Children with Developmental Disabilities: Issues in Foster Care and Adoption in the United States

What We Know

 › The relationship between child maltreatment (CM) and developmental disabilities (DD) is complex and bidirectional, with child abuse and neglect being responsible for instances of disability in children and children with DD being at heightened risk of maltreatment and subsequent placement in foster care\(^7\)\(^-\)\(^12\)

 • DD refers to a group of conditions and disorders that result in deficiencies in acquisition of learning, physical abilities, behaviors, and language. Examples of DD include attention-deficit/hyperactivity disorder, cerebral palsy, autism spectrum disorder, muscular dystrophy, fetal alcohol spectrum disorders, hearing or vision impairments, and intellectual disabilities\(^2\)

 • During 2016 in the United States the rate of ever having had a diagnosis of any developmental disability among children aged 3 to 17 was 6.99%, an increase from 5.76% in 2014\(^17\)

 • Physical abuse of infants and toddlers, such as shaken baby syndrome or battered child syndrome, can cause traumatic brain injury and permanent disability. DD may also result from neglect, prenatal substance exposure (e.g., fetal alcohol syndrome), preventable injuries related to lack of supervision (e.g., falls from windows, near-drowning), and malnutrition\(^7\)

 • In FY2016 over 676,000 U.S. children were identified as victims of maltreatment\(^14\)
  – The majority of victims (75%) were found to be neglected, whereas 18% experienced physical abuse and 8.5% experienced sexual abuse\(^14\)
  – Approximately 48% of the victims received services to address abuse and neglect\(^14\)
  – Children under 3 years old accounted for 28.5% of the victims\(^14\)
  – Foster care services were provided to approximately 21% of the victims\(^14\)
  – In FY2016, approximately 118,000, or 27%, of the children under the care of child welfare were eligible for adoption, but in the same year there were only about 57,200 adoptions\(^15\)

 • Among children in foster care in 2006, 47% had at least one DD, with one third of children having a disability in the area of communication, 22% a cognitive disability, 16% a physical disability, and 13% an emotional disability\(^11\)

 • In 2016, researchers reported that 31.8% of children in the foster care system had disabilities\(^13\)
  – 58.1% had been removed from home for reasons of neglect\(^13\)
  – 21.2% were removed for what was reported as the child’s behavior, compared to 9.4% of children in foster care without disabilities\(^13\)
  – Youth in foster care with disabilities had more placement instability than youth in foster care without disabilities\(^13\)
  – Youth in foster care with disabilities were 2.47 times more likely to be living in an institution than youth without disabilities\(^13\)
Children in foster care are at high risk for medical, developmental, and mental health issues due to an accumulation of adversities, including pre-existing prenatal and family risk factors, abuse and neglect, removal from their birth families, and placement in foster care (12, 16).

Despite high incidences of health conditions and DD among children in foster care, many children do not receive adequate services (12, 16).

Foster youth with disabilities often are less likely to access independent living programs that could help with transitioning out of care when they legally become adults (2).

- In Minnesota, researchers found that foster youth with disabilities were 80% as likely as foster youth without disabilities to access the Minnesota Independent Living Program–Support for Emancipation and Living Functionally (SELF) for youth in foster care (2).

DD among children in foster care often remain undetected (8).

- Under-identification of DD may be attributed to:
  - lack of complete medical and developmental information for children in care (8).
  - lack of continuity of caregivers and service providers (8-16).
  - difficulty distinguishing whether a limitation is an indicator of DD or regression resulting from CM and placement (8-16).

- Children should be screened for DD when they first enter foster care. In one study, when standardized screening was put into place identification of DD increased from 29% to 58% of children in foster care (8).

Children with DD have needs in common with all children in foster care, as well as having disability-specific needs (12).

- All children in foster care need positive, nurturing relationships, stable placements, support in maintaining birth-family connections, and services to address past CM or trauma.
- Children with DD may also need more intensive or specialized care and coordination of multiple providers and services.
- Caregivers for children with DD need to have a thorough understanding of their conditions and needs, be empowered to participate in services and advocate for their needs, receive support in caring for the child, and have adequate financial and practical assistance, including equipment, adaptations, and respite.

Social workers report finding it difficult to communicate with some children with DD, which in turn makes it difficult to engage and support them (4-5).

- A computer package, In My Shoes, has been used to assist trained adults in communicating with children with language or cognitive disabilities. In a pilot study, social workers observed that using this tool they learned significant new information from the children and often were surprised by the children's ability to communicate what they were feeling (5).

Children who have suffered significant neglect have shown improvements in environments that better meet their psychosocial needs. It is important that intervention occur at the earliest opportunity, preferably before 2 years of age.

Relevant services include (10):

- Early intervention services, including developmental therapies, mental health services, adaptive equipment, and parent education and support.
- Evidence-based intervention models:
  - Attachment and Biobehavioral Catch-Up (ABC) intervention can be implemented with parents or substitute caregivers to improve regulation and responsiveness.
  - Child-Parent Psychotherapy (CPP) can be implemented with young children who have experienced trauma.
  - Multidimensional Treatment Foster Care for Preschoolers is a therapeutic foster care model designed for children between 3 and 6 years old.

Children with cognitive, emotional, and physical disabilities are less likely to be reunified with birth parents or to achieve permanent placement in a kinship home and are significantly more likely to remain in non-kin foster homes longer than children without DD. Although the reasons for this are unclear, providing more practical assistance (e.g., respite) and information regarding the child's disability may assist families to develop more realistic expectations (11).

Children with DD face longer delays in being matched with an adoptive placement (4-5).

- Emphasis on disability during recruitment may discourage persons who do not have a specific interest in adopting a child with DD. Recruitment efforts (e.g., child profiles) should focus on the whole child as opposed to the disability, highlighting the child's strengths as well as fully disclosing disability-related needs (4-5).
• One barrier may be a family’s concern about whether they have the financial resources to provide all of the services and care the child may need. This barrier is mitigated by programs that provide ongoing, guaranteed support after adoption. Among services that families find important are:
  – financial assistance
  – In the United States a federal adoption assistance program was established in 1980. Monthly cash assistance is available to families who adopt children determined to have special needs based on disability, age, ethnicity, or being a sibling group placed together. Ongoing medical coverage is also provided for eligible children.
  – healthcare provision/insurance, equipment, transportation, adaptations
  – short breaks/respite
  – support groups, post-adoption support services
  – information/education

What We Can Do

› Develop an awareness of your own cultural values, beliefs, and biases and develop knowledge about the histories, traditions, and values of your clients. Adopt treatment methodologies that reflect the cultural needs of the client

› Become knowledgeable about the relationship between child maltreatment and developmental disabilities and the needs of children with DD in foster care so you can accurately assess your client’s unique characteristics and health education needs; share this information with your colleagues

• Ensure that all children entering foster care receive screening for medical, developmental, educational, and mental health concerns

• Refer children for early intervention and other needed treatment promptly to maximize potential developmental gains

• Minimize changes in placements and providers whenever possible

• Collaborate with birth families, foster parents, and other professionals to ensure that children’s medical and developmental histories are well documented and information is shared with children’s providers

• Assess barriers to achieving timely permanency for children with DD and strive to provide additional information and supports as needed to assist birth families and potential permanent placements in being able to understand and meet the child’s needs

• Seek additional information from national organizations such as
  – Centers for Disease Control & Prevention, https://www.cdc.gov/ncbddd/developmentaldisabilities/

Note

› Recent review of the literature has found no updated research evidence on this topic since previous publication on July 15, 2016

Coding Matrix

References are rated using the following codes, listed in order of strength:

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<th>Code</th>
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<td>SR</td>
<td>Published systematic or integrative literature review</td>
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<td>RCT</td>
<td>Published research (randomized controlled trial)</td>
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<td>R</td>
<td>Published research (not randomized controlled trial)</td>
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<td>C</td>
<td>Case histories, case studies</td>
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References

