap in our knowledge, enhance our understanding of this group and of its contribution to the diversity of foster care, and generate implications for practice.

## Foster care in the context of the research

Foster care, as a measure of child protection in the Spanish system, is offered to children up to 17 years of age who require safeguarding to help them grow and develop when their biological family cannot or does not know how to care for them. Most of them suffer some kind of maltreatment. According to the legal framework, this protective measure is preferably in a family setting whenever possible, rather than in a residential centre (Law 14/2010), and is always in that setting when the child is under six (Law 26/2015). However, government statistics show that the number of children in residential care is greater than the number of children in foster care. At the time of data collection, 7,531 children were in public care in Catalonia (Spain), representing 5.3% of the entire child population (DGAIA, 2018). Most of these children were being cared for in residential centres (47.3%) and kinship foster care (32.2%). Only 12.2% were in non-kinship foster care, which is the subject of this study. The rest were in alternative care types, such as pre-adoption or supervised apartments.

Law 14/2010 provides for four types of family foster care: (a) simple (short-term), when the need for safeguarding is expected to be transitory; (b) permanent (long-term), when the situation is expected to be more definitive and adoption is not considered more favourable for the child or is impossible (Art. 126); (c) emergency, where immediate and temporary care is required while the situation of the child needing safeguarding is analysed and the most appropriate protection measure is determined (Art.111); and (d) specialised, aimed at children with SN, sibling groups, and other special difficulties or special education needs that require intensive care (Art. 131).

Foster carers can be either single- or two-parent families. They take care of the child and discharge the responsibilities involved (feeding, raising and providing comprehensive education) with the necessary supervision, help and advice from foster care teams. Non-kinship foster carers are volunteers who receive an allowance (to cover the child's expenses), except for specialised foster carers, who are self-employed. Foster carers need to undergo assessment and training procedures carried out by foster care services.

Visits with the child's relatives are in the child's best interests (Law 14/2010, art. 116), and relations must be facilitated when reunification is possible and can benefit the child (Art. 129).

Foster care ends for a number of reasons (Law 14/2010, art. 124 & 130): (a) adoption, (b) becoming of legal age, (c) civil court decision, (d) constitution of guardianship, (e) declaration by a competent body that the circumstances that led to the safeguarding measures have improved; and (f) the death or declaration of death of the child. Additionally, the following implies an end to foster care but not an end to the need for protection, requiring the immediate determination of the most appropriate protection measure for the child: (a) the death, disability or request of the family or foster carer; and (b) a request of the child. These cases include a breakdown, which is defined (Montserrat et al., 2020) as a situation in which one of the parties involved (social workers, foster carers or looked-after children) terminates the placement suddenly or sooner than was agreed in the foster care plan and before the child has reached the age of 18.

## AIMS

This study aims to contribute to the understanding of SN foster care by identifying the characteristics of children with SN (in this case, chronic illness or disability) in non-kinship foster care, focusing on processes, outcomes and carer profiles.

## METHOD

The study used a quantitative design given the lack of available descriptive data on the target population and lack of research insight into the processes and completion of care for children with SN.

## Sample

Data were gathered from professionals involved in foster care cases working in 14 agencies (13 in Catalonia and one in the Balearic Islands).

The study considered cases that were registered with some kind of SN, either a disability (physical, intellectual, emotional or other) or a serious chronic illness, or both. The study used this population in order to focus on the amount of attention caregivers need to dedicate to these children, rather than on their specific characteristics. Thus, while the heterogeneity of the group was taken into account, they all require more effort and dedication from the caregivers. To avoid subjectivity, only those cases with officially registered SN were included in the sample. This registration takes place through public administration after a close evaluation of the case by a health professional.

One hundred and ninety children registered with SN were identified from a total of 2157 foster children in Catalonia and the Balearic Islands (open and ended files) across the 14 foster care agencies from 2008 to 2018. Information was gathered from all open cases in 2018 and 85% of the closed cases within the sample period, which were randomly selected. Of the 190 children with SN, 84 (44.2%) were still in foster care under the age of 18 years, and 106 (55.8%) were closed files.

## Instruments

The study used two different questionnaires with closed-ended questions (one for open files with 22 items and another for closed files with 24 items) elaborated *ex post facto* for this research. The professionals involved in the research reviewed the questionnaires to ensure their validity. Each questionnaire collected information about children who were being or had been fostered from 2008 to 2018 (non-kinship foster care)—thus, children who either had an open case in foster care or had their case closed during this period. The collected information concerned the main characteristics of the children, the situation that led to their need for safeguarding, the child protection system process, the main characteristics of the foster care, and the future plan for the children. For the closed cases, the study collected information about these characteristics as they applied to the end of the process.

The questionnaire items were closed-ended questions, enabling the professionals to indicate the most appropriate option. The options measuring abuse type were based on definitions established by Catalan law 14/2010 (see Table 1). The relationship maintained with the biological family was measured by asking about each member of the family (see Table 3). If the type of family member relationship changed over time, the question asked about the latest one. The care-ending type was measured with five options: continuing with foster carers, family reunification (with mother or father), moving to another family, starting to live independently, or breakdown. Finally, the definition and operationalisation of ‘breakdown’ were agreed upon by the professionals and are described in the introduction above. To operationalise this variable, closed questions were asked about the principal reason for the breakdown, the person who proposed the breakdown, and the placement after the breakdown (see Table 4).

## Procedure

The professionals involved in the foster care cases of the 14 agencies received and answered the questionnaires online after being informed about the research and its objectives. The professionals consulted the files of each case to answer the questionnaires.

The data provided by the professionals in each case were anonymous. Therefore, data processing was completely confidential and in line with the protection and security measures laid down in Law 3/2018 on personal data protection and the guarantee of digital rights.

## Data analysis

The data obtained were analysed using SPSS v.25. Descriptive and inferential analyses were carried out by considering the characteristics of the variables and the data distribution. Parametric (Student's *t*-test) and non-parametric (chi-squared) tests were used as required. To control for effect size, Cohen's *d* was used for test *t* (the effect is considered small when  $d = 0.2$ , medium when  $d = 0.5$ , and large when  $d = 0.8$ ), Cramer's *V* (the closer to 1, the more perfect the relation), and Phi  $\phi$  in the chi-square test ( $\phi = 0.1$  is a small effect,  $\phi = 0.3$  is a medium effect, and  $\phi = 0.5$  is a large effect).

TABLE 1 Characteristics of foster care placement

	Children in foster care						Effect size ( $\phi$ )	
	Children with SN (190)		Children without SN (1967)		Total (2157)		$\phi$	$V$
	n	%	n	%	N	%		
Gender								
Boys	109	57.4	976	49.9	1.085	50.6		
Girls	81	42.6	980	50.1	1.061	49.4		
Missing			11		11			
Total	190	100	1956	100	2.157	100	.049	-0.042
Foster care status								
Open	84	44.2	818	41.6	902	41.8		
Closed	106	55.8	1149	58.4	1255	58.2		
Total	190	100	1967	100	2157	100	.484	0.015
Was foster care the first action on entering the system?								
Yes	61	32.1	722	36.9	783	36.4		
No	129	67.9	1237	63.1	1366	63.6		
Total	190	100	1959	100	2149	100	.194	-0.028
Type of maltreatment								
Neglect	163	87.6	1679	85.5	1842	85.7	.425	0.017
Physical abuse	29	15.5	230	11.7	259	12	.125	0.033
Psychological abuse	43	23	436	22.2	479	22.3	.803	0.005
Prenatal abuse	44	23.5	355	18.1	399	18.5	.067	0.040
Sexual abuse	6	3.2	55	2.8	61	2.8	.748	0.007
Gender violence	38	20.3	484	24.6	522	24.3	.188	-0.028
Inability to control the child	11	5.9	75	3.8	86	4	.169	0.030
Pre-existing relationship between the foster carer and the child before the placement								
Yes	56	29.5	411	21	467	21.8		
No	134	70.5	1545	79	1679	78.2		
Total	190	100	1956	100	2146	100	.007	0.058

(Continues)

TABLE 1 (Continued)

	Children in foster care										
	Children with SN (190)		Children without SN (1967)			Total (2157)			Effect size ( $\phi$ )		
	n	%	n	%	N	%	p-value	$\phi$	V		
Type of foster care											
Emergency foster families	24	12.6	555	28.2	579	26.8					
Short-term	80	42.1	800	40.7	880	38.8					
Long-term	66	34.7	584	29.7	650	28.7					
Specialised	20	10.5	28	1.4	48	2.1					
Total	190	100	1967	100	2157	100	.001			0.195	
Future plan (open cases)											
Stay with foster carers	59	71.1	559	68.7	618	68.9					
No plan	14	16.9	143	17.6	157	17.5					
Move to another family	1	1.2	66	8.1	67	7.5					
Return/ Reunification	0	0	33	4.1	33	3.7					
Support to leave care	7	8.4	10	1.2	17	1.9					
Imminent breakdown	2	2.4	3	0.4	5	0.6					
Total	83	100	814	100	897	100	.001			0.196	
T-student for independent samples	Children with SN			Children without SN			Total			Effect size ( $d$ )	
	n	Mean	SD	n	Mean	SD	n	Mean	SD	p-value	
Average age on entering protection system	190	2.9	3.26	1965	3.05	3.68	2155	3.04	3.64	.553	-0.164
Average number of years in the protection system before being fostered	190	3.03	3.33	1965	1.96	2.56	2155	2.05	2.658	.000	1.076
Average age on entering foster family	190	5.92	4.72	1965	5.01	4.71	2155	5.09	4.72	.011	0.913
Current average age (moment of data collection – open files)	84	11.57	4.18	818	8.58	4.92	902	8.86	4.93	.004	2.993

## RESULTS

The study compared between the data of the whole sample ( $n = 2157$ ) and data on children with SN ( $n = 190$ ) in terms of how they entered the care system, age, sex, number of placements and time in care, type of placement, type of maltreatment, relationship with biological family, carer profiles, future plans and completion of the placement process.

### Prevalence of special needs (SN) in children in foster care

Of the sample studied (2157), 8.8% were children registered as having SN. This percentage is 6% higher than that of children in the general population (2.2% for 2018 in Catalonia according to IDESCAT among children aged 0 to 19). Of the 190 cases, 155 children presented with disabilities (7.6% of the sample population), 41 children presented with chronic illnesses (2% of the sample population) and six children presented with both.

The results showed that 57.4% of the sample were boys and 42.6% were girls, indicating a higher representation of boys with SN than is seen among children without disabilities or chronic illnesses; this seems to point to a significant statistical difference ( $p = .049$ ), but it is practically non-existent when we look at the  $\varphi$  (see Table 1).

### Characteristics of foster care placement

Most children with SN are fostered in short-term placement (42.1%); the next-largest number are in long-term placement (34.7%). Only one out of 10 is in emergency or specialised foster care. The number of those in specialised foster care is higher than that of non-SN children (10.5% compared to 1.4%). In this case, there is a very small significant relationship between the categories (see Table 1).

The average age of entry into foster care is around six years, with a significant difference from children who do not present with SN. Most children with SN are between four and 11 years of age (48.9%), while most of the children without officially diagnosed SN (46.4%) entered family foster care between 0 and three years of age.

Does this mean that they enter the protection system at different ages? The results reveal differences in the age of entry into the protection system, with an average age of 2.9 for children who have SN and 3.05 for those who do not. This difference is due to the time these children wait in the protection system until they are fostered: Children with SN spent an average of 3.03 years before they were taken in, while children in the other group spent one year less (1.96). In other words, children with SN are more likely to spend more time in the protection system waiting to be fostered.

Most of the children in family foster care with SN (67.9%) or without (63.1%) were in one or more placements before their current foster family, mainly in residential care, with no significant difference between the groups. In 70.5% of the cases in the SN group, the caregiver and child had never met before, while there was a relationship before the placement in 29.5% of the cases. There were significant differences between the two groups in this area: Children with SN are more likely to formalise foster care with people who have already established a connection, such as people close to the child or families that collaborate with residential centres.



Regarding maltreatment, the reasons for entering the protection system were not mutually exclusive, so the same child may have been exposed to more than one of the situations of abuse and/or neglect, as listed in Table 1. The main reason for entering the protection system was neglect, followed by gender violence, psychological abuse, and prenatal abuse. Regarding the latter, a difference greater than five points was observed (23.5 in the SN group and 18.1 in the other group) without reaching statistical significance.

Significant differences were observed regarding future plans for the open cases known to the professionals, suggesting that the main forecast in the SN group was continuing with the foster carers (71.1%). However, although they represent small percentages of the total group, the proportion of those whose future plan was independent living with support (8.4%) or breakdown (2.4%) was also high. The percentage of children with SN who were expected to change families (1.2%) or return to their families (0%) was lower than that of children without SN (8.1% and 4.1% respectively).

## Foster care profile

The age of most foster carers was under 65 years, with no differences between groups (see Table 2). Almost three-thirds of children with SN were cared for by a couple (72.5%), mainly one comprising a male and female (68.3%). However, comparing the two groups revealed that children with SN were significantly overrepresented in single-parent (mainly female) foster care homes.

Although many of the foster carers had their own children, in the case of those who take in children with SN, most of them do not. Nevertheless, the differences were not significant. It should also be noted that 65.4% of the foster carers (SN group) dedicated themselves to the foster care of a single child, while 34.6% had taken two or more, with no differences being observed.

## Relationship with biological family

The analyses indicate that there was less of a relationship with the mother or father (with a significant difference) in SN cases (see Table 3). However, no differences were observed regarding the relationships the children had with their grandparents or other family members.

## Foster care ending

Children with SN spent an average of two years more in foster care than did those without SN. The former spent an average of 5.25 years, while the latter spent an average of 3.29 years, with statistically significant differences (see Table 4).

When the care placement ended, most of the children with SN continued with their foster carers (42.5% compared to 24.9%) and changed families less often (17% compared to 33.6%), although this relationship is weak according to the *V* value.

Although practically no differences were observed in the percentage of placement breakdowns between the two groups, identifying the main reasons for the breakdowns, who proposed the breakdowns, and what happened afterwards is important.

Among the main causes of breakdown for children with SN, the following stand out (see Table 4): behavioural problems (62.5%), ambivalent attitude about foster care among foster carers (30%)

TABLE 2 Foster care profiles

	Children in foster care								
	Children with SN (190)		Children without SN (1967)		Total (2157)			Effect size ( $\varphi$ )	
	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%	<i>p</i> -value	$\varphi$	<i>V</i>
Age of the foster carer									
Foster carer <65	184	97.4	1893	96.5	2077	96.6			
Foster carer >65	5	2.6	68	3.5	73	3.4			
Total	189	100	1961	100	2150	100	.551		-0.013
Parental situation									
Single parent	52	27.5	356	18.1	408	19			
Couple	137	72.5	1607	81.9	1744	81			
Total	89	100	1963	100	2152	100	.002		0.068
Number and gender of foster carers									
Female foster carer	49	25.9	307	15.6	356	16.5			
Male foster carer	3	1.6	49	2.5	52	2.4			
Two foster carers (male and female)	129	68.3	1547	78.8	1676	81.5			
Two male foster carers	4	2.1	38	1.9	42	2			
Two female foster care	4	2.1	22	1.1	26	1.2			
Total	189	100	1963	100	2152	100	.007		0.085
Does the foster carer have children of their own?									
Yes, they have children	127	67.9	1390	72.3	1517	71.9			
No	60	32.1	533	27.7	593	28.1			
Total	187	100	1923	100	2110	100	.205		-0.028

TABLE 2 (Continued)

	Children in foster care								
	Children with SN (190)		Children without SN (1967)		Total (2157)		Effect size ( $\phi$ )		
	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%	<i>p</i> -value	$\phi$	<i>V</i>
Do they only have 1 child fostered?									
Yes, only 1	117	65.4	1290	68.3	1407	68			
No, 2 or more	62	34.6	600	31.7	662	32			
Total	179	100	1890	100	2069	100	.428	-0.017	

TABLE 3 Relationship with biological family

	Children in foster care								
	Children with SN (190)		Children without SN (1967)		Total (2157)		Effect size ( $\phi$ )		
	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%	<i>p</i> -value	$\phi$	<i>V</i>
Relationship with mother									
Yes	58	37.7	914	56.8	972	55.1			
No	96	62.3	696	43.2	792	44.9			
Total	154	100	1610	100	1764	100	.000	-0.108	
Relationship with father									
Yes	41	27.9	555	36.5	596	35.8			
No	106	72.1	964	63.5	1070	64.2			
Total	147	100	1519	100	166	100	.037	-0.051	
Relationship with other family members									
Yes	59	41.3	694	48.3	753	47.7			
No	84	58.7	742	51.7	826	52.3			
Total	143	100	1436	100	1579	100	.106	-0.041	

and inadequate care provided by caregivers (12.5%). Conflict with the foster carers' other children was one of the main reasons for the placement breakdown in the group of children without SN (17.3%). However, no significant differences were found between the groups concerning any of the breakdown causes.

TABLE 4 Foster care ending

	Children in foster care										
	Children with SN (190)		Children without SN (1967)			Total (2157)		Effect size ( $\phi$ )			
	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%	<i>p</i> -value	$\phi$	<i>V</i>		
Ending foster placement											
Continuing with foster carers	45	42.5	286	24.9	331	26.4					
Family reunification (with mother or father)	11	10.4	173	15.1	184	14.7					
Moving to another family	18	17	386	33.6	404	32.2					
Starting to live independently	7	6.6	47	4.1	54	4.3					
Breakdown	25	23.6	257	22.4	282	22.5					
Total	106	100	1149	100	1255	100	.000			0.134	
Principal reason for breakdown											
Behavioural problems of the children	15	62.5	163	64.2	178	64	.870			-0.010	
Inadequate care of foster careers	3	12.5	39	15.4	42	15.1	.940			-0.022	
Conflicts between the biological children of the foster careers and the fostered child	1	4.2	44	17.3	45	16.2	.167			-0.100	
Foster carer's ambivalent attitude towards foster care	6	30	58	27.8	64	27.9	.830			0.014	
Separation of the foster parents	0	0	10	3.9	10	3.6	.677			-0.059	
Conflicts between the biological family and the foster carer's family	0	0	20	9.5	20	8.7	.325			-0.093	
The breakdown was proposed by...											
Foster carers	19	73.1	183	71.5	202	71.6	.864			0.010	
Foster care agency	9	34.6	110	43	119	42.2	.441			-0.049	
Children	5	19.2	67	26.2	72	25.5	.439			-0.046	
Child protection team	0	0	15	6.9	15	6.3	.212			-0.081	
Placement after breakdown											
Residential care	22	91.7	199	78	221	79.2					
Foster carer	1	4.2	40	15.7	41	14.7					
Biological family	1	4.2	16	6.3	17	6.1					
Total	24	100	255	100	279	100	.185			.098	
T-student for independent samples											
	Children with SN			Children without SN			Total			<i>p</i> -value	Effect size ( <i>d</i> )
	<i>n</i>	Mean	SD	<i>n</i>	Mean	SD	<i>N</i>	Mean	SD		
Average number of years in foster care (Closed cases)	106	5.25	4.72	1149	3.29	3.767	1255	3.45	3.89	.001	1.957

The carers suggested the placement breakdown in three quarters of the cases, and it was suggested by the professionals who followed the foster cases in less than half of the cases; placement breakdown was proposed by the protection professionals in only a few cases where there was no diagnosed SN. No significant differences were found between the SN and non-SN groups. The breakdown was proposed by the child in only a few cases (about a fifth of the cases in the SN group and a quarter of the cases in the non-SN group). However, none of the differences are statistically significant (see Table 4).

Finally, almost all the children with SN went into a residential centre after the breakdown (91.7%), while the other group of children were given more (although limited) options, such as foster care (15.7%) or returning to their biological family (6.3%), with no statistically significant differences observed.

## DISCUSSION

These results raise important questions regarding the extent to which the foster care system takes into account the complexity of SN and how it affects foster carers and other agents in the process. The SN issue is being researched in the field of child protection, particularly in the foster care context. (Ward, 1999) introduced the expression 'the disability gap.' Two decades later, we can affirm that this expression is still relevant. Based on our research, we could extend its scope and call it an 'SN gap.' The results of this study can contribute to the understanding of this gap by identifying the characteristics of children with SN in family foster care (non-kinship) as well as the processes and outcomes involved, focusing on carer profiles.

First, these children must be counted in order to stop them from being 'hidden and unknown' (Stalker & McArthur, 2012; Stalker et al., 2015). There is a need to improve data collection procedures for children with SN (Shannon & Agorastou, 2006). We found that SN children were overrepresented in foster care (8.8%) relative to the general population (2.2%), in line with previous findings (Del Valle et al., 2009; Flynn, 2020). However, data on the entire population in the child protection system are unavailable in many countries. The few exceptions include Kelly et al. (2015), who illustrate the overrepresentation of SN children in out-of-home care at national level and develop a line of study on this group in the protection system that requires more in-depth exploration.

Moreover, this study's analysis of the similarities and differences between the two groups raises questions about how the SN issue relates to diversity in the context of foster care. On one hand, several aspects, including potentially unexpected ones such as maltreatment type, have been linked to the existence of SN (Sullivan & Knutson, 2000) and do not represent statistical differences between the groups in our study. On the other hand, we must not underestimate the higher proportion of prenatal maltreatment among children with SN, some of which may have originated in pregnancy. The data do not allow us to determine the origin of the disability, so it is not possible to link it with a particular type of maltreatment.

Additionally, we cannot verify the claim made by Sainero et al. (2013) that children with SN have a greater probability of experiencing physical abuse, as this study's population is different from that studied by Sainero et al. (2013), who focused on residential centres. Future research could explore this issue. Several process issues that showed no statistical differences between the two groups, such as average age at entry into the protection system and whether the first proposal was foster care, did not generate the results required to discuss the issue in depth. The various factors that may influence the vulnerability of these children should be explored. Calderbank

(2000) suggests that one way of analysing the vulnerability of children with disabilities is to consider not only their individual characteristics but also the attitudes and responses of welfare services.

The results indicate that children with SN spend more time in the child protection system waiting to enter foster care (López et al., 2010). Once they enter, they spend more time in the foster family, and they remain there longer beyond the age of 18 when the foster placement is finished. This same trend has been identified in previous studies. Specialist fostering has thus become as a long-term 'temporary' method of finding a way out of institutionalization for such children (Amorós et al., 2001). However, many children do not have this opportunity because of the difficulty in finding families to foster them in their homes (Dowling et al., 2012) and the limited support provided by the care system (MacGregor et al., 2006). Providing treatment and support according to the needs of each individual case (Amorós et al., 2001), with prior planning and in a continuous manner (Dowling et al., 2012), will help to overcome these barriers.

Almost half of the families recruited would not foster another child because they will continue to live with the same one. In other words, in half of the situations, it will be 'one family, one foster care' or a quasi-adoption (Del Valle, 2009). This situation is double-sided: Some children benefit from the stability, but there are fewer families available to foster other children. These results have important implications for the adequate recruitment of foster caregivers for SN children. There is a need to increase recruitment campaigns and to maintain awareness of the social need for new foster carers (Leschied et al., 2014).

The positive experiences of other foster carers and the positive outcomes of fostering can promote fostering, as well as contribute to what Flynn & McGregor (2017) recommend as a 'broad affirmative non-tragedy approach' to SN children. Andersson (2001) argued that these positive outcomes include learning about the lives of disabled children, being aware of their strengths, and being part of the children's success stories. Cox et al. (2002) also suggested verifying if valid foster carers who are already in the system would be willing to foster SN children. This positive approach would help with that. Additionally, a foster care model with a more community-based approach with proper support for the foster family such as the Mockingbird Family Model (McDermid et al., 2016) could contribute to reducing recruitment barriers, as it would be extremely flexible to individual needs and circumstances.

We must bear in mind that some of the foster care placements are established with people with whom the child had had previous contact. The more general campaigns are not opposed to the development of this more community-oriented strategy, but they are not always specifically promoted. They should be used as complementary strategies; in both cases, the aim is to search for suitable foster carers. However, it will also be necessary to invest in their training (Kelly et al., 2017), as we know that longer specialist training for foster carers leads to an immediate impact on the outcomes for children and young people (Everson-Hock et al., 2011). It is thus important to improve training related to SN (Shannon & Agorastou, 2006).

One of the study's most important findings was that of an overrepresentation of single-parent (mostly female) foster care homes. What is the reason for this overrepresentation? One explanation could be a greater willingness to accept children with disabilities among single parents. We also know that a portion of these children come from single-parent households (38%; (Kelly et al., 2015)); thus, what could be interpreted as a risk factor in the child's background is not in foster care. In any case, the data require further study on single-parent foster care. Qualitative research carried out directly with foster carers could help us to understand this result.

Another area in which diversity is reflected in foster care is the child's relationship with their biological family. Visits with parents are much less common for SN children than for non-SN children. A similar study carried out in 1999–2000 focused on specialised foster care found that only 38% of the children had contact with their mother (Amorós et al., 2001); the proportion is 37.7% in this study). This seems to be a common characteristic. Parental capacity tends to encounter serious difficulties among families of origin, which is even more evident in the case of children with SN, an issue that probably influences the lower contact rates.

Furthermore, if the protection team assumes that visits lead to reunification (Huefner et al., 2014), it is logical that fewer children will visit with their parents since the forecast for three quarters of the cases is remaining with the foster parents. However, visits with the birth family also maintain affective bonds. In any case, parental visits remain a thorny issue that requires more research to determine how to make them successful. It is not enough to be willing to conduct them; certain environmental conditions should be reconsidered, work should be done to enhance attitudes toward the visits (among both biological and foster families), support should be provided for the development of the skills parents need, and follow-up support should be provided to manage their effect on the children (Amorós et al., 2001). It should not be forgotten that, as the data show, many of these contacts also have siblings and other family members.

Regarding the reasons for ending foster care, three aspects require attention. First, no significant differences concerning this issue were found between the groups. The findings do not suggest that there are more failures among SN children (López et al., 2011). Second, both groups have a high failure rate (23.6% for those with SN and 22.4% for the rest). These are not as high as the rates found in other studies (e.g. 31.2% in (López et al., 2011)). However, research efforts (i.e. multivariable analysis) should seek to determine how to reduce these rates. The third issue is that, when foster care fails, children with SN tend to be transferred to a residential centre. We question whether the protection system really makes an effort to find another family.

Finally, this study is limited by the characteristics of the group of children with SN, who require more effort and dedication from caregivers. The aim was to avoid including children in this group who were not officially registered and to prevent subjectivity. However, we are aware of the resultant heterogeneity.

Ignorance of the aspects that characterise this group makes it invisible. Failure to identify the group contributes to its invisibility, and this invisibility silences it without considering the diversity that it brings to foster care. As Gibson states (2006), those labelled as having special educational needs and/or disabilities, as well as other oppressed groups, are trapped in a culture of silence that offers no opportunity for, or means of, expression. This neglect is directly in conflict with the current line of research regarding children's rights, specifically child participation and the voice of children, which are clearly unfulfilled in this case (Flynn & McGregor, 2017), feeding the 'Culture of Silence' described by Gibson (2006). There is a need for more studies from a 'disabled children's childhood studies' (Curran & Runswick-Cole, 2014) perspective, as they would provide a view of these children as not necessarily having problems or being problems but as having a childhood.

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