



Providing Background Information on Children to Prospective Adoptive Parents

One of the most important steps in providing permanency for children through adoption is ensuring that prospective adoptive families have detailed background information about the child, his or her birth parents, and family background to inform their decision and prepare for the adoption. This information will be very important as the child grows older and may have questions related to his or her identity. Fully disclosing all available information is a child welfare professional's legal responsibility as well as an essential element of successful adoptions. This bulletin is written for child welfare professionals who work with families interested in adoption and/or who are about to receive a referral for an adoptive placement.

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Helping Families Understand the Impact of Background Information

Families considering an adoption should know as much as possible about a child's background (e.g., prior child abuse or neglect and/or prior foster care placements or institutionalization) and current situation. Caseworkers can help families understand the potential effects of those circumstances on the child's current and future functioning and on the adoptive family dynamic. This will help prospective parents determine whether they are equipped to meet the child's physical and mental health needs and whether they can provide the services that might be necessary.

Complete disclosure benefits the child, the family, and the adoption agency or organization in the following ways:

It helps the prospective adoptive family make a fully informed decision. Families who approach an adoption with "eyes wide open" regarding a child's complete medical, social, and placement histories are better able to determine whether they are in a position emotionally and/or financially to meet the child's needs.

It ensures the adopted child will have full knowledge of his or her family, medical, and genetic history.

Knowledge of one's family medical history and genetic makeup is essential when responding to a health emergency. This background information is also very important for children who have been adopted as they begin to form their individual identities.

It helps prospective parents understand what supports and services might be needed and plan accordingly with adoption professionals and community providers.

It helps protect against "wrongful adoption" lawsuits.

Agencies are sometimes held liable for intentionally misrepresenting, deliberately concealing, or failing to disclose a child's background information to adoptive parents.

Prospective families might find questions such as those below helpful when considering adoption:

- What have been recurring themes in the child's life?
- Has the child experienced trauma, and, if so, what sort and how might it affect current and future well-being?
- What beliefs is the child likely to hold, given his or her experience?
- How might these beliefs affect the child's behavior and the adoptive family as a whole?
- How will adoptive parents feel about discussing a child's background information with the child?

Being aware of a child's prior experiences is important for when parents must access needed services as soon as possible, such as early intervention for developmental delays. Prospective adoptive parents will need to know, for example, if a child is likely to require extra visits to the doctor, mental health therapy and counseling, or other special services. It is important for prospective adoptive families to understand how complex trauma or placement histories can affect children from infancy throughout their lifespan. Adoptive families should undergo relevant training to develop the necessary knowledge and skills to help them prepare for adoption.

Child Welfare Information Gateway has many resources to help prepare families for adoption:

- *Providing Adoption Support and Preservation Services* (<https://www.childwelfare.gov/pubs/f-postadoptbulletin/>)
- *Providing Adoptive Parents With Information About Adoptees and Their Birth Families* (<https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/collection/>)
- *Parenting a Child Who Has Experienced Trauma* (<https://www.childwelfare.gov/pubs/factsheets/child-trauma/>)
- *Parenting a Child Who Has Experienced Abuse or Neglect* (<https://www.childwelfare.gov/pubs/parenting-CAN/>)
- *Parenting a Child Who Has Been Sexually Abused: A Guide for Foster and Adoptive Parents* (<https://www.childwelfare.gov/pubs/f-abused/>)

- Helping Children Address Past Trauma, a webpage with resources for professionals and families (<https://www.childwelfare.gov/topics/adoption/preplacement/helping/>)
- *Impact of Adoption on Adoptive Parents* (<https://www.childwelfare.gov/pubs/factsheets/impact-parent/>)

If a child has been exposed to prenatal substance use or there are specific issues such as learning disabilities or related developmental concerns, a prospective adoptive family will need to know what the child's current and expected needs are and what type of care might be involved.

Training for Prospective Parents

There are several training models available to inform prospective adoptive parents about issues they may encounter and should consider. One example is the Preplacement Education and Preparation (PREP) curriculum offered through the University of California Training, Intervention, Education, and Services (TIES) program (Edelstein et al., 2016). Participation in PREP makes families eligible for comprehensive services before, during, and after transition to an adoptive placement. Adoptive parents who have engaged in PREP training have reported they felt prepared to help high-risk children with special needs and those with prenatal substance exposure (Edelstein et al., 2016). For more information, see the UCLA Children's Hospital's TIES for Families webpage (<https://www.uclahealth.org/mattel/ties-for-families/acquiring-services>).

What Information Needs to Be Provided

Caseworkers might find the following questions useful to keep in mind when working with prospective parents (AdoptUSKids, 2006):

- What would I want to know if I were adopting this child?
- Have I met all legal requirements with regard to State and Federal disclosure and privacy laws?
- Have I used reasonable efforts to obtain as much background information as possible?

All 50 States, the District of Columbia, and U.S. territories have information disclosure laws for prospective adoptions. Requirements for who collects that information, what must be collected, and the relevant timeframes vary by State. Child Welfare Information Gateway's State Statutes series provides information on State-specific adoption laws. To find information for a specific State, visit <https://www.childwelfare.gov/topics/systemwide/laws-policies/state/>.

While individual State laws specify disclosure requirements, adopting parents need to know the following:

“Material information” on the child’s history. This includes any information that might be useful in helping a prospective parent make a decision on whether to proceed with an adoption. Birth parents’ physical and mental health histories or a child’s history of emotional or behavioral problems have been considered as “material” information, for example. A child welfare professional’s duty to use “reasonable efforts” to discover background information varies by State. Check your State’s statute for specific requirements. The Indian Child Welfare Act (ICWA), which applies to all States, requires “active efforts” (a higher standard than “reasonable efforts”). See the *Native American Affairs Glossary* at <http://www.mfia.state.mi.us/olmweb/ex/NA/Public/NAG/GLOSSARY.pdf> for more information.

Written disclosure of background and health information. While individual State statutes will determine the requirements, when possible, agencies should provide actual copies of reports, assessments, or other documents as opposed to summarizing the material. Errors in transcription can alter the meaning and leave an agency open to being found liable for negligence.

Acknowledgment of the limitations of disclosure. Caseworkers should make sure that adoptive parents understand there will always be incomplete information. Agencies should identify areas where information is missing and explain that there may be certain

undiscovered details. For example, children may not disclose that they have experienced sexual abuse until they feel safe in a stable environment—perhaps with an adoptive parent. In some cases, this may be the first person with whom the child feels comfortable sharing such information.

If applicable, information regarding the child or youth’s potential Tribal heritage (to ensure ICWA compliance). Caseworkers should determine whether children are enrolled or are eligible for enrollment in an American Indian or Native Alaskan Tribe. The California American Indian Enhancement (AIE) Project’s Implementation Toolkit includes a 12-minute instructional video highlighting why caseworkers should ask every family receiving services if they have American Indian or Native Alaskan heritage (<https://calswec.berkeley.edu/native-american-enhancement-toolkit>). The toolkit also offers culturally sensitive suggestions for inquiring about ancestry and a list of the common responses by individuals who may be unaware of or unwilling to open up about their heritage because of distrust or historical trauma. For more information, visit the AIE Project’s website (<https://calswec.berkeley.edu/american-indian-enhancement-project-implementation-toolkit>).

Questions to Consider

Adoption professionals should assist prospective adoptive parents in getting answers to the following questions, when possible, as they consider the adoption of a specific child:

About the birth family

- How complete is the social and medical information on the birth family, including extended family?
- What is the birth family’s racial, ethnic, cultural, and religious background?
- Are there pictures of the child’s birth parents, siblings, or close relatives? Who does the child look like?
- If the child has siblings, with whom do they live and has there been contact?
- Is there a family history of drug or alcohol use?
- Is there a family history of mental illness or other genetic conditions or predisposition to diseases, such as diabetes or heart disease?
- What is known about the birth parents’ developmental history—physically, emotionally, and cognitively—including language development?
- What is known about the educational background of the birth parents and the child’s siblings?

ICWA set Federal standards for the removal, placement, and termination of parental rights for children and parents of American Indian and Alaska Native heritage to help keep families intact and preserve the Tribal community. Many States have their own laws regarding Tribal child welfare that go beyond the provisions of ICWA. Caseworkers should become familiar with their local policies involving Tribal children and ICWA. Additional ICWA information is available on Information Gateway’s website (<https://www.childwelfare.gov/topics/systemwide/diverse-populations/americanindian/icwa/>).

Child health

- What prenatal care did the child’s mother receive, and what was the child’s condition at birth? Was the birth mother tested for HIV, hepatitis B, or syphilis?
- How healthy was the birth mother during pregnancy and at the time of the child’s birth? Did the mother use prescription drugs, alcohol, or other substances during the pregnancy? What about the birth father?
- Are there prior medical, dental, psychological, or psychiatric examination records and/or diagnoses for the child from the birth family and/or from any out-of-home care arrangements?
- Are there any records of immunizations or health care while the child was in out-of-home care (if relevant)?
- What is the child’s current need for special medical care, treatment, etc.?

Child social and placement history

- Why did the birth parents make an adoption plan for the child, or why was the child removed from the family?
- Did the child suffer any emotional, physical, or sexual abuse or neglect? If so, at what age(s), how often, and is there a related trauma history?
- How many placements has the child experienced and with whom (e.g., relatives, foster families, residential treatment facilities)? What were the reasons for placement changes? What does the child remember about the placements?

Child educational history

- Where is the child currently enrolled in school, and how is his or her performance at school?
- Has the child undergone any educational testing, and what do the results show? Are there any special education needs, abilities, or disabilities?

Child welfare and adoption professionals can refer prospective adoptive parents to pediatricians, psychologists, educational consultants, or other experts to help make sense of the available information and what it may mean for the child's current and future development.

It is important to recognize that many adoptive families may use Facebook or other forms of social media to obtain information. Being aware of the social media accounts of the birth families you work with may help you obtain useful information to share with adoptive families. Be sure the prospective families you are working with know to verify any information they obtain online and are aware of its potential flaws or inaccuracies. Child Welfare Information Gateway offers a series of factsheets on this topic:

- *Social Media: Tips for Foster Care Workers:* <https://www.childwelfare.gov/pubs/smtips-worker/>
- *Social Media: Tips for Youth in Foster Care:* <https://www.childwelfare.gov/pubs/smtips-youth/>

- *Social Media: Tips for Foster Parents and Caregivers:* <https://www.childwelfare.gov/pubs/smtips-parent/>

Intercountry Adoptions

Providing information on intercountry adoptions is often more challenging. Families who pursue intercountry adoptions must be willing to accept that information on prospective children, when available, is likely to be incomplete at best and may also be unreliable (Freivalds, 2018). Available information may vary widely depending on the country. Important details in medical records include a child's head size (smaller than normal may indicate microcephaly, fetal alcohol spectrum disorder [FASD], malnutrition, or a birth defect), growth rates, developmental milestones, and any other signs of FASD, and whether they have a cleft palate, limb abnormalities, or heart defects. Videos of a child, if available, are useful in evaluating social skills and overall development (Borchers, 2018). Prospective families may need a referral for a physician experienced in adoption-related medicine.

Some medical universities and hospitals in the United States host international adoption clinics that may be found online. Before accepting a referral for an adoption, it may be advisable to have a physician review any available medical records or supporting documents for the prospective adopted child. This preadoption review is conducted separately and prior to the routine examination required for visa purposes once an adoption has been finalized (U.S. Department of State, 2018). Providing prospective parents with information about international adoption clinics may help them learn more about issues that affect children adopted from a specific country. These clinics are often a valuable postadoption resource when children and families benefit from ongoing assessments and various medical and support services. No Hands But Ours, a nonprofit organization for families pursuing intercountry adoption of children with special needs, has compiled a list of international adoption clinics (<https://www.nohandsbutours.com/2016/04/29/international-adoption-clinics-services-locations/>).

The Hague Convention, which regulates international adoptions, directs adoption agencies to make sure that adoptive parents are "suited to adopt" and "counselled

as necessary” (Lee, Kobulsky, Brodzinsky, & Barth, 2018). Adoption service providers facilitating adoptions from Hague Convention countries are required to provide an English translation of a child’s medical records as part of the Article 16 report, which must be completed in the child’s originating country with the child’s medical, social, and psychological histories. This information is to be provided no later than 2 weeks before prospective parents are asked to accept or decline an adoption referral (U.S. Department of State, 2018). According to the U.S. Department of State, adoption service providers must make reasonable efforts to supply prospective families with the following information:

- Date the Convention country assumed custody of the child and the child’s condition at that time
- History of any illnesses, hospitalizations, special needs, or changes in the child’s condition since the Convention country assumed custody
- Growth data, including prenatal and birth histories
- Specific information on the known health risks in the host country
- If a medical examination is scheduled, the date of the exam and the name, contact information, and credentials of the attending physician
- Information detailing any tests performed on the child
- Current health information
- Information about the child’s birth family, siblings, cultural, linguistic, and religious background
- Dates on any available photos or videotapes of the child

In some countries, full medical records may not be available—particularly those in which children have spent time in an institutionalized setting such as an orphanage. Translation issues, cultural differences, and differences in medical systems can make it difficult to interpret available information. Limitations surrounding the amount and/or reliability of available information should be clearly communicated in writing to a prospective family.

For more information on intercountry adoption, see the following resources:

- *Intercountry Adoption From Hague Convention and Non-Hague Convention Countries* (<https://www.childwelfare.gov/pubs/factsheets/hague/>)
- *Intercountry Adoption: Where Do I Start?* (<https://www.childwelfare.gov/pubs/f-inter/>)
- Intercountry Adoption (<https://www.childwelfare.gov/topics/adoption/preplacement/intercountry-adoption/>)
- Internationally Adopted Children: Important Information for Parents (<https://www.healthychildren.org/English/family-life/family-dynamics/adoption-and-foster-care/Pages/Internationally-Adopted-Children-Important-Information-for-Parents.aspx>)
- U.S. Department of State webpage on intercountry adoption (<https://travel.state.gov/content/travel/en/Intercountry-Adoption.html>)

Resources

AdoptUSKids, a project of the Children’s Bureau, helps child welfare systems connect children with families. (<https://adoptuskids.org/>)

The American Adoption Congress provides resources for adoptive families, adopted persons, and birth parents. (<https://www.americanadoptioncongress.org/index.php>)

The Center for Adoption Support and Education provides extensive resources for adoptive families and professionals and maintains a directory of adoption-competent mental health therapists. (<http://adoptionsupport.org/>)

The Choice of a Lifetime: What You Need to Know Before Adopting, written by Kyle N. Weir and published by NTI Upstream, provides a comprehensive look at the factors that help predict an adopted child’s long-term development.

Health Topics for Preadoptive Parents, an online book written by Judith K. Eckerle of the University of Minnesota Adoption Medicine Clinic, provides information to help adoptive parents better understand what a child with a particular medical condition may require and set appropriate parenting expectations. (<https://adoption.umn.edu/health-topics-preadoptive-parents>)

The National Quality Improvement Center for Adoption and Guardianship Support and Preservation is a 5-year project to develop an evidence base for interventions to promote stability and permanency through adoption support and preservation services. (<https://qic-ag.org/>)

The North American Council on Adoptable Children offers a searchable online database to help individuals locate adoption support groups and resources in their area. (<https://www.nacac.org/connect/parent-group/>)

Conclusion

When information about developmental, placement, educational, and social histories is provided to prospective parents at the beginning of the adoption process, they are more likely to have realistic expectations of what it will be like to welcome the child or youth into their families. This information will also be invaluable to the child as he or she matures and explores identity-related issues. Full disclosure of existing information can help adoptive parents seek early intervention services if needed and be better prepared to care for their child. Access to all available information and comprehensive adoption preparation, preservation, and support services will increase adoption stability and improve permanency outcomes for children and families.

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