

# Adoption Advocate



## Children with Medical Special Needs: Considering the Impact on Child Development

BY ELISA ROSMAN, PHD, MA

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Research shows that, as a group, children who are adopted have higher rates of special needs than their peers.<sup>1</sup> For some parents, they are aware of these needs before adoption. For others, the special need may not become apparent or may not be diagnosed until well after the adoption is completed. Some special needs, especially those that are physical, are incredibly straightforward and provide a clear path to treatment, at least for the physical component. However, are there “add-on” effects that parents need to consider? This *Adoption Advocate* will address that question, considering what the impact of medical special needs may be on child development. It will help parents and prospective parents understand that special-needs parenting involves more than managing a medical condition; it also requires observing and managing development across multiple domains and throughout childhood.

## Prevalence of Medical Needs in Adopted Children

Data from the National Survey of Adoptive Parents found that 39% of adopted children have special health care needs (as compared to 19% in the general population).<sup>2</sup> This increased rate can be attributed to a combination of factors, including a lack of access to healthcare prenatally and before adoption, poor prenatal nutrition, and inadequate protection from exposure to substances and toxins. Additionally, and more specifically for children adopted from foster care, there may be increased exposure to adverse childhood experiences (ACEs). ACEs are typically traumatic events that can have a negative impact on an individual’s health and include

<sup>1</sup> Cleveland Clinic. (nd). *Medical considerations in adoption*. [Adoption: Medical and Emotional Needs](#)

<sup>2</sup> Vandivere, S. & Malm, K. (2009). *Adoption USA. A chartbook based on the 2007 National Survey of Adoptive Parents*. [Adoption USA. A Chartbook Based on the 2007 National Survey of Adoptive Parents | ASPE](#)

things like abuse and neglect, exposure to violence, natural disasters, housing or food insecurity, and inconsistent caregivers.<sup>3</sup>

Over the past 20 years, there has also been a marked increase in the percentage of children with special needs in intercountry adoption. NCEA's *Profiles in Adoption* national survey of adoptive parents included a sample of 4,212 adoptive parents—representing 4,135 households and 6,608 adopted individuals, including 2,115 intercountry adoptions. Data showed that the percentage of intercountry adoptions considered special needs increased dramatically, from 7.3% in 2000 to 61% in 2020.<sup>4</sup>

## Impact on Developmental Milestones

Developmental milestones are touchpoints or benchmarks that include skills and behaviors that children typically achieve at a certain age. Milestones are by no means set in stone, and there is a wide variation in when children achieve them, even in a “typical” pathway, but they do provide general guidelines. If children begin to deviate quite far from these milestones, it can be a cue to parents and doctors that extra support and resources might be needed in a specific area. Most charts of developmental milestones break them into four domains: social/emotional, language, cognitive, and physical development.

There are multiple reasons to expect that medical needs might impact the achievement

of developmental milestones. For example, a child with a physical condition that affects language production, such as a cleft lip/cleft palate, will most likely not reach language-related milestones at the same time as their typically developing peers. Children with special needs may also miss out on opportunities for development. A child who is not able to attend preschool regularly due to frequent doctor visits or poor health may not reach certain social/emotional milestones at the same rate as their peers. Hospitalizations may also impact a child's development. A longitudinal study of children starting school examined admitted hospital data along with an assessment of early childhood development. They found that “Hospitalization prior to school start was associated with increased risk to development, for children with and without chronic health conditions.”<sup>5</sup> For children with chronic health conditions, as the number of hospitalizations and length of hospital stay increased, so did the risk of developmental delays.

Examining the developmental domains independently can help identify where intervention might be necessary. Children often progress at different speeds across different domains. For example, a child might be 3 years old chronologically, but their physical development may be closer to that of a typical 2-year-old. In contrast, their cognitive development may resemble that of a typically developing 4-year-old. Examining development across domains can provide a lens for identifying both children's strengths that can be built upon and areas that need improvement.

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<sup>3</sup> Cleveland Clinic. (nd). *Medical considerations in adoption*. [Adoption: Medical and Emotional Needs](#)

<sup>4</sup> Hanlon, R. & Quade, M. (2022). *Profiles in adoption: A survey of adoptive parents and secondary data analysis of federal adoption files*. [Profiles-in-Adoption-Part-One.pdf](#)




<sup>5</sup> Fardell, J.E., Hu, N., Wakefield, C.E., Marshall, G., Bell, J., Lingam, R. & Nassar, N. (2023). Impact of hospitalizations due to chronic health conditions on early child development. *Journal of Pediatric Psychology*, 48(10), 799-811. <https://doi.org/10.1093/jpepsy/jsad025>

# Social/Emotional Milestones as a Case Study

Below, we use the example of social-emotional development to examine how milestones in a child’s life can be impacted by medical special needs. These milestone examples are taken from the [Centers for Disease Control and Prevention’s developmental milestones](#)<sup>6</sup> and [positive parenting tips](#).<sup>7</sup> This exercise is






not intended to be exhaustive of all possible impacts, but rather to provide a framework for examining developmental milestones across all domains within the context of medical special needs. This perspective can help parents and prospective parents view their children through a new lens as they grow. By keeping developmental milestones front of mind and considering how they may vary, it becomes easier to identify where a child and family might need extra support and resources.

## Social/Emotional Milestones



Age	Developmental Milestone Example	Impact of Special Needs
2 months	Seems happy to see you when you walk up to her 	<ul style="list-style-type: none"><li>• The most obvious way this milestone would be impacted is for a child with a visual impairment. For these children and parents, a different way of connecting will be needed to create the familiarity that promotes attachment.</li><li>• Many needs that impact physical mobility could also affect this area of development. For children with low muscle tone or physical conditions like cerebral palsy or spina bifida, it may be more difficult for them to be in a physical position where the caregiver frequently walks into their line of sight.</li></ul>
6 months	Knows familiar people 	<ul style="list-style-type: none"><li>• Some medical conditions either keep children hospitalized or, due to their medical fragility, limit the number of individuals to whom they are exposed. For these children, there may be a very small number of individuals that they see daily. Their worlds effectively become smaller than those of their typically developing peers.</li></ul>
12 months	Plays games with you, like pat-a-cake 	<ul style="list-style-type: none"><li>• The development of interactive social/emotional skills requires practice and repeated engagement. For children with extra caregiving needs, playtime may be limited, as more pressing medical issues take precedence.</li><li>• Some children, as a result of their special needs, may lack the muscle tone or gross and fine motor development to be able to engage in activities like pat-a-cake.</li></ul>

<sup>6</sup> CDC. (nd). CDC’s developmental milestones. [CDC’s Developmental Milestones | CDC](#)  
<sup>7</sup> CDC. (2024). Positive parenting tips. [Positive Parenting Tips | Child Development | CDC](#)

## Social/Emotional Milestones, *continued*

Age	Developmental Milestone Example	Impact of Special Needs
24 months	<p>Notices when others are hurt or upset, like pausing or looking sad when someone is crying</p> 	<ul style="list-style-type: none"> <li>• This type of empathy requires exposure to different individuals, situations, and experiences. Children with special needs may have limited exposure to new situations.</li> </ul>
36 months	<p>Notices other children and joins them to play</p> 	<ul style="list-style-type: none"> <li>• Disabilities that impact physical development might make it more challenging for children to independently join in with playing with their peers.</li> <li>• Repeated illnesses or doctor's appointments may also limit exposure to peers, meaning play opportunities are more limited.</li> <li>• Children with special needs may receive multiple therapies (speech, occupational therapy, physical therapy, etc.), and these are often provided in a child care or preschool setting. For children who spend more time in those structured settings, spontaneous play with peers can be more challenging.</li> </ul>
48 months	<p>Pretends to be something else during play (teacher, superhero, dog)</p> 	<ul style="list-style-type: none"> <li>• Children with special needs often spend a great deal of time with adult caregivers, teachers, medical providers, and therapists. This can sometimes result in play and pretend being adult-driven, leaving children with fewer opportunities to "practice" pretend.</li> </ul>
60 months	<p>Sings, dances, or acts for you</p> 	<ul style="list-style-type: none"> <li>• These types of behaviors may not be possible for children with specific physical special needs.</li> <li>• Children with limited attention spans may have had less experience with observing others singing, dancing, or acting out stories, making these things more foreign to them.</li> </ul>
Elementary school	<p>Shows more independence from parents and family.</p> 	<ul style="list-style-type: none"> <li>• Some special needs make children much more dependent on their family for basic daily items and functions. For these children, showing independence can be much more challenging.</li> <li>• Children with special needs may be less likely to engage in the activities that lead to independence, such as parties, playdates, and sleepovers.</li> </ul>

## Social/Emotional Milestones, *continued*

Age	Developmental Milestone Example	Impact of Special Needs
Middle school	Demonstrate greater interest in and influence from the peer group. 	<ul style="list-style-type: none"> <li>As with many of the milestones outlined above, increasing involvement with a peer group requires practice and exposure. For children who have spent a great deal of time addressing special needs, either through doctor appointments, individual therapies, or even hospitalizations, they simply haven't had the natural opportunities to develop these relationships.</li> </ul>
High school	Have a deeper capacity for caring and sharing and for developing more intimate relationships. 	<ul style="list-style-type: none"> <li>As described above, opportunities for these types of relationships may be limited for children with special needs.</li> <li>Developing relationships also involves logistical skills. It can entail being able to read a bus schedule, schedule a get-together, or plan an outing. For children with cognitive or learning delays, the inability to complete these tasks may prove to be a limiting factor.</li> </ul>

## What Parents Can Do

As all the above examples hopefully demonstrate, the most important thing that any parent can do regarding their child's development is simply to pay attention. This does not mean to panic or feel the need to be hypervigilant, but rather to have a general sense of how a child with typical development progresses through milestones and be able to determine where your child stands in relation to that typical development. There are many available tools to help with this. For example, the CDC milestone chart used above also provides access to a free [Milestone Tracker App](#).<sup>8</sup> Additionally, after each age range, they provide a series of tips for helping your child learn and grow.

Your pediatrician should also be your partner in this endeavor. This can be an instance when having an adoption-competent medical provider is especially important, as they are more likely to understand the over-representation of special needs among adopted children, as well as the interaction between those special needs and child development. A list of adoption-competent medical providers can be found [here](#).<sup>9</sup>

As your child grows with your family post-adoption, it is crucial to become familiar with available services. Concerning children's health care needs, one of the key takeaways from NCFA's *Profiles in Adoption* is that "Adoption professionals should help normalize for adoptive families the need to obtain services

<sup>8</sup> CDC. (nd). CDC's Milestone Tracker App. [CDC's Milestone Tracker App | CDC](#)

<sup>9</sup> <https://adoptioncouncil.org/wp-content/uploads/2025/03/Adoption-Medicine-Practitioners.pdf>

post adoption” (p. 17).<sup>10</sup> Different resources are available for children at different ages. For children ages three and below, early intervention services are mandated by Part C of the Individuals with Disabilities Education Act (IDEA). Early intervention refers to the array of services available to babies and young children (0–3 years old) with developmental delays and disabilities, as well as their families. Examples of services your child can receive through early intervention include speech therapy, physical therapy, assistive technology, and nutrition services. You can find your state’s early intervention contact information [here](#) (many states refer to this process as Child Find). For a step-by-step introduction to early intervention, visit the [Center for Parent Information & Resources overview](#).

When your child ages out of early intervention services, they transition to Part B services, which are available until age 21. While early intervention services are primarily family-focused, the school becomes more central when children begin to be served by Part B. For early intervention, services are guided by an

Individualized Family Service Plan (IFSP); the guiding document once the child turns three is an Individualized Education Program (IEP). [See this resource](#) for an overview comparing Part B and Part C.

## Conclusion

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When raising or considering raising a child with special needs, those needs can at times seem to require all available energy and focus. However, it is also important to remember that there may be impacts on your child’s development that should not go unnoticed. Our hope is that this Adoption Advocate serves as an example of how to examine different developmental domains and consider how they may also be impacted by various special needs in distinct ways. By paying attention and noticing potential areas of challenge, parents put themselves in a strong position to access resources and supports early and effectively.

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<sup>10</sup> Hanlon, R. & Quade, M. (2022). *Profiles in adoption: A survey of adoptive parents and secondary data analysis of federal adoption files*. [Profiles-in-Adoption-Part-One.pdf](#)

# Post Adoption Contact Agreements: What They Are, What They Include, and How They Help

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## About Elisa Rosman



Elisa has spent nearly two decades working as a consultant on issues around early care, education, and adoption. She has worked on a variety of projects, including grant writing, performing evaluation project management, advising on a replication of an Early Head Start model, and writing adoption-related articles. Elisa has a particular interest in translating research and information to make it most useful for families and practice. Elisa currently serves as the Evaluation Consultant for Formed Families Forward, a nonprofit dedicated to supporting foster, kinship, and adoptive families of children and youth with disabilities and other special needs in Northern Virginia. She earned her MA in infant and early childhood special education from George Washington University and her PhD in Community Psychology from New York University. She is mom to 4, including 3 children adopted from China.

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