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NEWSLETTER

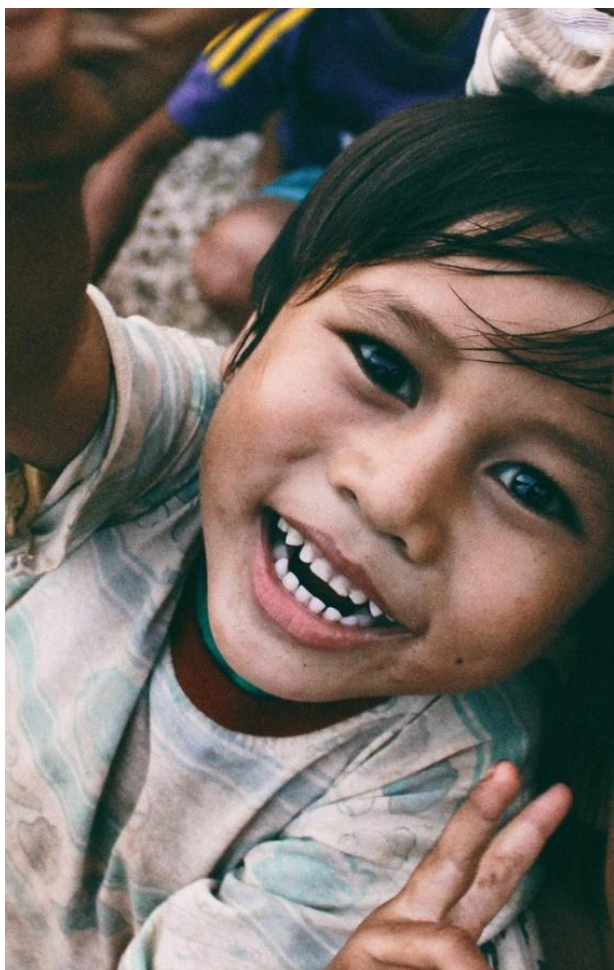


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INTRODUCTION

We proudly present you the first newsletter of 2022 with a new title and a refreshed format.

Through this newsletter, ISS/IRC wishes to talk about "support". Supporting children and adults who are or have been in alternative care or who have been adopted, supporting birth parents in the prevention of their child's placement or during the placement of their child(ren) with a view to potential family reintegration, supporting caregivers, supporting adoptive families... This is what we have been aiming at in our Monthly reviews for many years. Experience has shown us that this support is as crucial as it is complex, particularly due to the individuality of each human being and the singularity of each situation.

How can we support the maintenance of family ties during a placement (see article on p. 4)? Or, to what extent, should it be considered in the case of an adoption? Given the numerous decisions of the European Court of Human Rights on this subject (ECtHR) (see Monthly reviews nos. 242, June 2020, and 249, February 2021) the growing plea of certain adoptees for the limited recourse to the definitive and irrevocable severance of links with the birth family and the recognised importance of the access to origins and the right to identity, this question is increasingly topical. In these cases, what can open adoption bring (see Monthly review no. 194, September 2015)? Will the use of this concept become more and more frequent over the years? What do adoptees and their families, the first to be concerned, have to say on this concept? What does experience show us on this matter? Surely, questions to be further explored.

How to support a birth mother in the care of her child (see article on p. 6)? Beyond the purely material question, certain programmes demonstrate benefits that can be generated by the adequate care and support provided to a woman at the beginning of her maternity. At a time when many questions are being raised on the financial flows linked to alternative care, particularly to institutions, and to intercountry adoption, would it not be appropriate to diversify the beneficiaries, with the overall aim of protecting children and keeping them in their families in accordance with international standards?

Finally, given the importance of quality care for any child, but even more so in case of a child with a traumatic past (see Monthly review no. 255, September-October 2021), how can we support the caregivers of these children (see article on p. 8)? More than mere rhetoric, we know that a child's recovery depends on his or her environment, the persons around him or her, and the tools put in place to help the child disengage his or her warning signals. Therefore, caregivers must be trained - whether they are foster carers, uncles, aunts, grandparents, etc. - in order to form a strong team with the child and the professionals working for the child's well-being.

ISS/IRC Team
February 2022

ACTORS IN INTERCOUNTRY ADOPTION AND CROSS-BORDER CHILD PROTECTION

- **Benin, China, Dominican Republic, Germany, Honduras, Hungary, the Philippines and Sweden:** these countries have updated the contact details of their Central Authorities, competent authorities and/or accredited adoption bodies designated under the 1993 Hague Convention.
- **Belgium, Fiji and Honduras:** these countries have updated the contact details of their Central Authority designated under the 1996 Hague Convention.

Source: *Hague Conference on Private International Law*, [Latest updates](#).

BRIEFS

Overview on recent legislative and policy changes

Council of Europe: on 23 February 2022, the Committee of Ministers of the Council of Europe adopted the new [Strategy for the Rights of the Child \(2022-2027\) Children's Rights in Action: from continuous implementation to joint innovation](#). Developed through a broad consultative process, the Strategy identifies six strategic objectives: Freedom from violence for all children; Equal opportunities and social inclusion for all children; Access to and safe use of technology for all children; Child-friendly justice; Giving a voice to every child; Children's rights in crisis and emergency situations.

Source: [Council of Europe](#).

France: on Monday 7 February 2022, the President of the Republic promulgated the [Law no. 2022-140 on the protection of children](#), published in the Official Journal No. 32 of 8 February 2022. In addition, the new Law reforming adoption ([loi n°2022-219 visant à réformer l'adoption](#)), adopted on 21 February 2022, has in particular the following effects: possibility to adopt for couples bound by a civil pact of solidarity and for concubines; reduction of the period of living together by a couple from two to one year as requirement for an adoption; reduced minimum age required of adoption candidates from 28 to 26 years; establishment of a maximum age difference of 50 years between the adopters and the adopted child, except in step-child adoptions; promotion of simple adoption; possibility of full adoption for children over 15 years of age and extension of this possibility for a young adult up to the age of 21; strengthened status of State guardianship; amended functioning of the Family Council; the fact that the consent of the birth parents to entrust their child into State guardianship also implies their consent to the potential adoption of the child; prohibition of individual intercountry adoptions; and limitation of the activities of accredited adoption bodies to intercountry adoptions.

Sources: [Vie publique – Direction de l'Information légale et administrative française](#) ; BFM. [Réforme de l'adoption – le Parlement adopte une proposition de loi pour faciliter les procédures](#).

Latvia: on 16 December 2021, Latvia's Parliament adopted amendments to the Law on the Protection of Children's Rights, which were signed into law on 29 December 2021. The amendments also concern the cooperation requirements with Latvia. Under the new law, intercountry adoptions from Latvia will only be permitted to countries that have ratified both the 1993 Hague Convention as well as the Convention on the Rights of the Child, and have signed a bilateral agreement with Latvia establishing a legal adoption framework. These changes to the regulatory framework will take effect on 1 July 2022.

Sources: [Latvian Central Adoption Authority](#), [US Central Adoption Authority](#).

Panama: in February 2022, the President of Panama approved a law, Bill no. 567, aimed at harmonising national legislation with the CRC Convention. This Bill also establishes the System of Guarantees and Comprehensive Protection of the Rights of Children and Adolescents.

Sources: [UNICEF Panama](#) and [El Periodico](#).

Overview on recent regional trends

Latin America: as shared in Monthly review No. 256 of November 2021, a regional encounter *Adoption within the integral child protection system* took place from 2 to 5 November 2021. In January 2022 was published the synthesis report based on the presentations of Central Authorities and experts, the supporting materials used and the discussions and exchanges held during the event.

Source : the full report can be downloaded [here](#).

Asia: on 8-9 December 2021 was held the 4th Biennial International Conference (BICON) on Alternative Care for Children in Asia. The event focused on *Strengthening the Rights of Children without Parental Care and Preventing Family Separation: Opportunities and challenges in Asia*. The virtual event was co-created with young people with lived experience and was attended by 390 participants from over 170 organisations. With a focus on implementation, practitioners shared examples of innovation, highlighted promising practices, and showcased local solutions to challenges faced by countries across Asia. Key themes of the presentations and discussions included, among others: *Tackling unnecessary separation*, which included a focus on family strengthening, disability inclusion, and prevention of separation measures for children on the move and in emergency contexts; *Family-based alternative care*, which included an examination of the need for and role of specialized foster care for children with disabilities and complex support needs, the central role of informal kinship care in ensuring family-based care, and the importance of developing and expanding community-based foster care services; *Quality care*, which included a focus on what quality care looks like, its characteristics, and what it means and requires for governments and service providers; *Perspectives of care experienced young people*, which unpacked the challenges faced by young people leaving care in regions across Asia, including during the pandemic, the role of Care Leaver Networks, and the critical importance of addressing mental health issues faced by care experienced young people and ensuring adequate access to mental health services.

Source: [Full conference report](#) with key recommendations for future action.

Decision of the ECtHR: ISS/IRC Reflections on open adoption

On 10 December 2021, the Grand Chamber of the European Court of Human Rights (ECtHR) delivered a judgment [Abdi Ibrahim v. Norway](#) (15379/16) relating to freedom of thought, conscience and religion – as protected by Article 9 of the European Convention on Human Rights – in the context of a child in care. This presents an opportunity to reflect on open adoption as an alternative to the permanent severance of ties between a child and their birth family.

Summary of [facts](#)

“The applicant, a Somali national, was granted refugee status in Norway in June 2010; she was accompanied by her son, X, who had been born a few months earlier in Kenya. In December 2010 X was placed in emergency care by the social services. Following a decision of the County Social Welfare Board (“the Board”) that same month he was placed into ordinary foster care with a Christian family, while the applicant had argued he should go either to her cousins or to a Somali or Muslim family. The applicant was granted four supervised contact sessions with X per year. She appealed and in September 2011 the District Court upheld the care order but increased her contact rights to one hour, six times per year. She did not lodge a further appeal. In September 2013 the social-welfare authorities applied to allow the foster family to adopt X, which would lead to the applicant having no contact, and for the applicant’s parental rights to be removed. The applicant appealed: she did not ask for X’s return as he had spent a long time with foster parents to whom he had become attached, but she sought contact so that he could maintain his cultural and religious roots. At final instance, in May 2015, the High Court authorised X’s adoption, after having examined, among other questions, the ethnic, cultural and religious aspects of the proposed adoption.”

Decision by the Court

The key issue was to determine whether the national authorities had paid due consideration to the interests of the applicant, as protected by Article 9 (freedom of thought, conscience and religion), when she arrived in Norway as a child. This perspective echoes the standards enshrined in, for example, Article 20(3) of the [Convention on the Rights of the Child](#), which stipulates that any decision related to the alternative care of a child must pay due regard to the child’s ethnic, religious and cultural background.

The Court considered that the process leading to the withdrawal of parental responsibility and consent to the adoption showed that the domestic authorities had not attempted to perform a genuine balancing exercise between the interests of the child and those of the biological family. Instead of trying to combine both sets of interests, they had focused on the child’s interests and had not attached sufficient weight to the applicant’s right to respect for family life, in particular the mother and child’s mutual interest in maintaining their family ties and personal relationship. In this context, the Court was not persuaded that the competent domestic authorities had duly considered the fact that the applicant had not applied to have the care order lifted, but merely opposed adoption on the grounds that she wished to maintain the right to see her child. Thus, the High Court appeared to have attached more weight to the foster parents’ opposition to ‘open adoption’ than to the applicant’s interest in the possibility of maintaining family life with her child through visits. Hence, the Court considered that the reasons advanced in support of the decision were not sufficient to demonstrate that the circumstances of the case were so exceptional as to justify a complete and permanent severance of the ties between X and the applicant, or that the decision to that effect was motivated by an overriding requirement pertaining to X’s best interests. The Court unanimously concluded that there had been a violation of Article 8 of the Convention.

Analysis – Focus on open adoption

From the perspective of ISS/IRC, this judgment raises questions such as: How much importance is currently attached to the child’s religion when deciding on alternative care, or even adoption? On the scale of criteria for determining the best interests of the child, where would we place the child’s religious background? How much should the wishes of the biological parents influence the choice of a placement? What alternatives are available?

Alongside these complex questions, it could be helpful to reflect on open adoption, the solution refused here by the foster parents. It would be interesting to know whether this type of adoption would have been accepted by the birth mother, given that it could have been a way of balancing the needs– by enabling the child access to a permanent placement while maintaining a link with their origins.

An open adoption, can be defined as an adoption that grants the child the same legal safeguards as full adoption (acceptance of the adopted child as a biological child of the adoptive family, granting of same rights, in particular in terms of property and inheritance rights), whilst also allowing for the preservation of some form of contact with the family of origin. An open adoption should be based on a professional matching and on an agreement between all involved parties (adopted child, adoptive family and family of origin), ranging from an exchange of non-identifying information about the persons involved to a form of direct contact (2015 comparative analysis ISS/IRC).

It raises the question of whether full ‘closed’ adoption – still the most widely used solution when permanently placing a child with a new family – is always the option that best protects the rights of the various individuals

[Conclusions and Recommendations](#) adopted by the 2015 Special Commission

“§ 31: The SC noted that, where not prohibited by domestic legislation, and after professional matching, 26 contact between the adoptee and biological family in intercountry adoption may be beneficial in some cases. In order to maximise the benefits and minimise the risks of such contact, professional support should be offered to prepare the parties, as well as to assist them during and after contact. The adopted child’s best interests should guide the nature of this contact, taking into account his or her wishes.”

For ISS/IRC, open adoption is worth considering as a permanent family-based solution for certain profiles of children. However, this is on condition that the essential operational safeguards are put in place, such as an encompassing legal framework, oversight by a competent authority, thorough preparation and ongoing professional support for the parties involved.

involved, in particular those of adoptee and the birth parents (see [Editorial](#) of Monthly Review, July-August 2006). Open adoption is of course an approach that involves more work and support, more advice, deliberation and consideration, and greater oversight and guidance after the adoption. It is clearly vital to create a framework for it, that includes preparing the parties, obtaining consents, agreeing on the type and frequency of contact, providing an option for mediation or review of the agreement, and ensuring long-term oversight (see Monthly Review No. 194, September 2015).

At the same time, although it can be beneficial for an adoption to be open, this approach is not without problems. It is thus essential that both the adoptive parents and the biological parents are aware of the benefits (open communication, knowledge of the child’s medical history, sense of belonging, degree of continuity, etc.) and also the potential issues with this approach (conflict of loyalties, lack of engagement, opposition, loss of parental authority against the wishes of the biological parents, etc.) (see ISS/IRC comparative study into open adoption, 2015).

India: Adopt a mother and save her child

*In this interview, [Child in Need Institute in India \(CINI\)](#) describes its program *Adopt a Mother and Save her Child*; a program initiated three decades ago, which provides comprehensive health and nutrition care during the pre-natal period and the first two years of the child's life.*

What is the motivation behind [this program](#)?

Child in Need Institute (CINI) was founded in 1974. In the early 70's, the organisation started treating malnourished and ill children, who came in large numbers to our clinics from slums of Kolkata and nearby villages. Many of these children returned to the clinic after a few months with pneumonia, gastro intestinal infections and malnutrition which made them susceptible to recurrent infections and death. Since the underlying cause is a malnourished mother giving birth to a low-birth-weight child (< 2.5kg as defined by WHO) and a malnourished infant, prone to recurrent childhood infections, we took a preventive approach and designed the programme accordingly. The main objective is to ensure adequate nutrition, periodic ante-natal check -up and safe delivery, followed by post-natal care and monitoring during the first two years of life, when up to 80 per cent of the brain growth take place. In addition, this approach would bring about a drastic reduction of child, maternal morbidity and mortality. Two decades later UNICEF, WHO and many international agencies named this the "First 1,000 days" programme which covers 9 months of pregnancy and the first 2 years of life.

Please describe the type of support that is provided to pregnant women and young mothers

Women and young mothers are provided support to access nutrition and health care services, during the first 1,000 days, to improve nutrition and pregnancy outcomes. Trained CINI workers chosen from the locality identify pregnant women early on and visit them periodically. To ensure the delivery of quality service to the mothers and children, CINI works closely with government departments and systems, where the following support is provided and ensured:

- Mobilising mothers to register with the local health centre at an early stage (within 3 months of pregnancy) for ante-natal check-up;
- Linking mothers to the nearest service delivery points to access required services;

- Counselling mothers and other family members on "caring" practices during the first 1,000 days, monitor pregnancy weight gain, ensure institutional delivery, routine immunisations, exclusive breastfeeding and initiation of solid food supplements after 6 months of age;
- Teaching mothers, their family members in preparing low-cost nutritious food (with locally available ingredients) through nutrition demonstration camps at the community level, so that the community become sensitive and capable of understanding the importance of food diversity and consumption of adequate nutritious food during pregnancy;
- Providing new-born care kits and Nutrimix (a low-cost nutritious food), for children and women;
- Providing treatment, pathological investigation and hospital costs if needed;
- Regular growth monitoring of children, train adolescents, newly married couples and other family members to adopt hygienic practices to stay healthy.

Can you elaborate on why it is so crucial to provide support from a woman's pregnancy until the early years of the child?

India is home to the world's largest numbers of malnourished infants and children. Almost half of child deaths are linked to malnutrition. Those who survive are at risk of the following:

- Suffer from recurrent infections such as pneumonia and diarrhoea leading to loss of income of mothers and family members and treatment costs;
- Malnutrition during the first 1,000 days has been linked to poor mental and physical development, poor learning capacity, early school drop-out, child labour, being trafficked and girls forced to early marriage;
- Early onset of malnutrition has also been linked to diabetes, hypertension and obesity in later life adding on to the nation's burden of non-communicable diseases;

- Once child survival is ensured, families will be motivated to have fewer children;

Simple hygienic practices if adopted even by illiterate and poverty-stricken mothers can prevent the catastrophe and pain of death and disease. Empowering the poor, particularly women to join self-help groups, learning new skills to improve income are routinely taken up by trained workers through community meetings at regular intervals.

What are the observed benefits for the community? Do you have data on the outcomes of the program?

This intervention has a direct positive impact on the mother, other caregivers in the family and has long term effect on the community. A few qualitative changes are as below:

- In a male dominated society, fathers and family members become more “caring” and supportive to pregnant and lactating mothers. They share daily household chores, such as collecting water and fuel, which are strenuous activities and considered to be a woman’s job only;
- Mother’s food intake improved both in quantity and quality including seasonal fruit and vegetables;
- Husbands take mothers to health centres for routine ante-natal, post-natal services on time, also seek early access to treatment for children and women.

An analysis has been done in the last five years (from 2016-17 to 2020-21) among the 400 mothers which show positive impact of the intervention:

- A gradual increase in the percentage of pregnant women completing 4 Ante-Natal Check-ups. Increased from 76.25% in 2016-17 to 93.26% in 2020-21;
- Institutional delivery reached a mark of 100% in 2019-20, but the number slightly decreased to 99.19% in 2020-21(due to pandemic situation);
- The percentage of children exclusively breastfed in 2020-2021 is 84.36%;
- Decrease in the percentage of malnourished children from 4.09% to 1.11% before the pandemic. During the pandemic period of 2020-21 malnutrition has risen to 2.69%, despite regular follow up by CINI trained workers, as many lost jobs due to closure of small business and restrictions to travel to work;

- The percentage of primary immunization has significantly increased over the last 5 years to 97.7% in those families covered by the programme, regrettably the numbers immunised have fallen during the pandemic;
- The percentage of adopting family planning method increased from 49.48% to 62.09%.

How are you able to fund the program?

- Cost: we rely on both individuals as well as institutional donors who may support one mother-child or many, in a village or a slum area. We raise funds in India and through CINI support groups in UK, USA, Italy and Australia. We need the equivalent of Euro 300 to provide services during the pregnancy period and the first two years of life (1,000 days) or just 30 cents/day. This amount includes salaries, travel and programme costs of mother and child. This may be a one-time donation of Euro 300 or in instalments of yearly Euro 100 x 3 or half yearly Euro 50 x 6.
- Reports: a total of 4 E-reports are sent to donor. The first report within a few weeks of payment with photo and medical history of pregnant mother, second report after delivery and subsequently 2 reports, the final one with a request to support one more mother and child. Promotion is mainly through word of mouth and periodic fundraising campaigns during festivals in India, Easter, Christmas and New Year in the west.

Many people donate or support sponsorship for children in care. What is the difference between such sponsorship programs and the type of support that you provide?

This type of sponsorship is also known as “distance sponsorship”. The difference with other sponsorship is that in this case it supports the most crucial period of the human life cycle when any deprivation would leave permanent scars on mental and physical growth. Once a prospective mother and child is put on a track of optimum physical and mental development in the first 1,000 days, with adequate nutrition and health care support, the chances of the child reaching its full potential is assured. Also trained mothers, family members and the local community are empowered to take ownership to nurture children and women, seeking their legitimate rights to growth and development.

INTERDISCIPLINARY RESOURCES

Where to find Trust?

In this article, Andrea Leon, child protection expert at the Karyn Purvis Institute of Child Development, shares the Institute's experience and expertise on Trust-Based Relational Intervention- a model aimed at empowering caregivers in their role.

The importance of trauma-informed know-how and care

From a caregiver's perspective, what do our children need? We have come to believe that in order to address the needs of vulnerable children, meaning children and youth with histories of complex developmental trauma, they need to make big changes to their "bad behaviours", however we have learned that they present unique challenges; but really not just for them but for us caregivers who must strive to offer the care and support they need.

The important adults in their lives such as caregivers, social workers, psychologists, teachers, therapists, lawyers, judges, legislators must therefore be knowledgeable and experienced in caring and serving youth who have experienced trauma.

Children's well-being and ability to thrive depends upon their belief that they are safe. Do they have a reliable caregiver to constantly meet their needs? Does the caregiver listen to their voice when they express their needs or must they resort to coping behaviours? Do they feel seen, valued and connected? Does their caregiver help them develop skills to successfully navigate the world and cope with stressors?

A caregiver's ability to meet children's needs in a consistently and emotionally connected way is the foundation for their trust in him and in the world.

This is how they can experience a sense of security knowing that, whatever happens, my caregiver will be there for me. They will also learn that they are valued, that their needs matter, and that safe people listen to them.

A caregiver's crucial role

This is where the biggest challenge can begin for those of us who are in charge of caring for children, because if we have never received this type of care, we often will not know how to provide it. The path begins by addressing our history, we are not forced to repeat the same patterns of care that we experienced when we

were children, we start from the premise that we do the best we can with the tools and skills we have, but we also have the firm conviction to recognize what we bring from our past, from our history, will help us create a system willing to generate changes where the adult is that figure capable of satisfying the needs of children as they learn that their words have power.

The first step is to be willing to make sense of our own history in order to help our children make sense of theirs. Trust-Based Relational Intervention® (TBRI®) is a model that empowers caregivers to provide effective support and treatment for children at risk. It seeks to attend to the needs of the child's body, the needs of what we call their spirit, the attachment needs, and mainly the need to know that they are safe with us.

The main goal is to disarm the fear response, which they have learned as a strategy to survive some type of complex developmental trauma, as a response of multiple, chronic and prolonged experiences, most often of an interpersonal nature. And because this trauma is relationship-based, it can only be healed with a loving parenting relationship that promotes perceived safety and builds trust.

Trust-Based Relational Intervention®

The principles of TBRI® (connecting, empowering and correcting) lead to the understanding of the affectations caused in the brain, body, biology, beliefs, and ultimately in the behaviours of children from their gestation; the consequences of mistreatment, lack of protection and lack of attention to their needs; which are reflected in their behaviour throughout their lives. The strategies provided by TBRI® significantly contribute to the professional, caregiver, father, mother or person belonging to the bonding network that assists children with various strategies that promote self-regulation, calm, understanding and especially increases awareness for better implementation. For that purpose, it is crucial that we start by recognizing ourselves, by exploring our own

life, our past, to generate self-care and support from our network. As Dr. Karyn Purvis precisely said: "You cannot take a child to a place of healing if you don't know the way for yourself".

This intervention, developed at the Texas Christian University (TCU) at the Karyn Purvis Child Development Institute¹, is based on years of research in attachment, sensory processing and neuroscience. The core of TBRI[®] is connection.

Our challenge is to put the tools into practice (*see box*) and adapt them to the realities we face every day, in this way we can enrich the actions, qualify the protection services and care models to help our children heal, to learn and grow through understanding the impact of trauma on children.

TBRI Tools

One of these tools is the TBRI podcast, which can be found in English and Spanish through Spotify or [Youtube](#), which are short episodes with basic information about the three pillars of TBRI. You can also find several videos. For those who want to embark on a more comprehensive journey, the Institute offers a [training designed to prepare professionals](#) to work with children, families and in systems of care affected by trauma.

Gradually all of these resources are being translated into different languages and as part of the commitment to reach all children in need around the world in 2021, the first Spanish language training was conducted and the TBRI Network for Latin America was created: accompanying the implementation in countries such as Guatemala, Peru, Honduras, Paraguay, Colombia and the Dominican Republic among others.

This is how we can find trust, and it will help us to see the need, to observe and understand the behaviour of children through the lens of their history and always keep in mind that what should matter to us more than anything is investing in the relationship where a deep connection is achieved.

¹ For further information visit: child.tcu.edu

FURTHER READINGS AND MATERIAL

Recent resources on specific topics related to child protection, alternative care and adoption :

All children All families (2021). [*Caring for LGBTQ Children & Youth – A guide for Child Welfare Providers.*](#)

This guide includes information on terminology and several basic, but key, tips on how to best support and care for LGBTQ children and youth as well as resources and helpful websites for more information to competently serve all children and youth in care, including those who may identify as or be perceived as LGBTQ.

Akin B. et al. (2021). [*Screening for Trauma and Behavioral Health Needs in Child Welfare: Practice implications for promoting placement stability*](#)

Findings of this report suggest that early screenings for trauma and behavioural health needs may provide important information that could be used to identify children's needs, make appropriate service referrals, establish well-matched placements, and support “resource parents” and birth parents toward better permanency outcomes.

Changing the Way We Care, UNICEF, and governments: [*Virtual Study Tours: Kenya, Uganda and Zambia*](#)

These virtual study tours aim to provide you with an overview of care reform in Kenya, Uganda and Zambia from the comfort of your own home.

Gálves Herrera, S. (2021). [*Una niña poderosa.*](#)

This children's book tells the story of an adoption process in Chile.

Global Policy and Advocacy Working Group – Transforming Children’s Care (2022). [*Urgent Action to Overcome the Threat of COVID-19-Associated Orphanhood and Caregiver Death.*](#)

This report outlines the magnitude of loss globally due to COVID-19 and presents tangible steps that the U.S. government can take to support children and families.

Hillis, S. et al. (2022). [*Global, regional, and national minimum estimates of children affected by COVID-19-associated orphanhood and caregiver death, by age and family circumstance up to Oct 31, 2021: an updated modelling study.*](#)

At least 5 million children have lost a parent or caregiver due to COVID19 since March 2020, updated figures suggest. The authors urge actions to prioritise affected children, incl. economic strengthening, enhanced community and family support, and education.

Kantor, V. et al. (2022). [*Barriers and facilitators to accessing mental health services after child maltreatment in foster care: An Austrian survivors’ perspective.*](#)

The study aimed to enhance the understanding of perceived barriers and facilitators to mental health service use in adult survivors of institutional abuse (IA) in foster care. It further aimed to explore survivors’ suggestions on how to increase mental health service use.

Lumos (2021). [*Cycles of exploitation: The links between children’s institutions and human trafficking – A Global Thematic Review.*](#)

This Global Thematic Review examines the growing evidence of the links between the institutionalisation of children and human trafficking. It highlights how the relationship between the two compounds the harmful nature of both phenomena and offers insight into the global response needed.

Laumann, L. & Namey, E. (2022). [*Meeting the Costs of Family Care: Household economic Strengthening to Prevent Children’s Separation and Support Reintegration.*](#)

This resource guide aims to assist program designers, funders, and implementers to select and incorporate appropriate and effective household economic strengthening measures into programs to preserve or re-establish family care for children.

Manzo Chávez, M. (2022). [*Emotional Psychological Impact of Institutionalization on Children and Early Adolescents.*](#) The causes of institutionalization are multiple and the impact it causes is reflected in different areas such as the development of the child in general, such as mental, psychic structuring, health, and nutrition. Psychologically, children present alterations in their cognitive, emotional, sexual, and social domains with a high probability of developing several pathological conditions. This chapter presents an overview of this phenomenon based on several research investigations carried out in Spain, Latin America, and Mexico.

FORTHCOMING CONFERENCES AND TRAININGS

- [*Transforming Children’s Care Webinar #8 – Transitioning Residential Care Services*](#), 16 March 2022, Transforming Children’s Care Global Collaborative Platform
- [*Placement international dans la famille élargie \(international kinship care\) et de l’adoption intrafamiliale internationale*](#), 18 March 2022, ISS France – *Droit d’Enfance*
- [*Beyond the horizon: a new era for the rights of the child*](#), 7-8 April 2022, Council of Europe

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