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EDITORIAL

The child and his life: Over and above diagnosis and lists?

Before being classified as 'a child with special needs', because of a difficult family history, an insecure childhood, or a disability, a child is a human being and must always be seen as such, with his strengths and vulnerabilities, someone who is capable of having a happy life, if he or she is given the means to this end.

The child over and above diagnosis

During the past few years, lists and fast-track procedures have been applied to children 'with special needs' (see p. 5). The objective is to open up the access to adoption for children who, because of certain characteristics, such as their age, their health or the presence of brothers and sisters, may have more difficulties to find adoptive parents. Whilst some of these practices have shown positive results, they are still at the centre of debates. Indeed, even when well-meant in theory, some of them have generated situations in practice where children are classified as having 'special needs' as a result of subjective criteria, which vary from one professional to another and from one country to another (see pp. 11 and 14). This classification is not without risk, and may further stigmatise these children, who have already been abandoned and/or placed in care. On the one hand, these children are already incorrectly registered on a 'special' list, which will slow down or, on the contrary, speed up their adoption, sometimes without any real attempt at family reintegration, or promotion of domestic adoption, and with insufficient preparation and support. On the other hand, these children, who are more complex to place, are often, quite illogically, entrusted to applicants, whose applications are unlikely to succeed because of age or the fact that they are single. Another potentially negative effect of these lists is the incorrect registration of children as being in good health in order to avoid a long waiting period. By circumventing official procedures, new irregularities are appearing.

Whatever procedure is chosen and with the permanent objective of protection, it is important to focus on what is essential: to carry out the most detailed assessment possible of the individual, of the unique needs of the child through the development of tools, and the use, as far as possible, of a common language. ISS has met this challenge through the publication of a new professional guide for all actors in adoption and the wider field of child protection (see p. 14). Furthermore, opening up the access to adoption also implies the development of programmes and an assessment methodology, and

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the preparation of, and support to, adoption applicants, all of which are adapted to the needs of the child. This is because each child is special and deserves special parents, and child protection systems must adapt to the child, and not the other way round.

The child and his life story

When faced with the potential pressures linked to the system of child protection (unwieldy bureaucracy, excessively long or short waiting periods, etc.), it is not always easy for professionals to create an environment for real dialogue and to grant sufficient time to constructing a relationship of trust with the child, which is the key to a quality support service. The life book is therefore a valuable tool, even if its impact is not always fully recognised for its true value. It offers the possibility for the child to become the actor of his or her life, or to reintegrate his or her life, and to feel proud of his or her story, as reflected in the personal story of Katarina Tomsic in the previous issue of the Monthly Review (No. 214 of August 2017). By assimilating and following the ideas of this book, the child and the professional can, together, map out the child's future, and make it easier for him or her to adapt to his or her family and social environment. The training of all professionals should include such works through specific learning programmes (see Monthly Review No. 208 of January 2017) and provision of resources such as the valuable guide on this subject recently published by CoramBAAF (see p. 9).

The child and his or her families

The unique needs of an adopted child or a child in foster care must also be seen in the light of the different families present in his or her life, and between whom he or she sometimes feels he or she has to choose. It is essential that professionals understand the conflicts of loyalty these children have to face, whatever the specific characteristics of the child (see p. 12). The complexity of the relationship issues underlying the placement may put the child at risk. The issue of maintaining contact between the child and his or her biological parents following a placement in foster care, for example, may raise emotional and behavioural challenges for the child (see p. 7). The attitude of both, foster and adoptive parents, within their respective roles, is of prime importance and helps to avoid any feeling of competition. The child will adapt more easily to his or her environment and whole life, if he or she can understand that all these families play a complementary role in his or her life. There is room for everyone in the heart of a child.

These thoughts remind us that, over and above different cultures and borders, we are working with human beings in all their diversity and complexity. Let us get back to the importance of continuing to develop tools and methodologies, which enable us to assess ever more accurately the needs of each child, and to adapt our way of working in both domestic and international adoption and child protection to their realities.

The ISS/IRC team,
September 2017

BRIEF NEWS

Rwanda: End of the moratorium on intercountry adoption

Through a statement of 17 August 2017, the Rwandan Ministry of Women and Family Promotion declared the end of its moratorium on intercountry adoption, which was in force since 17 August 2010. This suspension aimed to effectively establish structures and mechanisms in compliance with the 1993 Hague Convention, which the country ratified in 2010. Several laws have been adopted for the latter, including Law No. 54/2011 on the rights and protection of the child, Law No. 32/2016 on persons and family, as well as Ministerial Decree on the conditions of intercountry adoption and its procedure. A National Commission for Children has also been set up, and it has been named as the Central Authority. The ISS/IRC welcomes this progress, which it will analyse in the coming months, and it would be pleased to support Rwanda in its implementation.

England: Exemplary child-friendly judgement

In a case relating to the custody and place of residence of the child, Honourable Mr Justice Peter Jackson issued a truly exemplary child-friendly judgement. Indeed, at the end of the hearing, the judge gave his decision in the form of a letter to the child, Sam, which was read to his parents and given to his solicitor to give to him and to discuss with him. In this letter to Sam, the judge fully explained the grounds for his decision, what was taken into account when making such a decision, why he believed his decision was in the child's interests, and was, in addition, written in a friendly language. This is a promising practice that should be promoted in cases involving and affecting children, as an implementation of their right to be informed, heard and listened to in accordance with Article 12 of the UNCRC.

To access the full judgement, including the letter to Sam, see: <http://www.bailii.org/ew/cases/EWFC/HJ/2017/48.html>.

Vacancy: International Associate at CELCIS, University of Strathclyde

The Centre for Excellence for Looked After Children in Scotland is looking to recruit a confident and knowledgeable child rights/welfare professional, to help shape and deliver its international work: securing the global implementation of the UN Guidelines for Alternative Care, and realising children's rights through developments in policy, systems and practice.

To access the full job description and further information about the application procedure, see: <https://strathvacancies.engageats.co.uk/LoginV2.aspx?enc=vDVLPHY6BrOnmx9szwB5icMU/Bp97ap1BII/jb0LhRYVeoh/cn5bYgvW+9EbbSw7a>.

LEGISLATION

Madagascar: An overview of the legal reforms relating to adoption

Faratiana M Esoavelomandroso, Professor of Private Law at the University of Antananarivo, and member of the Commission in charge of child rights reforms, provides a detailed analysis of the new legislation and major steps forward in the field of adoption in Madagascar.

Following a decade of adoption practices governed by Law 2005-014, the Malagasy Central Adoption Authority undertook an assessment of the strengths and weaknesses of that legislation, specifically considering intercountry adoptions. This process aimed to tackle concerns of child trafficking through intercountry adoptions, and to ensure compliance with the 1993 Hague Convention – recently ratified by the country. In the light of existing practices, substantial changes were needed, which took into account, and sought to remedy, administrative and judicial constraints that had been highlighted through the application of Law 2005-014.

Revised definition of intercountry adoption

Law 2017-014 relating to adoption of 30 June 2017¹ provides for two types of adoption: simple and full adoption, both domestic and intercountry (Art. 1). In Law 2005-014, an adoption was considered 'intercountry' if there was any international element, even if the adoption did not lead to the transfer of the child to a receiving country. As such a practice was

non-compliant with 1993 Hague Convention² standards, Law 2017-014 provides that an adoption is intercountry adoption once the judicial proceedings are finalised, and the adoptee is transferred to the receiving country (art. 1 (7)). In accordance with the 1993 Hague Convention, a full adoption of a Malagasy child by foreign person(s), who have been residing in Madagascar for at least five years, will be considered a domestic adoption. This provision intends to make it more likely that the principle of subsidiarity will be respected, by giving due priority to family-type solutions at national level.

Amendments relating to the conditions for a full adoption

Law 2017-014 fixes age limits for adopters – minimum 30 years and maximum 55 years (Art. 50) – and likewise raises the age of the child's adoptability up to 15 years (Art. 59), as opposed to the previous upper age limit of 12 years. Long waiting periods – often contrary to the child's interests – have vanished in the new law. For instance, the judicial declaration of abandonment

is based on a certificate proving efforts to locate the child's parents have been unsuccessful. Such a certificate can now be issued three months from the referral of the matter to a judiciary police officer (Art. 24). Law 2017-014 provides a one-month probationary period for a full adoption (Art. 70), in addition to family support and follow-up by a social worker or by a child protection professional (by default), who drafts a report to assist the judge, containing their conclusions and recommendations (Art. 71). Law 2017-014 defines the role of the social worker/child protection professional, and consequently highlights their importance in the field of children's rights. This is a commendable step that should be accompanied with the State providing effective support to families to enhance their ability to care for a child (Art. 2 (4)).

Specific provisions on relative adoptions

Relative adoptions are very common in Madagascar, and are therefore explicitly provided for in Law 2017-014 (Section VI: Arts. 80-98). Relative adoptions are defined as the adoption of a child with a parentage bond with the adopter (Art. 1 (8)). For both, intercountry and domestic relative adoptions, the age of adoptability for the child raises to 18 years (Art. 81). However, there are different requirements for a domestic or intercountry adoption. For example, in an intercountry adoption only, it is specified that the parentage/kinship bond must be limited to the third degree and proveable (Art. 90). It is surprising that such precision has not been introduced for domestic adoptions. Other differences rely on the fact that intercountry

adoptions are open to single persons (Art. 80) and the adoption process may continue in the case of the death of one of the prospective adopters, if that person has no kinship bond to the child (Art. 92). These are significant exceptions given that full adoptions are open only to heterosexual couples (Art. 55) and that the adoption proceedings would otherwise cease following the death of an adopter (Art. 58). These differences seem to have been introduced by the law-makers to facilitate relative adoptions in compliance with the principle of subsidiarity, and in an effort to preserve connections between a child and his or her biological family. Similarly, specific clauses relating to the adoption of a spouse's child have been set up in the new law.

Exclusive competence of the Central Authority in full adoptions

Under Law 2017-014, the Malagasy Central Authority has exclusive competence for both domestic and intercountry full adoptions; any other application would be rejected (Art. 39). Accordingly, the Malagasy Central Authority must file and prepare any certificate of suitability regarding the potential adoptive parents (Art. 11), and the declaration of the child's adoptability (Art. 41). These clauses act to centralise the administrative phases of the adoption process, and avoid the possibility of direct representations to judicial authorities, in both domestic and intercountry adoption matters. The sole exception is the adoption of the spouse's child, which does not fall under the competence of the Malagasy Central Authority.

The Law 2017-014 reform clarifies ambiguities in essential aspects of the legal framework, which previously blocked the proper implementation of the former law, particularly in relation to the administrative phases. Additionally, the new law takes into consideration the particularities of the Malagasy context regarding the regulation of relative adoptions.

References:

¹ Available in French at the ISS/IRC.

² See our comments regarding this definition 'mistake' in Law 2005-014 in 'Le nouveau droit malgache de l'adoption internationale suite à la ratification de la Convention de La Haye du 29 mai 1993', *Annales Droit-nouvelle série*, no. 2, pp. 35-53, Ed. Jurid'ika, 2013.

'Priority' adoptions of children with 'special needs: A diversity of practices

This article briefly analyses the specific practices developed for the adoption of children considered to have 'special needs'. Whilst the latter enable children to grow in a family, some modalities sometimes question the adequacy of the adoption at stake.

Beyond the debate concerning the correct and non-discriminatory terminology for the child, a large number of countries of origin, as well as receiving countries, have developed specific procedures for the intercountry adoption of children considered as having 'special needs', in order to facilitate their family-based care. Who are the children targeted by these procedures and what are these procedures? Even more important, do they allow the full protection of the child and of his or her rights? These are questions, which we will try to answer together.

The diversity of profiles of children

A large majority of countries, in particular on the basis of the definition proposed by the *Guide to Good Practice No. 1* of the Hague Conference on Private International Law¹, places under the terminology of 'special needs children' those children physically or mentally disabled, children suffering from another health problem, older children (limit set usually between four and seven years old or more), as well as children, who are part of a group of siblings.

Outside this common general framework, the profiles targeted by this classification are extremely distinct and vary: certain countries remain rather vague in their enumerations – children, who are difficult to place/adopt, older or ill children², for example; others choose to specify the nature of the diseases covered³ or the particularities of the required treatment and/or of the medical intervention⁴. Among countries including siblings in this classification, there may be many sub-categories⁵. Moreover, it seems that some countries implicitly include groups of children of ethnic minorities.

The specificities of procedures

There is no 'standard' procedure for children considered as having 'special needs'. Each country seems therefore to have developed its own approach to the subject. Some countries of origin, like Poland and Rumania, have chosen to insist on only one intercountry procedure,

irrespective of the child's profile. Among the others, two main trends may be outlined: (1) the use of accelerated procedures⁶; and (2) the use of specific registers/lists generating different approaches from the normally applicable procedures⁷. In the first case, shorter deadlines, as in Colombia, where the matching stage should not last more than three months⁸. Moreover, deadlines regarding the search for domestic solutions⁹ or regarding the number of matching attempts at domestic level¹⁰ are shortened. Some countries even include children considered as having special needs directly into their intercountry adoption process, without giving due priority to domestic adoption (Guatemala, Vietnam¹¹).

With regards to the second case, the procedure is based on keeping – regularly updated – specific and electronic registers/lists on adoptable children, as well as on prospective parents. Under certain conditions (after obtaining a suitability certificate for priority adoptions in Peru; validation of the registration by the Central Authority in India), these lists are directly accessible by the prospective adoptive parents, as in Peru, or through the accredited adoption body, as in China or India.

When consulting the lists or the matching proposal (issued by the accredited adoption body), the prospective adopters have the possibility to ask for additional information about the concerned child. In the case of India¹², additional information may be requested after the accredited adoption body has blocked a file from the register for 96 hours. Contrary to the standard procedure, applicants maintain their rank in the specific list, even in cases of refusal of the proposed matching.

Besides these two approaches, countries, like the Philippines, have developed specific programmes targeting certain specific profiles of children, such as the Special Home Finding¹³ programme. These programmes use the practice of the 'reversal in the flow of files', supported by

the ISS/IRC – regardless of the child’s profile – which is also practiced by Burkina Faso, Chile and Togo. In this framework, lists and files of children, who have been declared as having special needs, are sent to the authorities of the receiving country – often via the accredited adoption body – which are then in charge of the matching in accordance with the child’s particularities¹⁴.

Analysis in accordance with children’s rights

Many issues arise when analysing these practices and their benefits for children. First, it is necessary to focus on the stakeholder, who decides that the child has special needs. In most countries, children’s homes, often together with accredited adoption bodies, determine the child’s profile, rather than an independent body. Besides the potential conflict of interests, which this practice raises, an ethical and independent supervision and the professionals’ equipment and expertise are necessary.

Secondly, even though the diversity of the profiles included in the category of ‘special needs children’ shows a certain flexibility and adjustment, depending on the specificities of the adoptable children’s needs, the risk of possible drifts appears at different levels of the procedure: when some children are sometimes wrongly registered in these specific registers, in particular when the terms used are very general (e.g. ‘older children’); or in cases of acceleration of the process, a careless attention to, or even an omission of, some key stages may occur, such as the lack of a search for family solutions at domestic level, or the lack of appropriate assessment, matching and preparation of the child or of the prospective adoptive parents. A

Specific procedures for children considered as having ‘special needs’ may be a solution, if these are framed so as to avoid the child’s discrimination or the circumvention of procedures, and that they are accompanied by specific expertise, for the child as well as for the parents. Close collaboration amongst all the adoption stakeholders and the development of tools aimed at reinforcing their competence are again, and more than ever, necessary.

right balance must therefore be found: the speed of the procedure must not contravene the key principles of the adoption, such as the child’s best interests, the principle of subsidiarity and procedural steps safeguarding the child’s and the families’ wellbeing and respect.

Possible solutions

It is encouraging that some countries of origin, as well as some receiving countries, have put in place particular requirements for these specific procedures. Thus, Colombia and Peru, for example, provide for specific conditions relating to the prospective adopters¹⁵. From the perspective of receiving countries, a certain trend emerges in order to sharpen the prospective adopters’ assessment (see the Parenting Plan in New Zealand, Monthly Review No. 210 of March 2017) as well as the matching (creation of the Special Adoption Board in Norway), and to adapt their preparation to the children’s profile, as in Belgium’s French Community, where a system was put in place in cases of adoption of a disabled child (see Monthly Review No. 191 of May 2015).

Moreover, the shortening of these deadlines should also be supplemented by interventions of experts in the field of disability, for example, in order to ensure a treatment that is suitable to the child’s profile. It is important to remember that adoption is the story of a life and that post-adoption support must be available in the long term.

The adoption of children with special needs requires the existence of a protection system matching their needs.

References:

¹ Hague Conference on Private International Law (2008). *The Implementation and Operation of the 1993 Intercountry Adoption Convention: Guide to Good Practice*, Section 7.3.1; available at: https://assets.hcch.net/upload/adoguide_e.pdf.

² For example, Côte d’Ivoire or the Philippines. The latter specifies, however, the terminology of ‘difficult to place’ by adding ‘in view of some physical, psychological, and/ or social limitations including but not limited to being an older child, belonging to a sibling group or those who may be under such analogous circumstances’ (see *Amended*

Implementing Rules and Regulations on Intercountry Adoption (Republic Act 8043)).

³ For example, Poland includes HIV, autism, Down syndrome, etc. in its list of disabilities.

⁴ The Philippines (treatable or non treatable disease), Moldova (difficult to cure or to recover from depending of expensive, complex and extremely specialised treatments) or Colombia (chronic disease).

⁵ For example, Colombia: siblings of three or more children; siblings of two children, one of them being over the age of nine years.

⁶ Colombia, Guatemala, Moldova, the Philippines, etc.

⁷ China, Vietnam, etc.

⁸ See : Colombia, *Instructivo de movilización en favor de niños, niñas y adolescentes declarados en adoptabilidad en firme con características y necesidades especiales*, 2016 ; available at: <http://www.icbf.gov.co/portal/page/portal/PortalICBF/procesos/misionales/proteccion/adopciones/IT6.P%20Instructivo%20Movilización%20Niños%20Niñas%20y%20Adolescentes%20con%20Adoptabilidad%20Con%20Característica%20y%20Necesidades%20Especiales%20v1.pdf>.

⁹ In Moldova, the adoptable child, who cannot be adopted or placed under guardianship for six months from the adoptability decision, will be declared available for intercountry adoption (normally a period of one year). In India, the period for searching for a domestic adoption is 15 days for a child older than five years or with special needs – it is of two months in standard procedures.

¹⁰ For example, in the Philippines, regional/inter-regional matching is intended only once for special needs children (instead of twice) before the child is declared available for intercountry adoption.

¹¹ Guatemala: In the case of children with special needs, for whom no available family is found, may proceed directly to an intercountry adoption.

¹² In India, the electronic system CARINGS – managed by CARA – includes centralised files of all adoptable children and prospective parents. In a second stage, specific lists are established from this register. In China, a specific electronic system has been put in place.

¹³ See: Special Home Finding, <http://www.icab.gov.ph/special-home-finding/>.

¹⁴ In Togo, accredited adoption bodies may also mention the availability of some families to foster a child with special needs. The adoption committee will then identify the child, who corresponds best to this request.

¹⁵ Colombia: For this type of adoption, the basic rule relating to the adopter being over the age of 25 years and there being a 15-year age difference between the adopter and adoptee, will be taken into account; Peru: Those persons, who wish to request a priority adoption, and who already have a valid regular suitability resolution, will be subject to a specific psychological and social assessment.

Parent-child contacts following placement in foster care: The courses of placement and socioemotional functioning

Sarah Porlier and Amélie de Serres-Lafontaine, Ph.D. students for the 'continuum of studies in Psychology', and Karine Poitras¹, Ph.D., Professor-Researcher at the University of Trois-Rivières (Quebec, Canada), present their research on maintaining contact between parents and children following the latter's placement.

Placement in foster care is an exceptional measure aimed at protecting the child's development and safety when these are jeopardised in the family environment. In Canada, and in other countries, the law encourages maintaining contact with the birth family, supporting potential family reunification or promoting the continuity of family ties if the placement is extended. According to scientific literature, birth parents and their children wish to maintain contact. The suspension of this contact would therefore also be an exceptional measure. Birth family contact, however, raises concerns and a lack consensus amongst foster parents and

other stakeholders, in terms of the benefits and risks for the child.

Placement course

When addressing the consequences of parent-child contact following a placement, it is appropriate to remember the child's vulnerability. The child often comes from a high-risk family background and his or her vulnerability is exacerbated by breakdowns with his or her first attachment figures. These children arrive in their foster families with a high risk of psychopathologies, developmental gaps and medical problems. The difficulties, which result

from these issues, threaten the stability of the placement.

The role of the parent-child contact in the stability of the placement (length of the placement, number of different backgrounds and permanency) lacks consensus. Yet, research supports maintaining the parent-child relationship when family reunification is targeted. These contacts allow the development of the birth parents' parental capacities, and encourage reunification.

Furthermore, these unique opportunities for intervention can contribute to the success of the reunification process in supporting the parent-child relationship.

Socioemotional functioning

Researchers also focused on the consequences of contact for the child's social and emotional functioning. Results are contradictory. Some suggest frequent contact supports the child's better behavioural functioning and a better attachment bond with the birth parents. For others, these contacts harm the child's social and emotional adjustment and create emotional problems. Assumptions explain these contradictions. On the one hand, younger children having lived traumatic experiences in their background of origin would be more troubled by these contacts. On the other hand, the foster parents' attitude towards contact may influence the child's subjective experience. Thus, for some children, frequent contacts are a source of emotional troubles and challenge the stability of the placement. It must be noted that complex relationship challenges lie behind maintaining the bond with the birth parent.

Emy is 12 months old. She is placed in a foster family soon after her birth, because her mother suffers from a bipolar disorder. The Court orders Emy's placement with a foster family until the child's majority. The foster family wishes to adopt Emy. Contact is ordered for two hours per month at the local Youth Protection Service. Emy screams during the first contacts. However, her foster mother succeeds in comforting her, and also in comforting the birth mother. The initial contact visits are short, but their length is gradually increased.

Raphaël is three years old. He is removed from his parents in the middle of the night, following a police intervention due to domestic violence, which Raphaël has been exposed to since his birth. A month goes by before the first contact visit with his birth mother. Contact is not supervised, and occurs for three hours every two weeks. Raphaël asks for his mother between contact visits, and reacts strongly when he must leave her. He is very aggressive towards his foster parents.

The complex relationship implications of contacts

Maintaining parent-child contact may cause tensions. The birth parents' and the foster parents' involvement sometimes seem to compete. Parental involvement is defined by the parents' perception that the child is theirs, authorising him or her to invest emotionally in them.

This emotional investment seems to be complicated by the relationship issues, which underlie the placement and their ambiguity. Of course, contact is very demanding emotionally for the foster parents; their involvement is weaker when the birth parents' involvement is strong, and when the placement decision is not part of a permanent life project.

These relationship issues could also influence the child's experience during contact. The birth or foster parents' anxiety or negative attitude may harm the child. On the contrary, it has been demonstrated that foster parents' collaboration with, and positive perception of the birth parents, can improve the quality of contact. **The foster parents' involvement is therefore a crucial factor** in encouraging the child's development and adaptation.

Although the prospect of reunification seems to compromise the foster parents' involvement, it should be enhanced. To ensure the success of the reunification, we recommend that psychosocial intervention should target both, birth and foster parents. It seems that children maintaining contact would adapt better during reunification, and expose themselves less to the risk of being placed again. Research is, however, less clear with regards to the challenges inherent to maintaining contact when the placement continues and reunification

is not considered. The child, whose foster parents are committed and sensitive to his or her

complex story and to his or her evolving needs, will however have a better development.

Placement in foster care is a drastic protection measure, as it means the breakdown of the parent-child contact. Emy and Raphaël's stories remind us of the diversity of placement courses and of the experiences of children during contact with their parents. These are two short stories, which illustrate how child-parent contact, although encouraged, raises emotional debates and feeds complex research issues. Research is necessary to better understand the factors, which make children more vulnerable during contact, and to develop adapted family interventions.

References:

¹ See:

- Barber, J and Delfabbro, P (2004). *Children in foster care*. New York: Routledge.
- Humphreys, C and Kiraly, M (2011). 'High-frequency family contact: a road to nowhere for infants'. In *Child & Family Social Work*, 16(1), 1-11.
- Poitras, K and Tarabulsky, G M (2016). 'Les contacts parent-enfant à la suite du placement en famille d'accueil, la trajectoire de placement et le fonctionnement socioaffectif'. In Poitras, K *et al.* (Eds). *L'enfant et le litige en matière de protection : psychologie et droit* (pp. 139-162). Quebec, Canada: Presses de l'Université du Québec.

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INTERDISCIPLINARY RESOURCES

Life Story Wor. Why, what, how and when: A guide for professionals, adoptive parents and foster carers

This guide¹ published by CoramBAAF aims to help children separated from their birth families to accept their history and move forwards positively. It guides people working with children on how to communicate, and helps them talk about their feelings. It also gives children a structured and understandable way of talking about themselves, without idealised fantasies.

A lot of countries recognise today the right of children to know their past and to access their files. They should have the opportunity to talk about their past beforehand, in order to avoid a shock later, and to be able develop emotionally and socially, without misunderstandings or shame. Children separated from their families will then obtain a clear idea of their past and the reasons for the separation. They will be able to speak about it in a structured and understandable way, and will increase their sense of self-worth and self-identity. The guide is aimed at social workers, adoptive parents and foster carers, residential staff, teachers and nursery carers. It covers many subjects but the article will focus on four of them.

Communication with children and with the child's environment

This chapter offers 10 rules regarding communication with children.

Firstly, it is essential to assume that the child in alternative care has 'the deep concern that he or she has never been adequately understood or answered'. It is also very important to keep in mind that the child has been hurt. A significant point consists in remembering to understand how the child explains himself to himself and understands his or her situation.

The guide also explains the importance for the child to have a 'cover story', which means a story which he or she can tell others and explains his or her situation. Sexually abused children should have a version of their life for others, and another version, which they share with trusted and significant adults only. The notion of privacy of 'good' and 'bad' secrets may help.

Finally, the person working with the child must never forget that the 'true sense' of the child's story will have to be transmitted to the child's carer(s), without concealing anything.

Life story work with teenagers, who have made contact with their birth parents via social media

Since 2009-2010, there have been cases of adopted children contacting their birth parents via social media. Most of the time, these contacts were initiated by adopted children, but sometimes also by birth relatives. Birth parents, adoptive parents and children are not prepared for these contacts, and the impact may be traumatising. If an adopted person has a clear vision of his or her birth story, he or she will not accept easily a different version of events. If the adopted child has been working on his or her life story since he or she was 7 to 11 years old, then working with him or her as adolescent will be easier.

The guide gives a complete description of the case of a young girl (Beth), who contacted her birth family via facebook at 14: 'By the time Beth's adoptive parents knew that contact had been established, there had been numerous phone calls, texts, exchanges and even visits to the birth family home'. Life story work took place every week and included the adoptive parents. The person working with Beth explained that even if she had initiated the contact, it could then be managed and slowed down. The purpose of the life story work was not to stop all contact, but to think about it, prepare it so that it would be manageable and safe. In the first session, Beth had answers to the circumstances of her adoption: why the birth parents let her being adopted and not the other younger children... In the subsequent sessions, work focused on her early life and the decision made by social services. This work helped Beth to feel safe in her adoptive family, but her feeling of rejection by her birth family was still present. In the end, the contacts had been managed, the relationship between Beth and her adoptive parents improved. The life story work showed that it had helped a lot, but that Beth still needed therapeutic help to resolve her problems.

Working with black and minority ethnic children

The importance of involving a black/minority ethnic worker in the process, with whom the

child may be able to identify, is underlined. The purpose of the life story work is to give the child a sense of his or her ethnic and cultural background as well as of the family's background. Examples of life story work with children in residential care are provided, as well as with fostered and adopted children. In all situations, children needed to know about their past, including country of origin, customs and language, in order to feel secure in their sense of identity and being able to talk about their origins.

'Children in foster care and adoption are on a journey, and many parts of it are difficult.

They may need to feel that someone is with them on that journey, and they need a framework to help them think about it and feel safe'.

Schofeld and Beek, 2006

Using life story work aimed at family reintegration

Another example of life story work with a young boy, who had been separated from his mother several years earlier, looked after and then planned to return to live with his mother, is presented in the guide. The life story work allowed both, the child and the mother, to understand the reasons for the

separation and their feelings. The mother's sense of worth was restored by telling her son her story and the fact that she had never given up having him back. The life story work helped them both to start a new life.

After life story work

After life story work, later life letters should be written². They are now required in the United Kingdom since 2005, and have been part of good adoption practice in the country for 30 years. These letters are written by the child's social worker before the child is adopted, long-termed fostered or placed with friends and families. The child will be able to read it when he or she is older. It should explain the social worker's role, the events of the child's life, which led to his or her adoption or fostering. However, more important, it should be personal, value the child and include all circumstances having led to the adoption or fostering, including information about birth parents, the details of the birth parents' relationship and the explanation of the reasons having led to the separation. Information must be reliable, even if it is better sometimes, as for abused children, not to give too precise facts. In the end, the young person is informed that he

or she has the opportunity to contact adoption

support services for help and advice.

In conclusion, the life story work, in giving the child a clear idea about his or her past, is essential to offer him or her a feeling of self-worth and self-identity, as well as to plan and prepare successful adoption and fostering. It can also reduce disruptions. Moreover, the authors insist on the fact that life story work requires preparation, time, space and professional training.

Reference:

¹ Ryan, T and Walker, R (2016). *Life Story Work, Why, what, how and when*. United Kingdom: CoramBAAF (new edition).

² Moffat, F (2012). *Writing a later life letter. Good practice Guide*. United Kingdom: BAAF.

READERS' FORUM

Thoughts about the lists of pathologies shared with prospective adoptive parents

Dr Fanny Cohen Harlem, a Psychotherapist and Child Psychiatrist, and Dr Anne de Truchis (Pediatrician) at the Consultation d'orientation et de conseil pour l'adoption in Versailles, France, share their thoughts on the benefits and limitations of the lists of pathologies of adoptable children and the dissemination of such documents to prospective adoptive parents. These results are also part of training sessions for professionals in charge of supporting prospective adoptive parents.

In today's progressively changing intercountry adoption landscape, the majority of children proposed for adoption are children with so-called special needs. So as to ensure that the capacity and expectations of the prospective adoptive parent(s) are appropriately matched with adoptable children, countries of origin have established lists of pathologies relating to adoptable children, through their Central Authorities or accredited adoption bodies. Based on these lists, prospective adoptive parents are required to indicate which pathologies they are willing to accept, which ones they would refuse, and those they would be hesitant about.

The benefits of pathology lists

Both the UNCRC (Art. 2), and the Preamble of the 1993 Hague Convention state that all children should grow up in a family environment – without discrimination. Thus, States, bodies, and professionals must undertake all necessary efforts to achieve this fundamental objective. Developing detailed lists of pathologies supports the right to a family environment without discrimination, particularly for older children, groups of siblings, and children with medical conditions. Such detailed lists offer an opportunity for prospective adoptive parents to reflect on their project, and identify their

limitations – both personally and as a couple. The aim is to avoid inappropriate matches where the parents' capacities and motivations are not in line with the child(ren)'s needs.

In addition to the prospective adoptive parents' own limitations, the child's specific need may face external limitations through the availability of services (*i.e.* medical, surgical, psychological, rehabilitation). Despite good practices and support services for disabilities at school and at social level in urban areas, together with a continuous training of health professionals, it is not possible to meet all the needs and concerns. Adoption applicants must be conscious of the long-term and constant effects of certain pathologies, such as fetal alcohol syndrome or maltreatment – deficiencies that leave conscious or unconscious scars, visible or invisible. Likewise, they need to be aware that there is no 'fresh start' with a child, and even love – while fundamental – is not enough.

The limitations of pathology lists in terms of ethics and their content

From an ethical perspective, categorising certain pathologies may lead to a violation of the non-discrimination principle. More importantly, in most cases, the pathologies are reduced to the description of their main symptoms, making a comprehensive analysis of such pathologies in all

their dimensions impossible. Furthermore, such lists may have the effect of protecting authorities and intermediaries from liability simply through the fact that the pathologies have been 'advertised' and that the prospective adoptive parent(s) were informed of them in advance. This needs to be handled rigorously. This should not be the case. By no means should the mere existence of a list/records, absolve a Central Authority or an accredited adoption body from the responsibility of properly matching a child with prospective adoptive parent(s), who can meet their needs, from properly preparing the prospective adoptive parent(s)/child for the adoption, and from providing post-adoption support. Would it be possible to strengthen cooperation to allow some children to undergo cardiac surgeries locally, or via a temporary transfer of the child to the receiving country for their treatment.

The content of the lists may raise various difficulties:

- Medical criteria are sometimes intertwined with social, psychological and family criteria;

- Severe medical problems are often interspersed with commonplace matching criteria;

In our view, there is a clear need for professionals undertaking matchings to reflect on the contents of such lists beyond just their face value, and to ensure an in-depth analysis for special needs adoptions. The Parental Care Plan developed in New Zealand (see Monthly Review No. 210, March 2017) is a key tool in this regard. It aims to avoid the adoption of children by prospective adoptive parents, when the child's 'profile' does not meet their initial project. Although wavering from the criteria within the initial project may increase the chances of an adoption being undertaken, there is a high risk involved, especially when the future of a child and that of their entire family is at risk.

Expression of family loyalty in situations of care and adoption

Daria Michel-Scott and Marion Tieche, Psychologists and Psychotherapists at Espace A (Geneva, Switzerland), present the ideas of Catherine Ducommun-Nagy on family loyalty and its expression among children placed in foster care or adoption. She is a child and adult Psychiatrist, an Associate Professor of the Family Therapy Programme at Drexel University in Philadelphia, USA, and an international specialist on the subject of family loyalties.

Within the context of family relationships, loyalty is defined as the commitment to put the interests of the people, who have helped us, before the interests of others, always bearing in mind fairness and reciprocity. By definition, loyalty is a three-way notion: it involves an individual faced with different choices, the person or group, to whom he grants his loyalty,

- Cultural and linguistic differences can cause challenges. A lack of access to care or specialists may prevent the possibility of a proper diagnosis. Conversely, while one culture may consider a particular diagnosis severe, it may be harmless or commonplace from the other's point of view. For instance, extreme prematurity, which is considered serious in France – where the long-term follow-up provided shows significant differences in term of quality of life and education – is often downplayed in some countries where there is no follow-up in place.

- Some psychological difficulties do not become visible until or after the child's arrival. These are often triggered by the very act of intercountry adoption – a breakdown of ties, the loss of well-known landmarks and routine.

- Some ethnic criteria or criteria linked to birth parents, which may be admissible to countries of origin, should however be questioned with regards to our own ethical and moral values. In particular, we refer to the criterion 'Roma children' on the pathology lists of some countries.

and also the person or group he or she does not privilege. This loyalty therefore has consequences within relationships. Loyalty can be visible, or invisible when it is expressed indirectly, for example when physical distance is involved.

Loyalty within the family system

The family system can be defined as the group of people, who are united by bonds of loyalty,

which contribute to the stability of the group. Each new expression of loyalty redefines the frontier between the family system and the outside world, and the relationships within the family.

Some children in care or adopted, for example, may test their relationship with their adoptive or foster parents in order to show, indirectly, that they are loyal to their biological parents. Dr Ducommun-Nagy gives the example of a foster family, who raised a child for many years, and developed an excellent relationship with him. This child became adoptable just before coming of age, which allowed his foster family to register him into their parentage. However, the child then began to have a more difficult behaviour, thus testing the bond with his adoptive parents. This was an indirect way of showing his loyalty to his biological family, just at the time when the bond with his biological family was threatened by the severance of parentage implied by adoption. As long as the child had a bond of legal, symbolic, parentage with his family of origin, he had no need to express his loyalty in any other way. However, when this bond was at risk of being lost, he safeguarded it by being in opposition to his adoptive parents, and, in so doing, expressed an indirect or invisible loyalty to his family of origin.

Conflicts of loyalty in the case of plural parentage

Conflicts of loyalty are likely to be more frequent amongst children, who are adopted or in foster care, as they need to be able to express loyalty both to their biological parents and to their adoptive or foster parents. To help these children resolve these conflicts, it is essential to allow them to express their loyalty towards the different adults, who are important to them, to allow them to develop alternative relationships with the adults, which are positive, well-balanced and if possible complementary. The adults responsible for them should try and ensure that the children do not find themselves in an uncomfortable, or sometimes heart-breaking, situation. It is not for the children to make up a solution, this is the responsibility of the adults,

who need to be sufficiently 'generous' so as to make 'room' for the other parent(s) and to allow them to be recognised as such. In cases where the biological parent has been abusive towards his or her child, it is essential for the child to be able to recognise at least some minimal positive characteristics in his or her biological parent, and to rely on them to express his or her loyalty in a direct and positive way. He or she can then, on the one hand, repay his or her debt towards his or her genitor for the gift of life, and at the same time, identify with his or her origins in a constructive way. This prevents the risk that the child will try to maintain a bond with his or her parent through invisible and destructive expressions of loyalty.

When several children are present in a family, there is sometimes split loyalty among the children. This occurs in situations of divorce or adoption. A child shows more loyalty towards one of the parents or a family, whereas his or her brother or sister is more attentive to, and more accepting of, the other parent. However, when the family system is at stake, the siblings in general are loyal to both parties.

The recognition of complementarity

Conflicts of loyalty occur more frequently in adoptive or foster families when the child does not know how to name his or her various parents. It is therefore important to differentiate each one of the parents, and to recognise their complementarity, so that they are not defined in terms of rivalry.

When family relationships are good, the bond between parents and children is visible in many different ways, loyalty being only one of its forms of expression. In the case of parents, who are unable to perform their role as parents, or who are absent, loyalty (sometimes invisible) is the only possible bond open to the child. It is therefore important to allow the child access to at least one positive element associated with his or her parent, who was present 'at the beginning', and thus enable the child to express his or her recognition of, and loyalty towards, this parent over and above his or her limitations.

Adoptive and foster parents can help the child to discover a way to be loyal to his or her birth parents in a non-destructive manner. This may be done through taking an interest in the culture of his or her origins, giving importance to the positive elements of his or her biological and cultural heritage, or by allowing him or her to play the same sports or undertake the same artistic activities as his or her biological parents. Positive treatment from adoptive or foster parents is accepted more easily by the child if these parents leave room for loyalty to his or her birth parents, and try to minimise loyalty conflicts.

ISS ACTION WORLDWIDE

ISS handbook on the assessment of children with disabilities in care

Officially launched at the International Alternative Care Conference in October 2016 in Geneva, Switzerland, the ISS handbook A better future is possible: Promoting family life for children with disabilities in residential care. Manual for professionals is a unique tool aimed specifically at encouraging professionals to carry out a detailed, comprehensive assessment of the individual situation of each child with a disability, who is without parental support.

The problems faced, which led this work

While analysing the methodologies in many countries of origin, two problems arise linked to the assessment of children with disabilities, and also children with special needs, when determining whether they are adoptable. On the one hand, many children with disabilities, or children with specific health problems, are not subject to a systematic, regular assessment, and their adoptability may not be determined at all in relation to their specific characteristics. Some children with a light disability, who are deprived of a family, may, as a result, be excluded from adoption processes because of their disability. However, some children could grow up in an adoptive family if they had benefited from a professional assessment as soon as they entered care. The longer this assessment procedure is delayed, thereby postponing the decision on a child's adoptability, the more difficult it is to find a family for the child.

On the other hand, the opposite can occur when the decision on a child's adoptability is taken too easily. This is because the assessment of the interests of the child is too superficial. ISS has witnessed that in many countries of origin, the decision concerning the adoptability of children with special needs, is, in most cases, based on legal criteria, and hardly takes into consideration the psychosocial characteristics of the child.

Children with special needs, who have been declared adoptable, are, currently, almost always presented for intercountry adoption, because of the shortage of adoptive families in the country of origin, and domestic adoption is often under-developed for this kind of child. These children, especially the ones with a severe disability, may remain on lists of children awaiting adoption, with the only option for them being institutional care.

A global approach to child assessment

Determining whether a child is adoptable cannot be based only on legal criteria, and with no other solutions available for the child. The principle of subsidiarity must also be respected for children with specific needs.

The psychosocial assessment of a child's adoptability, and the wider, long-term project for his or her life, is a process, which requires time and a global approach. This includes appropriate care in the institution, preparing the child or siblings to develop a bond with potential new adults. If the child is suitably stimulated, he or she will be able to develop his or her potential. A deep understanding of the child and his or her needs will present a picture of him or her, which is as complete as possible. All these recommendations are at the centre of ISS's handbook *A better future is possible: Promoting family life for children with disabilities in residential care. Manual for professionals*. The aim of the handbook is to encourage and

promote the right of children with disabilities living in an institution to grow up in a family environment adapted to their needs.

Different topics are covered in this professional handbook, such as:

- the observation of the child to improve understanding of his or her needs through observation charts;
- systematic, regular assessment of each child, so as to establish a life project adapted to him or her;
- the importance of the child's records;
- individual care and preparation of the child for his or her life project.

A handbook to create a common language

With this tool, an in-depth assessment of the child's needs can be made as soon as he or she enters an institution and throughout his

placement. The handbook offer a form of model record, summarising all the information concerning the child, which is required in order to prepare a life project. ISS is convinced that each professional in contact with the child has a role to play in the assessment process: through an exchange of views amongst the different professionals, the child's needs will be better understood and identified. One of the objectives of this handbook is to facilitate the exchange of detailed information about the child through a common language within the institution, but also beyond the latter, which is easy to understand and analyse for other professionals who are, or will be, in contact with the child (local and national authorities, accredited adoption bodies, the Central Authority in the country of origin and in the receiving country).

This professional handbook is the basis of the ISS's global programme 'A better future is possible', in partnership with the national or local governments of Burkina Faso, Cambodia, Mauritius, Mexico and Vietnam. This programme combines training for staff in institutions, which care for children with disabilities, technical assistance to governments to promote family reintegration, access to protection measures for family-type care, and strategies to prevent separation.

Reference:

¹ The handbook is available free-of-charge in English, French and Spanish at: <http://www.iss-si.org/index.php/en/what-we-do-en/cwd-en>.

FORTHCOMING CONFERENCES AND TRAININGS

- **France:** **a)** *L'adoption internationale aujourd'hui: quels parents pour quels enfants ?*, COPES, Paris, 13 – 16 November 2017; **b)** *Autisme infantile: évaluation et organisation des soins, du bébé à l'adolescent*, COPES, Paris, 20 – 24 November 2017; for further information, see: <http://www.copes.fr/Presentation/Tout sur le Copes/Documents/2017.pdf>; **c)** *Accueillir un enfant handicapé en structure d'accueil collective*, Pikler Lóczy, Paris, 15 – 17 November 2017; for further information, see: <http://www.pikler.fr>; **d)** *Parcours en protection de l'enfance: partenariats et évaluation*, Thematic seminar, Ecole de la protection de l'enfance, Bourg-la-Reine, 14 – 15 November 2017; for further information, see: <https://lebpe.fr/lebpe/lecole-de-la-protection-de-lenfance-2/>; **e)** *Construire un projet pour l'enfant: vers de nouvelles formes de parentalité*, Symposium, EFA, Défenseur des droits, Paris, 20 November 2017; for further information, see: <http://www.adoptionefa.org/>.
- **Spain:** *Towards an effective implementation of community based services in child care*, FICE Spain, Eurochild, Pamplona, 23 – 24 November 2017. For further information, see: <http://www.eurochild.org/events/events-by-eurochild-members/>.
- **Switzerland:** **a)** *Des rêves et de papiers, 547 jours avec les mineurs isolés étrangers*, Conference, Espace A, Geneva, 1 November 2017; **b)** *Comment penser son projet d'adoption dans le contexte national et international, Regards croisés du droit, de la psychologie et de l'éthique*, Conference, Espace A, Geneva, 8 November 2017. For further information, see: <https://www.espace-a.org/agenda/>.

- **United Kingdom:** **a)** *Supporting children in adoption and long-term placements*, Conference, CoramBAAF, Belfast, 3 November 2017; **b)** *Adoption support – Learning from adoptive families' experiences*, Conference, CoramBAAF, London, 28 November 2017; for further information, see: <https://corambaaf.org.uk/training-events/conferences>; **c)** *Professional Certificate in Strategic Migration Management*, International Centre for Parliamentary Studies, London, 13 – 17 November 2017; for further information, see: <http://www.migration.parlicentre.org/>.
- **World:** *Child Rights Situation Analysis*, Online Course, HREA, 1 November – 12 December 2017; for further information, see: <https://www.espace-a.org/>.

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