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## **An ABCX Model of Family adjustment in adoption and permanent fostering of children with intellectual disability**

### **Abstract:**

Children with intellectual or developmental disabilities (IDD) represent a growing proportion of adopted and fostered children. This study aims to explore family adjustment in foster and adoptive families of children with IDD using the ABCX model of family adjustment. Sixty-two families with adopted and foster children with IDD between 2 and 36 years old in Spain participated in the study. Parents completed a self-reported questionnaire including measures of child demands, family strengths, adjustment of expectations and family adjustment to adoption. The combination of child demands, family strengths and family expectations predict 55% of the variance of family adjustment ( $R^2 = .55$ ,  $F(3,56) = 25.571$ ,  $p < .001$ ), with C Factor being the most relevant ( $b = .458$ ,  $p < .001$ ). No differences were found in the adaptation process depending on the severity of the disability, the age of placement, or the adoption vs. fostering process. Significant differences were found in the adaptation process dimensions depending on the special vs. ordinary process. Differences were also found in some family dimensions depending on the diagnosis of the disability or the family stage. These findings highlight the importance of previous expectations and special processes in adopting people with IDD.

**Key words:** adoption, permanent fostering, special needs, intellectual and developmental disability, family adjustment, ABCX

### **Plain Language Summary**

Children with intellectual or developmental disabilities (IDD) are a growing proportion of adopted and fostered children. This study explores family adjustment in foster and adoptive families of children with IDD using the ABCX model of family adjustment. This model explains family adjustment following a stressful situation, focusing on the pileup of demands (A Factor), the family resources (B Factor), and the family expectations (C Factor). Finally, the X factor refers to family adaptation and well-being. Sixty-two Spanish families with adopted and foster children with IDD between 2 and 36 years old participated in the study. Parents completed a self-reported questionnaire including child demands, family strengths, expectations, and family adjustment to adoption. The combination of child demands, family strengths and expectations significantly impacts family adjustment. Family expectations emerge as the most relevant factor for family adjustment. No differences were found in the adaptation process depending on the severity of the disability, the age of placement, or the adoption vs. fostering process. Families from special placements showed better adaptation processes than families from ordinary placements. Better adaptation processes were found for families of children with Down syndrome compared to other diagnoses or for families during infancy compared to adolescence. These findings highlight the importance of previous expectations and special processes in adopting people with IDD.

The United Nations Convention on the Rights of the Child recognises that the child, ‘for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding’ (United Nations, 1989). This right to grow up in a family (Gómez-Bengoechea and Berástegui, 2009; Palacios et al., 2019) is frequently threatened for children with disabilities, especially those with intellectual or developmental disabilities (IDD) (Johnson et al., 2020; Rosenberg and Robinson, 2004; Welch et al., 2015).

The relationship between disability and childcare is complex and systemic. When IDD is congenital and known from birth, it dramatically increases the possibility of children growing up apart from their families (Johnson et al., 2020). Children can also develop specific disabilities due to early physical or psychosocial adversity (Oliván, 2005; Tello et al., 2015). Moreover, disability can be the motive of parent–child separation but also a consequence, since insufficient or abusive institutional care can generate neurological damage that results in IDD (Carr et al., 2020).

Even though children with IDD have the same right to adoption and family fostering as their peers, they are less frequently placed in family settings by childcare services (Welch et al., 2015). As a result, children with disabilities are globally overrepresented in the welfare systems, especially in institutional care (Johnson et al., 2020; Rosenberg and Robinson, 2004; Welch et al., 2015). In Spain, 6% of children awaiting placement in the care system have an IDD (López et al., 2010; Murillo et al., 2022). Nonetheless, there is a rising trend of adoptions of children with disabilities, both domestically and internationally (Good, 2016; Johnson et al., 2020).

On recognition of a disability, childcare services often engage in special adoption or fostering procedures. These also cater to older children, sibling groups, those with chronic medical conditions, and generally “hard to place” children (Reilly and Platz, 2003). Such procedures are typically expedited and tailored to address the unique requirements of these children, facilitating and bolstering such adoptions (Berástegui, 2012; Brodzinsky and Pinderhuges, 2002). When the child’s disability is not previously detected, the adoption and foster care processes are carried out without awareness of the disability, knowledge of which may only emerge later, sometimes many years after placement (Reilly and Platz, 2003). For example, Miller et al. (2016) found that 71% of children’s special needs were diagnosed after adoption. The post-adoptive diagnosis of a disability is a risk factor for the permanence of adoption and foster care (Barth and Berry, 1988; Partridge et al., 1986).

The right of children with disabilities to grow up in a family is supported by the ability of their adoptive and foster families to meet their needs, develop a good life for the child, and thus prevent the risk of disruption (Gómez-Bengoechea and Berástegui, 2009). Therefore, it is essential to explore the adjustment of these families and the risk and protective factors involved to build the best support for them (Hill and Moore, 2015; Perry and Henry, 2009). Regrettably, research on this issue remains scant and has not been considered a priority (Good, 2016; Rosenberg and Robinson, 2004). In addition, excluding intellectual disabilities from the sampling is frequent in adoption

and fostering research. Even in adoption and fostering research concerning hard to place children, children with intellectual disabilities are underrepresented (Clark et al., 2006) when not directly excluded (Fernández et al., 2000; Wind et al., 2007). Interest in the adoption of children with IDD began during the first wave of special needs adoption in the 1980s (Gath, 1983; Glidden, 1984, 1989; Hockey, 1980; Macaskill, 1985), and a second wave of studies was conducted early in this century (Glidden, 2000; Lazarus et al., 2002; Perry and Henry, 2009). However, the low incidence of this kind of adoption and fostering in Spain has not allowed for its systematic inclusion in research (Berástegui, 2012).

### **Family Adjustment in Special Needs Adoptions**

Most of the studies on the adoption and fostering of children with IDD report good levels of parental satisfaction and good family functioning (Fonseca et al., 2009; Glidden, 2000; Good, 2016; Haugaard et al., 2000; Lazarus et al., 2002; Perry and Henry, 2009). Moreover, there is a decrease in the risk of disruptions for these placements (Perry and Henry, 2009). Comparing adoptions of hard to place children, Rosenthal and Groze (1992) found that those of children with IDD were the most successful in terms of family and child adaptation. Nevertheless, these results have not been replicated with certain samples, including children with medical and developmental conditions (Rosenberg and Robinson, 2004).

According to Fernández (2008), family satisfaction in adoptions of hard to place children may slightly decrease in the family adaptation period but increase later in family life. The longitudinal follow-up of adopted people with IDD confirms positive long-term outcomes regardless of the child's characteristics or family composition (Glidden, 2000).

Previous studies suggest no modal or best adoptive family regarding demographic characteristics (Glidden, 2000); consequently, research should focus on the family dynamics rather than the family structure (Berástegui, 2005).

The ABCX model (McCubbin and Patterson, 1983) has been used to guide research and practice in the fields of family and disability (Ferguson, 2002; Orr et al., 1991; Paynter et al., 2013; Rubio et al., 2022), adoption (Berástegui, 2005, 2007) and the adoption of children with IDD (Glidden, 2000). The initial version of the model predicts family adjustment by the dynamic interplay between the pile-up of demands the family must face (A factor), the family strengths and resources (B factor), and the family perception (C factor).

#### **aA Factor: The Pile-Up of Demands**

Placing children with IDD into an adoptive home is a significant stressor for the family (Glidden, 2000). Many family dimensions are involved in the pile-up of stressful demands in adoptive parenting (Berástegui, 2005). In families adopting children with

IDD, the type, severity and support needs of the child may be critical determinants of the stress level (Perry and Henry, 2009).

First, the diagnosis or nature of the child's disability can have a differential impact on family adjustment (Brodzinsky and Pinderhughes, 2002). In some studies, the impact of adopting a child with Down syndrome on the family is significantly more positive than in those with other disabilities or medical problems (Gath, 1983; Rosenthal and Groze, 1992). In others, the diagnosis does not predict the adoption outcome or has an impact on the family (Coyne and Brown, 1985; Glidden and Cahill, 1998; Rosenthal and Groze, 1990). Regarding the severity of the child's support needs, low disruption rates and high satisfaction levels are found even when the child's disability is severe or profound (Coyne and Brown, 1985; Glidden, 1989, 1991; Goetting and Goetting, 1993). Other studies, on the contrary, suggest a curvilinear relationship, showing worse results in cases in which the child's intellectual disability is borderline or profound (Hockey, 1980), with the best results at intermediate support needs.

Many of the characteristics related to adoption adjustment are the same for families adopting children with and without IDD, including the age of the child at adoption and the presence of behavioural problems in the child (Haugaard et al., 2000). On the one hand, older age at adoption relates to worse family adjustment levels. On the other hand, emotional or behavioural difficulties in the child seem to have a more significant impact on the adaptation of children with IDD than the disability itself (Rosenthal, 1993).

The stress level families face in relation to the child's age shows different results. In some studies, parents show more significant stress when the child is younger (Galvin, 2000) which reduces as children age (Ritzema and Sladeczek, 2011). In contrast, other studies show an increase in stress over the years as the family faces new challenges (Barrientos et al., 2010; Eisenhower et al., 2005; Rubio et al., 2022). Finally, longitudinal studies have concluded that stress remains relatively stable over time (Dyson, 1993, 1997).

In conclusion, children with disabilities are a very heterogeneous group, and their characteristics may have complex relationships with adjustment in adoption and foster care (Welch et al., 2015). This heterogeneity in the accumulation of demands may at least partially explain the apparent inconsistency in the research findings.

### **B Factor: Family Strengths and Resources**

B Factor refers to all resources developed in response to family demands and mediates between stress and adaptation. These family resources include each member's resources, the family systems's resources, and the formal and informal social support the family can access.

Previous research has described the internal strengths and resources that families who have adopted children with disabilities show in their adaptation processes: flexibility

(Gath, 1983; Glidden, 1990; Groze and Rosenthal, 1991; Perry and Henry, 2009; Rosenthal and Groze, 1992), strength and energy (Gath, 1983; Gibbs, 2010; Good, 2016), patience and perseverance (Gath, 1983; Gibbs, 2010; Good, 2016), stability and solidity of relationships (Gath, 1983), openness and tolerance (Gath, 1983; Gibbs, 2010; Good, 2016), orientation to children (Gath, 1983; Glidden, 1990; Reid, 1983 in Perry and Henry, 2009; Rosenthal and Groze, 1992) and religiosity (Glidden, 1981, 1986; Marx, 1990; Todis and Singer, 1991). Resources previously related to family adjustment are coping strategies, maintaining an informal support network, having a positive perspective on life (Todis and Singer, 1991), and having specific personal skills (Puddy and Jackson, 2003) or educational level (Glidden, 2000). Other studies have examined external family resources, attending to economic resources (Glidden, 2000) or the informal and formal support of the family (Good, 2016; Molinari and Freeborn, 2006).

### **C Factor: Perception and Expectations**

Predictability, manageability and meaning are the main components of the family perception or expectations as proposed by the ABCX model. These are also critical dimensions for the success of adoptions of 'hard to place' children (Berástegui, 2012). Regarding predictability, some studies observe that adopting children with IDD may positively exceed family expectations (Glidden and Pursley, 1989; Marcenko and Smith, 1991; Reilly and Platz, 2003; Saxton, 2010). Adequate expectations are a critical predictor of family and child adaptation in such adoptions (Berástegui, 2005; Berry, 1990; McGlone et al., 2002; Perry and Henry, 2009; Sar, 2000; Welch et al., 2008). On the contrary, the lack of clarity in family expectations is related to worse satisfaction rates (Merighi and Paulsen, 2009). Regarding controllability, variables such as better preparation or greater parental self-efficacy are also associated with better outcomes in such adoptions (Denby et al., 2011; Gath, 1983; Gibbs, 2010; Good, 2016).

Two variables related to expectations explored by previous research are prior knowledge of the disability and previous knowledge of the child. On the one hand, the choice and awareness about the child's disability before placement is a protective factor related to a better family adjustment and quality of life (García-Sanjuan et al., 2023; Glidden, 1991; Rosenthal, 1993). On the contrary, ignorance of the child's condition before placement is a significant risk factor for adoption and fostering (Barth and Berry, 1988; Lindstrom et al., 2013; Mozzi and Nuernberg, 2016; Partridge et al., 1986). The desire to adopt a child with a disability connects with predictability, controllability and the experience of meaning concerning adoption. This previous and conscious choice is the key differentiating factor between the foster care and adoption processes of children with and without IDD (García-Sanjuan et al., 2023).

On the other hand, some studies have found better outcomes in families who had fostered the child before formalising the adoption. Fostering seems to be associated with a better adjustment of family's expectations about children and their support needs (Coyne and Brown, 1985; Glidden, 1991; Marx, 1990; Rosenthal et al., 1991; Rosenthal

and Groze, 1992; Smith and Howard, 1999; Westhues and Cohen, 1990; Wind et al., 2007). This finding has not consistently been replicated (Reilly and Platz, 2003).

This study explores the fit of an ABCX model to predict family adjustment, considering the child's support needs as A Factor, family strengths as B Factor, and adaptation expectations as C Factor. The outcome or X Factor is the perception of family adaptation to adoption in terms of satisfaction and positive family interaction. Additionally, we will test the impact of the child's disability (i.e., perceived degree of disability, diagnosis, and support needs) and the placement process (age at placement, 'ordinary' vs. 'special', and adoption vs family fostering) on the family ABCX variables.

Finally, we will extend the previous research, including children and adolescents with the inclusion of families of young adults. Examining satisfaction of young people during transition to adulthood, as a particularly stressful life stage for people with developmental disabilities and their families, has been highlighted as a clear area needing research (Glidden, 2000). We will consequently test the impact of the child's developmental stage in the adjustment process.

## **Methodology**

### **Participants**

The sample comprised 62 foster carers and adoptive parents (77% mothers) of people with an intellectual disability in Spain. Their mean age was 51.46 (SD 8.65), the youngest being 33 and the oldest 67. Most of them were adoptive families (82.3%). In comparison, 17.7% were foster families. 59.7% had conducted an 'ordinary' adoption or fostering process, while 40.3% resulted from 'special' adoption or fostering procedures.

Their adopted children with IDD were 54.8% female and 45.2% male, and the mean age of children at placement was 3.37 years old (SD = 3.8). At the time of the study, the mean age was 17.79 years old (SD = 8.66), with the youngest two and the oldest 36 years old.

Of them, 32.7% were children (0–11 years old), 56.4% were adolescents (12–23 years old), and 10.9% were young adults (24–36 years old). All children had an IDD certificate issued by the Spanish public administration. Children's degree of disability, as reported by the parents, was mild (30.6%), moderate (43.5%), severe (22.6), or profound (1.6%). The diagnosis of disability was Down syndrome in 23.3% of cases.

### **Variables and Instruments**

#### ***Socio-Demographic Information Questionnaire***

Information about the family, the adoption process and the child with a disability was collected as reported by the parent who participated in the study. Concerning the foster

care or adoption process, the variables included were country of birth, age at placement, adoption length, type of process ('ordinary' vs. 'special'), and adoption or foster care parenting.

Regarding the child with a disability, the variables collected were sex, year of birth, severity of disability as reported by the parents (mild, moderate, severe, or profound), diagnosis of disability (Down syndrome, autism spectrum disorder, attention deficit hyperactivity disorder, emotional or behavioral disorder, disability of unspecified origin, or others). Most of the questions in the questionnaire were adapted from the Family Quality of Life scale (Verdugo and Sainz, 2005)

### ***Child Demands***

This is an *ad hoc* scale created to assess the support needs of the person with IDD in 10 areas (communication, use of resources, academic skills, home life, health and safety, leisure, self-care, self-direction, social relationships, and mental health), each with four response levels (0: no need for support; 1: little need for support; 2: medium need for support and 3: high need for support). The sum of the scores (range 0–40) is used as a global measure, obtaining an internal consistency  $\alpha = .86$ .

### ***Family Strengths Questionnaire (Melo and Alarcão, 2011)***

This is a 29 item five-point Likert scale (from *dissimilar* to *completely similar*) that explores the family strengths in four dimensions:

- 1) *Positive family organisation*: family dynamics of fluid communication, respect among members, togetherness, and mutual support;
- 2) *Positive family beliefs*: beliefs around the union in decision-making, feelings of happiness, sense of difficulty and adversity;
- 3) *Positive management and family support*: availability of social support, ability to find and manage the appropriate resources in specific situations and positively coping with difficulties; and
- 4) *Positive emotions*: ability to resolve conflicts assertively, level of optimism and positive self-concept as a family unit.

Melo and Alarcão (2011) report good psychometric properties of construct validity, convergent validity, and fidelity, and an adequate reliability index is provided ( $\alpha = .89$ ). The scale adaptation to Spanish was conducted by Villaceros (2017), also obtaining a good reliability index ( $\alpha = .95$ ).

### ***Adjustment of Expectations Scale (Berástegui, 2005)***

This is an eight-item Likert scale with six response options (from *absolutely disagree* to *absolutely agree*), composed of two main factors:



- 1) *Expectations of control*: assesses the degree to which parents have a feeling of self-efficacy and control over their parenting role;
- 2) *Confirmation of expectations*: assesses the degree to which parents consider that the challenges presented in their adaptation process were foreseeable and known to them before adopting.

The original scale shows good structure validity and adequate reliability for the total scale ( $\alpha = .73$ ), the control of expectations ( $\alpha = .81$ ), and the confirmation of expectations ( $\alpha = .65$ ). In this sample  $\alpha$  reaches an  $\alpha = .79$ ,  $\alpha = .65$  and  $\alpha = .71$ , respectively.

### ***Family Adjustment to Adoption (Berástegui, 2005)***

This explores the degree to which the family feels adapted and satisfied with the adoption and feels that it has had positive consequences for its members. It is an eight-item Likert scale with six response options (from *absolutely disagree* to *absolutely agree*). Higher scores on this scale indicate better levels of family adjustment and satisfaction. The original scale of family adaptation to adoption has good validity and reliability reports ( $\alpha = .93$ ). The  $\alpha$  for this study was .92.

### **Procedure**

Adoptive and foster families of people with intellectual disabilities were contacted through adoption and fostering associations, using a snowball sampling method. An initial call for participation was launched through the researchers' network to schools, special education schools, occupational centers, and public entities related to disability and child welfare, as well as on social networks (Twitter, Facebook and LinkedIn). Information about the aims of the study, the participation details, the ethical issues, and the contact information were provided. Families contacted the research team after seeing the call. Only one parent per family, either father or mother, answered a self-reported questionnaire during a family interview. Participants were invited to share the call with other suitable families. The Comillas Pontifical University's ethics committee approved the study, and the ethical and consent standards were carefully followed.

### **Data analysis**

The data were incorporated into the SPSS 27 tool for analysis. First, a descriptive analysis of the family adjustment was carried out. A multiple linear regression analysis determined the main factors' predictive power in the family adjustment.  $R^2$  cut-off points were .02, .13, and .26 for small, medium, and large effects (Ellis, 2010). Furthermore, t-test was used to verify differences of means in adjustment factors according to diagnosis (DS/no DS), process (ordinary/special), and nature of the relationship (foster/adoptive). A one-way ANOVA test was performed to check those differences according to reported disability degree and family life stage, with

subsequent Tukey posthoc tests. The effect size indices used were Cohen's *d* for the T-tests (1988) and  $\eta^2$  for one-way ANOVA.

## Results

Families in our sample showed good reports of family adjustment ( $M = 42.7$ ;  $SD = 7.9$ , range 6-48), corresponding to a medium to high agreement with family adjustment and satisfaction items. Most of the families reported that the child was one more in the family (96% agree fairly or strongly agree), that it was worth adopting or fostering despite the difficulties (85.5%), that they would adopt/foster again (82.3%), that family life has been enriched since the child joined the family (77.4%), that being a parent of this child made them feel good (85.5%), that they have very good times with their children (82.3%) and that they were all happy to have adopted/fostered the child (80.6%). However, between 12.9% and 3.2% disagreed with these sentences.

Table 1 shows the relationships between factors and dimensions of the adjustment process. The results indicated a slight negative relationship between child demands and family adjustment. On the contrary, positive associations were found between family adjustment and family strengths (B factor) and expectations (C factor), showing low correlations with emotions, management, and supports and medium correlations with organisation, beliefs, confirmation of expectations, and expectations of control. The total B and C factors also show medium correlations with family adjustment. There were no relationships between child demands and B Factor or C Factor dimensions or totals, except for a low negative relationship with control expectations. Medium correlations were found between family strengths and expectations, except for the low correlation between family expectations and positive emotions. Finally, medium correlations were found inside B and C factors. Adoption length showed a small and significant correlation with family expectations. No relation was found between the age at placement and child demands or family strengths, expectations or adjustment.

Table 1

Correlation matrix between factors and dimensions of family adjustment process.

	A Factor: Child Demands	B Factor: Family Strengths	C Factor: Family Expectations	X Factor: Family Adjustment
<b>A Factor</b>				
Child Demands	---	-.002	-.237	-.282*
<b>B Factor:</b>				
Organisation	.033	.907**	.511**	.594**
Beliefs	-.056	.907**	.515**	.615**
Management and supports	.058	.823**	.571**	.473**
Emotions	-.076	.721**	.361**	.407**
<b>Family Strengths (total)</b>	-.002	---	.565**	.619**
<b>C Factor</b>				
Confirmation		.468**	.932**	.568**
Control		.570**	.855**	.691**
<b>Family Expectations (total)</b>		.565**	---	.685**
<b>X Factor</b>				
<b>Family Adjustment</b>	-.282*	.619**	.685**	---
<b>Age at placement</b>	.102	-.219	-.135	-.202
<b>Adoption length</b>	.091	-.150	-.389**	-.145

Note: \* $p < .05$ ; \*\* $p < .01$

A linear regression analysis was carried out to explore the predictive power of the ABCX factors in family adjustment. The analyses revealed that A Factor-child demands ( $b = -.196, p = .053$ ); B Factor-family strengths ( $b = .166, p < .001$ ); and C Factor-family expectations ( $b = .458, p < .001$ ) explained 55% of the variance of X Factor- family adjustment ( $R^2 = .55, F(3.56) = 25.571, p < .001$ ).

No differences were found in any of the family adjustment process dimensions (child demands, family strengths, family expectations, and family adjustment) and factors depending on the parent-reported degree of disability (Table 2). Foster and adoptive families of children with Down syndrome had more adjusted family expectations, including a higher confirmation of expectations, control expectations, and a better family adjustment than foster and adoptive families of children with other IDD. These differences were large. No other differences between the variables of interest were found.

Table 2

Differences in the adjustment process factors according to diagnosis of IDD.

	Without DS (N=46)		With DS (N=16)		T	gl	p	d
	M	SD	M	SD				
<b>A Factor</b>								
Child Demands	14.7	7.1	13.8	7.9	0.43	60	.666	-0.12
<b>B Factor:</b>								
Organisation	40.0	6.3	42.0	4.4	-1.16	60	.248	0.37
Beliefs	26.6	5.5	27.6	3.6	-0.63	59	.528	0.21
Management and supports	27.9	4.6	29.4	4.0	-1.14	60	.257	0.34
Emotions	19.3	6.7	19.9	2.6	-0.35	60	.731	0.12
Family Strengths (total)	113.8	19.3	117.9	12.4	-0.77	59	.442	0.25
<b>C Factor</b>								
Confirmation	13.0	4.6	19.4	3.6	-5.01	59	.000	1.54
Control	17.5	3.7	20.0	2.8	-2.47	60	.016	0.76
Family Expectations (total)	30.4	7.3	39.4	5.7	-2.47	60	.016	1.38
<b>X Factor</b>								
Family Adjustment	41.4	8.7	46.4	2.9	-4.47	59	.000	0.78

Note: DS= Down Syndrome

Families in ‘special’ fostering or adoptions showed better family expectations, higher confirmation of expectations and expectations of control, and higher family adjustment than those in ‘ordinary’ processes. The effect size of those differences was large in all cases (Table 3). These families also show moderately higher family strengths, positive family beliefs and positive management and supports.

Table 3

Differences in the adjustment process factors according to ordinary or special processes.

	Ordinary (N=37)		Special (N=25)		T	gl	p	d
	M	SD	M	SD				
<b>A Factor</b>								
Child's Demands	13,5	6,9	15,8	7,7	-1,254	60	.215	0,32
<b>B Factor:</b>								
Organization	39,3	6,3	42,3	4,8	-1,974	60	.053	0,52
Beliefs	25,9	5,8	28,4	3,4	-2,100	58,7	.040	0,52
Management and supports	27,1	4,8	30,0	3,5	-2,542*	60	.014	0,68
Emotions	18,8	7,2	20,3	2,8	-0,976	60	.333	0,27
Family Strengths (total)	111,2	20,0	120,4	12,5	-2,018	59	.048	0,55
<b>C Factor</b>								
Confirmation	12,0	4,7	18,4	3,3	-5,950	59	.000	1,60
Control	17,0	3,5	19,8	3,2	-3,165	60	.002	0,83
Family Expectations (total)	28,9	7,1	38,2	5,6	-5,507	59	.000	1,46
<b>X Factor</b>								
Family adjustment	40,2	9,3	46,3	2,9	-3,685*	45,6	.001	0,87

Note: \*Corrected T was used because Levens test for the homogeneity of the variance was significative

p<.05

No differences were found between adoptive and foster families in the family adjustment process factors and dimensions (child demands, family strengths, family expectations, and family adjustment). Large significant differences were found in child demands depending on the family life stage (Table 4). Families of young adults reported higher child demands than families of adolescents ( $p=.003$ ). Differences were also found in family strengths, including large differences in positive family management and supports and medium differences in positive emotions. Families have worse family management and support and fewer positive emotions during the adolescence of their child with IDD than in childhood ( $p=.009$ ;  $p=.02$ ). Finally, large differences were found in dimensions and overall family expectations. During childhood, families show more confirmation of expectations, control expectations, and more adjusted expectations than during adolescence ( $p=.006$ ;  $p=.014$ ;  $p=.004$ ), and these differences are high. No difference was found in the family adjustment depending on the family life stage (Table 4).

Table 4.

Differences in the adjustment process factors according to family life stage

	Childhood (N=18)		Adolescence (N=31)		Adulthood (N=6)		F	<i>p</i>	<i>eta</i> <sup>2</sup>
	M	SD	M	SD	M	SD			
<b>A Factor</b>									
Child Demands	15.8	8.4	12.2	6.2	22.8	6.2	6.281	.004	.195
<b>B Factor:</b>									
Organisation	42.9	5.1	39.6	6.7	40.5	4.5	1.739	.186	---
Beliefs	28.2	5.0	25.8	5.7	28.2	3.0	1.325	.275	---
Management and Supports	30.5	3.7	26.5	4.8	30.5	3.1	5.664	.006	.179
Emotions	20.8	3.1	17.8	3.9	18.3	3.5	3.956	.025	.132
Family Strengths (total)	121.8	15.4	109.8	19.8	117.5	11.8	2.565	.087	---
<b>C Factor</b>									
Confirmation	18.1	3.9	13.3	5.3	14.7	5.1	5.291	.008	.172
Control	20.4	2.2	17.4	3.7	16.7	5.0	5.061	.010	.163
Family Expectations (total)	38.4	5.6	30.7	8.3	31.3	8.1	5.884	.005	.187
<b>X Factor</b>									
Family Adjustment	44.8	7.2	42.3	8.5	40.3	10.8	0.832	.441	---

## Discussion

Parenting a child with IDD has evolved from being viewed as a challenge to now being recognised as an enriching experience. This recent shift in perspectives is largely attributed to the heightened societal acceptance of people with disabilities, a change that has been fostered after decades of relentless work by disability rights advocates (Good, 2016). Consistent with

this belief, a substantial proportion of adoptive and foster families of children, adolescents and young adults with IDD in this study reported good family adjustment. Although much of the literature on disability and adoption uses a medical model and a deficit approach to family life (Good, 2016), research is consistent with these positive outcomes.

Despite the promising results, adoptive parenting of children with IDD differs from other parenting. These particular challenges require acknowledgment and assistance. (Forbes and Dziegielewski, 2003). Families with poor adjustment outcomes, ranging in our sample between 3 and 12%, should be supported. Besides, stigmatisation of foster and adoptive families and families with disabilities may skew their self-reports to positive outcomes (Good, 2016; Sánchez-Sandoval, 2011). The ABCX model is a practical approach to organising research on adoption (Berástegui, 2003, 2007), disability (Glidden, 1991), and family resilience.

Our study assessed the demands with an ad hoc scale of child demands, including child problems and needs in communication, use of community resources, academic skills, home life, health and safety, leisure, self-care, self-direction, social relationships, and mental health. The relationship between child demands and adjustment was negative and low, while there was no relationship between strengths and expectations, except for a small negative relationship with control expectations. Thus, the level of child demands does not determine the wellbeing of the family, although it is related. These results support the idea that no child should be considered unadoptable because of IDD. However, the low frequency of children with severe degrees of IDD and the use of parent reports as informants should make us take these results with caution.

Family strengths show medium magnitude relationships with family adaptation. However, this study has not analysed the organisation of formal support, which is included in the ABCX theoretical model. Thus, formal resources related to adoption and foster care or disability should be included in further research. Nevertheless, our results suggest that pre-adoptive assessment and post-adoption strengthening of family organisation, daily life management, access to informal supports and emotional regulation, and positive family beliefs can help achieve and maintain a better family adaptation.

Predictability, manageability and meaning are three core components of family perception and expectations in the ABCX model. In our study, confirmation of expectations assesses predictability, control expectations evaluate controllability, and both are moderately related to family adjustment. The adoption length may imply a gap between initial expectations and actual family life when children are adolescents or young adults, as their evolutionary course is difficult to foresee. Finally, although positive family beliefs have been assessed as family strengths, they also could be considered to determine the meaning dimension of the C Factor for future studies.

Multiple regression analysis shows that the interaction between child demands, family strengths and expectations significantly predicts family adaptation, as predicted by the ABCX model. This combination explains 55% of the variance of family adjustment, which can be considered

a large magnitude and a more robust prediction than in previous proposals (Reilly and Platz, 2003).

The importance of child demands is lower in interaction with the other factors, contrary to Reilly and Platz's findings (2003). Family strengths are a moderate but significant predictor of family adjustment. Finally, family expectations emerge as the variable with the most significant predictive power, consistent with previous research (Reilly and Platz, 2003) and theory (Berástegui, 2012). This finding is also consistent with previous research that suggests the causal order of the variables is ACBX relationship rather than ABCX (Lavee et al., 1985; Orr et al., 1991), underlining the significant role of expectations in activating family resources and promoting family adaptation (Berástegui, 2005; Lavee et al., 1985; Orr et al., 1991). The crucial role of expectations in the adjustment process in foster and adoptive families of people with IDD invites us to attend carefully to this dimension in the preparation and support interventions.

The reported degree of disability was not related to any dimensions or factors of the family adjustment process. Nevertheless, a 'Down syndrome advantage' phenomenon (Berástegui and Corral, 2020; Hodapp, 2007) is observed, with foster and adoptive families of children with Down syndrome showing more adjusted family expectations and better family adjustment. This finding is consistent with previous literature and may be due to a greater probability of 'special' processes in these children's adoption and foster care or a greater social and professional knowledge of the syndrome and, therefore, a better adjustment of expectations throughout life. On the other hand, we can also find a more significant presence of IDD due to early adversity in the group without Down syndrome. This adversity can directly impact the adaptation of the child and the family. It can imply a greater difficulty in having an initial diagnosis and a clear prognosis throughout life. The volume of demands of the child does not seem to explain these results, as previously proposed. Nevertheless, the Down syndrome group in our sample is homogeneous, while the other group is a 'mixed bag' of different etiologies and diagnoses. This group includes a large group of children with disabilities of unspecified origin and a small number of cases of autism spectrum disorder, attention deficit disorder, emotional or behavioral disorder, or others, so this point must be considered cautiously.

In our study, the 'ordinary' or 'special' adoption/fostering process is a relevant variable in the adaptation process as it is also of the family quality of life (García-Sanjuan et al., 2023). On the one hand, as we had hypothesised, it is closely related to a better adjustment of expectations. Families who were aware of the child's IDD before the adoption felt that the family experience was more predictable (confirmation of expectations) and controllable (expectations of control) at the time of placement and throughout the family life. These families also show moderately larger family strengths, positive family beliefs and positive management and support. This may be because families with more strengths are more likely to volunteer to adopt or foster these children, or because they have been evaluated, prepared and strengthened to meet greater needs in children. Finally, families who adopted through 'special' procedures showed much higher levels of adaptation than those who did not. Previous research has highlighted the pre-adoptive preparation of the family and the post-adoption support as crucial elements for developing



adequate expectations and resources (Egbert and Lamont, 2004). As it is not always possible to know about the child's disability in advance, every adoptive family should voluntarily agree to adopt someone with a potential disability. Furthermore, although not all children have IDD, all children do have special needs that parents must take care of, face and accompany (Berástegui, 2012).

We found no differences between permanent foster and adoptive families in family adjustment variables. This supports the idea that we should treat them as equivalents in research and that they may be susceptible to receiving the same support and services. It would be interesting to explore the relationship between biological family in foster families and the open adoption of children with IDD to assess the differential impact of these placements on the wellbeing of the child and their families (Good, 2016). We found no relation between the child's age at placement and family adjustment variables in contrast with the previous common findings (Haugaard et al., 2000). The impact of the child's age at adoption on the adjustment process, especially on the long-term outcomes of adoption, has been questioned (Decker and Omori, 2009). Our results also invite us to question this in the adoption and fostering of children with IDD.

To explore the impact of the life stage of the adaptation process, we consider three groups: childhood between 0 and 11 years, adolescence between 12 and 23 years, and youth between 24 and 36 years. The cut-off of adolescence at 24 is justified by a progressive delay in entering adulthood (Sawyer et al., 2018). This expansion is especially true for young people with disabilities, with the emergence of transition to adulthood as a distinct life cycle stage between living in high school and adolescence and entering adulthood (Kim and Turnbull, 2004). We did not find differences in family adaptation depending on the family's life stage, but we did find differences in some variables of the adjustment process. Contrary to expectations, families reported more needs in the child in youth than in adolescence, confirming the transition to adult life as an especially stressful time for families (Kim and Turnbull, 2004). Nevertheless, the small size of the youth group suggests that these results should be interpreted with caution and that further investigation is needed.

On the other hand, we found that, during adolescence, families showed less strength than during childhood, demonstrating worse management and support and fewer positive emotions. Finally, families felt their life was more predictable, more controllable and had more adjusted expectations during childhood than during adolescence. The adolescence of children with IDD can be a complicated stage of family life in which an apparent separation from the typical life cycle occurs. The difficulty in predicting the challenges, roles and times, with a decrease in social support and a change in services, may complicate this evolutionary stage in the family (Ally et al., 2018; Turnbull et al., 2015).

Adoption and fostering issues can emerge in adolescence, frequently through behaviour problems (Berástegui and Rosser, 2012; Bimmel et al., 2003; Burrow et al., 2004; Harf et al., 2007; Hawk and McCall, 2010; Keyes et al., 2008), interacting with IDD developmental and family challenges.

This study shares the typical limitations of this research field, which are the limited size of the samples and the cross-sectional nature of the data collection (Glidden, 2000). Nevertheless, the sample size is offset by the fact that this study exclusively approaches the phenomenon of adoption and fostering of children with IDD (Good, 2016) and does so with a Spanish sample for the first time, to our knowledge. On the other hand, the research has extended the sample beyond childhood, including adolescents and young people with disabilities.

Concerning informants, adoption research has highlighted the importance of considering different perspectives, including both parents and teachers (Rosnati et al., 2008, 2010). Furthermore, the participation as informants of children and people with disabilities is increasingly present in research (Welch et al., 2015). Despite it, this research relies solely on the information provided by one parent of each child. Thus, further research should consider adoptive and fostered people with IDD perspectives to overcome research bias, including exploring issues such as adoptive identity or fear of abandonment and interaction with disability needs to access their subjective perspective. It may also be relevant to understanding these families' challenges throughout life (Hussey, 2011).

Children with an intellectual disability have the right to live in a safe and secure environment within a family. Therefore, research must study the interactions between intellectual disability and the child welfare system worldwide (Rosenberg and Robinson, 2004) and, more specifically, domestic and intercountry foster care and adoption. Public services must ensure the necessary resources and services to prepare and accompany these families during childhood and across life to guarantee the right of children with IDD to grow up in a family. We do not need special families for children with IDD, but families especially well prepared, supported and accompanied by professionals and communities (Berástegui, 2012).

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