



Monthly Review

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Erratum: With regard to Swedish intercountry adoption (ICA) statistics, 3 adoptions of Colombian children were communicated by the AAB ALC after the publication of the Monthly Review n° 206 in October-November 2016. For 2015, the ICA number in Sweden is of 336 and 359 for Colombia.

EDITORIAL

From austerity to prosperity for children – budgeting for 2017?

Questions concerning State spending have always involved a fine and sometimes divisive balance of competing interests, especially with widespread austerity measures in place. How can we ensure prosperity in the field of alternative care and adoption through effective budgetary planning?

As the New Year approaches and fresh resolutions abound, what should guide our budgets in the realm of alternative care and adoption? With less and less resources how can we encourage better spending in 2017 - individually and together – holistically? How can States give due regard to their obligation in article 4 CRC for public spending?

Budgeting for family support and prevention work

There has been growing international advocacy on the importance of investing in children (e.g. [CRC General comment No. 19 \(2016\) on public budgeting for the realization of children’s rights \(art. 4\)](#), 2015 theme for Human Rights Council’s Day of the Child and dedicated side event focusing on alternative care). Yet the challenge remains convincing Governments to allocate adequate budget for State support of families and development of robust national welfare programmes.² Such basic services are essential for providing a country wide safety net keeping families together. The ISS/IRC encourages Governments to work closely with the Childnomics initiative, which looks “at long-term societal costs linked to insufficient investment and misdirected funding of outdated care systems, which disenfranchise and further marginalise vulnerable children and families. (...) It will provide a means of engaging in dialogue with Ministries of Finance and those responsible for managing public spending across different sectors.” (see p. 3)

Budgeting for suitable alternative care options

Irrespective of efforts, some children may nevertheless enter the care system. Regrettably for many the only option are large scale

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residential care institutions (RCIs) as opposed to family based care – either through re-integration, kinship care, foster care etc. How can we influence increased funding of the latter and discourage RCI funding? Indeed the work in Spain of better investing in families has been promising (see p. 6). The ISS/IRC likewise welcomes the work led by Elevate Children Funders Group, Hope and Homes for Children, and Lumos in collaboration with other key stakeholders on Funding streams - tracking and documenting national and international funding practices. By understanding how/why money flows, we have a better opportunity for redirecting the often well intentioned spending habits of many - donors; national stakeholders; faith-based organisations; governments; civil society; tourism industry; private sector; media; communities, etc.

Budgeting for adoption

If the previous initiatives are successful, logically less will be invested into RCIs. The question then arises as to whether this will be to the detriment of children remaining in RCIs for whom family based care is not suitable. Should RCI funding via adoption, in particular intercountry adoption (ICA) be the solution? Specifically should contributions/donations to RCIs be allowed, albeit after the adoption has occurred? If external funds are used to support RCIs, States of origin may feel obliged to ensure that children are supplied for ICA. Contributions can also create competition, whereby whoever provides the greatest amount receives the greater number of children.

Furthermore, in UNICEF's view¹, these types of funds should not be the way in which support is provided from other countries. When contributions are mandatory in order for ICA to be carried out, the contributor may have little or no influence over the kind of projects financed and whether they comply with international standards. Consequently, contributions of this nature cannot automatically be considered as a desirable form of 'development aid'. But what would be a desirable form of 'development aid'? How can the adoption community invest in States of origin in a way that does not create an unhealthy dependency? How can we promote and finance quality standards of care for the children that remain in RCIs? ISS/IRC believes that there is an acute need to have more awareness raising among donors of what ethical practices, including wide dissemination of the [HCCH's Note on Financial Aspects of Intercountry Adoption](#). Another avenue would be for States to take note of the good practices highlighted with respect to use of contributions in [HCCH's Summary list of good practices on the financial aspects of intercountry adoption](#).

With so many questions, it is clear that we have much work ahead of us for 2017. Yet our work cannot be limited to alternative care and adoption in terms of State budgeting principles of effectiveness, efficiency, equity, transparency and sustainability outlined in CRC General Comment 19. We must also address donor conception (see p.8) and international surrogacy arrangements to better protect children (see p. 11). The ISS/IRC looks forward to working with various stakeholders to build the momentum on the preceding initiatives to identify some possible solutions to these challenging questions and more. Together we can budget for a lifetime of prosperity for children now and generations to come.

The ISS/IRC team
December 2016

Reference:

¹ [Note on Financial Aspects of Intercountry Adoption](#), HCCH, 2014, para. 134.

² UNICEF (2015), *Compendium of promising practices to ensure that children under the age of three grow up in a safe and supportive family environment*, presented in the ISS/IRC Monthly Review n° 204 of August 2016.

BRIEF NEWS

General Comment No. 20 (2016) on the implementation of the rights of the child during adolescence

On December 6, 2016, the Committee approved a new General Comment providing guidance to States on how to implement children's right during adolescence. This framework, while recognising that adolescence is not easily

defined, focuses on children from ten to 18 years old. The main goal of this General Comment is to identify opportunities as well as challenges that can be faced by teenagers, in order to sensibilise States on the need to invest in the realisation of their rights. Regarding the specific field of alternative care and adoption, the Committee emphasises that teenagers in long term alternative care are more likely to have lower educational attainment, be dependent on social welfare, face unwanted pregnancies as well as substance misuse. The Committee recalls that children deprived of parental care should be, in priority, placed in foster care or in small group-homes, whereas the placement in large institutions being a measure of last resort. The Committee insists more precisely on the particular vulnerability of children reaching majority and therefore leaving care. States are required to support those children to gain access to employment and housing. Likewise States must provide psychological support as well as promote reintegration with their families in conformity with the Guidelines for the Alternative Care of Children. Finally, the Committee emphasises the need eliminate all discrimination, periodical review of protection measures, educational support, child's right to participation and that there be efforts to avoid multiples changes of care.

See: http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolNo=CRC%2fC%2fGC%2f20&Lang=en.

PRACTICE

Childonomics¹ – Measuring the long term social & economic value of investing in children

This Eurochild led initiative aims at analyzing the “long-term costs and outcomes of different services related to child welfare and protection by applying an economics approach in a holistic way”.

There is international consensus on the need to increase public spending and investment in children given the social and economic return expected on the long term. But how do we measure and quantify such outcomes, especially when searching for arguments to convince policy and decision makers, including the Ministry of Finance? While there are many studies focusing on economic aspects of the public health sector² and early childhood investment³, it is quite limited with regards to child welfare and protection systems. Thus, several ongoing multi-agency initiatives have taken on the complex task of further investigating the costs and outcomes associated with support services towards children and families. The research project *Childonomics* that was launched in November 2014 led by Eurochild and funded by OAK, is one of them.

What is the project's aim?

The project intends to develop a framework and quantifiable model for policy and decision makers, professionals and NGOs on “how to measure the financial direct and indirect investments in the well-being of children” and the related outcomes and benefits. This will especially help raise awareness about costs and benefits across different sectors when reforming

social welfare systems. Furthermore, it can be a powerful tool to advocate towards private donors and charities that help sustain systems and contribute to a system's non-compliance with international human rights standards.

What is the project focusing on?

The project will focus on different types of services including health, education, social support, out of school activities, housing etc. However, special attention will be paid to child protection systems whose response for children with disabilities and children separated from their families is their institutionalisation. “These will be compared to systems which offer prevention, early intervention and family-strengthening services, high-quality family-based care for children separated from their parents, and the possibility of reintegration of children into their families or communities.”

What means and methodology are used?

The project will analyse existing longitudinal data by “addressing the inter-play between social welfare, child protection, health and education services” using a three stage process:

1) Development of a narrative conceptual framework, undertaken with the assistance of the Oxford Policy Management (OPM) team. This

framework will determine the different typologies of services and indicators that will be examined.

2) Country level piloting in Malta and Romania will help understand the model's application in

practice. To this end, statistical data on budgeting and other related information, including children's views and ideas, will be collected.

3) Finalisation and consolidation of a "reference model" with guidance and case studies.

The ISS/IRC commends Eurochild for this initiative that will contribute to ensuring transparency in financial operations and the effective implementation of the international standards⁴.

References:

¹ See: Childonomics, <http://www.eurochild.org/projects/childonomics/>.

² See: World Health Organisation, <http://apps.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=1&codcol=15&codcch=491#>.

³ See: The Heckman Equation, See:<http://heckmanequation.org/content/resource/invest-early-childhood-development-reduce-deficits-strengthen-economy>.

⁴ General Comment n° 19 on public budgeting for the realization of children's rights; Annual full-day meeting, 28th session, HRC, "Towards better investment in the rights of the child"; Alternative Care Guidelines provisions; EU Guidelines on the transition from institutional to community-based care & accompanying EEG (European Expert Group).

INTERDISCIPLINARY RESOURCES

"Adoption by foster carers, a guide to preparing, assessing and supporting foster carers adopting children in their care"

In recent years, there has been a slight increase of children being adopted by foster carers in the UK. This practice has provoked controversy and this good practice guide, recently published by CoramBaaf¹, explores the benefits and challenges of foster carers adopting, for the carers, the children and the agencies.

Many young people leave care at their majority without a permanent family. At the center of this practice guide is the following question: Is adoption by foster carers an adoption "by the back door" or a child-centred resource? Considering the contradictory views raised by this practice, the authors consider several questions regarding the stability of the placements, the factors facilitating adoption by foster carers, the assessment, preparation and support to foster carers. The authors also ask if the matching process applies if the child is already living with the carers. The guide is completed by case studies of foster carers who have adopted, examples of agency process and policy documents, forms which can be used for carer adoptions and checklist for issues to take into account when foster carers are considering adoptions.

Assessment and preparation of foster carers

In the care planning process, it is very important for social workers to consider at an early stage whether the foster carers would want to be considered and would be able to offer an appropriate adoption placement. The authors explain that last minute applications by foster carers may disrupt potential adoption placements.

Before any assessment of foster carers who wish to adopt, a clear policy on foster carer adopting should be available. Then all carer adopters will receive the same treatment if they are interested in adopting. Then, after all issues with potential carer adopters have been examined (age, health, space, attitude of family members, etc.) and the Registration of Interest accepted, the assessment process can start.

The assessment of foster carers can vary, but specific issues should be considered in carer adopter applications, such as motivation (the bond between the child and the foster carers

should be a primary consideration), the age of the applicants, their health, the impact on family members, the space and physical conditions within home, the location, the financial support and continuing to foster after adoption and parenting capacity. According to the authors, it is very important to consider at an early stage if it is in the child's best interests for the carers to continue to foster after the adoption. Carer adoptions should not find themselves in an impossible financial situation if they cease to foster.

Then, the preparation of the carer adopters should include clear explanation about the lifelong nature of adoption, the legal differences between fostering and adoption, the child development and attachment, the possible contact issues with the birth family, the behaviour management, the education and health, as well as the importance to talk about adoption and the possibility to benefit from support as adopters.

The matching process

The authors explain that the "chemistry" is often the most important criteria, as is based on the fact that child and carers actually lived together. The guide however insists on the following points: It is important to ensure (and not just to assume) that carer adopters have access to full information relating to the child and his/her birth family. It is also crucial that the matching process considers the attachment style of the adult and the child: Does the carer adopter

recognise that the child's behaviour is a form of communication? Does the carer adopter have a playful and curious approach to the child's behaviour? How does the carer adopter manage behavioural issues? The evaluation of family relationships is very subjective, but some elements show that carer adopters are able to meet the child's needs, such as their physical and emotional availability to the child now and in the future, their flexible approach and ability to share their feelings with the child in

a sensitive way. The carer must be able to value the child for what he/she is and to promote the child's autonomy to develop confidence.

Then, the social workers should benefit from a guide which helps them to complete matching paperwork. Reports presented to the adoption panel should be checked, proofread and signed. Finally all parties should be well prepared before they meet the adoption panel.

Adoption support services

Finally, the guide also explains how it is important to have a comprehensive adoption support plan for carer adopters, especially clear information about how to benefit from it. The carers adopters must then be included in the adoption support services on a routine basis. Adoption support groups, as well as the possibility to still access foster carer training seem important to carer adopters. Post-adoption contacts for children adopted by their carer must be considered on an individual basis.

This tool is a precious support for professionals on the ground in order to envisage if this option is in the best interest of the child and how it should be implemented. According to the authors "with a more consistent and positive view of carer adoption, this opportunity could be extended to a wider number of children in care". In England, Wales and Northern Ireland, new regulations legislation give priority to these children. Similar considerations and trends can be observed in other countries, such as Australia, Spain, USA and Canada².

Reference:

¹ Dibben. E, Howorth V., CoramBaaf, Adoption by foster carers, a guide to preparing, assessing and supporting foster carers adopting children in their care, 2016

² See also: Livingston Smith, S. and Donaldson Adoption Institute staff (2014), Facilitating Adoptions From Care: A compendium of effective and promising practices, which gives examples of practice across England, the US and Canada; Dave Thomas Foundation for Adoption and Harris Interactive, National foster care, adoption attitudes survey, 2013, which shows the positive change in Americans' perceptions of foster care adoption since 2002;

READERS' FORUM

Care within the extended family: Benefits and challenges of this child protection measure

Based on his research on the quality of care in the extended family and on breakdowns in foster care, Jesús Palacios shares his views on this protection measure.

1. In cases of temporary separation of the child – priority must be given to a placement within the extended family according to international standards. What obstacles may this principle face in practice?

In some places, placements within the extended family are looked upon with considerable mistrust. There is an assumption that if the parents are dysfunctional, this is because they grew up in dysfunctional families. In other countries, such as Spain, the priority granted to care in the extended family is not only clearly provided for in law, but also deeply enshrined in our traditions and professional culture.

I believe that the challenge is to be open to this type of care **without linking it necessarily to placements with higher risks**. Likewise the need to maintain quality standards in all professional actions in the context of care within the extended family, which should be similar to those that exist in relation to other placements.

2. In practice, are suitability assessments undertaken for potential carers in the extended family?

In Spain, the main problem is that a high percentage of placements in the extended family (probably about 60 – 70%) are self-initiated and self-organised, without any sort of professional intervention. After several years, sometimes due to the child's schooling or as a consequence of a serious problem or because of a request for help from the carers, social services confirm that there has been a *de facto* placement. In order to formalise it, the obligatory assessment of their suitability is undertaken. However, the latter is very much conditioned by the fact that the child has already been living with the family for several years. There will undoubtedly be cases, in which,

if one would have been there from the beginning, the suitability assessment would have been negative. However, given the situation, **it must be assessed whether it is more convenient to have a placement with some problematic issues, or a separation** with other challenges.

3. Do the carers in extended families benefit from training?

Not in those cases, in which there has been no professional intervention prior to its start. As these are stable placements (given the bonds that are established, and the feelings of obligation linked to family loyalty), and given that the carers do not tend to request help or interventions (if any, just economic support), it was easy not to dedicate much time or resources to these families. However in reality these families need training **at least as much if not more** (more economic scarcity, more complex family situations, often more limited educational skills when faced with complex problems...).

4. What economic resources and professional support do carers from extended families receive?

I think that we can say that care within the extended family in Spain is no longer a third-class option: it has become second class. The economic resources still do not reach 70% of the extended foster families (which is a major step forward in comparison with the previous situation, but which also demonstrates that many of them still do not receive this support). **Furthermore, the amount does not reach the average cost of bringing up a child in Spain.**

With regards to professional support, there are now specific teams for extended families in most places. Unfortunately, these families often tend

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Place: Sevilla, Spain

to be **less likely to seek help** than « stranger » foster families.

5. According to the available data, a measure of care within the extended family entails a much lower cost than residential care. Does this have to do with the interest of governmental bodies in resorting to this measure?

The study *Análisis económico del acogimiento familiar*¹ in all of Spain and drafted by the Fundación Acogida, estimates at € 100 per day the cost per child in residential care, compared with the € 12 per day in the average cases of financially-compensated foster placements. This comparison does not need additional comments, except to underline that the measure of residential care not only is disproportionately more expensive economically, but also in psychological, educational and social terms.

6. What criteria do we have to set when determining that the foster placement in the extended family is the measure that most suitably responds to the child's best interests?

As in any protection measure, the fundamental criterion is that the placement ensures a response to the child's basic needs in terms of health, protection against mistreatment, affection, stimulation, identity (including, if relevant, the relationships with the family) and cooperation with the professional intervening. One of the benefits of care **within the extended family is the search for a family for a specific child** (in the case of foster care, one does more often assess the suitability in a generic form, rather address the placement of a specific child).

7. What are the protection factors for any breakdown in these placements? How can we prevent them?

Breakdowns are more common in placements in non-relative families than in extended families. When analysing the factors linked to breakdowns in both types of care, some common aspects may

be found. For example, the sex of the carer or the fact that it is about the care of one or more persons, do not appear to be related to breakdowns. The average age, at which breakdowns occur, is similar (about 13 years old). The reasons for the placement are, however, different, with a heavy weight on the feelings of obligation linked to family loyalty in extended families. In non-relative families, the carers more often see difficulties at the beginning and ask for help, whilst in the extended family, it is more common for the difficulties to be identified at the beginning of adolescence. The extended family has less support from its social network, **it only rarely asks for help and appears less receptive and less helpful in relation to the support that they receive**. One of the implications of all these points is the need for major support for the extended family, as well as a professional intervention just as often and intense as for foster families.

8. Would you have resources that you would recommend consulting for professionals?

There are three titles that I would like to share. On the one hand, the research undertaken by Prof. Jesús M. Jiménez-Morago, that we did about foster care in Andalucía, which I believe is a scan of foster families that is applicable not only to this Spanish region. The title is *El acogimiento familiar en Andalucía: procesos familiares, perfiles personales*². Secondly: *El manual para la valoración de idoneidad para el acogimiento familiar*³, which makes a difference between the assesment of extended families and unknown families. Thirdly, *La guía para el profesorado sobre las diferentes medidas de protección de la infancia*⁴, in which a particular place is granted to foster care, differentiating it through modules, a written guide drafted together with J.M. Jiménez-Morago, M. Espert and N. Fuchs.

References:

¹ The economic analysis of several protection measures in Spain is available at: <https://estaestucasa.files.wordpress.com/2015/05/informe-econoc3b3mico-acogimiento-familiar.pdf>.

² Available at: http://www.observatoriodelainfancia.es/oia/esp/documentos_ficha.aspx?id=2191.

³ Available at: <http://www.observatoriodelainfancia.es/oia/esp/descargar.aspx?id=4296&tipo=documento>

⁴ Available at: http://www.juntadeandalucia.es/export/drupaljda/entiendeme_ensename_0.pdf.

Donor conceived – searching for answers and advocating for rights

In this testimony, Stephanie Raeymaekers, President of Donorkinderen VZW, based in Belgium explains her story and her advocacy efforts, including the establishment of an exchange platform for other donor conceived persons.

My personal story

My name is Stephanie, I am 37 years old and I am donor conceived from Belgium. When my father was diagnosed with infertility, my mother desperately urged him to see a specialist.

This doctor suggested a ‘fertility treatment’ with the sperm of an unknown man. My parents paid a lot of money, signed a document and they were told to keep it a secret. In the spring of 1978 my mother underwent the treatment in the doctor’s office. 8 months later I was born, but I wasn’t alone: a brother and a sister joined me. Because you see: I am a part of a triplet.

Throughout my childhood I noticed there were some things different in our family, but I couldn’t put my finger on it. Somehow there were a lot of tensions. My relationship with my father was troubled. I always experienced a distance between us. The love I felt for him however was unconditional. As a child you don’t have the tendency to question the reality that is presented by your parents. Combined with a feeling of loyalty and a blinding trust you don’t expect them to ever deliberately lie or withhold important information from you.

My discovery

At the age of 25 we discovered that we were donor conceived. It came as a shock. When it began to sink in I realized that I had falsely identified myself biologically with a man who wasn’t my biological father. It was a lot to take in and it caused an identity crisis for my sister and me. It meant rebuilding our identity, realizing we were missing a very big part. It is strange and almost absurd to know that there is somebody out there to whom I am related for the half of my being. Someone that looks like me, maybe even talks like me. Someone from whom I inherited certain aspects of my personality, my abilities. I often think of him, wondering what kind of a person he is, if he ever thinks of me and his other donor conceived children, if he has children of his own, if he has diseases/medical issues I should be aware of. He is a person that equally contributed to my existence, my being. He is half of me and somewhere out there. It is so unfair that we

aren’t allowed to know who he is. And till the day I die I will look for him and my potential hundred half siblings.

My search and frustrations

When we knew the truth we tried to obtain information but doors were immediately closed. Every request we made remained unanswered. Back in 2004 there was nowhere for Belgian donor conceived to go to. For some years we thought we were the only donor conceived in Belgium. It is not that we wear secrets signs so that you can easily tell. Often donor conceived just simply don’t know that they are donor conceived because they are never told. And those who know: many of us are silenced. Sometimes by threat or by loyalty towards our parents to keep the secret a secret. Nevertheless I know a lot of donor conceived from all over the world that are suffering from the direct consequences that donor conception causes. And I know of many parents who struggle because they are confronted with a complexity they did not anticipate.

My need to act and lobby for change

My point of no return came when I became a mother. When I saw my son, it hit me: for the first time in my life I could reflect myself completely in another person. It made it all so obvious. It was nature speaking out in its clearest voice. It made my missing part undeniably visible. Being a donor conceived affects not only me as a person, it also affects my children, my relationships, my family, and when my children have children, it will also affect my grandchildren.

I decided to do something and I started an organization so that other donor conceived could get connected. I started to organize meetings but also doing a lot of research on national and international level. I met a lot of donor conceived, parents, donors, professors, professionals, etc. I contributed to two law propositions that when passed will reform the whole policy. I am an official member of a workgroup of the minister of Family and Public Health which hopes to create possibilities to

those who were separated from their biological family: donor conceived, adoptees even children born out of wedlock.

Over the years I uncovered that in the name of science and a so called 'inequality' we have created an industry with structures, treatments and even laws that allow for children to be created at the expense of their interests. Why? I honestly don't know. For the money? Nobody succeeded in explaining to me why the fact that not being able to procreate, due to infertility, same sex couples, singles, missing a womb, can ever justify the fact that we are globally dehumanizing the children that are being created to fulfil a personal need or desire. We ignore the tendencies, the risks, the scale, the abuse and the inevitable consequences.

A call for action

Many societies, communities, governments, politicians, the self-regulated fertility industry close their eyes and hearts when it comes to the interests of children that are conceived with donor gametes or carried by surrogate mothers. Yet, it's them that have to endure the most direct consequences of those practices.

Donor conception or surrogacy will never be ethical as it is practiced now, nor shall it ever be in the interest of the child, because it's a practice where a fundamental injustice is inflicted on those who are created. Many countries even facilitate a policy where human beings are intentionally created to be deprived from access

or even knowledge of their biological family and ancestry.

If we ever want to do right by donor conceived and children born through surrogacy, we should at first give them access to their origins. Ancestry and origins is one of the foundations of ones being, it needs to be officially acknowledged by Europe and the UN (see p. 11).

A global registry also needs to be accomplished so that the amount of donor children per donor can be monitored and controlled. Every country should also have a national register. Donors need to be followed up throughout their lives regarding their medical history, so if that donor conceived can be informed when a prior undetected disease arises to the surface. But also a total reformation of these practices needs to take place: critically reflecting on the existing practices, offering better counseling, after care, more control and transparency, ... maybe even consider to restrict or prohibit these kinds of 'treatments'.

To counter the lobby of the self-regulated industry independent organizations need to be established by the government so that malpractices and further commercialization of this business is stopped. Taking responsibilities instead of ignoring them.

It's time to act. It's time to let the voice be heard that was silenced for decades and address the issues so that we can reduce the suffering of those who have been created that way, but even more of those who are bound to be created. We are human beings, not (just) a commodity.

References:

¹ Contacts: Steph Raeymaekers | President, Donorkinderen VZW | Tel + 32 (0) 478 685 622; stephke.r@pandora.be | www.donorkinderen.com

ISS ACTION WORLDWIDE

New Intercountry Adoption Tracing and Reunification Service delivered by International Social Service (ISS) Australia

Damon Martin, Social Worker and Manager of ISS Australia's Intercountry Adoption Service, shares some background and information about this new federally funded service¹ which aims to meet the searching and reunion needs of intercountry adoptees in Australia.

Following the 2013 National Apology for forced adoption practices in Australia, funding was

provided by the Federal Government to address the lifelong impact of adoption and to provide

services to facilitate family tracing and reunification. Despite this, the large number of Australian intercountry adoptees felt this Apology and subsequent funding did not provide comparable services for them.

ICA last reforms in Australia

In 2014, the Australian Government introduced a number of intercountry adoption reforms which primarily focussed on support and services for families expressing an interest in adopting a child from overseas and families who had already adopted. Some of these reforms focussed on exploring new country programmes, streamlining citizenship and visa issues and the establishment of [Intercountry Adoption Australia](#) (a website and national phone line to provide support).

Another initiative to support these reforms was the establishment of an Intercountry Adoption Family Support Service. ISS Australia supported the objectives of this proposed service and made a decision to tender for it as part of a consortium partnership with [LifeWorks](#). This joint tender was successful and ISS Australia has been providing the 'Information and Support' casework component of this service since April 2016.

Need for a search and reunion service for intercountry adoptees

Additionally, ISS Australia also strongly believed that Australian intercountry adoptees would need access to post adoption tracing and family reunification services which met their specific needs to search overseas. We knew from our experience that many adoptees feel the need to access information about their birth family, country of origin, culture and language, and this can be a very difficult process for individuals who have minimal support and knowledge of how to navigate overseas adoption records or access information from their country of origin.

ISS Australia, supported by a prominent Australian intercountry adoptee group, raised the need for funding for a search and reunion service with the Australian Government. As a result, ISS Australia were awarded an initial one year grant to provide search and reunion services and were very pleased with the Australian Government's commitment to meet the ongoing needs of intercountry adoptees including access to information, identity and search and reunion

services as they navigate the often complex journey of understanding their personal history.

Brief description and challenges of the new ISS service

This new service is provided free of charge and will provide information, support and counselling to intercountry adoptees and adoptive parents regarding their decision to trace birth family, as well as support and guidance during the tracing and family reunification process. ISS Australia have employed a small number of experienced and dedicated Intercountry Adoption Social Workers who will assist intercountry adoptees to navigate the sometimes difficult path of accessing their records and searching for their birth family overseas, including counselling and support as they begin and progress through the complex reunification process. The overseas aspects of the tracing and family reunification process will be provided through the resources of ISS network members and overseas contacts.

Often intercountry adoptees will ask how long the search will take and what the success rates are in locating family members overseas, however every case is different and the success of a search will be influenced by how much information is contained within the adoption records, the circumstances regarding the adopted person's conception and birth, as well as the era in which the adoption occurred. Furthermore these issues vary greatly between countries and each request will be different due to its own unique circumstances.

Our Social Workers will assist intercountry adoptees with obtaining any adoption records they are eligible for in Australia which may be held by the Central Authority who organised the adoption. We know from experience this can be a lengthy process but nevertheless it is very important to obtain these documents as they may contain important information such as the birth family's name and last known location.

While every attempt will be made to locate birth family, we cannot guarantee success either in locating the person concerned, or in mediation of a satisfactory relationship with that birth family member. Sadly, the reality is there are times where it is not possible to trace birth family members overseas. It is also important to remember that even if tracing is successful, and the birth family member is located, they may be

unwilling to engage in contact, due to the nature of the pregnancy or decision to place the child for adoption. We know there is still a great stigma surrounding adoption and many birth families

have continued to keep the birth and adoption of their child a secret and may feel judged or criticised by friends and family if their secret is revealed.

All above mentioned issues linked to the search of origins and reunification process for intercountry adoptees can be very challenging to understand and accept, therefore it is important that our Social Workers are available to provide counselling and support prior to and throughout the search and reunion process.

Reference:

¹ Intercountry Adoption Tracing and Reunification, SSI Australia, <http://www.iss.org.au/our-services/intercountry-adoption-tracing-and-reunification/>. The term reunification is used broadly to cover the connecting children who have been adopted (including at times their adoptive families) with their families of origin.

THE RIGHTS OF THE CHILD AND CROSS-BORDER ASSISTED REPRODUCTIVE TECHNOLOGIES

The knowledge of origins of children born from surrogacy: a bridge with adoption (Part 2)

Following the first part of this article by Lorène Metral in which we discussed what impact the multiple affiliations of children born from surrogacy has on access to their origins, this second part will propose promising practices based on intercountry adoption in order to guarantee these children the successful implementation of their right to know their origins.

In considering the history of adoption it is possible to learn lessons from past actions, mistakes made and existing promising practices ¹. By building bridges between these two fields, ideas and measures implemented in the sphere of adoption can also be applied to children born from surrogacy in order to ensure these children have access to their origins. Such promising practices tend to put in place a caring environment so that children have all they need to review their past. Here are some examples:

A national register

One of the first promising practices concerns the very controversial question of the anonymity of gamete donors (sperm or egg). This practice, still carried out in numerous countries, is in blatant opposition to the right to know one's origins. Denounced by many intellectuals and associations of children born from donors, it prevents these individuals from having access to their genetic origins despite this being regarded as essential in our western societies (see p. 8). A promising practice would be to put in place a national register or a formal obligation to keep registers at clinics, which are available to consult, at any time, following a request from the family

or the child him/herself. This practice is already in place in some countries, for example Switzerland², and respects the child's right to know their genetic origins. Ideally the information contained in these registers will not only provide the child's birth certificate but also important details concerning the circumstances of his/her birth. For children born from surrogacy this information could reveal, for example, details of the surrogate mother herself, her nationality and her living conditions, meetings between the parents and the surrogate mother.

Knowledge of biological origins

A second area concerns the knowledge of biological origins. Evidence of a link with the surrogate mother is emphasised here. It is proven that a special relationship develops between mother and child during pregnancy. According to Hodgkin and Newell, knowledge of the circumstances of one's birth also comes within the field of knowledge of origins³. Guidance in the arrangement between the surrogate mother and the intended parents, together with monitoring of the pregnancy, are important in order to ensure suitable conditions and the transmission of essential information. Several

promising practices could be implemented in this respect:

- A legal and administrative record in respect of the surrogate mother should be guaranteed. This official recognition will ensure that the initial period of life is not minimised or erased and recognises the importance of this in the life of the individual.
- An official register containing information about the surrogate mother should be created in order to allow the child access to this important information. The establishment of this register could be based on registers formulated in adoption procedures.
- Another idea to help transmit information to the child about the circumstances of his/her birth and therefore accord attention to the child's identity needs, is the creation of a book or letter that the surrogate mother could fill in during the course of her pregnancy and transmit this to the child at the time of the birth. This promising practice would be less formal and demonstrate, in a tangible manner, the link between the surrogate mother and the child over time⁴.

Supporting the intended parents

The third component of promising practices is at the level of support for the intending parents. An official monitoring of the practices of clinics and organisations engaged in surrogacy is essential in order to avoid irregularities. In fact, a system of accredited bodies similar to that developed in the field of adoption would be a promising practice. To enable intending parents to feel comfortable with the transmission of origins of their child, it is important that a

framework is put in place. Indeed the risk in engaging in dubious and unethical practices of surrogacy could lead them later to hide essential information from the child.

Monitoring the journey of the intended parents could create a positive environment that would facilitate communication with the child about this period. The process of reflecting on questions beforehand demonstrates a genuine concern with the identity needs of the child and is a positive step towards the establishment of a solid foundation for his/her identity building. Here it is possible to draw on the preparation and support modules implemented in the field of adoption for intended parents. For example, a systematic and regular support is carried out with the future intended parents in order to assist them in their reflexions and questions throughout the process (see Monthly Review n°191 May 2015). Preparatory courses providing educational tools for intended parents are also established (see Monthly Review 171 April 2013). In the case of surrogacy these trainings could, for example, give keys to the understanding of identity building and the dimensions of kinship in order to allow parents to approach this theme more easily with their child and to be vigilant in having responses to potential identity questions which they will be confronted with.

Finally the establishment of organisations facilitating family dialogue and ready to support individuals born from surrogacy in the search for their origins would be a promising practice for the future, because in view of current practices, it will certainly be necessary.

Therefore it is not too late to create an international framework – a subject that ISS is currently working on⁵ – and put into place promising practices in order to ensure a good basis for the identity building of children born from surrogacy and to guarantee respect for their fundamental rights.

References:

- ¹ Cahn, N. (2011), Old Lessons for a New World: Applying Adoption Research and Experience to Art. 24 J. Am. Acad. Matrim. Law 1.
- ² For further information on Swiss Law regarding access to origins together with a detailed study of the Quebec and English systems on this subject see Mathieu G. Le secret des origines en droit de la filiation (The secret of origins in the right of affiliation) 2014 (PhD Thesis).
- ³ Hodgkin, R. and Newell, P. (2002). The Implementation Handbook for the Convention on the Rights of the Child, New York: UNICEF.
- ⁴ This practice could be based on the « later life letter » or the « life story book » already used in the field of adoption. See Monthly Review n°172 May 2013.
- ⁵ See <http://www.iss-ssi.org/index.php/en/what-we-do-en/surrogacy>.

FORTHCOMING CONFERENCES AND TRAININGS

- **France:** **a)** *L'importance des paroles adressées à l'enfant*, Pikler Lóczy, Paris, 16-17 and 23-24 March 2017. For further information, see : <http://pikler.fr/Formation>. **b)** *Les enfants à besoins spécifiques, Quelles questions pour les professionnels et pour les candidats ?*, COPES, Paris, 27-28 February and 1 March 2017 ; **c)** *L'Accueil familial : intérêt clinique pour l'enfant et ses parents*, COPES, Paris, 2-3 February and 9-10 March 2017. For further information, see : <http://www.copes.fr/>.
- **United Kingdom:** **a)** *Supervising and Supporting Foster Carers*, coramBAAF, Birmingham, 8 February 2017; **b)** *Monitoring Standards of Care and Managing Allegations (in foster care)*, coramBAAF, Birmingham, 9 February 2017. For further information, see : <http://corambaaf.org.uk/training>.
- **Switzerland:** *Les Enjeux du Prénom dans l'Adoption*, Espace A, Espace Dickens, Lausanne, 2 February 2017. For further information, see Espace A: <http://www.espace-a.org>.

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