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**Special Issue:
The adoption of children with so-called ‘special needs’**

The adoption of so-called children with ‘special needs’ – at the heart of current debates on intercountry adoption – raises many questions, starting with these special needs’ definition in itself. Whilst the Hague Conference provides us with some replies in its *Guide to Good Practice*, each country has its own interpretation. Furthermore, these children’s specific requirements call for an in-depth reflection on the adjustment of the adoption process to the latter, particularly at the level of the child’s and his prospective adoptive parents’ preparation, the opportunities for post-adoption care and support by the receiving countries’ specialised services, the collection of the most detailed possible information on the child’s background and his medical, psychological, etc. needs. Professionals and families not only need tools, but also adapted support, without which the appropriateness of these adoptions could be questioned. Throughout this special issue, the ISS/IRC aims to inform its readers as to some practices that have been developed for the capacity-building of professionals, the search and selection of families to care for children with special needs, post-adoption support, etc. Furthermore, this Monthly Review reflects on the limits to be set for this type of adoption and the required conditions for their positive undertaking in the best interests of all involved, starting with the child. The adoption of so-called ‘special needs’ children must not become a second choice for prospective adopters, nor a secondary-level option, given that they require an even greater involvement when faced with the challenges, which these raise. Enjoy your reading, and your comments are always welcome.

The ISS/IRC team
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Views on the adoption of children with so-called 'special needs'

Dr Chicoine, Professor of Paediatrics at Montreal's CHU Sainte-Justine (Sainte-Justine University Hospital Centre), and J Lemieux, a Quebec Social Worker, who have been supporting and caring for adoptive families for over 20 years, share their views on the complex issue of the adoption of children with so-called 'special needs'.

The term 'children with so-called 'special needs'' includes confusing aspects, which complicate the work of the professionals, who are now faced with a considerable challenge: to find families and receiving countries capable of providing realistic life plans for children, who are more 'demanding' than others. In the absence of any agreed definition, there are political, parental, psychosocial and medical opinions, which clash but co-exist, and the care of these children is thereby weakened. Even though there are numerous adoption applicants, children do not need ill-prepared parents, who are resigned to adopt at the second or third attempt, and who feel obliged to adopt given the current intercountry adoption situation. At pre-adoption, these children are entitled to benefit from the protective factors essential to their physical or psychological conditions. At post-adoption, the availability and suitability of the receiving countries' psychosocial, paediatric and educational infrastructures are questioned, as these are now more or less used to 'classic' adoptions. The concept's very definition and its consequences are the true issue.

The relativity of the concept of 'special needs'

Facilitating the adoption of children with so-called 'special needs' has a justifiable legitimacy in accordance with the principle of the best interests of the child. While children are waiting for permanent family life plans in the countries of origin, elsewhere, foreigners wanting children are becoming all the more demanding as their patience is tested by the very scarce supply of children without so-called 'special needs'. In addition, it is concerning that these children's so-called 'special needs' are so poorly defined, their prospective parents so ill-prepared and our receiving countries so ill-equipped to take care of them. In the absence of adequate social and medical expertise, the notion of 'special needs' therefore becomes a political and cultural catch-all.

Two two-year-old abandoned and malnourished twins, for example, in the care of an unprepared

single mother, without social support and forced to return to work quickly, do incidentally not meet the current concept of children with 'special needs' and risk being presented to prospective parents as adoptable children 'without special needs'. Whereas, at the same time, a nutritionally-healthy infant, cradled by a loving childminder, could be considered a child with 'special needs' simply because he suffers from an umbilical hernia. This leads to a loss of control over what the category of children with 'special needs' involves, implying that all other adoptable children do not require anything 'extra'.

Different levels of needs

Faced with this delicate situation, with our families, we now anticipate the needs of the child in a more structured way; as the following levels of needs grow, we are getting closer to a definition of 'special needs' that seems more understandable to us:

- *First level:* Regardless of whether or not their children have 'special needs', like all parents, adoptive parents will have to fulfil their fundamental needs (food, care, love, education, etc).

- *Second level:* Adopted children, like all children, are individuals with their own characteristics (varying health status, more or less demanding temperaments, etc). The parents will have to learn about them and take them into account, as they would do with a child, who has not been adopted. The majority of biological parents will only have to meet these first two levels of needs.

- *Third level:* The adoptive parents will also have to learn about their children's specific needs – normal needs and those expected in an adoption – but which already require 'more sophisticated care'. Injured, insecure, a victim of several breakups, the adopted child has his own share of specific issues. To accept, understand and even celebrate this adoptive normality is not inherent, hence the importance of pre-adoption training and assessments. Many research or clinical medicine articles report a positive development for the

majority of adopted children – a good news – but also a prevalence of paediatric problems that are all the easier to deal with as they are fully expected (uterine growth restriction, delayed height and weight, early puberty, post-traumatic syndromes, attention disorders and attachment difficulties, etc). The revelation of adoption, the fear of being abandoned again and the search for identity also add up to the latter. All adoptive parents will have to fulfil at least these three levels of needs.

- *Fourth level:* Adopted children will have more medical or psychological needs than average compared to their adoptive peers. The challenge is then to address these needs beyond the normal expectations of new parents, for whom the adoptive normality is still poorly taught or accepted. It is worth mentioning that only a minority of adoptive parents will be able to competently and happily fulfil this level of needs.

Without clearly structuring the needs, there is a risk of claiming that adopting a child without 'special needs' is a challenge that compares to biological parenting, and offers the guarantee that no specific need will subsequently be identified.

Pre-adoption psychosocial preparation

Based on the HC-1993 and years of experience, it seems urgent to establish pre-adoption training, which may provide systematic tools to parents on the differences in adoption. Otherwise, what would be the use of predicting specific needs if the protection factors necessary for the medical and emotional success of the said adoption are not set up? Unfortunately, establishing compulsory training for applicants – a part of which should also address the issue of 'special needs' – is a long time coming in many receiving countries. It would make it possible to learn, for example, that an older child is not ready to start school before months of family adjustment, adaptation and attachment; that Hepatitis C is potentially more of a burden than Hepatitis B; that foetal alcohol syndrome (FAS) is a lasting and trying condition to be cared for by suitably assessed parents; that siblings are more at risk from an attachment perspective than two consecutive adoptions. Our educational initiatives with adoptive parents evidence that additional knowledge and meaningful exchanges lead them to better adapt to the difficulties of a particular plan, even distancing themselves freely, or gaining well-informed strength and skills.

Pre-adoption medical assessment

Children's pre-adoption medical assessment (PMA), which is even more important in the case of specific needs, aims to identify some of the problems. The professionals are going to highlight the best/worst scenarios by clarifying the risk factors to be considered. The PMA – now recommended by several professional associations – intends to enlighten applicants as to the content of their plan and comparative data, reassure them on certain grey areas, and demystify technical and medical terms, such as perinatal hydrocephalia or spastic tetraparesis. Subsequently, parents, and them alone, will be able to better prepare themselves, on the basis of reliable medical information.

Thanks to these PMAs, not only are some children finally adopted (children affected by a treatable tuberculosis infection, an operable heart condition), but foreseen failures are avoided. Thus, children with autism or behavioural problems, who are nearly impossible to care for out of an institutional framework, whether at home or elsewhere, will be able to continue to grow up in their countries of origin. This work, primarily carried out by experienced paediatricians, allows for realistic matching by the psycho-social assessor, who is now informed of the nature and severity of the task that awaits the applicants.

Preventative post-adoption monitoring

Adopted children with higher or lower risks require more (para)medical and schooling services compared to an average population of biological children. This does not make the children abnormal, but implies that experts recognise and ensure respect for their adoptive normality. It is, at least, part of the promise made to their country of origin. And yet, in several receiving countries, the responsibility of post-adoption monitoring now falls, to a large extent, to the private sector. Whether 'special needs' or not, parents are left without specialised support. Adoption in general – including children with so-called 'special needs' – being above all an act of child protection, which involves all of the receiving society, calls for a review of the current quality and accessibility of preventable and therapeutic services. The introduction of a fourth level of 'really special' needs calls for a stronger commitment of the medical and surgical teams (cleft lip and palate, imperforate anus, foot defects, etc.), leading psychosocial teams (parental guidance, trauma therapy, etc.),

rehabilitation professionals (occupational therapy, physiotherapy, speech therapy, etc.) and schools.

For having put it into practice, personalised interdisciplinary work allows to enrich the dialogue between all the actors involved. It is the only ethical work possible in order to really understand the uniqueness of these children, to assess the realities of their adoptive families and to return to giving a meaning to the term of children with 'special needs'. Without this prior and subsequent work, promoting the adoption of children identified

as 'non-standard' is, in our opinion, only a cruel promise. Families and children are entitled to something better than that. Pointing it out is not enough, not anymore.

Jean-François Chicoine, Paediatrician
Johanne Lemieux, Social Worker and Psychotherapist
Le monde est ailleurs, Quebec, Canada
www.lemondeestailleurs.com
www.sainte-justine.org

ACTORS

Source: Hague Conference on Private International Law: http://www.hcch.net/index_en.php?act=conventions.status&cid=69.

- **Slovenia and Greece:** These countries have updated the contact details of their Central and Competent Authorities.
- **Greece and Sweden:** These countries have updated the contact details of their Accredited Adoption Bodies.

BRIEF

Kazakhstan: Entry into force of the new Family and Marriage Code

The new Kazak Family and Marriage Code came into force on 17 January, with over 100 articles focusing on the rights of children. In relation to children deprived of their family, their protection is strengthened. On adoption, the principle of subsidiarity is provided for, and an entire chapter focuses on the rules of accreditation of adoption bodies. It is worth specifying that the entry into force of this new instrument is different from the tasks undertaken for the implementation of the HC-1993, which still require several months of work before intercountry adoptions may resume.

Sources: U.S. Department of State, http://adoption.state.gov/country_information/country_specific_alerts_notices.php?alert_notice_type=notices&alert_notice_file=kazakhstan_1; Release by Mr Sher, Chairman of the Committee on Children's Rights Protection, http://www.bala-kkk.kz/fileadmin/user_upload/images/vko/netrogat/O_Kodekse_eng_doc.

Laos: Suspension of intercountry adoptions

According to the information posted on the website of the French Intercountry Adoption Service (*Service d'Adoption Internationale*), the Prime Minister of Laos has announced the suspension of intercountry adoptions as from 9 January 2012 until the publication of a new Decree under development. According to the same source, only adoption applications submitted by foreigners of Laotian origin, who have close family ties with the adopted child, will continue to be examined. This information has been confirmed by UNICEF Laos, in contact with the Laotian Ministry of Justice; however the ISS/IRC cannot provide any official document that evidences this information.

Sources: Service d'Adoption Internationale, <http://www.diplomatie.gouv.fr/fr/enjeux-internationaux/adoption-internationale-2605/pays-d-origine/fiches-pays-adoption/article/laos>, Europe 1, <http://www.europe1.fr/International/Laos-enquete-sur-des-ventes-de-bebes-935377/>, and Radio Free Asia, <http://www.rfa.org/english/news/laos/babies-02042012185556.html?searchterm=None>.

Senegal: Suspension of intercountry adoptions

According to the U.S. Department of State and the *Service d'Adoption Internationale*, the Senegalese Government has informed that intercountry adoptions have been suspended pending the implementation by the local authorities of an institutional and procedural framework that is compliant with the principles of the HC-1993, which came into force in December 2011.

Sources: U.S. Department of State, http://adoption.state.gov/country_information/country_specific_alerts_notices.php?alert_notice_type=alerts&alert_notice_file=senegal_1, Service d'Adoption Internationale, <http://www.diplomatie.gouv.fr/fr/enjeux-internationaux/adoption-internationale-2605/pays-d-origine/fiches-pays-adoption/article/senegal>.

Monitoring the adoption of children with special needs: The experience of Padua's Public Service

Based on its long history of post-adoption monitoring, Padua's Public Service now shares the developments that have been undertaken for several years in relation to the increasing number of families that adopt children with special needs.

Padua's Public Service, like all other services in the Veneto Region, is involved in every stage of the adoption process, with a special focus on the support provided to the adoptive families during the post-adoption stage. This lasts for three years from the arrival of the child into the adoptive family. Over the years, the *Servicio Público de Padua* (Padua's Public Service, SPP) has witnessed a development in the profile of adopted children, and has had to adapt the intervention of its professionals to the adoptive families' new needs, and particularly to the increasing number of them, who adopt children with special needs.

Profile and number of adopted children with special needs

Between 1 January 2005 and 30 June 2011, the SPP monitored 282 children adopted from 30 different countries, 159 of whom had special needs, i.e. 56.4%, these figures correspond with those recorded at national level. It should be noted that this figure is lower than the actual number, since the SPP does not have the data on children monitored after their adoption by accredited adoption bodies. Based on the definition provided by the *Guide to Good Practice* on the 1993 Hague Convention, special needs relate to: siblings, children over the age of seven at the time of adoption, children with health problems and children with behavioural problems resulting from trauma. Of course, a child may fit into one or more of these categories. According to the SPP's statistics, of the 159 children adopted with special needs, 34.4% are siblings, 24.11% are over the age of 7, 11.8% have health problems and 16.6% are affected by behavioural problems. This data clearly shows the areas that require most work by professionals in terms of the guidance and support that is offered to the families.

With regard to the age of the children, 10 years ago, children over the age of eight were not eligible for adoption – a situation that has changed over the years. For siblings, the SPP understands this to be children adopted by the

same family (two or three children), children separated from their siblings, who were adopted by different families, and children that have left siblings in their country of origin. In terms of health problems, the SPP includes heart conditions, vision and hearing problems, cleft lip, hepatitis, AIDS and autoimmune diseases, etc. in this category. Also included in this group are children with disabilities (seriously delayed speech, Down's syndrome, paralysis, etc). Specific school support is planned for these children. These situations require more availability from the parents on several levels: financially, for the care itself, the time needed for medical appointments and treatment. The parents' emotional commitment also has an essential role in supporting a child that, in addition to being adopted, has to face additional difficulties.

Post-adoption monitoring of adoptive families

According to Italian law, upon their return to Italy, adoptive families can decide whether or not to be supported by the public services or by an accredited body for this purpose and must sign a document to this effect. The professionals in charge of this monitoring offer several methods of support and take responsibility for preparing the reports requested by the countries of origin. During the stage when ties are built between the child and his family, they seek to help the new parents without replacing them. Each situation requires a personalised plan that may change over the three-year monitoring period. In general, the SPP, as a public service, offers the same basic support to all families: home visits to get to know the child in his new life environment, and interviews carried out by the service's social worker and psychologist with the couples or families. At these important times, they collect all the information possible on the child's history, the meeting with the couple in the country of origin, his state of health, as well as any other factor that might be worth knowing. Approximately six months later, observation and assessment of the child's psychological and cognitive development begins and, in this context, contact is made with

the school, with the parents' input, in order to identify the time, methods and best grade for the child's schooling. To all families, they also offer support groups led by SPP professionals, sometimes with the collaboration of psychologists from the accredited bodies. For the families, who have adopted children with special needs, the amount and frequency of contact change. These services are far more frequent, especially in the early days. Sometimes, these basic services are not sufficient, and the families require specific interventions within the organised network through other locally available services (child neuropsychiatrists, speech therapists, professional educators, etc.).

Schooling children with special needs

According to the data compiled by the SPP¹, the older the child at the time of adoption, the greater their schooling problems. In fact, the adopted children, who have arrived, have had little or no schooling, or come from schooling models different to the Italian model. Furthermore, the problem of learning the Italian language is not given due consideration in spite of the important role it plays in the child's ability to learn. However, its meaning must be taken into account for an older child, who was already schooled in his country of origin, and has to learn an alphabet with different script to the one he is familiar with, such as, for example, Cyrillic, Aramaic or Chinese. These issues open an in-depth

reflection, merely outlined here, like, for example, on the importance of speech therapy considered to be of great help in facilitating social integration and not only learning.

Concluding remarks

We are currently at the stage of defining and understanding the phenomenon of children with special needs, and therefore believe it would be premature to draw conclusions. It is necessary to monitor the phenomenon with longitudinal studies and international comparisons. Our opinion is that it is not only about improving the couples' preparation, given that, in general, the selection and preparation is rigorous. Suffice it to say in the last 10 years at the SPP, only 35.3% of applicants adopted. The work the accredited body undertakes to train the couples before they travel to the foreign country and the direct monitoring of the matching process are also fundamental. It is common for couples to accept the match with little or no information on the child's health and psychological condition, their development or their history, when possible. There is a very high risk that the adoption of children with special needs will end in failure, and the responsibility of a positive outcome lies with the efforts of both countries, that of the country of origin as well as that of the receiving country.

¹ Available from the ISS/IRC.

Argentina: Presentation of the Fundación Prohijar's *Familias especiales* programme

Aimed at finding families for children and adolescents with different capacities, the Fundación Prohijar started a special programme in 1999 and shares below its results and the thoughts that are developing about it.

Maria had a maturational delay when we met her at the age of 11 months. She could not hold her head up, she could not sit on her own, and she had hypotonia and little mobility in her left arm. Neither could she fix her eyes. She had been living in transitional care since her birth. A month after living with her adoptive family – a couple with several biological children, we noticed that she could sit with help, she could hold her head, she would look and smile and she could move her arm. With affection, stimulation and medical treatments, she walks and lives happily in a family. It is a typical example of those cases, which we are involved in, always upon a request by the Judiciary, in order to search for families for

children with special needs, who used to be institutionalised. In the Fundación Prohijar, we support the whole process from the search for a family to the family integration.

Aims of the *Familias Especiales* programme

In the history of humanity, there have always been children, who were not wished for or not loved, and there have been parents, who have died or abused their children. Thus, there have always been children, who require adults, who love and protect them, and who become their family. When the one, who requires a family, is a young and healthy child, there are always adults available to adopt him. However, this becomes more difficult when these are older children,

children with health problems and/or a mental or physical disability, or children, who must connect with relatives within their family of origin. Aimed at finding families for these children, Prohijar started the community and free programme *Familias Especiales* (Special Families) in 1999.

The clinical experience, which we have gained during the last 12 years, allows us to say that the problem does not result in the fact that there are no families for these children, but rather that we simply do not know them. We have to look for them, find them and support them – a process, which requires commitment, perseverance, and the cooperation of social organisations, the community and the State. One refers to special families in the sense that they have specific abilities and strengths. These are usually people, who have overcome difficult life experiences and feel a strong social commitment. The processes of selection and knowledge of the families, as well as the beginning of their life together and family integration, must be undertaken carefully and respect the times and needs of each one. Furthermore, the intervention of the professionals must focus on what is best for the child and strengthen the adults' possibilities to care for them.

Success factors in the adoption of children or adolescents with different capacities

Based on our practice, we have been able to identify success factors in these specific adoptions:

1. *To know the needs and characteristics of the child, who requires a family, directly (reports are insufficient):* Every child and adolescent is unique, with requirements in accordance with their life story. Usually, they have suffered from a lack of love, violence and abandonment. Older children have often lived in institutions for a long time and have suffered from a lack of personalised attention, medical treatment and stimulation. Furthermore, most children do not know the grounds for their family separation and some of them have difficulties in their educational development and in creating relationships with adults and peers. They are children, who do not trust the world around them, nor themselves. The better one knows their characteristics, the easier it will be to find them the adequate family.
2. *To know, in depth, the wishes and possibilities of adults, who wish to adopt them, identifying their strengths and weaknesses:* Adults wishing to become mothers and fathers are needed, but this is not sufficient. They must also be flexible, tolerant, patient and persistent.

3. *To support the whole process in a warm environment of mutual trust:* The relationship of trust and respect that we, professionals, manage to create in order for the children and adults to be able to express their fears and doubts, and be supported at any time as required, is important.

4. *To monitor the impact among the children and adults of meeting and getting to know each other:* The method, which the process of knowing each other starts with, does not determine its future. Some children do not show, at first, the wish to be adopted; however, through the respect for times and needs, they integrate happily and permanently into a family. Others readily express their wish to integrate a family and later show withdrawal or rejection.

5. *To support the process of family integration:* This process is not linear; it has the sinuosity that is specific to human relations. One must be attentive and not be deceived by it. The child will put to the test to what extent his adoptive family is able to love and support him, despite everything he might do. There will be a need to face challenges and undertake efforts in order to reach full family integration.

6. *To periodically inform the Court and the involved technical teams* on the progress made in the process, in order for decisions to be made in relation to the children and adolescents to be beneficial.

7. *To build a network with the family, other involved professionals* (doctors, psychiatrists, teachers, etc) *and the social environment:* The sharing of the experiences of families, who have adopted children with similar characteristics, has also led to positive results.

From potential failures to positive results

The failure of adoptions of children with special needs may result from the selection of applicants with lower possibilities of adoption (individuals, who have waited for many years or who are older) or from the lack of adequate support when the process has been undertaken urgently. However, the number of special adoptions that have failed is limited when the assessment, selection and counselling has been correct. It is a task of permanent readjustment and review of the practices and their efficiency. They are the evidence of the words of Khalil Gibran 'your children are not your children, they are the sons and daughters of life'... Whilst not from the same biological origin, they are considered one's 'own', and they will become free humans to develop their lives.

Fortunately, hundreds of children with special needs now live and grow up within a family. Adults, who respect who they are, and what they need. To fulfil the right of the child or adolescent to have a family requires the commitment and efforts of all. To believe and think that it is

possible to offer a family to a child or young person, whatever his special needs are, is the first step.

Dr Sandra de los Ángeles Juárez
Lawyer and President of Fundación Prohijar

Lithuania: An innovative initiative designed to promote the domestic adoption of children with serious, but treatable, health problems

The Children and Parents Centre “I and We” has launched a project based on a support video aimed at raising awareness among Lithuanian applicants in relation to the adoption of children suffering from curable illnesses.

While the Lithuanian Central Authority has been promoting the intercountry adoption of children with special needs, Lithuanian families are increasingly open to the idea of adopting a child with treatable health problems. In fact, these children constituted the majority of those adopted by nationals in 2009 (66.4%) and 2010¹ (56%). This trend is largely encouraged by both the Pastoge Centre² and the Children and Parents Centre “I and We”, located in Kaunas. In fact, for some months, these centres have been developing a video-based project, ‘Accept Other’, that is supported by the Central Authority and shows sick adoptable children as well as those around them on a daily basis (specialists, paediatricians, child care staff, etc.). These videos, designed for domestic applicants, aim to help them better understand what is meant by the term ‘special needs’ and to encourage, where it is in the child’s interests, their domestic adoption.

The matching stage

When a child with special needs – which are usually defined in Lithuania as siblings of at least two children, children over four or five years of age, and children suffering from serious health problems – is declared adoptable, the matching stage falls to social workers trained in the framework of the national PRIDE³ programme, originally created by the Child Welfare League of America, whose services cover the ‘recruitment’, preparation, assessment and selection of prospective adoptive parents. The Pastoge and “I and We” Centres’ staff, who work within this programme’s framework, are now focusing on sick children.

The use of the video is only a part of the matching process and is only used when a family has been selected in relation to the child’s specific needs. The child is then presented to the applicants for the first time through this video,

which lasts for about 25 minutes. This video offers information on the child: his state of health, stage of development and history, if known. Each professional, who works with the child, describes his difficulties and abilities at building relationships, progress and personality in general. These videos try to present the child objectively, thereby avoiding the pitfall of ‘promoting’ him.

The need to support the applicants after viewing the video

Neither pity nor strong emotions should motivate the applicants’ final decision as to whether or not to adopt the child. In fact, it is incumbent upon the professionals to ensure that the parents’ decision is not based solely on emotions. Personalised support is vital and a decision is only valid if based on the possibilities to care for the child.

So far, three videos on children with foetal alcohol syndrome have been prepared. The initial reactions from the applicants have been very positive and two adoptions have so far taken place thanks to this project.

Other initiatives in perspective...

The Centre “I and We” would like to strengthen the domestic applicants’ preparation by organising support groups involving parents, who have adopted sick children. This discussion forum would consequently enable applicants to better understand the burden of such a project, as well as their level of motivation. In addition, this Centre is encouraging other PRIDE social workers to work more with children under the age of three, who have treatable health problems.

On the other hand, in 2011, the PRIDE programme initiated its post-adoption support activities aimed at adoptive children and families. It is hoped that this support will be strengthened for families, who have adopted a child with a disability or a medical issue.

Finally, it is worth mentioning that this video project is also designed to promote and recruit foster families for children with a disability or medical issue. The PRIDE programme has already helped develop a number of tools that should greatly facilitate achieving this promising new objective.

¹ The health problems at stake were, among others: hypermetropia, patent foramen ovale, systolic heart murmur, dermatitis, speech problems, asthma, etc.

² See: <http://www.pastoge.lt/lt/>.

³ Parent Resources for Information, Development and Education (PRIDE), see: <http://www.cwla.org/programs/trieschman/pride.htm>.

INTERDISCIPLINARY APPROACH

Do children with so-called 'special needs' have specific psychological needs?

Fanny Cohen Herlem, a Child Psychiatrist, provides some answers to the question on the wide range of psychological needs that children with so-called 'special needs' may have.

To talk about children with special needs raises questions: are you talking about older children, siblings, those suffering from chronic diseases or treatable but 'serious' illnesses? These differences are important because the children will have a different adoption experience. It will be different for a child, who is to undergo an operation for a congenital heart disease and a nine-year-old child with his siblings, for example. Psychological problems linked to the past may also be mentioned, and may mean that these children are children with so-called 'special needs'. Given this diversity, I hereby offer some answers...

A clinical perspective¹...

From a psychodynamic point of view, traumatic events for a child are those that either resonate with his traumas or correspond with situations in which he feels powerless, or feels the inability of the adults around him. These effects will vary depending on their duration and their intensity, but also on the child's age, sex, psycho-affective maturity and the quality of his environment. Isolated events may be at the root of transitional problems, capable of disappearing with one treatment and a suitable environment. On the other hand, if the events are ongoing (abuse, chronic disease), their consequences may affect the child's psycho-affective and intellectual development. The latter may then try to avoid remembering these experiences and react in terms of character or behaviour (anger, hyper-vigilance etc.).

For children, who have suffered emotional deprivation and a lack of stimulation in their family or institution, or those, who have lived in pathological environments (alcoholism or

violence), the consequences still vary according to the age and duration of such situations. Some display problems relating to instrumental (language), intellectual or behavioural problems, and social adjustment problems may also appear. The child puts himself down and has low self-esteem. In very problematic families, the child – deprived of references and totally powerless to change his environment – risks losing the ability to think. On the other hand, child abuse victims often express their fears, and suffer from sleep disorders, anxiety or total suppression. They often show signs of depression. In sexual abuse cases, children may display a great number of immediate and/or delayed problems, repeating the trauma suffered through their games and behaviour. Feelings of shame, guilt and depressive behaviour may be detected. Later, the adolescent's sexual activity risks being disrupted as well as his adult sex life.

Sick children, an isolated population²

When experiencing an illness, the child faces suffering and death, as well as a disturbed awareness of himself and his body. Gaining his independence may be delayed by his need for care. The reaction to a serious or chronic illness depends on the child's age. The youngest may not understand what is happening to them and treatment may be perceived as aggression. Older children may face difficulties in accepting the constraints or restrictions linked to the illness. They sometimes react by resisting, by totally submitting themselves, or by fully participating in the treatment. However, anxiety may be observed in both the child and his family. These symptoms are also valid among children, whether they are with their family or abandoned/adopted.

How to make a difference?

Are these children going to find an adequate environment and professionals capable of helping them? Issues related to their separation from their former environment will now be addressed. It is known that children may remain attached to their parents, even when they are abusive. By what means will they be able to overcome these relationships and those established with staff and other children around them? When the time has come to leave and meet the 'prospective parents', the child suffers a 'shock', the loss of what is familiar and the building of new relationships. If the traumatic past has not been overcome, it will remain in the child's mind and body. It risks creating a symptomatology that will have to be identified and treated, whilst also creating a new family relationship. Everyone must take their place and the parents will have to sometimes accept regression and misunderstanding. They will have to act as educator/carer and parent at the same time, knowing when to wait and not demand more than what the child can do or give. Furthermore, for a sick child, a hospital and 'white coats' create great anxiety.

Thus, are these children not adoptable?

Far from it, but their prospective parents must be well-prepared and aware of the potential problems that await them, and that stability and strength will be able to withstand this test. For the

children, it is necessary for them to receive intensive adoption preparation, and the adoption should not be presented to them as a future, problem-free, paradise. Furthermore, it would be appropriate for them to receive early appropriate psychological and paramedical support and for their families to be supported. For these families to adhere to what is proposed remains essential, as nothing can be done 'on order'. Thus, it is worth highlighting the limits of these adoptions, which are due to the unequal preparation and post-adoption support, which still remains very unpredictable.

However, we know that some children with so-called 'special needs' have already been adopted and that, in spite of the challenges, everything is going rather well. Parents and children are taking it step by step in this mutual discovery. Parents capable of surviving the storm, as their children have 'survived'. Children whose capacity for resilience, as Dr. Cyrulnik would say, is enough to overcome these traumas and, what is more, draw strength from them.

Dr F Cohen Herlem
Advising Child Psychiatrist to the ISS/IRC

¹ *Enfance et psychopathologie*, Dr Daniel Marcelli, Ed. Elsevier Masson, 2009, p. 459.

² *Idem*, p. 507.

An innovative training experience for professionals on the issue of special needs

In view of the changes in the field of adoption, Italy and Lithuania have implemented training intended for adoption professionals, which is focused in part on the issue of children with special needs.

In Italy, as happens every year, the *Istituto degli Innocenti* in Florence, under the auspices of the Commission for International Adoptions (CAI), organised in 2011 a training on intercountry adoption; it was aimed at those working (psychologists and social workers) in social services and accredited bodies, regional representatives as well as judges from children's courts. However, for the first time, the third stage of this training addressed the adoption of children with special needs, and in particular the importance of the preparation and support provided to the couples concerned.

Objectives of the new stage relating to the adoption of children with special needs

These are: (1) to recognise and understand the characteristics of the most common special

needs; (2) to identify techniques and methods aimed at helping professionals in charge of preparing couples wishing to adopt children with special needs; (3) to identify lines of reflection on the ability to adopt children, the matching process and post-adoption support.

Content of the training

Initially, it addressed the typology of the most common special needs, as well as any matters that arose from these and that required special attention from those working in social services and judges. After outlining the quantitative and qualitative data available in Italy on the issue, discussions were held on the following issues: 1) children with health problems and/or deficiencies; 2) siblings and older children; 3) children with a very complex personal history. Then, it addressed the realities in the countries of origin, particularly

in Asia and Latin America. In addition, families, who have adopted children with special needs, came to share their accounts, considerably enriching ongoing debates.

Finally, specific issues, such as preparing couples for these specific adoptions were addressed and were subject to debates on the different practices undertaken by the Italian regions. Issues relating to infertile couples in relation to the care of children with special needs, comparisons with other European experiences, and the characteristics of the matching process, were also specifically mentioned. Examples of

good practice in medical examinations carried out upon the child's arrival, or even social services' work on supporting adoptive families, were also presented.

It is encouraging to note the development of such initiatives that allow adoption professionals to better meet the needs of adoptive families and face the changes in intercountry adoption.

Carlotta Alloero
Expert at CAI

SPECIAL SERIES: DISABLED CHILDREN AND ADOPTION

Sweden: A model of specific assessment and preparation of prospective adoptive parents wishing to adopt a child with a disability and/or disease

This article provides an overview of the work carried out by the Swedish accredited adoption body Children Above All, which specifically assesses and supports prospective adoptive parents, who have decided to adopt a child from Eastern Europe with special needs.

Historically and culturally, the Swedes have always been inclined to adopt children with special needs, in particular those with a disability and/or disease. This stance can be explained by the excellent medical and social care system, which they benefit from. By being part of such a project, they indeed know that they will be duly advised and supported by their country following the adoption. Nevertheless, it is clear that specific pre-adoption support and preparation by an accredited adoption body is essential. This is the case with the accredited body *Children Above All* (CAA), which operates in 12 countries of origin and provides joint preparation for all applicants wishing to adopt a child from Eastern Europe with a disability.

A thorough medical analysis of the child's file

An initial screening of the children takes place by examining the traditional criteria (age, health status, psycho-emotional development and growth charts). This information is then sent to three specialist doctors, whom CAA works exclusively with, and who are specialists in foetal alcohol syndrome (FAS - the main condition affecting children viewed as having 'special needs' adopted from Eastern Europe), hyperactivity, early puberty in adopted young girls, etc².

These specialists must present their findings on the child's needs, and submit a diagnosis on the

help the parents should receive once they have returned to Sweden. Finally, when the accredited body receives these findings and these are positive, the child can be proposed to a family. In preparation for the matching process, the accredited body prepares the child's report that includes: his background, a description of his health status, the specialists' findings and one, or several, photos.

The applicants' active involvement in their preparation

Besides the compulsory training for all prospective adoptive parents organised by the Swedish Central Authority (MIA), the applicants who apply to CAA then receive specific support.

When the match has been accepted by the latter, they must then develop a 'personalised action plan' that contains a motivation letter and certificates from the medical institutions that have been consulted by the applicants according to the child's special needs in order to get a diagnosis and full information on the reality of these needs. If the child has, for example, renal problems, the applicants will have to consult a urologist so they can find out about the exact nature of the medical problem and appropriate treatment. If the child has FAS, it is worth noting that a Swedish organisation *FAS-Foreningen* provides advice both, to applicants wishing to adopt children with this syndrome and to parents who have already adopted such a child⁴.

When the applicants have collected all the medical certificates, they submit these documents to the accredited body, which then forwards them to the Central Authority of the country of origin.

This personalised action plan allows, on the one hand, professionals to be assured that the needs of the child have been taken into account, and on the other hand, it allows the applicants to already have met the people, who will be monitoring their child in the future. By knowing which treatment their child will have to undergo, the applicants are able to better deal with the extent of the care, which they will be responsible for, if they pursue the adoption process.

This practice, which remains too rare⁵, reiterates the need to fully and specifically prepare applicants wishing to adopt a child with a disability, in order for them to better anticipate the difficulties and, consequently, reduce the risk of failure of the adoption.

¹ See: <http://www.bfa.se/hem.html>.

² See, for example, Dr Proos' work on Indian children adopted in Sweden:

<http://www.icmr.nic.in/ijmr/2009/november/1127.pdf>.

³ See: <http://www.fasforeningen.nu/>.

⁴ See the results of the ISS/IRC study on the child's health status in the adoption process: http://www.iss-ssi.org/2009/assets/files/publications/etude%20sante%20des%20enfants%20adoptes_final_ENG.pdf.

FORTHCOMING CONFERENCES, SEMINARS AND COURSES

- **Ethiopia:** *Intercountry adoption: Controversies and alternatives*, African Child Policy forum, Addis Ababa, 29-30/05/2012. See: www.africanchildforum.org/site/.
- **France:** *Adoption: Questionner nos pratiques, apprendre de nos échecs* [Adoption: Question our practices, learn from our failures], COPEs, Paris, 21-23/05/2012. See: www.copes.fr/Documents/2012.pdf.
- **Germany:** *International adoption is still an option*, Euradopt, Berlin, 26-27/04/2012. See: <http://portal.euradopt.org/>.



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