

# Adoption Application Reference Guide



## Introduction

### What is the Saskatchewan Domestic Adoption Program?

The Saskatchewan Domestic Adoption Program refers to the adoption of children and youth who are in the permanent, legal care of the Minister of Social Services. A child or youth may become a permanent ward through:

- Voluntary Committal, where birth parents decide to place their child for adoption through the Ministry; or
- Permanent Order, which is obtained through a court process where a judge makes a determination based on the circumstances of the child or youth.

In Saskatchewan, adoption activity is governed by *The Adoption Act, 1998*, The Adoption Regulations (2003) and *The Child and Family Services Act*.

### How do I use this Guide?

This guide corresponds to the four sections on the *Saskatchewan Domestic Adoption Application*. You are asked to review each section thoroughly, and to ask your Adoption Worker for guidance where necessary.

Information on the types of needs children and youth eligible for adoption may have is included in this guide. This information will assist you in considering the types of needs you would be able to support, or those you wish to further research.

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## Section One - General Information

In this section you are asked to provide your personal information and indicate if:

- any children, while in your care, have been in need of protection under the child welfare laws of Saskatchewan or any other jurisdiction;
- you are currently involved in other adoption programs (e.g. intercountry), or have been in the past; and
- you have ever been convicted of any criminal offence.

Current or prior criminal involvements, or involvements with a child welfare authority, may impact your ability to adopt.

## Section Two - Range of Acceptance

In this section, indicate if you are applying to adopt a 'specific child' (e.g. foster parent applying to adopt a child in their care) or if you are making a general application. A general application requires you to think about your Range of Acceptance, or what needs of a child you would be able to support.

The Ministry provides as much information on a child or youth as possible. At times, there may be information that is not known, or that cannot be obtained. As a result, needs may not be immediately known, or can change over time. Reviewing conditions a child or youth may have, or may have a predisposition to, will assist you in determining what needs you may be able to support now or in the future.

On the application form, the Range of Acceptance items are grouped into the following categories, and include conditions that commonly fall within each category:

- Medical Diagnoses
- Mental Health, Behavioural and Neurodevelopmental Disorders
- Behavioural Issues or Concerns Not Related to a Diagnosis
- Experiences of a Child
- Prenatal Factors

Following this, there are questions relating to factors or conditions in a birth parent or family history that may impact a child. Such information may provide insight to a child's support needs, or reasons why the child was in care.

## On the application, complete the following:

### Type of Adoption:

**Specific Adoption** – Complete this section if you are applying to adopt a child known to you (e.g. foster child or a child related to you), who is permanently in care of the Minister and registered to be adopted. If this is the case, this is the only part of section 2 you are required to complete and can continue to complete sections 3 and 4.

**Domestic** – Complete this section if you are making a general application, then complete the rest of section 2 as well as sections 3 and 4.

### Sex, Age and Ethnicity

**Sex of Child** – If you have a preference for only a male or female child, then check whichever applies. By specifying a particular sex, you are indicating you do not wish to be considered for a child of the opposite sex. Indicate 'either' if you are open to both.

**Age of Children** – Indicate in months and years (0 months – 18 years) the age of the child/children you wish to adopt. Do not use terms such as 'infant', 'newborn', 'any age', etc.

**Ethnicity** – Where possible, the Ministry attempts to place children with adoptive applicants who are of the same ethnic and/or cultural background. On the application, indicate your willingness to accept a child from the corresponding backgrounds. If you do not check an option, you will not be considered for a child of that background. Choose 'any' if you are open to any background.

**Number of Children** – Check whichever categories apply.

### Conditions/Factors in a Child

#### Medical Diagnoses

Some children will have a diagnosis and specified care plan, which can make it easy to provide supports. Future support needs based on early diagnosis or a diagnosis not yet known, however, may not be easy to predict.

In this section, you are asked to check the types of medical diagnoses you are willing to support. You may also indicate what special skills/knowledge you have working with any.

- **Allergies** – is a physical reaction or sensitivity to a substance, such as pollen, certain foods or micro-organisms that do not usually cause a reaction.
- **Arthritis** – is the chronic inflammation of one or more joints, and is characterized by swelling, stiffness and limited movement. It occurs in different forms, such as rheumatoid arthritis or osteoarthritis, and can result from trauma, degenerative changes related to aging and metabolic causes.
- **Asthma** – is a chronic, respiratory disease characterized by a narrowing of the airways, breathing difficulties, wheezing and coughing. It is not curable, though it is treatable.
- **Bedwetting (Enuresis)** – is urinary discharge, usually occurring during sleep. It can be common in children, who usually outgrow it. There can be medical reasons for it such as recurrent infections, or it can be brought about by stress.
- **Cancer** – is a condition where abnormal cells grow quickly and spread. Normal body cells grow and divide, and eventually stop growing and die over time. Cancer cells, however, continue to grow and divide uncontrollably without dying off, typically grouping to form tumours. Tumours can destroy the normal cells around them, damaging the body's healthy tissue

Cancer may be treated with surgery, chemotherapy and/or radiation. It is rare for children to develop cancer, though it is not rare for them to have a history of cancer in their birth families.

- **Cerebral Palsy** – is a disorder caused by brain injury or viral infection occurring at or before birth. It is typically marked by muscular impairment, poor coordination, spasm, stiffness and paralysis, and can sometimes involve speech and learning difficulties.
- **Congenital Heart Defect/Cardiovascular Disease** – occurs when the heart or blood vessels near the heart do not develop normally before birth. Many types of heart defects exist, most of which either obstruct blood flow in the heart or vessels near it, or cause blood to flow through the heart in an abnormal pattern. Some defects may require medication or surgery.
- **Cystic Fibrosis** – is a hereditary disease of the exocrine glands that typically develops during early childhood. It affects mainly the pancreas, respiratory system and sweat glands. It involves the production of abnormally thick mucus by the affected glands that results in chronic respiratory infections and impaired pancreatic function.
- **Diabetes** – is a condition that occurs when the body cannot process glucose (sugar) in a normal way. Glucose is the main energy source for the body's cells, and levels of glucose in the blood are controlled by a hormone called insulin, which is made by the pancreas. Insulin helps glucose enter the cells.

**Type 1 Diabetes (insulin-dependent)** – is caused by lack of insulin output because of autoimmune damage to the pancreas, and always requires insulin to treat. Damage to the pancreas can occur for a variety of reasons. The most common cause is when the body's own immune system appears to turn against itself

**Type 2 Diabetes** – is also caused by lack of insulin in the pancreas, and is characterized by a resistance to the action of insulin in the body's cells. It is strongly associated with obesity and can usually be controlled by diet, but it is less clear what causes it.

- **Eczema** – is a non-contagious inflammation of the skin, characterized by redness, itching and blisters that may discharge fluid. It is often related to allergies or sensitivities, and can be treated by medication.
- **Epilepsy** – is a disorder of the central nervous system characterized by sudden, recurring attacks of motor or sensory malfunction. It may involve loss of consciousness or convulsive seizures. It is usually treated through medication.
- **Hearing Impairment** – includes partial or complete hearing loss as a result of various factors, including damage to the auditory nerve or problems with the bones of the middle ear.
- **Facial Irregularities** – are congenital abnormalities caused by a combination of genetics and environmental factors. They can occur on one or both sides of the face, and include such conditions as cleft lip and palate, port-wine stains or Mongolian spots.
- **Failure to Thrive** – is used to describe a delay in a child's growth or development up to two years of age. It involves a child's inability to gain or maintain weight, and is considered a cluster of symptoms that may develop for a variety of medical reasons. In infants, the cause may be some underlying physical condition occurring in the esophagus, stomach, small or large intestine or rectum that inhibits the infant's ability to take in, digest or process food. Defects of incomplete organ development are typically detected shortly after birth and corrected through surgery.

- **HIV/AIDS** – the Human Immunodeficiency Virus (HIV) is the agent responsible for causing the disease Acquired Immuno Deficiency Syndrome (AIDS). Developing fetuses have their own blood supply separate from the mother’s; therefore, there is no contact between the two sources. This protects the fetus from the mother’s HIV-infected blood. A fetus does, however, receive immune system antibodies to HIV from its mother and, though not harmful, will test positive to these antibodies after birth. A baby’s immune system takes up to two years to develop, so a child born to an HIV-infected mother should be regularly tested until the age of two. Children who test positive throughout this period are considered to be infected with HIV.

A baby may also come in contact with a mother’s HIV-infected blood during child birth, or through the mother’s breast milk. A child’s risk of becoming infected through these means is lowered if a birth mother regularly takes her HIV medication during pregnancy. About half of all infants who are HIV positive may experience developmental delay, which will likely worsen as the disease progresses. They may lose muscle tone, or the inability to walk without support. The life expectancy of infants infected with HIV is improving with the discovery of new treatments.

- **Jaundice** – occurs in about half of all newborns, and is rarely a problem. During life in the uterus, a fetus’ red blood cells contain a type of hemoglobin that is different from the hemoglobin present after birth. When born, an infant’s body begins to rapidly destroy the red blood cells containing the fetal-type hemoglobin and replaces them with red blood cells containing the adult-type hemoglobin. This overloads the liver with a chemical called bilirubin, which causes yellowing of the skin and eyes. As a child’s liver matures within the first few weeks of birth, it is better able to process and eliminate excess bilirubin that has accumulated in the blood.

- **Kidney Disease** – includes different types of conditions of the kidneys that can be either acute or chronic. Acute conditions develop quickly and can be serious, and may have long-lasting consequences. They usually last only a short time, however, and go away once the underlying cause has been treated. Chronic diseases, however, do not go away and may get worse over time. Chronic diseases can be hereditary, such as polycystic kidney disease (PKD), or they can be caused by birth defects such as malformed kidneys. When kidneys completely fail, the typical treatment is dialysis or transplant.
- **Muscular Dystrophy (MD)** – is a genetic disorder that weakens the muscles that help the body move. People with MD have incorrect or missing information in their genes, which prevents them from making the proteins required for building healthy muscles. Over time, individuals with MD gradually lose the ability to do such activities as walk or sit up. A child born with MD might not experience symptoms until later in life. There are several different types of MD that can affect children, and life expectancy depends on the type of MD as well as how it affects organs such as the heart and lungs.
- **Orthopedic Irregularities** – are musculoskeletal abnormalities affecting the bones that cause varying degrees of pain and deformity. They can be congenital, developmental or acquired through infection, dislocations or nutritional deficiencies. Some conditions can correct themselves without treatment as the child grows, but serious ones can become severe without casting, physiotherapy and/or surgery.
- **Physical Disability** – can come in a range of forms and stem from a variety of causes. Some may be correctable, while others may not, such as those caused by Multiple Sclerosis (MS) or Amyotrophic Lateral Sclerosis (ALS). Physical disabilities can require adaptations to the home, such as ramps, lifts and track systems.

- **Special Diet/Feeding Problems** – infants and children with different types of developmental or physical disabilities may require special diets, or they may have difficulties feeding. A child may require restriction from eating or being exposed to certain foods, or, in the case of a child who has difficulties swallowing, by feeding through a tube. Such conditions may not be life threatening, but can be time consuming for a caregiver.
- **Spina Bifida** – is a birth defect involving the incomplete development of the spinal cord or its coverings. It is usually detected before a baby is born and treated right away. The causes of spina bifida are largely unknown, though genetics may play a role. Symptoms of spina bifida can include leg weakness or, in severe cases, paralysis. It cannot be cured, and can require ongoing treatment such as medications and multiple surgeries. Adaptive devices, such as braces or wheelchairs, may also be required.
- **Thyroid Disorder** – hypothyroidism refers to when the thyroid gland does not produce enough thyroid hormone, either because it cannot or is not being properly stimulated. Symptoms associated with hypothyroidism include short stature or deceleration of growth, cold intolerance, fatigue/decreased energy, sleep difficulties, headaches, vision problems and early or delayed puberty. Treatment soon after birth ensures healthy development. Hyperthyroidism refers to an excess of thyroid hormones and is characterized by such symptoms as emotional problems or irritability, short attention span, increased appetite, finger tremor, weight loss/failure to thrive, protruding eyes, flushed skin, excessive sweating, high blood pressure and muscle weakness. Tendencies to develop thyroid disease can be inherited, though there is no clear reason why a child might develop it. Individuals with hyperthyroidism are typically prescribed medications that prevent the growth of excess hormones.

- **Visual Impairment** – occurs when disease or damage contributes to partial or severe/total loss of eyesight. A child with severe or total loss of vision will require considerations such as home adaptations or changes to the environment to accommodate movement, etc. A child with severe or total loss of vision will also require assistance for mobility in the community, as well as adaptations in school to assist with learning.

## **Mental Health, Behavioral and Neurodevelopmental Disorders**

Mental health is a state in which individuals realize their own abilities, can cope with the normal stresses of life, and can work or function in a productive way. An individual's mental health or well-being is determined by multiple social, psychological and biological/genetic factors.

Behavior disorders involve long-term, impulsive behavior issues or patterns that include breaking rules, acting aggressively towards others or animals, acting out sexually in inappropriate ways and lying. Behaviors can be associated with child abuse, drug or alcohol addiction, family conflict, genetic defects and poverty. Diagnosis can be difficult, and for a diagnosis to be made the behaviors must be far more extreme than those part of normal development.

Neurodevelopmental disorders affect neural development, or impair the growth and development of the brain and central nervous system. They affect emotion, learning ability and memory. They can be caused by deprivation, genetic and metabolic diseases, immune disorders, infectious disease, nutritional factors, physical trauma and toxic or environmental factors.

In this section, you are asked to check the types of conditions that affect a child's mental, behavioral or cognitive reasoning and development you would be willing to support, and to note what special skills/knowledge you have in working with any of the areas.

- **Acquired Brain Injury (ABI)/Traumatic Brain Injury (TBI)** – in infants, can be caused by events occurring during or after birth rather than as a result of a genetic or congenital disorder, such as Fetal Alcohol Syndrome. ABI can result in cognitive, emotional, behavioral or physical impairments resulting from trauma (injury to the head caused by an accident or surgery) or non-traumatic injuries such as stroke, infection, lack of oxygen and poisoning. Thinking and behavior are typically altered in virtually all forms of ABI, though the effects of the injury can vary from one individual to the next. Life adjustments and rehabilitative efforts can be necessary, and depend on the nature or severity of the injury.
- **Attention Deficit Hyperactivity Disorder (ADHD)** – is a common childhood disorder that requires long-term treatment. There are three subtypes: inattentive, hyperactive-impulsive and combined. Characteristics include short attention span, impulsivity, distractibility and hyperactivity. ADHD is diagnosed when multiple symptoms have been displayed for at least six months, and when a child's life has been negatively impacted by these symptoms. ADHD requires treatment, usually in the form of medication and behavioral therapy, so that a child's ability to learn is not hindered. Causes of ADHD have not been identified, but they are thought to be both genetic and environmental.
- **Attachment Disorder** – is a term broadly applied to disorders of mood, behavior and social relationships. They can occur as a result of an individual's inability to form healthy attachments to primary caregivers in early childhood, or because of early experiences with abuse, neglect or separation from caregivers or lack of caregiver response between the ages six months to three years. Attachment disorders result in a lack of trust and self-worth, a fear of getting close to anyone, anger and a need to be in control.

- **Autism** – Autism Spectrum Disorder (ASD) and Autism are general terms used to describe a group of complex disorders of brain development characterized by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors. ASD can be associated with intellectual disability, difficulties in motor coordination and attention and physical health issues such as sleep and gastrointestinal disturbances. Some individuals with ASD excel in visual skills, music, math and art. The most obvious signs and symptoms emerge between ages 3-5.
- **Bipolar Disorder** – is a mood disorder involving cycles of depression followed by cycles of elation or mania. The changes back and forth can be dramatic and rapid, but more often than not they are gradual and slow with intervals of normal mood occurring in between. The symptoms of each state may be severe, and often lead to impaired functioning of thought, judgment and social behavior. It is treated through the use of anti-psychotics or mood stabilizers as well as intensive psychotherapy.
- **Borderline Personality Disorder (BPD)** – is marked by unstable moods, behaviors and relationships. Individuals may experience brief, psychotic episodes, or have difficulty regulating emotions, thoughts, anger and actions. Individuals with this disorder may also have depression, anxiety disorder, substance abuse, eating disorder and suicide ideation. BPD usually begins during adolescence or young adulthood, and often requires intensive treatment. It is thought that both genetic and environmental factors, as well as social and cultural ones, contribute to the development of BPD. Typical treatment includes psychotherapy as well as the use of medications that help stabilize or regulate depression or mood.

- **Cognitive Disability** – sometimes referred to as Intellectual Disability, is when an individual has certain limitations in mental functioning, communicating, taking care of personal needs and developing social skills. Some limitations may be mild, while others may be more severe. Children with cognitive disabilities typically develop at a slower rate and may take longer to learn to speak, walk or take care of their personal needs. A cognitive disability is determined by looking at a child’s intellectual functioning, or IQ, and adaptive skills, or the skills required to live or function as independently as possible. Some of the most common causes of a cognitive or intellectual disability include genetic conditions, problems during pregnancy or at birth, and certain health problems or illnesses.
- **Depression** – clinical depression, which is a mood disorder, is the most common type of depressive disorder affecting the population. Symptoms include impaired thinking or judgment, as well as physical symptoms such as fatigue or chronic pain. Individuals with depression typically have a family history of this disorder, but factors such as stress and trauma can also trigger an episode. Socioeconomic factors are also thought to play a contributing factor, as well as chronic medical illnesses or conditions. Effective treatments include the use of anti-depressants and psychotherapy.
- **Down Syndrome** – is a chromosomal disorder where a child is born with three sets of chromosome 21 instead of two. This causes distinctive physical features as well as developmental delays. It is not hereditary, and rarely any children born with Down Syndrome will have every characteristic associated with the disorder. Level of adaptive functioning can vary from one individual to the next, as can associated medical conditions, including congenital heart defects, vision problems, hearing loss and respiratory illness.

- **Fetal Alcohol Spectrum Disorder (FASD)** – is an umbrella term that describes a range of disabilities caused by consuming alcohol during pregnancy. Common terms under this umbrella (or spectrum) include Fetal Alcohol Syndrome (FAS), Partial Fetal Alcohol Syndrome (pFAS) and Alcohol-Related Neurodevelopmental Disorder (ARND). A diagnosis of FAS is dependent on specific criteria and can be difficult to obtain. The impacts of exposure can be difficult to predict.
- **Fragile X Syndrome** – is the most common of inherited intellectual and developmental disabilities. It occurs when there is a change or mutation in a particular gene that makes a protein the body needs for the brain to develop. Though it is inherited, parents who do not have Fragile X may have children born with it. Symptoms of Fragile X are often milder in girls than boys, and can include difficulties with learning and speech and language, distinct facial features, loose, flexible joints, social and emotional challenges, and sensory issues, such as sensitivity to light and noise.
- **Learning Difficulties/Disabilities** – are problems that affect the brain’s ability to receive, process, analyze or store information and are not dependent on intelligence. Children with learning disabilities see, hear and understand things differently, which leads to difficulties learning new information and skills. Common types of learning disabilities involve problems with reading, writing, understanding math, listening, reasoning and speaking.

- **Obsessive Compulsive Disorder (OCD)** – is an anxiety disorder characterized by uncontrollable thoughts and repetitive or ritualized behaviors. Individuals with OCD fall into categories of different types of obsessive thoughts or ritualized behaviors, such as excessive washing or cleaning, repeated checking, doubting, counting or looking for symmetry and hoarding. Individuals with OCD may recognize they have obsessive thoughts or compulsive behaviors, but will feel unable to resist them.
- **Poor Motor Coordination/Motor Skills Disorder** – is a developmental disorder affecting motor coordination and is neurological in origin. People with poor motor coordination may tend to be sensitive to touch, and may have a low threshold for pain. Causes for this disorder are unknown, though it is thought to originate with inner ear problems that result from head injuries or childhood diseases.
- **Schizophrenia** – is a mental disorder characterized by breakdown in thought processes as well as poor emotional responsiveness. Symptoms include delusions, hallucinations and disordered thinking and speech. Individuals may withdraw or lose motivation to perform daily activities such as self care. Onset typically occurs in young adulthood, and the causes are unknown. There is thought to be a hereditary link, particularly between relatives who are related within one degree of each other (e.g. parent or sibling). Ongoing support and treatment include the use of antipsychotic medications and psychotherapy.

- **Speech/Language Delay** – individuals with speech disorders have difficulty producing sounds correctly or fluently, receiving and processing information, and/or expressing themselves. Examples include articulation disorders and stuttering. Speech and language in children develop according to well-defined milestones, and children with delay can appear noticeably behind their peers. The cause is frequently unknown, though typical causes include hearing loss, neurological disorders, brain injury, intellectual disability, drug abuse and cleft lip or palate.

### **Behavioral Issues or Concerns Not Related to a Diagnosis**

There may be instances where a diagnosis related to a certain behavior has not been made, or where a child exhibits a particular behavior in response to the environment, non-genetic factors, stress or parenting style. Many behaviors may be considered appropriate given a child's stage of development. When a particular behavior goes beyond what is typical for a child's level of development, medical exploration or intervention is recommended.

In this section you are asked to check the types of behavioral issues or concerns not related to any particular diagnosis you are willing to support.

- **Aggressiveness** – children may not understand limits or boundaries, particularly when these have not yet been learned. As a result, they may become unknowingly aggressive when doing such things as playing with other children or using objects such as toys. Aggressive behaviors become an issue when the behavior becomes threatening or harmful to others, violates societal rules or norms, and causes impairment in learning or social functioning. Aggression in children, however, should be considered first on the basis of environmental factors or level of stress/fear the child may be experiencing.

- ***Destructiveness*** – as a result of aggressive behaviors or inability to cope, a child may become destructive. Destructive behaviors can be a type of communication response to everyday stressors where a child has not learned appropriate methods of responding, or they can be related to a child’s inability to recognize boundaries or limitations. Destructive behaviors become an issue when the behavior becomes threatening or harmful to self or others.
- ***Eating Problems*** – many children have problems with eating at some point in their lives. Problems can range from not liking certain foods, to serious eating problems that result from medical or emotional problems. Without recognizing signs and symptoms, minor eating problems can progress to activities such as bingeing and purging, which is characteristic of bulimia, or starvation, which is characteristic of anorexia nervosa.
- ***Hyperactivity*** – in children who have not been diagnosed with ADHD, hyperactivity is often attributed to a child’s natural activity level. Studies also suggest that hyperactivity may be linked to consumption of common artificial food colors and additives or preservatives.
- ***Lying*** – children who lie may do so as a coping mechanism or strategy, or because it has become a learned behavior that helps them get their needs met.
- ***Running Away*** – children who run away may do so repeatedly for various reasons. They may do it to rebel against family rules, or to escape punishment or abuse.

- **Sexual Acting Out/Inappropriate Sexual Behavior** – sexual development is a common process in child development. Many children show an interest in sexual behaviors that are exploratory and playful in nature. Signs of inappropriate sexual behavior include preoccupation with sexual behavior, and aggressive or hostile behavior to self or others.
- **Sleep Disturbances** – in children may include nightmares, which are not uncommon. Causes for sleep disturbances may not be known, but are typically attributed to stress. Other types of sleep disturbances include night terrors or insomnia, which can indicate more serious problems and impact functional activity.
- **Stealing** – is not an unusual behavior for very young children who may take something that interests them. Often, especially in older children, stealing signals a need for more attention or recognition. Stealing becomes an issue when a child has developed a sense of right and wrong, or knows that stealing has legal consequences.
- **Withdrawal** – can be a sign of shyness, but can also be a sign of fear or low self-esteem. Withdrawal becomes an issue when it leads to social isolation or anxiety.

## Experiences of a Child

Many children experience events in their lives that affect the way they function or cope, which may be true of children who have been in care.

In this section you are asked to check the different experiences of a child that can impair development, or lead to larger emotional or psychological issues, you would be able to support.

- **Abandonment** – occurs when a child is left to be found and/or taken care of by someone other than the guardian. Parents may abandon their children because they feel overwhelmed and cannot cope, or because of mental health or social issues, such as poverty. Children who are abandoned may develop issues with building attachments or developing trust.
- **Abuse** – includes physical, verbal/emotional and sexual abuse. Any type of abuse can have a life-long impact on an individual's emotional or psychological well being. Children who are abused may also come to learn and accept abusive or violent behavior as a way in which to cope, to solve problems or get what they want. It is not always known if a child in care has been abused or to what extent, and symptoms of abuse may not appear until a child is older. Any suspected abuse of a child must be reported to the police and to the Ministry of Social Services.
- **Adoption Disruption** – occurs when a child is removed, for whatever reasons, from an adoptive home prior to or after the adoption is made final. Causes for disruption can vary, and can lead children to blame themselves, or to develop separation and attachment issues. Disruptions do not often occur, but when they do it may be a result of adoptive families not being fully prepared to meet the needs of a child. This is why it is important for prospective adoptive parents to fully understand what types of support a child eligible for adoption may have, as well as their ability to provide an appropriate level of support.

- ***Born of Incest*** – includes children conceived through sexual contact between biologically (familial) and non-biologically (non-familial) related individuals. Children born of familial incest, such as between a father and daughter, can lead to a higher than normal chance of the child being affected by a genetic disorder. Children born of non-familial incest, such as between a stepfather and stepdaughter, are not at the same risk, but the circumstances of how the child was conceived can carry stigma because of the social and legal implications. Prospective adoptive parents supporting a child born of incest must be aware of their own biases, as well as how these children may react to the knowledge of how they were conceived.
- ***Born of Sexual Assault*** – occurs when children are conceived as a result of non-consensual sexual relations. A birth mother may or may not know the person who assaulted her, and may experience stress throughout pregnancy as a result of the trauma, which can affect the fetus. In cases where the birth father is not known, none of his background medical and family information will be available.
- ***Domestic Violence*** – occurs when there is abuse between parents, and at times towards the children in the home. Children born of a mother who has experienced domestic violence may be at risk for more health problems in infancy, while older children who experience or witness domestic violence may develop short and long-term emotional, behavioral and developmental problems.

- **Lack of Birth Parent History** – there is always risk that a birth parent’s history is not fully known. Birth parents who struggle with cognitive impairments, for example, may not be able to provide an accurate account of their own health and social histories. Some birth parents may be unwilling to provide information, or may evade answering questions because of fear or shame. In some cases, it may be difficult to locate birth parents or their families in order to engage them in sharing information. Whichever the case, prospective adoptive parents need to understand there is always risk that a child’s background information may not be complete. As a result, there may be health or social information about the child that is not available.
- **Multiple Placements** – includes repeated moves between family and foster care. Any move or placement can hold a level of uncertainty or anxiety for a child, and can lead to feelings of abandonment or issues with attachment.
- **Neglectful Parenting** – occurs when a parent fails to provide age or developmentally appropriate care to a child, which results in serious impairment to health and/or development. Parents may neglect their children for a variety of mental health and/or socio-economic reasons, and the consequences may be unintended, but the effects on the child can be lasting.

### **Prenatal Factors and Exposure**

The effects of substance exposure may be apparent at birth, or may not be apparent until a child is much older. The effects of any type of substances exposure in a child can vary greatly from one child to the next, even within groups of siblings exposed to the same factors.

In some cases, the Ministry may not know to which substances a child has been exposed, or to what degree, or the birth mother may not provide accurate information about her substance use during pregnancy. This can make it difficult to determine future health and development, or to make a diagnosis. Because of this, a child's support needs may not be easily predicted, or can change over time.

In this section you are asked to check the prenatal factors you are willing to accept, such as prematurity and exposure to substances, after reviewing the corresponding definitions.

- **Exposure to Alcohol/Drugs** – can lead to complications at birth, such as withdrawal, and can affect a child's overall health and development leading to such diagnoses as FAS in the future. What is important to note is that regardless of the type and degree of exposure, the effects on the child may be minimal, or they may be such that life-long support is required. Support needs cannot be accurately predicted at birth or in younger children. In many cases, the consideration is whether or not you are willing to accept the inherent risks regardless of the type and degree of exposure.
- **Exposure to Chemicals/Substances** – like with alcohol/drugs, can lead to complications at birth, or can affect the overall health and neurodevelopment of a child. Women who are exposed to certain chemicals or substances may give birth to children who have low birth weight, who are born prematurely, or who have impaired brain development. It is important to note that birth mothers may intentionally expose themselves to such things as solvents, or they may be inadvertently exposed to solvents or chemicals in their environment. The effects of chemical exposure on a child are not easily predicted at birth or throughout childhood, and can vary from one child to the next. In many cases, the consideration is whether or not you are willing to accept the inherent risks regardless of the type and degree of exposure.

- **Exposure to Sexually Transmitted Infections/ Diseases (STI/STD)** – STIs are infections transmitted through sexual contact. The most commonly known are Chlamydia, Gonorrhea, Genital/Anal Warts, Herpes, Syphilis and HIV/AIDS. STIs can complicate pregnancy and have serious side effects for a woman and her developing baby. Some of these problems may be seen at birth, or may not be discovered until months or years later.
- **Exposure to Tobacco** – is known to cause low birth weight in infants, as well as prematurity. Smoking also puts carbon monoxide into a mother’s bloodstream, which robs oxygen from the developing fetus and can affect brain development. Smoking during pregnancy has been linked to decreased mental performance of a child throughout childhood, shorter stature, increased learning difficulties, increased hyperactivity and increased behavioral issues, though studies are not conclusive. Some effects of tobacco exposure on an infant may be apparent at birth, but the long-term effects are not easily predicted and can vary from one child to the next. In many cases, the consideration is whether or not you are willing to accept the inherent risks regardless the degree of exposure.
- **Lack of Prenatal Care** – refers to the regular medical care recommended for pregnant women. Lack of prenatal care has been linked with increased risk of low birth weight, prematurity and infant mortality. Mothers who receive regular prenatal care receive medical information on the changes they undergo throughout pregnancy, as well as information on prenatal nutrition and vitamins. Regular prenatal care also helps diagnose and prevent health problems that might otherwise occur and affect the child. A lack of prenatal care in itself, however, is not an indicator of a child’s health at birth and throughout childhood.

- **Prematurity** – is a delivery that occurs at less than 37 weeks gestation. Babies who are born at 26 weeks gestation are prone to long-term disabilities, such as chronic lung disease, vision or hearing impairment and neurodevelopmental disorders. As the period of gestation increases, the effects of prematurity decrease. The causes of preterm labor are often unknown, but health conditions of the mother such as diabetes, heart disease and kidney disease may contribute to preterm labor. Other factors that may produce preterm labor include the age of the mother (younger than 16 or older than 35), lack of prenatal care and use of drugs/alcohol, tobacco and/or other substances.

## Conditions/Factors in a Birth Parent or Family History

### Medical Conditions of a Birth Parent or a Family History

A child, when adopted, may have the potential to develop a future condition given the family history, which could require enhanced supports in the future. At the same time, knowledge about the medical issues in a child's family history provides the child with awareness about the types of disorders or genetic conditions they may pass on to their own children.

In this section, you are asked to check the medical conditions of a birth parent, or a history of medical conditions in a birth parent's family, you are willing to consider. Please refer to the previous sections for definitions.

### Mental Health, Behavioral and Neurodevelopmental Disorders of a Birth Parent or Family History

Any factor can be present at the time a child is adopted, or become evident when the child is much older. This is especially true of mood disorders such as bipolar disorder, where the age of onset is late teens/early adulthood. Knowledge about any of these conditions/factors in a birth parent also provides a child with information about the types of disorders they may pass on to their own children.

In this section you are asked to check the mental health, behavioral and neurodevelopmental factors in a birth parent or birth parent family history, you are willing to consider. Please refer to the previous sections for definitions.

### **Experiences of a Birth Parent or Family History**

Child development, which refers to the biological, physiological and psychological stages individuals go through from birth to young adulthood, is largely affected by genetics, but it is also affected by the environment in which children grow. Any experiences or environmental factors can affect ability to parent, which can affect a child's ability to progress through various developmental stages or to form healthy attachments. They can also create stress or trauma in a child's life, which also impacts healthy development, ability to form attachments and behavior.

In this section, you are asked to check the factors in a birth parent's background you are willing to consider after reviewing the corresponding definitions.

- ***Abuse/Domestic Violence*** – a child who is adopted may come from a background where abuse or domestic violence was prevalent, or may have been generational. The abuse may have been directed at the child or a sibling, or the birth parents may have directed it towards each other.

Children who grow up in this type of environment may have a difficult time forming attachments, or may have come to learn that abuse or violence is a way in which needs can get met. Children, however, develop and grow in environments where they learn appropriate ways to cope with anger, stress and anxiety.

- **Alcoholism** – is defined as a disease where excessive use of alcohol leads to physiological problems (e.g. tremors and black outs), psychological problems (e.g. obsessive thoughts about drinking or depression) and behavioral problems that disrupt social or work life. It affects individuals of any age, educational or social background, income level and/or ethnic group, and it can be generational.

Alcoholism can disrupt family life and have life-long effects for those who suffer from, or witness it. Parental alcoholism can lead to prenatal exposure (e.g. risk of neurodevelopmental disorder), child neglect or maltreatment and family stress. Children react differently depending on the type of intervention or support provided.

- **Drug Use** – like alcoholism, drug use can be generational. A child born to a birth mother who is a habitual drug user can experience withdrawal, low birth weight and/or prematurity. Drug use in families is often connected to criminal activity, while involvement with the drug trade can also include affiliation with gangs. The effects on children can be the same as those for children born in families where alcoholism is prevalent.
- **Gang Affiliation** – in Canada, gang affiliation is typically comprised of street-level criminal activity such as drug trafficking, prostitution, break and enter, vehicle theft, robberies and assaults and intimidation. It is not always known when a child's birth parents have gang affiliation, which is particularly true if there is a lack of birth parent information (e.g. unknown paternity).

- ***Incarceration/Criminal Activity*** - carries various social, cultural and family risk factors that can lead to instability for children. For example, children whose parents are involved in criminal activity or who have been incarcerated typically live in neighborhoods with higher poverty and crime rates, which can limit a child's access to appropriate services, expose the child to dangerous environments, or cause a child to accept danger as the norm. There are other effects as well, such as neglect, child maltreatment and trauma, which often lead to developmental and/or behavioral issues.
- ***Substance Use (e.g. inhalants)*** – by a birth parent can directly affect an unborn child, while substance use by individuals who are parenting can lead to neglect or child maltreatment.

## Section Three - Openness Options/ Communication

Openness in adoption refers to how willing an adoptive parent is to have communication or contact with the birth family or other individuals meaningful to the child. Openness and communication agreements can include exchanges of photos, letters or gifts, and can be direct between adoptive and birth families, or facilitated anonymously through the Post-Adoption Registry. Communication agreements are not legally enforceable, but it is preferable for there to be some type of communication or contact following an adoption.

A birth parent may have a preference for a specific type of contact with the adoptive family and child, and may base a decision to select a family based on that preference. This information is used by Social Services when selecting potential prospective adoptive parents for birth parents to consider.

One or more of the options may fit your preferences. For example, as a birth or adoptive parent you may hope for a fully, open adoption, but would be okay if there is only a non-identifying exchange of information. If this is the case, you would select whichever options indicate those preferences, and then note in the section below which option would have greater preference, or any circumstances under which you would limit communication, etc.

### **On the application, complete the following:**

- Exchange identifying information with the birth parents and maintain direct contact – also known as a full, open adoption. This type of arrangement is not typically facilitated through the Post-Adoption Registry because the adoptive and birth families will know each other and agree to manage their own communication plan.

- Enter into a commitment for an ongoing exchange of non-identifying information – sometimes referred to as a partially-open adoption. This type of arrangement is typically facilitated by the Post-Adoption Registry, who will handle a non-identifying exchange of information according to a communication plan that is developed either before or at the time of adoption. According to the communication plan, the Post-Adoption Registry may also facilitate non-identifying face-to-face meetings between birth and adoptive families. In a voluntary committal situation, the birth and adoptive families will typically meet each other, but not exchange their identities (i.e. name or exact location).
- Have ongoing exchange of non-identifying information with the birth parents, but prefer not to meet the birth/adoptive parents – can also be thought of as a partially-open adoption with the same exchange of information provisions as above, except that the birth and adoptive parents never meet in person.
- Have my/our MFA and Family Profile reviewed in a non-identifying format for the purpose of having the birth parent select a family for their child – birth parents who wish to place their infant for adoption, known as a voluntary committal, often participate in the selection of the adoptive parent(s). In order to make an informed decision, birth parents will want to know as much as possible about the ability of the adoptive parents to nurture and care for their child, and will also want to know about their background. Applicants who are interested in adopting an infant and being considered for selection by a birth parent who wishes to voluntarily commit will typically want to select this option.

- Meet the birth/adoptive parents at the time of the planning stage without exchange of identifying information – some birth/adoptive parents only want to initially meet in order to aid the decision-making process, or as a means for planning. With this option, there would be no exchange of information either before or after the adoption, whether identifying or non-identifying.
- Not willing to participate in any exchange or sharing of information – also known as a fully closed adoption. With this type of agreement, there is no contact whatsoever, whether identifying or non-identifying, between the birth and adoptive families.

## Section Four - Declarations

By reviewing and signing the declarations, you acknowledge the information you have provided is accurate and represents your current situation, you agree to the terms set forth, and to comply with all legal requirements. You also acknowledge any change in your personal circumstances may impact your plan to adopt.

Your approved application will be used by the Ministry to determine when you are able to undertake the P.R.I.D.E Pre-service training, Saskatchewan Aboriginal Culture Component and Mutual Family Assessment.

You are encouraged to discuss any questions you have about this guide, your application and/or the declarations with your Adoption Worker.

