



Obtaining Background Information on Your Prospective Adopted Child: A Fact Sheet for Families

Why is background information important?

In any type of adoption (agency or independent, domestic or intercountry), involving children of any age, it is important to obtain as much thorough and accurate medical, genetic, and social history information as you can about your prospective child. While adoption, like any form of parenting, involves a certain level of risk, background information is useful for the following reasons:

- **It enables you to make an informed decision about accepting a child.** When you have complete and accurate knowledge of a child's needs (medical or emotional) prior to placement, you will be better able to determine if your family is prepared to care for this child. You are also able to consider whether you have the emotional and financial resources to meet any special needs that may be identified for the child.
- **It may enable you to access Federal or State adoption subsidies available for children with special needs.** Adoption subsidies (sometimes called adoption assistance) are available for some children with special needs. Not all children will qualify for adoption subsidies. The National Adoption Information Clearinghouse fact sheet on *Subsidized Adoption* (www.calib.com/naic/pubs/f_subsid.cfm) is one source for more information.
- **It provides an opportunity for your child to develop an accurate sense of his or her own history.** Without accurate information, adopted children may develop unrealistic fantasies about their history or may blame themselves for the separation from their birth families. They may feel disconnected from their past or like a piece of themselves is missing and incomplete. As they grow older, they will also lack information critical to their own childbearing decisions.
- **It provides an opportunity for early diagnosis, treatment, and intervention for developmental problems and conditions.** Knowledge of medical problems or genetic predispositions in a child's birth family may help you diagnose and treat conditions more quickly. Knowing whether a child has been tested for a specific disease or condition, and the results of such tests, avoids duplicative testing.

Where would I find background information about waiting children?

Contact your local agencies and ask about the types of children their agency usually places with adoptive families, the ages of children who generally are available for adoption, and the general backgrounds of the children. There are also many excellent books about adoption that can provide information (see *Where can I go for more information?* at the end of this fact sheet). Keep in mind that each child is an individual with his or her own potential problems, as well as his or her own strengths, abilities, talents, and charms. Agencies will often share more specific information about each child after your family has completed a home study and expresses an interest in adopting that particular child.

The national online photolisting **AdoptUSKids** (www.adoptuskids.org) provides pictures and general descriptions of children around the country who are waiting for families. Because the descriptions in photolistings are so brief, it is important to understand what might be meant by certain phrases. For example, a description such as "very active, impulsive, needs a lot of attention and acts out" may suggest a diagnosis of Attention Deficit Hyperactivity Disorder; a child described as "developmentally delayed" may be diagnosed with mild to moderate mental retardation. Be alert to any phrases that would indicate what it might be like to live with this particular child. After your home study is completed, talking with the child's caseworker and others who know the child, such as a child's former foster parents or teachers, will give you a more complete sense of a particular child.

What questions should I ask a child's caseworker?

Once your home study is complete and you express an interest in a particular child, you will have an opportunity to talk in-depth with the child's caseworkers and, possibly, others in the child's life. Asking questions and listening carefully to the responses will help you better understand what it would be like to live with that child.

The questions you ask and the information you receive will depend to some degree on the child's age. With an infant, the birth parents' health history¹, particularly the birth mother's prenatal history, will be most important. With an older child, you will be seeking more comprehensive information (including social, developmental, educational, and mental health histories). If the child has been in foster care, the questions you ask may be much more complex.

Keep the following questions in mind when listening to any child's background information:

- What would a child with this history believe about him/herself?
- What would a child with this history believe about parents/caretakers/the world?
- What types of behaviors should I expect from a child with this history?
- What special skills, abilities, or resources might be necessary to parent this particular child (e.g., medical knowledge or skills, accessible housing, special cultural or parenting training)?

¹ Regulations issued as a result of the Health Insurance Portability and Accountability Act 1996 (HIPAA), which went into effect April 14, 2003, may impact the amount or type of information about birth parents' health information that may be shared by agencies.

Questions Regarding the Child's Medical and Family History

- How complete is the social/medical history on the birth family, including extended family? What is missing? Is it possible to get more information?
- What is the birth family's racial, ethnic, cultural, and religious background?
- What is the general physical description of the child's birth parents, siblings, and other close relatives? Are there pictures? (Attempt to get pictures of a child's birth parents and relatives whenever possible, because this will enable you to answer the questions frequently asked by adopted children: "What did my birth parents look like?" or "Who do I look like?")
- Is there a family history of drug or alcohol abuse?
- Is there a family history of mental illness or other genetic conditions, or predispositions to diseases such as diabetes or heart disease?
- What was the age and cause of death of close relatives in the birth family?
- What is known about the birth parents' developmental history—physically, emotionally, cognitively, including language development?
- What is known about the educational background of the birth parents and the child's siblings?
- What are the special skills, abilities, talents, or interests of birth parents and family members?
- Are there letters, pictures, videotapes, and gifts from the birth family?
- What was the birth mother's health like during pregnancy, and what was the health of each parent at the time of the child's birth?
- What prenatal care did the child receive, and what was his or her condition at birth?
- When did he or she achieve developmental milestones, and have there been any developmental assessments reflecting deviation from typical development?
- Are there prior medical, dental, psychological, or psychiatric examinations and/or diagnoses for this child?
- Are there records of any immunizations and/or health care received while the child was in out-of-home care?
- What is the child's current need for medical, dental, developmental, psychological, or psychiatric care?
- What is the child's HIV status?

Questions Regarding the Child's Social and Placement History

- Why did the birth parents make an adoption plan for the child, or why was the child removed from his or her birth family?
- Did the child suffer any physical, sexual, or emotional abuse or neglect? At what point in the child's life did he or she experience these traumas? How often? By whom?
- How many placements did the child have, and where (e.g., relative placements, foster homes, orphanages, residential treatment facilities, hospitals)? What were the reasons for placements or re-placements? What does the child remember about his or her placements? What does the child believe about why he or she was placed or moved from one placement to another? (The child's belief may or may not be accurate, but it is important to understand a child's perception of his or her placement history.)

**Why might
all the
information
not be
available?**

- Where is the child currently enrolled and what is his or her performance at school?
- What are the results of any educational testing and are there any special educational needs?
- Are there significant events (early separations, multiple caretakers, abuse/neglect) in the child's life that could affect his or her capacity to relate to a new family?
- What are the past and existing relationships in the child's life with people he or she has regularly lived with or visited (e.g., siblings, birth parents, foster parents, orphanage workers, teachers, therapists, nurses)? How has the child responded to visits with these persons in the past? Is future contact planned with any of these persons? How often? Who is responsible for seeing that it happens?
- What are the child's strengths?
- What are the child's special interests, talents, and/or hobbies?

You should seek assistance in interpreting this information by speaking with doctors, mental health professionals, education professionals, and parents who have adopted children with similar needs and issues.

Complex Family Histories. Social workers in the child welfare system make every effort to collect complete background information about each of the children for whom they are responsible. This often includes positive information about the child and family as well as problems. However, children in foster care often have complex and difficult family histories. They often are older, need to be placed with their brothers and sisters who may also have been removed from their birth family, have experienced trauma, and have experienced frequent moves both while in their family of origin and while in the foster care system. All these factors may make it difficult to obtain a complete background history.

Gaps in Recordkeeping. Children in the foster care system may have had many different social workers in various units of the social service system before becoming available for adoption. Recordkeeping may vary, and workers may have moved on. Children may have had multiple foster placements; foster families may no longer work for an agency.

Intercountry Adoptions. The only source of information in intercountry adoptions may be the agency, orphanage, and/or adoption facilitator in the country of origin. There may be no (or very limited) information about a child's birth family. Doctors or attorneys who facilitated an adoption may have retired or moved out of the area.

Many children placed internationally may have health and developmental problems, particularly if they were placed at an early age in an institutional setting. Some problems, such as certain vitamin deficiencies and scabies, are unique to children adopted internationally and may depend on the child's country of origin. Other problems, such as learning disabilities and the effects of prenatal alcohol or drug exposure, are similar to those that children in the United States experience. The resource listing *Developmental Assessments for International Adoptees* (www.calib.com/naic/pubs/r_devev.cfm) has helpful information about where to have development assessed.

What should I do if some or all of the information is not available?

Limitations in Knowledge. Agencies, social workers, and intermediaries cannot disclose what they do not know. For example, children who have been abused may not feel comfortable telling anyone about the abuse until they are in a safe, stable environment. Indeed, an adoptive parent may be the very first person a child feels comfortable talking to about an incident of abuse.

In domestic agency adoptions the family can ask the agency to try to contact the child's birth family (or others in the child's life) for additional information. Former foster parents can sometimes be the best source of information regarding an older child. The National Adoption Information Clearinghouse has a listing of adoption statutes related to access to identifying and nonidentifying information in each State (www.calib.com/naic/laws/index.cfm).

In any case, it is important to be honest with your child regarding what you know about his or her birth family and background information. How that information is shared with a child will depend on the family and the child's developmental level. The National Adoption Information Clearinghouse fact sheet *Explaining Adoption to Your Children, Family and Friends* (www.calib.com/naic/pubs/f_explaining.cfm) has additional information.

Where can I go for more information?

INTERNET RESOURCES

National Resource Center for Special Needs Adoption

Back issues of their newsletter, *The Roundtable* (www.nrcadoption.org/roundtable.html), can be obtained through the Web site. This publication regularly has articles relating to children who have been adopted from foster care. Volume 10, #1 has an article for social workers by Kay Donley Ziegler regarding sharing children's background information (disclosure).

National Adoption Information Clearinghouse's Statutes-at-a-Glance

The *Statutes-at-a-Glance* (www.calib.com/naic/laws/index.cfm) series highlights specific topics and provides a quick overview and comparison of legal requirements across the States.

BOOKS AND JOURNAL ARTICLES

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