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# Monthly Review

## EDITORIAL

### The first encounter of the adoptive family and the probationary period of life together: Are there any remaining gaps in these crucial stages?

*As one of the key moments in the development of the adoptive family, the ISS/IRC has decided to dedicate a special issue to the first encounter and the probationary period of life together of the child and his prospective adoptive parents, having observed that regulations as well as practices vary considerably from one country to another, and sometimes reflect some gaps.*

Once the matching has been undertaken, the meeting and the first moments of life together, which take place, in general, in the country of origin, should be the opportunity for the PAPs to get to know the child with the support of the local professionals, who know him. These moments are decisive for the future of the adoptive family, as they build the initial groundwork, and assume an intense emotional burden, which is magnified by the current intercountry adoption context. Indeed, intercountry adoption nowadays often affects older children with a complex pre-adoptive experience (trauma, multiple placements, etc) and prospective adoptive parents, who have often faced long waiting periods and doubts. Despite a general consensus on the importance of these stages, in practice, prospective adoptive parents are sometimes left to their own devices once they have arrived in the country of origin, and the meeting with the child may be undertaken abruptly and without any support. Even though some flexibility must be granted to the existing methods, in particular in terms of probationary periods, which the ISS/IRC has decided to focus on, the necessary existence of a framework and support in this regard is unequivocal.

#### Is there systematic and satisfactory support?

It is during the first encounters that the child and his prospective adoptive parents are faced with reality: what happens when the prospective adoptive parents do not meet the expectations of the child or when the latter suddenly becomes aware that his separation from his environment is imminent and permanent? On the other hand, how should one manage the disappointment of the prospective adoptive parents when the child reacts in an unexpected manner, or when difficulties relating to the culture shock or potential communication problems arise? A lack of preparation and support for the prospective

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adoptive parents and the child may prove to be disastrous and may jeopardise the birth of this new family. In order to remedy, as far as possible, such risks, and in order to respond, as closely as possible, to the very specific needs of each child and each parent (see p. 12), a meticulous task must be undertaken progressively, in an individualised and empathic manner, thanks to the development of innovative tools (see p. 10). This task includes two different aspects, which are both essential: preparation prior to the meeting (see pp. 6 and 8) and support throughout this first period of life together (see the subsequent parts of the articles on pp. 6 and 8 in forthcoming issues of the Monthly Review). Periodic supervision and monitoring of the process are key elements in the assessment of the child's adjustment to his family, and will have an impact on his prospective adjustment at other levels, such as socially and at school, amongst other aspects (see p. 13).

### **Do the legal and practical terms and conditions focus on the best interests of the child?**

The legal implications of the probationary period, such as the child's nationality, the legal nature of the temporary placement or the consequences of situations of failure, must be clarified. The omission of such provisions may indeed create a legal gap and uncertainty as to the child's future and that of the entire adoptive family. In this regard, the ISS/IRC acknowledges those countries, which have developed an adequate framework for this stage, by defining, amongst others, the child's legal status and the roles and responsibilities of each involved authority and professional (see p. 4). In addition to the legal terms and conditions, the practical arrangements of this period, such as its place of undertaking and its duration, must also be questioned having due regard to the child's best interests. The ISS/IRC therefore reflects on the – sometimes excessive – duration of some probationary periods, which make it difficult to follow up on the latter appropriately, and represent an obstacle for some prospective adoptive parents, who are unable to assume them, for example financially. A reasonable duration should therefore be set (approximately one to three months). Furthermore, whilst the benefits of this period are unquestionable and must be respected, it is worth ensuring its purpose and true objective: it must not be considered as a test that enables adoptive parents, at the end, to renounce to the child, but as a true opportunity to confirm the matching and to promote the progressive development of affective bonds.

### **Does the cooperation measure up to the needs?**

The spirit of cooperation promoted by the HC-1993 is, once again, given its full meaning in the existence itself of this period and its conditions of implementation, as the Explanatory Report highlighted *'the importance of the probationary period [and considered that its] absence [would be] considered against the objectives of the Convention, i.e. to "establish a system of co-operation amongst Contracting States" and a "matching" of the conditions prescribed by each of the interested States'*. In particular, this cooperation should occur at two levels: first, States should ensure the respect and compliance of their respective legislation (see p. 4) and, secondly, this cooperation should operate in practice thanks to increased communication amongst Central Authorities, accredited adoption bodies and other involved professionals, such as the personnel of the child's institution. In this regard, accredited adoption bodies play an important role in order to ensure that prospective adoptive parents benefit from quality support during their stay with the child in the country of origin (see p. 8).

**As an essential component of the adoption process, the probationary period of life together should be systematic and ensure the protection of the child and of his parents, legally and psychosocially. With quality professional support, this probationary period is a key element in the prevention of failures in adoption. Instead of providing donations/contributions to the institutions – which are in fact controversial aspects of cooperation, should receiving countries not rather direct their support towards the development of services in this field?**

The ISS/IRC team  
August 2015



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## ACTORS

- **Burkina Faso, Iceland and United Kingdom:** These countries have updated the contact details of their Central Authorities.
- **Bulgaria:** This country has updated its list of accredited adoption bodies.

*Source:* The Hague Conference on Private International Law,  
[http://www.hcch.net/index\\_en.php?act=conventions.publications&dtid=43&cid=69](http://www.hcch.net/index_en.php?act=conventions.publications&dtid=43&cid=69).

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## ISS/IRC NEWS

### Armenia: Report on the assessment mission relating to the adoption system now available in French

The report resulting from the assessment mission relating to the adoption system in Armenia, undertaken by the ISS/IRC in 2013, thanks to the support of UNICEF's Country Office and USAID, is now available in French. As a reminder, the publication of the report in English was mentioned in Monthly Review N° 190 of April 2015. This report may therefore be consulted upon a request sent to [irc-cir@iss-ssi.org](mailto:irc-cir@iss-ssi.org).

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## BRIEF NEWS

### Lao People's Democratic Republic: Ongoing development and strengthening of the new adoption system

Since the publication of the Adoption Decree in the official Government Gazette in June 2014, the Government of the Lao PDR, with the support of UNICEF, has been training the teams in charge of implementing the latter at central (Ministry of Justice), provincial and district levels, and developing the resources to support these in this process. Indeed, all new adoption cases will need to be undertaken in accordance with the new procedures outlined in the Decree for both domestic and intercountry adoptions.

In this regard, only domestic adoptions are currently being undertaken, and the suspension of intercountry adoption remains in force, until the Government decides that a resumption of intercountry adoption is necessary and possible and that the Decree can be adequately enforced. Indeed, the transition towards a new and operational system may take time, and support to these steps forward is incumbent upon all national and international actors, by offering their support and by refraining from interfering in the ongoing process. These efforts deserve our encouragement and respect.

*Sources:* UNICEF Lao PDR; France Diplomatie, 'Information concernant l'adoption internationale au Laos', 21 May 2015, <http://www.diplomatie.gouv.fr/fr/adopter-a-l-etranger/actualites-de-l-adoption/les-brevs-de-l-adoption/2015-23958/article/information-concernant-l-adoption>. The ISS/IRC is drafting a Country Situation on alternative care and adoption in Lao PDR, which will be available to its usual beneficiaries.

### Liberia: Moratorium on adoptions lifted but prudence is required

According to the official website of the Government of Liberia, on 30 June 2015, President Sirleaf lifted the moratorium placed on child adoption in 2009 based on the non-compliance of the Liberian Adoption Law with the international legal framework, as well as on the irregularities that violated the rights of orphaned and adopted children.

New *Standard Operating Procedures and Accreditation Guidelines* (available at the ISS/IRC) have been put in place by the Liberian government to remedy this situation. This new instrument establishes, in particular, the costs that potential adoptive parents will have to pay in cases of domestic and intercountry adoption, sets an order of priority amongst the various profiles of adoptable children, and mentions that their opinion will have to be obtained in the development of their file. In accordance with Article 29 of the HC-1993, any contact between potential adoptive parents and biological parents is prohibited prior to complying with the conditions established in this article. Furthermore, it states that preference must be given to adoption agencies from Hague countries.

In parallel to this instrument, a guide for the authorisation of adoption agencies and other providers of adoption services has been developed (also available at the ISS/IRC), which details the processes of authorisation, the means



of supervision, and states that the government may only authorise three agencies a national level.

The ISS/IRC welcomes the significant progress made by Liberia (see also Monthly Review N° 189) and, in particular, the increased control over adoption agencies and other adoption service providers through their systematic authorisation, amongst others, but remains concerned at the risk of conflict of interest that may arise due to the fact that these actors may accumulate, for example, the care of children, the provision of advice to biological parents and to adoptive parents – functions, which should be undertaken by different bodies in order to prevent any malpractice.

The ISS/IRC recalls that Liberia has not acceded to the HC-1993, which should, in principle, be a preliminary and compulsory condition for the establishment of an intercountry adoption programme in a country. At this early stage, the ISS/IRC recommends that a fully resourced Central Authority as well as other safeguards are in place to ensure ethical adoptions prior to undertaking intercountry adoptions.

Sources: 'President Sirleaf Lifts Moratorium on Child Adoptions in Liberia', 30 June 2015, [http://www.emansion.gov.lr/2press.php?news\\_id=3336&related=7&pg=sp](http://www.emansion.gov.lr/2press.php?news_id=3336&related=7&pg=sp); U.S. Department of State, 1 July 2015, <http://travel.state.gov/content/adoptionsabroad/en/country-information/alerts-and-notice/liberia15-07-01.html>.

## LEGISLATION

### The probationary period of life together: The legal implications relating to the respect for the rights of the child

*Through their legislation, a large number of countries provide for a probationary period of life together between the child and the prospective adoptive parents. This article provides a brief legal comparative analysis, and focuses on the safeguards necessary to respect the rights of the child during this period.*

In most countries, the position of a probationary period in the adoption process is the same: between the acceptance of the matching by the prospective adoptive parents and the final adoption decision. However, the terms and conditions may vary considerably at different levels: its name (pre-adoptive placement, period of socialisation, period of life together, etc), its objective<sup>1</sup> and its conditions of approval<sup>2</sup>. Furthermore, it may be mandatory<sup>3</sup> and, in some cases, decided by the competent authority<sup>4</sup>. Whereas the provision of such a period is to be promoted, the ISS/IRC would like to underline the importance of clarifying the legal nature of the probationary period, the supervision by a competent authority, and the shared responsibility of all States involved during this period, in order to ensure the comprehensive protection of the child.

#### Ensuring the child's legal status

Whilst the length of this period may vary considerably from one country to another<sup>5</sup>, this is also true for its location. For most countries, it will take place in the child's country of origin, whereas for some other countries, such as Thailand, it will

take place in the receiving country<sup>6</sup>, or the latter may maintain some flexibility<sup>7</sup>. We have observed that probationary periods that take place in receiving countries are often longer and may last up to a year. Consequently, it is particularly important that the status of the child – who is no longer deprived of a family but is not yet adopted – is clarified in law, as appears to be the case in Lithuania<sup>8</sup>. In relation to the latter, some countries, such as The Philippines<sup>9</sup>, grant the child's custody or provisional guardianship to the prospective adoptive parents, whereas other countries consider this to be a placement. It is worth mentioning, however, that a considerable number of countries do not clarify the exact legal nature of the child's placement with the prospective adoptive parents during this period. This legal insecurity should be avoided at all costs, given the negative impact it may have on the child and on the prospective adoptive parents.

#### Ensuring adequate supervision

Supervision by a competent authority should be an indispensable condition for the granting of a probationary period – as confirmed in the Explanatory Report on the HC-1993<sup>10</sup>.



Furthermore, it is fundamental that the terms and conditions, and the frequency of such supervision, are stated in law and/or in implementing regulations. The latter may, for example, include home visits, meetings between the child and/or the prospective adoptive parents and a professional (a social worker / psychologist / multidisciplinary team<sup>11</sup>) or the establishment of periodic reports. When the probationary period takes place in the receiving country, this supervision may also be undertaken by the guardian appointed for the child, as required by Turkish legislation, for example<sup>12</sup>.

Furthermore, anyone involved in this supervision may be clear about the exact objective of this probationary period of life together in order to avoid any bad practices. In no circumstances should it be perceived as a test for the adopters, but truly as an *'opportunity to get to know the child (...) with the support of local professionals, who know the child'*, as mentioned in ISS/IRC's *Manifesto for Ethical Inter-country Adoption*.

## Establishing legally the shared responsibility of States

In the spirit of cooperation of the HC-1993, it is very important that both countries involved respect the conditions laid down by the other and work together to implement these (see the procedure established by Thailand)<sup>13</sup>.

Assuming that the probationary period takes place in the receiving country, for example, its terms and conditions (sending of reports and photographs of the child, among others) and the authority in charge of its supervision should be clarified beforehand. Furthermore, the countries should also agree on the compatibility of a probationary period in the receiving country with the latter's immigration law and provide for clear provisions in cases of success or failure of this period. Which court will issue the final adoption decision? In cases of failure, who will be responsible for the child and in which circumstances will he have to return to his country of origin or remain in the receiving country?

**For the ISS/IRC, it is essential that any probationary period of life together benefits from a framework set in law and/or in implementing regulations, as this is in the interests of the child and of the prospective adoptive parents. Whilst the child's legal status must indeed be clarified during this period, some flexibility may remain as to the duration, or even where it may take place, depending on the specific needs of each child and provided that the latter guide any decision on this issue.**

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### References:

<sup>1</sup> For example: Assessment of the child's adjustment, new assessment of the prospective adoptive parents' suitability to adopt (Haiti, The Philippines, Moldova, Peru); upholding of the prospective adoptive parents' consent (China, Thailand); ascertainment that the adoption is in the child's true interests (Bosnia-Herzegovina) or that it does not negatively affect the child (Thailand).

<sup>2</sup> For example: Contract between the prospective adoptive parents and the Central Authority (China, Turkey); provisional judicial decision (Chile, Ghana, Poland, etc); Immediate placement measure in the family environment for the Family Attorney (Mexico).

<sup>3</sup> For example, in Haiti: *Loi révisant l'adoption* of 2013 (Art. 53).

<sup>4</sup> Lithuania (Art.3.222 of the Civil Code): by the competent authority in matters of adoption or upon the court's decision.

<sup>5</sup> From several days (Colombia, Peru, Guatemala), or some weeks (India, Mexico, Haiti) to several months (three months in Tanzania; six months in The Philippines, Thailand, Lithuania; 12 months in Turkey).

<sup>6</sup> Sections 22-26 of the *Child Adoption Act* (1979) and Clause 16 of the *Ministerial Regulation* of 2000.

<sup>7</sup> For example: Senegal, Poland.

<sup>8</sup> Art. 3.222, Para.3 of the Civil Code: same rights and obligations between the child and the parents (except inheritance rights).

<sup>9</sup> Art. III, Section 14, of Act N° 8043.

<sup>10</sup> '(...) services are provided to ensure the adjustment and integration of the child with the prospective adoptive parents as well as their emotional readiness for the legal union' (Para. 356), <http://www.hcch.net/upload/expl33f.pdf>.



<sup>11</sup> Colombia: *Lineamiento Programa de Adopción* of 2010 (p. 32) and Appendices 16 and 17.

<sup>12</sup> *Code of Conduct for the Implementation of mediation services on adoption of children*, Decree N° 2009/14729.

<sup>13</sup> Sections 19 and 22 of the *Child Adoption Act* 1979; Chapter 4 'Probatory Placement of a child' of the *Ministerial Regulation* 2000.

## PRACTICE

### Preparing the child's luggage to start the journey: Preparation for the adoption prior to meeting the adoptive family (I)

*Victoria Guerra, a Child Psychotherapist, Psychologist and Coordinator of the Children's Unit of the Adoption Programme at Fundación Mi Casa, in Santiago in Chile, shares the work undertaken from a psychotherapeutic perspective to prepare the child prior to meeting his prospective adoptive parents. In a forthcoming article, she will address the post-adoption support offered once the child has been placed with the adoptive family.*

In the psychotherapeutic process undertaken with the children, who have been declared judicially adoptable in Chile, the stage of preparation for the adoption includes a process of reparation of the effects of the abandonment and institutionalisation, as well as a connection with the adoptive family. In our Adoption Programme, this stage is closely related to the certainty that an adoptive family will be matched with this child and that, therefore, the adventure leading to the meeting with the 'new parents' will begin. In other words, this is a period of transition, in which the child prepares himself – psychologically – for a new life and a new culture; it is the time for the child to 'pack his suitcase to start the journey'.

#### Ensuring a positive family adjustment thanks to the preparation

Experience evidences that **to undertake the preparation for the adoption with children [in particular those] over the age of five years is vital and ensures a good family adjustment.** What is of most interest to us – based on our psychotherapeutic model – is for the child to feel that this transition, from institutionalisation to living in a new family group, has been an affectionate experience, that has been taken care of, and that he has been at the centre of the process. It is important to us that the child feels safe, confident, and, above all, *continuity in his existence*. Rather than wishing for the latter to understand and perfectly develop his story, the therapist of our Programme intends for the child to incorporate himself into his new family in a smooth and calm manner, and for him to have

partially 'linked together' pieces of his story. For the latter, several different techniques exist, of which just a few will be mentioned in this article: the Lifebook, the Treasure Box, farewell rituals, development of a Calendar, amongst others.

In the Adoption Programme of *Fundación Mi Casa*, over the past few years, we have developed a methodology in accordance with the characteristics of the children cared for by the Programme (age group, level of attachment harm, type of protection benefited from through the child protection network), which is why actions are always personalised and unique, and always respect the emotional rhythm of each child.

#### Transformation of the painful experience: 'I want to be born again' (Amelia, 7 years old)

As mentioned, during the therapeutic intervention prior to the adoption's preparation stage, objectives will already have been worked on with the child, in relation to alleviating the effects of the institutionalisation and abandonment, in addition to objectives relating to recounting one's story, regulating one's affection, and trying new means of relationships based on a stable, safe and predictable connection between the therapist and the child.

Let us say that the milestone that marks the beginning of this preparation stage is when the child receives the *news* of the impossibility of his family of origin caring for him and the possibility that another family may assume this care 'forever'. It is a painful moment, of emotional withdrawal for the child. What begins is what we call the mourning of his initial attachment or care figures. It is interesting to observe, at this point,



that this mourning arises only once the child looks towards the future and visualises a positive forecast; before the latter, the child will not dare to feel sad. Thus, we see that this stage is not only about working on the child's readiness to be part of a new family, but that it is the appropriate time to express himself verbally about his life, its difficulties and what lies ahead; it is a moment for raising problems, questions, doubts and, at the same time, a moment of considerable hope.

The process of preparation for the adoption lasts for about three to four months. This is a period of hard work, during which the child *'packs his suitcase to leave'*: often, they put too many things into their luggage, sometimes, they do not know what to take with them, or what to leave behind. The psychotherapist helps him to choose what must be treasured (the good memories, care figures), what cannot be omitted in the journey's suitcase, or what may be left... In order to support all this, we will provide a brief outline below of some key elements for the clinical intervention during this time.

#### **Key elements for the clinical intervention during this stage, from an inter-subjective perspective**

1. To tolerate the ambivalence and the emotional ups and downs of the child. The following may be expressed and heard: *'I do not want another family, I want my mum'*; *'I am not going anywhere, I want to stay at the children's home'*. Progressively, after a reasonable period of time, we happily observe that the child leaves *in love* with the idea of another family that loves and cares for him. He reflects the necessary openness

to *'let himself be adopted'* and to *'also adopt his parents'*.

2. To validate the painful and traumatic experiences of the lack of affection; the sad memories and fantasies will arise with more strength. The therapist must always be involved and never remain neutral, as he must fully live, with the child, his pain and help him ease it, and manage, more subtly, his pain and sadness.

3. To be of considerable emotional support, not only within the therapeutic environment, but also outside the latter. Indeed, the child must feel supported in his daily environment (home, school, with his carers, etc).

4. To ensure continuity in the child's existence, or what we call affective transition; for all this process to be as far away as possible from a traumatic break-up, and for the latter to mean hope and opportunity.

5. To ensure that the child, rather than finalise the development of his story, can *'put the pieces together'*, provide a sense to the latter, tell it in his own words and that, in this account, he may identify alternatives, different solutions. It will never be a linear account. According to Dio Bleichmar, *'interventions have an affirmative and legitimising character for the experience, rather than becoming interpretations of the conflicts and defences, they are interventions that will help the child to feel that something exists, that the anxiety that he feels responds to a situation that was experienced, and that could not make sense... the function of these interventions is to shed light, to return a feeling of identity to himself, to validate his experience...'* (Dio Bleichmar, 2005, p. 56).

**In sum, to prepare the children for their adoption requires that those, who support them along this path, are open to uncertainty, feel empathy when faced with the emotions of the children that arise in the process, and accept the initial rejection of the child to being integrated in a new family, which, as we have learnt, will be provisional and will last only whilst he arranges his suitcase and puts order in the latter. *Everything in order to initiate the journey.***



## South Africa: A programme to curtail the challenges that the adoptive child and his new parents experience prior to the first meeting (I)

*Rene Ferreira, Programme Manager for intercountry adoptions at Abba Specialist Adoption and Social Services<sup>1</sup> in South Africa, kindly provides us with a detailed description of the practical programme that supports the child and his prospective adoptive family prior to them travelling to South Africa.*

Adopting an unknown child, in particular from abroad, is a very courageous journey. Before receiving the phone call or e-mail that will change their life forever, there have been many years of dreaming and waiting, as well as multiple sleepless nights of wondering what the child will look like, sound like and most important how he will accept and love them as a parent. Therefore, adoption social workers need to be empathic and supportive throughout the placement process. Not only should they provide support, but also bring confidence and security to the process. From our experience, adoption is one of the most vulnerable places a person will find himself in – dealing with intense emotions, while in the presence of unknown people – yet, they must feel vulnerable and experience so much pressure during this moment, which they have been waiting for for so long! Taking this into account, adoption organisations should provide professional and expert services.

### Information packages for parents and individualised placement plans for children

All children with adoption plans are proposed to prospective adoptive parents, through a detailed child study with photographs. This child study includes background and medical information, but also focuses on the personality, emotional and physical development, likes and dislikes of the child. Parents can therefore get to know the child a little bit before the placement. This also enables them to buy what they may need. Upon accepting the proposal, parents receive a general information package explaining what to expect and what to bring along for the placement. In the case of older and/or children with special needs, parents will also receive an emotional assessment as well as an individual placement plan. This will ensure that they come well prepared and also feel more confident as to what to expect.

### Preparation programme for older children (approximately from three years old): Matching

The matching process follows the steps below:

1. Prior to matching: Conducting of an emotional assessment (when verbally possible) and background questionnaire completed by the carer;
2. The social worker and the family's representative meet the child in his current placement environment and obtain recommendations as to the placement procedure;
3. Once all the above information is available, the child may be introduced for matching. The placement plan should be compiled, with inputs from the social worker, carer and family representative;
4. The proposal, including the emotional assessment and proposed placement plan, are submitted to the organisation providing services to prospective adoptive parents;
5. The prospective adoptive parents should be informed of the proposed placement plan and express their commitment to the process and unconditional acceptance of the child;
6. Once the prospective adoptive parents accept, the child will be prepared;
7. A photo album, letters and a special toy are requested from the prospective adoptive parents (these are to be received two weeks prior to arrival), in order to enable the social worker and the carer to prepare the child and to familiarise him with photographs of the new parent(s), family members, home, animals, his room, country, etc.





## Preparation programme for older children: Placement preparation and timeframe

Approximately two weeks before the arrival of the prospective adoptive parents:

1. The social worker and the family representative meet with the child and introduce him to the family through their profile (*i.e.* their file) and undertake play therapy. The child will also be introduced to the specific therapeutic games that will be part of the placement and bonding period after the placement. Role players should be limited and only involve the people that will be part of the placement.

2. The child will receive the family's file, specially prepared for him– this is something that belongs to him and that should be available to him at all times. He is encouraged to show this to all his friends, carers, teachers, etc. The more he engages with this, the better.

3. The carer gives and allows the opportunity to grieve, cry and infantile behaviour, and proves to the child that he approves and supports the adoption.

4. A calendar is prepared to introduce the timeframe to the child, with days to placement, and between placement and departure. The parents will continue to use this calendar after the placement in order to provide a feeling of transition. The child should 'own' this calendar by using it with the carer to mark the days and count the sleeps. It is used to encourage discussions and answer questions.

5. The carer continues with the preparation and confirms the reality of the placement (profile, photographs, travel books, stories, play, drawings, songs, introduces new routines and commonly-used words of the new language, newspaper games). The social worker/family representative will assist where needed.

6. The child is involved in preparing his own life book, documenting what and who is important to him. The carer takes photos of the home, school, friends, etc to make this book. The child should be encouraged to also draw his emotions.

7. The profile and life book are used to help introduce their new family to important persons in their life, like teacher, friends, etc.

8. Depending on the age of the child, he could also be assisted with writing his parents and new sibling(s) a letter or draw a picture.

9. Final goodbye opportunities are arranged to include persons of importance, *i.e.* school, holiday parents, etc.

10. Transition objects (toy/blanket) that the child can take with him are provided – something reassuring and special.

11. Feedback is provided to adoptive parents/organisation, as to what might have an impact on the placement, *e.g.* the child's reaction to their pets.

12. The parents are requested to bring a couple of very small gifts for the placement process – as recommended by the carer.

**At Abba Adoptions, we believe that prepared parents and children is the best cure against anxiety and feelings of insecurity. We are the facilitators in the process and need to focus on the child and the parent's needs. This is something we cannot achieve without a team approach with our intercountry partners.**

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### Reference:

<sup>1</sup> Specialist Adoptions and Social Services Organization Abba, <http://www.abbaadoptions.co.za>.



## Getting to know the adoptable child better thanks to an innovative matching tool

*Véronique Wauters, Director of the Belgian accredited adoption body A la croisée des chemins provides us with a detailed description of the tool developed by her accredited body, which is aimed at offering matchings that are closer to the child's needs.*

In 2004, the accredited adoption body *A la croisée des chemins* was commissioned by the Ministry of Belgium's French Community to lead a pilot project of creation of a tool for the improved matching and placement of children. This child observation tool<sup>1</sup>, developed by a multidisciplinary team, has existed for 12 years and has been implemented in four countries: Belarus, Morocco, Colombia and now Bulgaria. Even though limitations may be identified – which vary from one country to another – the tool does, however, promote adoptions by taking into account the specific needs of each child.

### Content of the matching tool

This tool has been developed by a team that included a Psychologist, a Paediatrician and Ms. Wauters. It includes:

- General information on the cultural and institutional context, which the child's observation will take place in;
- Three questionnaires :
  - the first one aimed at the management of the home where the child is placed, focusing on the latter's case history,
  - the second one aimed at the Medical Doctor, focusing on the child's medical history,
  - the third one aimed at the child's reference or 'favourite' carer, addressing the child's day-to-day life and attachment style;
- audio-visual clips from various moments in the child's life (at meals, during free play, interactions with his carer, who introduces an unknown object, etc);
- a standard little bag that contains, amongst other things, a skipping rope, a book with simple pictures, two or three boxes of play dough, puzzles for different ages, etc.

### Ethics of use of this tool

The use of this tool must be framed within, and respect, the following ethical principles:

1. If used inappropriately, an assessment tool may result in the categorisation of the persons, who are being assessed, and may become an object of power y lose its professional and nuanced character.

2. An assessment is always arbitrary. We use this tool without going into a scientific assessment, as we have neither the training nor the intention to do so.

3. Its use is, at the most, a picture taken at a specific time, with all the subjectivity of the conditions, which it is undertaken in.

4. The questionnaires, which come with the filmed observations, add elements aimed at helping the multidisciplinary team in its reflection.

5. The conditions for shooting the audio-visual materials must imperatively respect the child. It is therefore necessary to introduce oneself and to avoid certain moments, such as rest times, early evenings or just before meals.

6. The audio-visual materials and questionnaires will be viewed and read when the multidisciplinary team returns. The team will therefore be able to get to know the child and to determine what his specific needs are, his developmental age, his attachment profile, which are all essential elements to select the most suitable adoptive parents.

7. The audio-visual shots taken will not be submitted as they are to the prospective parents; the team will choose the most useful excerpts, thereby enabling them to best prepare themselves for the specific needs of their prospective child.

8. These images are subject to professional confidentiality.

9. The actors must pay very close attention to not being the know-it-all and to take care of the local sensitivities.



### Experiences of use of this tool

The observation of a child prior to his adoption may only be undertaken with the agreement of the competent authorities in the child's country of origin. Thus, our experience has therefore been limited to:

- Belarus, where we undertook three missions prior to the country's suspension of intercountry adoptions;
- Morocco, where, since 2009, we assess every adoptable child, *i.e.* about 60 children to date. We undertake four to five missions per year, and the presence of our Moroccan Psychologist is essential for communication with the carers and the children. Thanks to our frequent stays, our observations are not limited to a single encounter, but to two or even three. We also take advantage of these missions to prepare the child for his adoption;
- Bulgaria, where our local partners have the possibility of meeting the child prior to the adoption, we have passed on the tools that have resulted from our experience in Morocco;
- Colombia, for the matching proposal of a child with special needs, our local partner is authorised to see the child and to use our tools on this occasion.

Whereas in Belarus and Morocco, the authorities have given us *carte blanche* to undertake the matching, Bulgaria and Colombia only authorise us to meet the child once they have undertaken the matching themselves. This task will then only fulfil a single objective: to raise the awareness of the parents as to the child's specific needs.

- The child's file often only includes very brief or incomplete medical data. We have therefore launched awareness-raising actions amongst Moroccan Paediatricians on this aspect.
- The carers and the management do not know the children enough, and many issues therefore remain without an answer.
- The difficulty of being able to identify the 'child's favourite carer', who, in fact, is often not the carer but the cook, for example.
- In some institutions, the time that we may spend with the child and the duration of the audio-visual shooting are limited.
- Administrative obstacles may arise, such as the absence of a document that authorises the meeting with the child.
- There is also reluctance, or even resistance, when the child's background is addressed, in particular in relation to the surrounding culture.

**The experience developed over the past 12 years has allowed our team to undertake many matchings, in a more adequate manner, and, above all, to prepare our applicants better for the meeting and the specific needs of their prospective child. Our work has also been that of assessing the children's psychological adoptability. Our tools are constantly reviewed and reassessed, depending on our new foreign partners, but also based on our experiences in the field. To have the opportunity to know a child better in order to find a family for him, that may respond to his needs, has given further sense to our work.**

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#### Reference:

<sup>1</sup> On this issue, see: ISS/IRC Monthly Review N° 184 (August 2014), a special issue on the observation of the young child.



## Sleeping and eating in adopted children and adolescents

*Dr Fanny Cohem Herlem, a Child Psychiatrist and Psychoanalyst, and who is also a partner of ISS, addresses in this article the sleeping and eating characteristics of adopted children, and how the parents may respond to the needs of the child in these special moments.*

A child's sleeping and eating habits are constituent elements of the relationship that is developing between the child and his parents. These are special moments of encounter, during which a relationship of trust is being forged between them. They provide the parents with a means to show the child that they are able to dedicate time to him and to adapt themselves to his needs.

### The adopted child's sleep

Very early on, for an infant, sleeping becomes an element of his relationship with his parents. Difficulties in falling asleep may be seen as a difficulty in being separated, thus the importance of the parent's presence and the establishment of routines that will help him in this period of transition towards sleep. For an adopted child, the issue of separation may remain particularly delicate, and sometimes result in difficulties in falling asleep. The fear of abandonment that is strongly present in the latter may arise when going to sleep, insofar as 'falling asleep is to be abandoned in the sleep'. An adoptive mother put emphasis on the difficulties she faced with her 10-year-old daughter, who made the sleeping routine last up to her mother's exhaustion. Thus, Dr Cohen Herlem talks of a separation that may even be more difficult when the mother and the daughter have a 'symbiotic' relationship that was strengthened, in this case, by the absence of a father. In order to overcome this situation, Dr Cohen Herlem suggests, for example, the organisation of a pyjama party amongst friends, in order for the child (as well as for the mother) to realise that she may fall asleep without the presence of the mother and an endless routine.

Furthermore, an adopted child has often lived in institutions, where his daily habits, in particular when going to bed, were very different from those offered in his adoptive family (dormitory shared with many children, noise, light, etc). In order to best respond to the needs of the child, Dr Cohen Herlem suggests that the parents establish a phase of transition with the recently-

adopted child, and some adjustments: the use of a 'blankie' as a transitional object, which reminds the presence of the mother and reassures the child, to leave the door of the room open, to put a night-light on, etc. All these are adjustments that will contribute to reassuring the child when going to bed.

Finally, another characteristic that may be present in adopted children is hypersomnia. In this regard, Dr Cohem Herlem explains that this may be understood as the adopted child's escape from a difficult event, from worries. The child (or the adult!) take refuge in sleeping, a means for him to confront it. On this issue, Dr Cohen Herlem recommends that parents let the child sleep and subsequently talk with him about what he may have experienced at the time. Specialised consultations may also prove useful.

### The adopted child's eating

As with sleeping, eating is a relational environment. It is therefore important to remain with the child during meals, even if he does not eat, as it is a time that is dedicated to him. From the parents' perspective, two elements must be taken into account: on the one hand, to adapt themselves to the child's rhythm at meals (respect for the pauses that he may express the need for, during which he does not eat, waits, plays with the spoon, and starts eating again); on the other hand, regulate the quantity of food (not forcing a child, who does not want to eat any more).

The fact that a child turns down food or separates what may be on his plate may sometimes be a sign of fantasies relating to some food or a means for him to put pressure or to manipulate those close to him. Mothers are usually those most sensitive to this issue. This is, in particular, the case in adoptions, in which the mother assumes this function and takes it to heart. The child knows and feels it, and may use it. Dr Cohen Herlem therefore suggests, in those cases in which this becomes a particular source of conflict, to ask the father to take over. Once



again, a period of transition when the child arrives may be necessary in order for him to get progressively used to his family's eating habits. According to Dr Cohen Herlem, it is better for the parents not to establish rules that are too strict, but rather to be open with the child (not to demand that the child tries everything

straightaway, not to punish a refusal, etc) in order prevent meals from being a moment of conflict and anxiety for the parents and for the child. However, in those cases in which eating habits become severe and worrying (potential anorexia or bulimia), it is essential to call upon professionals.

**The ISS/IRC recalls the importance of raising the awareness of parents as to the particular needs of the adopted child upon his arrival, with sleeping and eating habits being part of his basic needs. The better prepared the parents are to respond to these prior to his arrival, the more harmonious the child's adjustment to his new environment will be.**

## INTERDISCIPLINARY RESOURCES

### France: Two studies on the future of young people, who grow up in an adoptive family

*Enfance et Familles d'Adoption (EFA) and the accredited adoption body Médecins du Monde recently published the results of two related studies carried out on the development of young adoptees and non-adoptees, who grew up within adoptive families and on the future of the adopted children.*

EFA's study, carried out between April 2013 and April 2014, collected information on 1,450 young people aged 15 to 30 years from all continents (except Oceania), in relation to their schooling, social adjustment and quality of life<sup>1</sup>. As for Médecins du Monde, it addresses the situation of 582 children aged from 10 to 15 years, most of them of Chinese origin<sup>2</sup>. The aim of this study was to analyse the family, school and social adjustment of these children, in order to improve the practices of preparation and support for the families. Both studies have placed particular emphasis on previous life conditions and their impact up to the adoption.

#### The results of the EFA study

The study notes that only 53% of the adoptees had no health problems. It states that children born in Eastern Europe had more health problems, and that the older the adopted child, the less information the parents have on the child's health before the age of two. Furthermore, the disability rate was higher in adopted children. Additionally, the study found that the risk factors of emotional deprivation and early health problems were related to abuse, successive placements, living on the streets or even the

withdrawal of parental authority. Only 52% of adopted children presented none of these risks and 25% experienced two or more of them.

The social inclusion of young adoptees is comparable with that of their siblings born within the adoptive family, although 65% of them, who considered themselves of 'foreign appearance', felt negative discrimination. The majority of adopted children had positive self-esteem, even if the feeling was slightly higher amongst biological children. Relationships with the adoptive parents were generally good and specially so when the parents were perceived as affectionate. However, the study reveals poorer school performances for adopted children, although they remain close to the national average. These are linked not so much to the age or to the continent of origin of the adopted child, but to his pre-adoption background. Finally, the study has shown that, during a search for origins, it was very important that adoptive parents supported their child, including sometimes as adults. These searches were positive in the majority of cases, one of the most common undertakings envisaged was to visit the country of origin. It is interesting to note that meeting with the birth family was the



least considered approach, as 31% of the young people considered that this was not possible.

### **The results of the study by Médecins du Monde**

Regarding family adjustment, this second study reveals that the time spent by the child in an institution has an important impact on the capacity to adapt to his new family. Indeed, the traumatic past of the child could have a direct impact on the kind of relationship developed between the child and his adoptive parents – categorised, in this study, as going from affectionate to very difficult or even aggressive.

Furthermore, this study concludes that the child's adjustment to his school environment is directly linked to the age upon arrival; difficulties seem more frequent when the child is adopted after the age of five years. Additionally, the majority of children in the study (89%) have not

maintained any bond with their biological family. Amongst the others, children over eight years of age are more likely to maintain such ties.

The study emphasises the importance of taking into account the profile of children currently available for adoption; the preparation of parents to the specifics of adoptive parenthood is vital; and underlines the responsibilities of the receiving country. The latter must cooperate, as much as possible, with the countries of origin. The study also stresses the fact that building bonds with the adoptive family prior to the adoption, particularly through the means of new technologies, reduces the risks of difficulties within the new family. These bonds can continue after the arrival of the child in the family, and acknowledgment of the past is a dimension to be accepted and assimilated by the parents.

**One of the major conclusions of the EFA study is that the age at the time of the adoption is not a determining factor that explains the difficulties faced by the child. These are rather related to the life circumstances of the child prior to his adoption. Indeed, the study states that the pre-adoptive circumstances (health and abuse) are the reason for the differences seen among children of different ages and of geographical diversity. This is a conclusion shared by the study by Médecins du Monde, which highlights the importance of early adoption and the fact that the traumatic past of the child is a risk factor. This second study also underlines the value of the preparation and support of families and children, in cooperation with the country of origin. In the words of Médecins du Monde, 'the slowing down of intercountry adoption, and the new profile of the children proposed, can only allow for the perception of adoption in its supported form'.**

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### **References:**

<sup>1</sup> Enfance & Familles d'Adoption, *Le Devenir des jeunes ayant grandi dans une famille adoptive: enquête sur les adoptés et leurs frères et sœurs*, Synthèse et points saillants de l'étude scientifique, 2015. For further information, see: <http://www.adoptionefa.org/index.php/component/content/article/36-generalites/731-le-devenir-des-adoptes-15-30-ans>.

<sup>2</sup> Lebrault, M. and André-Trévenec, G., *Adoption internationale accompagnée, Devenir des enfants adoptés à l'international de 2001 à 2005 par l'intermédiaire de l'OAA Médecins du Monde*, Adoption Programme, Médecins du Monde, 2015. Available in French at: <http://www.medecinsdumonde.org/Publications/Devenir-des-enfants-adoptes-a-l-international>. It is worth mentioning that a similar study had been undertaken for the 1990-2000 period in relation to 495 children.



## FORTHCOMING CONFERENCES AND TRAININGS

- **Belgium:** *Monitoring Children's Rights*, HREA - The global human rights education and training centre, Brussels, 15 - 17 October 2015. For further information, see: <http://www.hrea.org/learn/training-workshops/monitoring-child-rights/>.
- **France:** *L'adoption: entre l'agrément et l'arrivée de l'enfant: Les risques dans l'attente*, COPES, Paris, 13 - 15 October 2015. For further information, see: <http://www.pikler.fr/activites/formations.php>.
- **Malaysia:** *10<sup>th</sup> ISPCAN Asia Pacific Regional Conference*, International Society for the Prevention of Child Abuse and Neglect, Kuala Lumpur, 25 - 28 October 2015. For further information, see: <http://www.ispcan.org/event/Malaysia15>.
- **Switzerland:** **a)** *Cross-border Child Protection – Legal and Social Perspectives*, International Conference and Workshop, International Social Service and The Hague Conference on Private International Law, Geneva, 21 - 23 October 2015. For further information, see: <http://www.iss-ssi.org/index.php/fr/conference2015>; **b)** *Familles d'accueil, familles adoptives, quelles différences, quelles similitudes, pour les familles et pour les enfants?*, Espace A and Association Genevoise des Familles d'Accueil avec Hébergement, Geneva, 5 October 2015. For further information, see: [http://www.espace-a.org/site\\_2015/wp-content/uploads/2015/06/8589\\_EA\\_Programme\\_A5\\_16p\\_WEB.pdf](http://www.espace-a.org/site_2015/wp-content/uploads/2015/06/8589_EA_Programme_A5_16p_WEB.pdf).
- **United Kingdom:** **a)** *Communicating with Children*, CoramBAAF, Leeds, 14 October 2015; **b)** *Assessing Applicants and Foster Carers for Long Term Fostering*, CoramBAAF, Birmingham, 20 October 2015; **c)** *'Tread softly because you tread on my dreams' - Child centred matching in adoption*, CoramBAAF, London, 27 October 2015; **d)** *Which Therapy? Therapeutic Intervention for Looked After and Adopted Children*, CoramBAAF, Leeds, 28 October 2015. For further information, see: <http://www.baaf.org.uk/training/events?page=1>.

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