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Matching Process Concerning Children With Disabilities in Family Foster Care

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ABSTRACT
Children with disabilities are over-represented in foster care and exposed to more disruptions. This is unfortunate because they need long-term relationships and predictability, as well as access to special schools and health care. Disruption can be the result of a poor match between the child and the foster family. In this article, we focus on the matching process in relation to children with disabilities. Zeijlmans et al. describe matching as the process by which social workers move from principles of good matching to realistic matching, depending on existing premises. Using their model, we analyse the matching process for children with disabilities in Sweden. The study is based on 31 individual interviews and six group interviews with social workers and social work managers. They describe how they take into account the family climate, family composition and prior knowledge and/or experience of disability in the foster home. However, disruptions occur even when these conditions are met. Stable placements seem to be more related to the fostered child’s progress when the family’s efforts are rewarded. We also address the complex issue of what disability actually means in the context of foster care, given the interrelatedness of trauma, maltreatment and impairment.

1 | Introduction
Finding the right foster home for a particular child who cannot live with his or her biological parents is an important part of the foster care process carried out by social workers. A poor match can lead to a sudden disruption of the foster placement, forcing the child to move to a new foster home. There is little research on the factors that contribute to a good match, and even though matching has been discussed for more than 100 years, there is still a lack of theoretical development and knowledge-based elements of matching (Haysom et al. 2020; Zeijlmans et al. 2017). A common conclusion is that the biggest obstacle to a good match is the lack of foster homes (Sinclair and Wilson 2003). There are too few homes willing to become foster carers.

The more needs a child has, the more difficult it is to find a suitable home. Children with disabilities often need a lot of support, and their impairments may require special considerations in terms of educational methods, more time and skills in personal care, and more contact with professionals such as special schools, psychiatry and habilitation. In this article, the term ‘children with disabilities’ is employed in a broad sense, encompassing a range of conditions, including intellectual and psychiatric impairments, neuropsychiatric impairments, and severe allergies. The special requirements for fostering children with disabilities contribute to a reduced supply of foster homes. This is unfortunate as children with disabilities are over-represented in the need for out-of-home care (Platt and Gephart 2022). Disability in itself is not a reason for...
out-of-home placement. There is still a need for social problems such as neglect or abuse at home or a child’s behaviour that endangers his or her health or development, at least in a Swedish context.

There is a general understanding of the over-representation of children with disabilities, but there is a lack of overall statistics. Instead, there are several more limited research studies. A study from the Republic of Ireland shows that children with intellectual disabilities are more likely to live away from their parents (McConkey, Kelly, and Craig 2014). A literature review shows that the prevalence of mental health problems in foster children seems to be between 44% and 66% (Steenbakkers, Van Der Steen, and Grietens 2018). Karlsson and Lundström et al. (2021) show that 21% of boys and 15% of girls aged 13–17 in Swedish foster care are diagnosed with ADHD, which is a huge over-representation compared to other children.

One reason why children with disabilities are more in need of foster care is their increased risk of maltreatment, abuse or neglect (Dowling, Kelly, and Winter 2012; Fuentes-Peláez et al. 2022; Lehmann et al. 2013; Slattery 2016; Stalker and McArthur 2012). Statistics show that children with disabilities are at a higher risk of being exposed to violence and maltreatment, which is a reason for placement in foster care. The increased risk of physical abuse can be estimated to be 1.7–2.1 times higher for Swedish children with disabilities when other background factors are taken into account (Svedin, Jonsson, and Landberg 2016). A systematic review and meta-analysis of observational studies confirm that children with disabilities are three to four times more likely to be victims of violence (Jones et al. 2012). In a literature review, Dowling, Kelly, and Winter (2012, 27) argue that the reasons are ‘complex, interrelated and difficult to extrapolate’. Contributing factors include negative attitudes, lack of knowledge about disability, lack of knowledge about violence, perceptions of children with disabilities as easy victims, lack of tailored information about abuse among children with disabilities, and stress and exhaustion among parents and staff (Svedin, Jonsson, and Landberg 2016). Dowling, Kelly, and Winter (2012) also add factors such as lack of support from extended family and community, and social structural issues such as poverty and isolation.

The discrepancy between the large number of children with disabilities in need of foster care and the small number of suitable foster homes makes the matching process more difficult. The difficulty of making a good match is illustrated by the fact that children with disabilities are at higher risk of disruption in their placement (Platt and Gephart 2022).

Unfortunately, poor matches leading to disruption may be even more damaging for children with disabilities than for other foster children. A change of foster family often brings with it other disrupted relationships. There may be changes in schools, medical care, and mental health contacts. Such interruptions in education and care may be even more harmful for children with disabilities who need more support and therefore benefit from long-term relationships with professionals (Geenen and Powers 2006; Platt and Gephart 2022). Some children may also be very dependent on routines and predictability, which are easily lost in a change of family.

Despite the fact that children with disabilities are over-represented in foster care, there is little research on disability in foster care research and hardly any research on foster care in disability studies (exceptions are Flynn and McGregor 2017; Flynn 2020). This article focuses on matching processes for children with disabilities in a Swedish context. It also problematises the complex issue of what disability actually means in the context of foster care, taking into account the definition of disability as a relational concept in disability studies (Oliver 1996).

2 | Foster Care and Matching in Sweden

Child welfare services in Sweden are characterised by a family service orientation. This differs from Anglo-Saxon countries, which are more concerned with child protection. The specific socio-historical context of child welfare is of great importance in understanding the matching process (Pålsson and Laakso 2016). The family service orientation is based on voluntary agreements between families and authorities, and child welfare interventions focus on prevention and family preservation. This means that voluntary in-home services are offered to parents who have difficulties with their parenting skills. Foster care is the last resort when in-home services fail or are inadequate. Foster care is needed when the parents’ neglect of the child or the child’s own behaviour endangers the child’s health or development, but the aim is always to work towards reunification with the biological parent(s). Foster care is described as a tripartite parenthood that aims at cooperation between biological parents, foster parents and social services. In recent years, the strong focus on family and parental rights in Swedish policy has been challenged by an emphasis on a children’s rights perspective, and steps have been taken towards more child-centred legislation (Lundström et al. 2021).

Foster care can be carried out on a voluntary basis with the permission of the biological parents or compulsory with the support of a court decision (Svensson and Höjer 2016). The attitude of biological parents towards the placement of their child is an important factor influencing the matching process. Usually, there is a desire to place most children close to their biological parents in order to encourage contact with them. Once a decision has been made to place a child in foster care, the social workers start the matching process. Usually, the social worker dealing with the family passes on information to a social worker specialised in matching. This means that the matching social worker is dependent on information from others. The municipalities try to have available foster families themselves and have an ongoing recruitment process to find and approve new foster families (Pålsson, Lundström, and Saltnäs 2023).

However, most of the municipalities are not able to find foster families for all the children in need of foster care, and therefore, they also make use of organisations that specialise in the recruitment of foster families. These organisations, called consultants, may be dedicated to a specific problem or category of children. They can offer foster families the expertise of other professionals, such as psychologists, and more frequent and tailored supervision. The cost of the additional support is paid for by the municipalities that buy their services, and the high cost
of using consultants is the reason why municipalities try to mimise their use (Lundström, Sallnäs, and Shanks 2020). Even if consultants are hired, it is still the municipality, officially the politically appointed Social Board that has the formal responsibility for the child, including the approval of the foster home, the matching process, and the day-to-day care and upbringing.

Regarding matching, this means that the consultant organisation approves foster families and matches child and foster family, but the municipality needs to investigate and approve the home itself and accept the match. As consultants are seen as a last resort, they tend to deal with children with the most complex needs, which may include children with disabilities.

Like many other countries, Sweden has a history of institutionalisation when it comes to children with disabilities (Tössebro 2016). However, in the 1980s, the process of deinstitutionalisation ended, and all children should grow up with their families (Grunewald 2008). This process was supported by societal support such as personal assistance, childcare allowance, respite care and so on to subsidise parents economically and provide respite. There is still the possibility of residential care for children with intellectual disabilities, and this concerns children with additional complex medical needs and those who attend a distant specialised school. Less than 900 children are affected (National Board of Health and Welfare 2022). Children with severe psychiatric disabilities are sometimes placed in compulsory care within psychiatric clinics (Vahlne Westerhäll 2016) or temporarily in small institutions.

The deinstitutionalisation process has had a clear policy aim to ‘enable an ordinary family life’ and ‘a childhood that is as typical as possible’ (Tössebro and Wendelborg 2015). The focus on ‘typical childhood’ has many advantages, but may also obscure the special needs of children with disabilities. Studies confirm parents’ ambivalence about having a child with disabilities and feeling ‘... ordinary and extraordinary at the same time’ (Ytterhus 2015, 163; cf., Benderix, Nordström, and Sivberg 2007). The strong focus on a ‘typical childhood’ for children with disabilities, including growing up in a family, is also present in child welfare services with regard to the matching process in foster care.

3 | The Content of Matching Processes

The matching process is part of decision-making, and like other decision-making in social work, the matching process is often characterised by complexity and uncertainty (Forkby and Höjer 2011; Pösö and Laakso 2016). Pösö and Laakso (2016, 309) have proposed ‘navigation’ as a relevant concept and metaphor to address decision-making in child welfare countries, described as family service-oriented, as it ‘... highlights the processual nature of decision-making and acknowledges the variety of issues, norms and interested parties (stakeholders) involved and their interconnectedness’. Forkby and Höjer (2011) have studied the matching process of young people and residential units in Sweden. They conclude that ‘collective memory’ is important when it comes to the matching process, for example, staff’s personal memories of how previous relationships with the residential unit and the outcomes of particular young people worked out. They interpret ‘collective memory’ as ‘collective expertise and an asset for claiming professional discretion’ (Forkby and Höjer 2011, 166).

Zeijlmans et al. (2018) describe social workers’ decision-making about matching as different layers as they move from principles of good matching to realistic matching depending on existing premises. Social workers start with the ‘matching as planned’, move to the ‘matching being tailored’ and finally reach the ‘matching being compromised’. The compromised matching is due to time pressure, lack of families and incomplete information. Despite these difficulties, social workers strive to maintain quality by using strategies such as turning to an experienced foster family who is used to dealing with difficult situations and/or supporting the foster family with more resources (Zeijlmans et al. 2018).

4 | Aim

The overarching aim of this article is to explore how disabilities affect the matching process and the three layers offered by Zeijlmans et al. (2018), for example, ‘matching as planned’, ‘matching being tailored’ and ‘matching being compromised’. More specifically, the following questions will be addressed:

- How do social workers describe the matching process in relation to children with disabilities?
- How does disability influence the matching process?
- What contributes to a good match for a child with disabilities?

5 | Method

This article is based on 31 individual interviews with 12 social workers working within foster care, 13 social workers within consultant organisations and six managers of social workers from six different Swedish municipalities. The interviews cover the steps in the matching process, the participation of the child, the training needs of the social workers, the impact of the pandemic, and examples of a good and a less good match according to their experiences. There were no specific questions about disabilities, but it came up in most of the interviews. The interviews took place via video call (except for three interviews) and were recorded and transcribed verbatim. The interviews lasted approximately 1 h.

In addition, six group interviews were held, one in each municipality. The groups varied from three to six individuals. Seven of the social workers who were interviewed individually also participated in the group interviews. In total, 50 individual professionals were interviewed. Ethical approval was provided by the Swedish Ethical Review Authority (2021-00886; 2022-03017-02).

The groups discussed short vignettes in which social workers were asked to match four fictitious children in need of foster care with five fictitious foster homes. No diagnoses were mentioned in the vignettes, but there were descriptions of children with delayed speech and challenging behaviour. These discussions were conducted on site, recorded and transcribed verbatim.
Methodologically, conventional, qualitative content analysis was used (Hsieh and Shannon 2005). Initially, the interviews were read through looking for statements about disabilities connected to the theme of matching by the first author. A range of techniques such as coding, categorisation and theme formation were used to identify similarities and differences in the perceptions and experiences of the informants (Ryan and Bernard 2003). In the later stages of the analysis, theoretical concepts from disability studies were added to help analyse the material. These results were discussed and approved by all authors.

5.1 | Theory

Theoretically, this study builds on disability studies. Historically, children with disabilities have been studied mainly on the basis of diagnosis, vulnerability and burden on the family (Ytterhus et al. 2015). These children were seen as in need of treatment, cure or regulation. Today, disability is seen as relational and the interplay between the impairment and the social environment, rather than a characteristic of the individual (Ytterhus et al. 2015). Disability studies separate the impairment from the personal experience of being disabled, which is the condition that occurs within a particular environment or context (Oliver 1996). Such a definition puts the focus on the environment, attitudes and physical barriers and how these can be changed to reduce the impact of impairments (Ytterhus et al. 2015).

Despite our strong belief in a relational way of defining disabilities, ‘... some fixation on disability and impairment seems unavoidable’, like Flynn has argued in another article (Flynn 2020, 951). All prevalence surveys of children with disabilities in foster care, as well as the very concept of ‘children with disabilities’, start with diagnoses and a definition of disability as an individual deficit. In order to obtain statistics, most researchers rely on diagnoses or administrative definitions of disability due to difficulties in operationalising the relational model (cf., Dowling, Kelly, and Winter 2012; Grönvik 2007).

Another challenge concerning children in care is the difficulty of disentangling some impairments and diagnoses from experiences of trauma or exposure to social problems, which are often relevant. There is a complex interplay between impairments, trauma, exposure to chaotic living conditions, and lack of stability that can affect how the child reacts and copes in life (Koponen et al. 2013). Limiting this complex life situation to one diagnosis or impairment may mask other social problems (Karlsson and Lundström 2021; Ouyang et al. 2008).

Similar difficulties in identifying an origin relate to the concept of ‘challenging behaviour’ and whether it is caused by trauma, maltreatment or impairment. Such behaviour can be threatening to others as well as to the child. The term ‘challenging behaviour’ is contested (see Flynn 2020). It is clear that the term has replaced many other pejorative terms, often associated with psychological deficits in the child, but it is still often perceived as an individual behavioural problem, rarely as an appropriate response to oppressive living conditions (Flynn 2020; Karlsson and Lundström 2021). This complex situation of how to relate to, refer to and discuss children with disabilities and foster care is addressed in this article.

6 | Results

6.1 | ‘Matching Being Tailored’

In interviews with social workers in this study, the impairments mentioned are often neuropsychiatric diagnoses and challenging behaviour. Severe psychiatric diagnoses, including self-harm, are also discussed, as are intellectual disabilities and various types of allergies. Disabilities cover a wide range of impairments with different consequences; however, there are similarities regardless of the impairment. A child with disabilities often needs extra resources at preschool or school, meetings with different professionals, appointments with doctors and medication. Caring for a child with disabilities often requires extra time to carry out practical tasks, as well as supervision and training.

In order to meet these more general needs of children with disabilities, social workers discuss three criteria in relation to foster families: family climate and activity level, family composition, and previous knowledge and/or experience of disability. These criteria are not unique to children with disabilities, but require more careful attention in these cases. In the interviews, the child with disabilities is described as a child with special needs. Diagnoses are mentioned but do not define the child. The child is above all a child with specific individual needs. The matching process starts with what would be absolutely best for this unique child, in line with what Zeijlmans et al. (2018) call ‘tailored matching’.

6.1.1 | Family Climate and Activity Level

In the matching process, social workers take into account how families organise their daily lives, whether they are an organised family with routines or a more relaxed family. This is important as many children with disabilities need predictability. ‘... An autist, for example, who has very great need of having a predictable everyday life, to end up in a foster home where there is, well, a lot of love and all that, but rather loose structure, it doesn’t work out well’ (Consultant 2).

Also with the family climate, it is important to consider the activity level of the family. Some children have a lot of energy and need a lot of activity, while others need peace and quiet. Similarly, some families lead more active lives, and others spend most of their time at home. One consultant describes how one of her foster families lives in the countryside, somewhat isolated and without many social contacts. They have taken care of a boy with intellectual disabilities who ‘... loves to be with the animals, who is really happy to be on the farm, just walking around in dirty boots and accompanying them ...’ (Consultant 3). This quiet life is in contrast to the family who looked after two very lively brothers, one of whom was diagnosed with ADHD, and offered them constant activities. They tried skiing, football, field hockey, and if something did not work, they tried something
else (Consultant 5). This active life suited these boys. The social worker has to find out whether: ‘Is it a very active family that just says, “Now we’re going!” then you are part of it now. Or is it someone who needs more time to explore what just this child needs.’ (Social worker 10).

6.1.2 The Family Composition

Part of the matching process is to find out what kind of family, in terms of composition, the child needs. Some children need the full attention of adults at all times. This may be because of suicide risk, violent behaviour, self-harm or lack of risk management. In these cases, it is often preferable that there are no other children in the family, neither biological nor placed.

Because the foster home must be able to do this and the child has to get what he needs. That’s what is really important. And then it also means that you do not have too many children in the home, if you are going to take a child who has several diagnoses and trauma.

(Social worker 6)

On the other hand, some children with disabilities are perceived as benefiting from other children in the foster family through imitation and learning. In a group discussion about a girl with delayed speech, a social worker says: ‘… I think it can be a good upbringing environment when there are many children, and I think games are therapeutic for children.’ (Group interview 2). Similarly, in relation to a boy who has difficulty playing with other children, the social workers agree that it might be helpful to be close to other children (Group interview 2).

One of the more accepted norms regarding matching, regardless of disability, seems to be the agreement not to place a child at the same age as biological children. Being at the same age could lead to rivalry for attention from parents and friends, risk of being in the same class, football team, etc. However, a neuropsychiatric diagnosis or a diagnosis of intellectual disabilities changes this rule. Instead, the social workers discuss mental age: ‘… It is not just what you call the physical age, because you also have to take into account a bit about where they are in pure age-appropriateness. It could be an eight-year-old who has the needs of a four-year-old or so.’ (Consultant 13).

In addition to decisions about placement in families with other children or trying to match age with other children in the family, it is also important to evaluate a single-parent foster home versus a two-adult foster home. Difficulties with impulse control leading to outbursts and challenging behaviour are demanding, and social workers discuss the need to be able to take turns in meeting the child’s needs, which is an argument for a two-adult foster home.

Children who need constant supervision and a lot of care may also benefit from having one adult at home full-time with no other paid work. In Sweden, the dual-earner system means that it is rare to be out of work, except during periods of parental leave, illness or unemployment. In order to find a foster family where one of the parents is willing to stay at home and care for the foster child, social services have to compensate for the lost income.

Children who really have a lot of needs, and it’s necessary that there are one or two adults in the home … in the family, and one has to be at home, / … / and maybe the child does not go to school or has a lot of school absence, so you kind of must be there and stick with it. So it is very labour-intensive … and it is not … we do not have so many family homes that are equipped for this and that have the possibility for this.

(Consultant 13)

On the other hand, some children benefit from a single-adult foster home, because then they only have one person to relate to: ‘… that there are not so many to relate to and you kind of learn rules. It won’t be so easy to split up maybe, and trust and so on.’ (Social worker 10).

6.1.3 Knowledge of Disabilities

The most specific disability criterion in the matching process is previous knowledge and experience of disability. It is best if the foster family has had success with other children with disabilities. It is also very positive if the parents have an education or profession that includes disability knowledge. Disability knowledge can also be the result of courses:

And maybe has some education, so that they know what it’s about, because it is of course difficult to take care of children with diagnoses if you do not have any idea what they are about, then it can be a big surprise.

(Consultant 13)

One consultant speaks very warmly of one of his foster families, which consists of a woman who works in a school for children with special needs and has experience with boys from institutions.

Access to other disability-friendly facilities, such as a school close to the foster home, is also important. Long distances to school mean that the child has to be driven to school, which takes time, and it is not certain that the child will be provided with a school bus. Such practical problems, such as no school transportation or an uncooperative school, can jeopardise the stability of placements, according to social workers.

At the beginning of the matching process, all these criteria are taken into account: family climate, family composition, and knowledge and/or experience of disability. This reasoning corresponds to what Zeijlmans et al. (2018) call ‘tailored matching’ and focuses on the individual child and his or her specific needs. However, following this needs assessment, many of the municipal social workers find that they do not have foster families that meet all these criteria, especially for children with severe
disabilities and extensive needs. Their solution is to contact the consultant organisations: ‘These [places] we don’t have a large reserve for ourselves, and if there are children with special needs such as being covered by the Disability Act, for example, then we usually also turn to consultant organisations.’ (Social worker 12).

6.2 | ‘Matching Being Compromised’

When looking for foster families for a specific child with disabilities, the practical work often involves compromises, as the demands on a foster family are too high. At the same time, social workers still have high ambitions to make the living situation for the child as good as possible (cf., Zeijlmans et al. 2018). There are two strategies to deal with this complex situation of lack of suitable foster families in the matching process. One strategy involves compensatory support for foster families. The other involves a re-evaluation of the required criteria.

The standard support for foster carers is supervision, and if there are signs of escalating problems, the answer is often more supervision, either by the social workers themselves or sometimes by other professionals. This support aims to provide strategies for dealing with challenging behaviour, for example, and to explain why the child is behaving in this way. This could be information about offensive behaviour, self-harm, suicidal thoughts or challenges with communication. One consultant with a background in psychiatry argues that her expertise is part of the package when the municipality chooses her organisation.

And from the beginning, it may be so that the foster homes do not really have full competence. But then there is one of us ... someone who has the competence becomes the consultant and can take on the task.

(Consultant 6)

The consultants usually offer more types of complementary support to their families than the municipalities, as they are responsible for fewer foster homes and have more resources such as doctors, psychologists, etc. However, the municipalities can also offer more supervision and add more services to support the foster home if needed. Other compensatory measures are support such as a contact family, contact person, respite home, etc. to give the foster family some time away from the child. If the child has diagnoses included in the Swedish Disability Act, such support is provided to the child regardless of whether the child lives at home or in a foster family.

Sometimes we need to provide some relief, if it is a very intense child who ... Then perhaps a contact family is also needed, so that the foster home can take a breath. If there's that possibility, then we do that. Sometimes it's support ... If it is an older child, then perhaps you provide some support to the child.

But then you might not either match the child with an unknown foster family, but rather you think that the foster family should be used to the foster family task with the idea that they can more easily manage if things come up like – yes, so it's not too big a shock

Social workers discuss their experiences of unexpected events. One social worker recalls how they had found a good matching home for a child with challenging behaviour and a need to keep the address secret, but a few days before the move the biological father found out the address and the home was ruled out. New information about the child can also cancel what was thought to be a good match. In particular, information about allergies narrows down the range of foster homes. Allergy to fur is problematic as most families have animals and many live on farms. Food allergies can also be a problem. One experienced foster family refused to take in a child with an egg allergy on the grounds that they cook and bake a lot.

But there are also stories of families overcoming such obstacles. One family who were ready to take in a child found out that he was allergic to fur and they had animals. The foster family was determined to take care of the boy and contacted a specialist doctor who helped them find practical solutions, such as an extra entrance and so on. This child grew up in the family from the age of six till he graduated from high school.

The shortage of foster homes makes social workers re-evaluate the homes that are available and their past performance. Have they dealt with children with disabilities before? Can they cope with the uncertainty of a child with disabilities and their development? The strongest evidence of ability to cope with challenges seems to be previous experience with children with similar disabilities. The social worker’s knowledge of the foster family’s previous achievements becomes a key to matching.

The Swedish Disability Act specifically targets children with intellectual and autistic disabilities. Children with severe psychiatric diagnoses are not covered to the same extent by the law and may require different resources. Some of the children need constant supervision because of suicidal tendencies, self-harm or challenging behaviour towards others.

A contact person or someone who meets the child and does things.

(Social worker 10)
In the long term, one of the most important factors in a good match seems to be good outcomes with previous children. An already established relationship with the foster family through previous placements is highly valued. This is similar to the ‘collective memory’ discussed by Forkby and Höjer (2011). The matching process starts with the child at the centre, but is ‘compromised’ by the lack of families. Social workers try to compensate for some of the child’s needs that cannot be met.

6.3 | Failures and Successes

The social workers were asked to describe one good example of matching and one less successful example. The good examples of matching that include disabilities tell of families who have managed to look beyond the challenging behaviour, families who have biological children with similar disabilities, and families who have found the right level of activity and provide security and reassurance. One consultant sums up what makes a good home: ‘... they are, well, they have an emotional surplus, they are curious, they are brave, they are persistent, they are ... they can - they see the child behind all the difficulties ...’ (Consultant 2). A common thread in the success stories seems to be that the child is developing and improving. The child’s progress is rewarding for the family, and they get something in return for their efforts.

However, there is no direct correlation between high achievement and experienced foster carers. Disruptions also occur in foster homes with prior experience of children with a disability. Some disruptions involve children with severe psychiatric problems who have threatened with knives or cut animals. Others have hit animals and biological children. These incidents have led to the resignation of the family home. The pressure on the foster homes has become too great in terms of physical injury to biological children and their lack of parental attention, the material damage, and the impact on the inability to live a ‘normal’ family life. The child’s behaviour has affected the family members more than they expected, and the family’s efforts have not paid off. It is possible that some foster carers may become aware that they lack the necessary resources to adequately support the child in their care, which may result in them withdrawing from their commitment.

The social workers’ explanations for the disruptions are that they had too little information about the child - the child had more needs than they knew. They also talk about the family’s lack of knowledge about neuropsychiatric diagnoses, the family’s inability to meet the child in a non-affective way and to calm down affective incidents, and new partners who are not as experienced as the other. On a more general level, a social worker says

Some children are not that interested in relationships. They’re sort of only interested in the function of having a family around them. For example, those with autistic tendencies, they are not going to sit at the dinner table and participate in the conversation in the same way as some other children would.

(Social worker 12)

The failures seem to be linked to a lack of ability to tolerate a lack of progress or an escalation of challenges. Some managers discuss that ‘our children’, children in need of foster care, are not always easy to like or feel affection for, because they do not respond much: ‘You give and give and try, but you get nothing back’ (Manager 4). The foster family has to put up with the feeling that their hard work is not being rewarded in the way they expect.

Expectations of improvement are related to disability knowledge. Part of disability knowledge is accepting that some things will not change very much and that improvements may take a long time. Part of the definition of disability is its lifelong existence.

It is also clear that in some of the more complicated cases, the children with disruptions have experience of previous disruptions. Many of these children have been in and out of foster care and residential care. Nevertheless, residential care is perceived as an emergency solution and an inferior alternative. Institutions become an alternative because it is so difficult to find suitable homes (Social worker 4). The social workers mention that placement in an institution for young children causes ‘stomach pains’ (Manager 3). ‘And there’s reluctance on the part of social services to place in state home facilities’ (Social worker 11).

It is difficult to draw conclusions about winning factors from the stories of failures and successes concerning children with disabilities. Social workers are also at a loss for explanations and refer to factors beyond their control. They refer to failures and admit that they had a ‘bad feeling’ from the beginning, and they can characterise successes as ‘luck’ and ‘fate’. A tentative conclusion about what promotes a good match might be the foster carer’s ability to have reasonable expectations of progress and the extent to which a good environment and respectful treatment can support a foster child with disabilities.

7 | Discussion

The matching process begins with a focus on the child and his or her needs. Initially the focus is on individual needs, not necessarily diagnoses or disabilities. Social workers begin a discussion about what this particular child needs from a foster family. The aim is to create a new family and a good environment for the child, including the number of adults, other children, activity levels and access to good schools, etc. Starting with the child’s needs is in line with a relational model of disability, where physical or social obstacles prevent the person with an impairment from integrating into society (Flynn and McGregor 2017; Oliver 1996). By addressing the obstacles, such as choosing a family with time and knowledge, the intention is that the disabilities will diminish. The
initial discussion of matching in relation to children with disabilities aims to provide the child with disabilities with the best conditions. However, this ‘tailored matching’ according to Zeijlmans et al. (2018) is difficult to achieve, because such families hardly exist and even fewer of them volunteer as foster families.

The matching process then enters a phase of ‘compromise’, where not all of the child’s needs can be met in the most appropriate way. A process of negotiation and prioritisation begins, which Pösö and Laakso (2016) describe as ‘navigation’. This process may involve new facts, time limits and biological parents with specific wishes. In accordance with other decisions within social work, matching decisions are ‘... characterized by complexity and uncertainty and by a mixture of analytic, rational, intuitive and moral reasoning’ (Pösö and Laakso 2016, 309). Despite the uncertainty, a decision must be made, as avoidance of a decision may be as harmful as a wrong decision (Pösö and Laakso 2016). Zeijlmans et al. (2018) have described this phase as a lowering of matching standards and working with safeguarding quality.

Looking at the statistics of disruptions for children with disabilities in foster care, the compromise phase seems to have serious consequences for children with disabilities. All children in foster care may experience a process where the initial criteria are not met, but children with disabilities may be more affected as they need a more adapted family and environment. From the perspective of the relational model of disability, the lack of adaptation results in more disabling barriers for the child (Kelly, Dowling, and Winter 2018). In the long term, this may include more challenging behaviour, more self-harm and more introverted behaviour, which threatens the stability of the placement. The vicious cycle continues, with disruptions and new placements for the children most in need of stability and predictability.

Some of the disruptions seem to be the result of the foster family’s inability to cope with the child’s lack of progress. It can be difficult for a foster family to accept a status quo or a deterioration, despite their best efforts to improve. One manager explains: ‘It’s like that. It’s so sometimes that some families think that well, here I come, and I’m going to save the situation, and that’s not how it goes’ (Manager 2). Previous research emphasises the need for more education for foster parents when it comes to challenging behaviour, as this is a risk factor for disruptions (Sinclair and Wilson 2003).

The over-representation of psychiatric and neuropsychiatric diagnoses in child welfare has been interpreted as a sign of the ‘medicalisation of social problems’ (Karlsson and Lundström 2021) and raises questions about the responsibility of social workers to initiate diagnostic investigations. Diagnoses often open the door to support from school and health care, but at the same time there is a risk that diagnoses may overshadow other needs, such as trauma treatment (Ytterhus 2015). This awareness that challenging behaviour can be caused by trauma as well as impairment is present in the interviews with social workers. The difficulty in knowing whether a behaviour is caused by impairment or trauma also highlights the importance of prevention and perhaps the need for social services to intervene at an earlier stage (Koponen et al. 2013). The distinction between ‘normal’ and ‘deviant’ behaviour is often blurred, and the tendency to attribute deviance to impairments is pervasive. This calls for a critical examination of the concept of ‘disability’.

Like the matching process of children with disabilities demand a critical stance towards what disability is, there is also the need to scrutinise the normative thinking of ‘ordinary family life’ and ‘childhood that is as typical as possible’ that has prevailed since deinstitutionalisation, and the possible limitations that this entails (Tössebro and Wenddelborg 2015).

Within foster care, social workers have the overarching goal of finding the right family for the child. The family may include variations, but the family, as opposed to the historical institution, is crucial. ‘Ordinary family life’ is the main remedy, irrespective of the child and his or her sometimes extensive needs. This brings to the fore the question of how much support social workers can give to foster families before ‘ordinary family life’ becomes ‘unordinary,’ and there is a risk of disruption. It is debatable whether the promotion of ‘ordinary family life’ has trapped us in a too narrow definition of what constitutes a good childhood. We need to consider new ways of reconciling ‘ordinary family life’ with other crucial needs for children with disabilities in need of out-of-home care (cf., Benderix, Nordström, and Sivberg 2007). Answers to such questions must include the voices of children with disabilities (cf., Flynn 2020; Kelly, Dowling, and Winter 2018).

The matching process of children with disabilities is characterised by uncertainty and complexity about the impact of the disability, the impact of living in a foster family and the interplay between family, child and disability. Foster families and social workers would benefit from greater awareness of disability, as well as creative, non-normative forms of practical support and attention to the views of the child. This could help to reduce the number of disruptions.

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Ethics Statement
The study has been approved by the Swedish Ethical Review Authority (ref number 2021-00886; 2022-03017-02).

Conflicts of Interest
The authors declare no conflicts of interest.

Data Availability Statement
Research data are not shared.

References


