

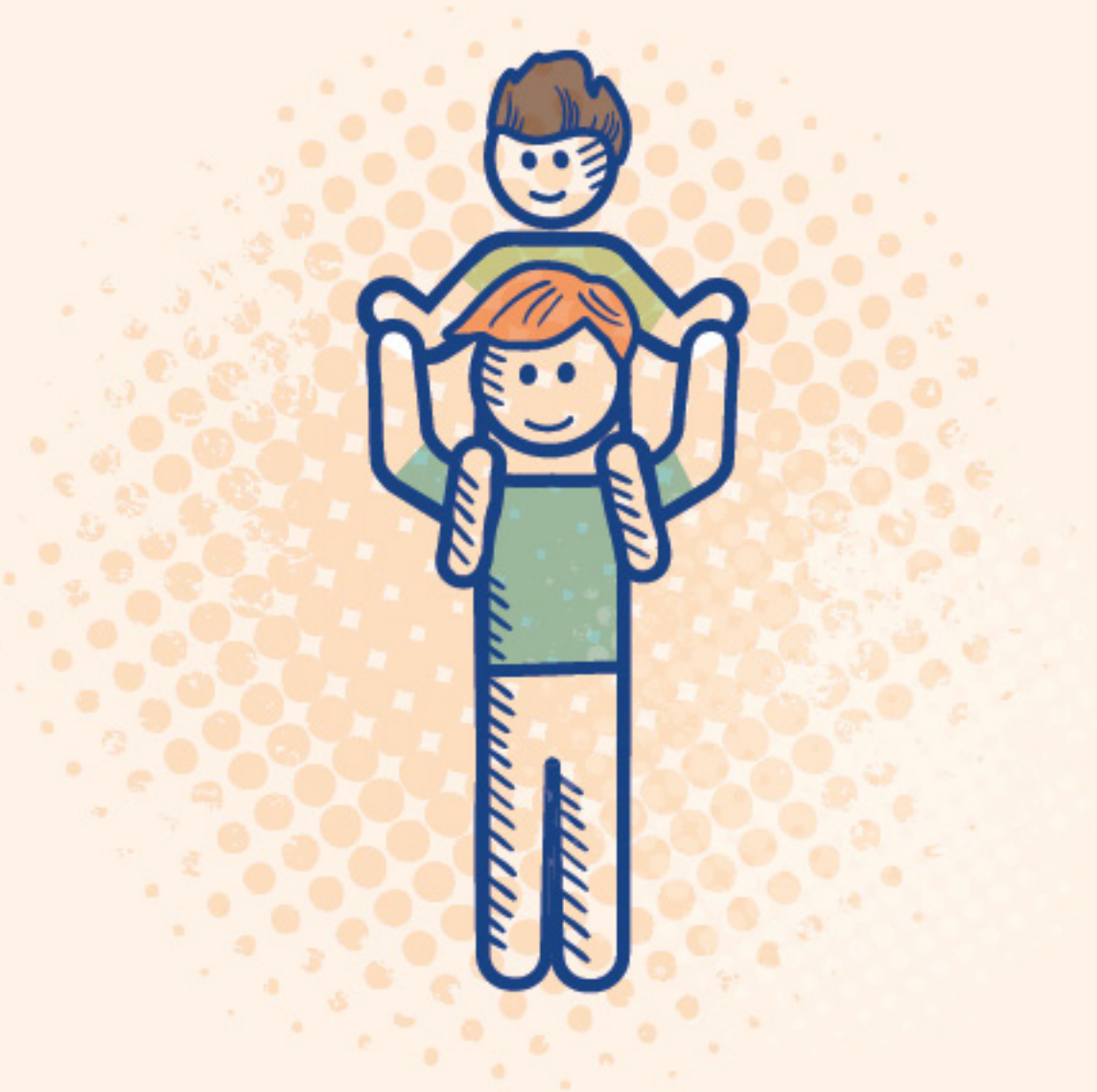
Towards a greater capacity:

Learning from intercountry adoption breakdowns



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To Chantal Saclier

For her profound humanity and humility, her contribution to the development of the rights of children deprived of their families and her faith in change – a constant inspiration in my daily commitment.

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Bibliography

Memento:

Facing crisis or adoption breakdowns: What can we do?

20 questions/answers (to read with the abstract)

N°	Questions	Answers
1.	What elements/factors qualify the situation you are facing as a crisis or a breakdown?	Section 1.1 Section 4.1
2.	Is there a common definition of an adoption crisis or breakdown?	Section 1.1
3.	What is the status of the research on this theme?	Section 1.3
4.	I would like to do research on this theme, what paths are available?	Section 1.3
5.	Must this crisis/breakdown be reported to competent authorities in order to be included in statistical data?	Section 1.2
6.	How can a model for statistical data collection be created?	Section 1.2
7.	As a professional concerned by this theme, does specific training exist?	Section 4.1
8.	What impact does the media have on public opinion through their reporting on situations of breakdown?	Section 1.4
9.	Which legal framework applies to adoption breakdowns at an international level (and at what point in time: before or after the adoption is finalised)? Which legal framework applies at a regional and national level?	Section 2.1
10.	Are there legal provisions regulating the methods for managing breakdown in your country?	Section 2.1
11.	What are the international mechanisms of cooperation that allow proper management of the situation by the Central Authority of the country of origin, of the receiving country, and/or any relevant adoption accredited body?	Section 2.2
12.	What methods of cooperation exist in regulating legal matters that arise out of intercountry adoption breakdown, i.e. the child's status (residence permit, etc.) or the recognition of foreign decisions?	Chapter 2
13.	How can domestic stakeholders cooperate effectively?	Section 2.2



Memento

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|-----|--|---|
| 14. | How can each step of the adoption procedure be improved in order to reinforce protective factors? | Section 3.1 |
| | Risks of a global adoption system | Section 3.4 |
| | Cultural challenges | Sections 3.2/ 3.3/3.4 |
| | Evaluation and preparation of the child and the prospective adoptive parents? | Section 3.2 |
| | Matching | Section 3.2 |
| | Probationary period | Section 3.2 |
| | Search for origins | Section 3.3 |
| 15. | Which forms of professional support exist for adopted persons, adoptive parents, and the adoptive family that can contribute to solving the crisis and restoring family links – in other words prevent the adoption breakdown? | Chapter 4
Section 1.1
Section 3.4 |
| | What are the particular forms of support that are suitable for adopted teenagers? | Section 4.2 |
| 16. | Are crisis or breakdown management services available to help adopted persons and the adoptive parents? | Chapter 4 |
| 17. | What are innovative methods for restoring links, where there is a breakdown? | Section 4.2 |
| 18. | Understanding and dealing with a breakdown/crisis situation? Which professional attitude should be adopted when faced with such situations? | Section 4.1 |
| 19. | Methods for accompanying and preparing the adopted child for a new adoption project when there has been a permanent breakdown?
How to support adoptive parents? | Chapter 4 |
| 20. | How to listen to the adopted person's and the adoptive parents' voice? | Section 1.1
Section 1.4
Section 4.2 |

Foreword

Initially, when I was approached by ISS to write this foreword I was hesitant. I feared that I would be confronted with a document that focussed on breakdowns solely as a child protection concern – undermining the value and benefit that adoption can provide.

It was when I was working in Latin America with the Network for Children and the Family during the 1980s where I first witnessed controversy surrounding intercountry adoption. A fierce debate between professionals, each seeking to protect the rights of the child – with different perspectives as to how. After, when I joined ISS and began the process of developing the IRC, I discovered that this controversy was a worldwide one: a tension spanning the globe between those who were ‘for’ and those who were ‘against’. Against this backdrop, I developed a deep distrust for strict ideologies and definitive statements on what is good or bad for the child.

Principles which protect the rights of children and the legal framework(s) that underpin them are the natural starting point for a **common regulatory framework** on the rights of the child. Much progress has been made in both the protection of children, and in international cooperation in this field. The 1989 Convention on the Rights of the Child, and the Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption are both vital tools and an attestation to this indisputable progress. On this point, I would like to commend H. van Loon, who was instrumental in this field.

The question is how to apply this framework without being too rigid? How do we avoid adopting a restrictive, or simplistic approach? It is my belief that in our practice we must be nuanced, kind, humble, inquisitive and accepting. Kind and decent treatment by those who intervene in the lives of others, towards those whose lives are affected by them is instrumental in ensuring that good decisions are made. That good support is given. This is even more important, when an intervener is making a decision about what is in ‘the best interests of the child’. It is a difficult ideal to achieve in the field of adoption where underlying ideological standpoints can take over. Nonetheless, this is a challenge that can be overcome. Overcome through the sharing of ideas, and the positive reflection on experiences.

This compilation is a very useful tool, providing a necessary sharing of ideas. It reflects the tangible progress that has been made in this field. Through the collection of thoughts and reflections of experienced professionals, practices can be applied to new and similar situations. This collection of expertise allows all professionals a method of analysis and comparison for their achievements, and for their limitations. It is an instrument of knowledge for all those wishing to expand their professional skills, or even their own family experience. This includes: legislators; central authorities; administrative and legal authorities; psycho-social and legal professionals; adoptive parents; adoptive candidates; adopted adults. In short, all those concerned with protecting children who have been deprived (either temporarily or permanently) of a stable family environment.

This publication successfully manages to transform ‘breakdowns’, generally accepted as taboo, into something positive. The analysis of these breakdowns allows for the improvement of matching criteria, the transformation of practices and the

development of measures for risk prevention. This publication, and the analyses therein can support the development of training sessions for professionals, proper preparation tools/methods for parents and children, and appropriate mechanisms for post-adoption follow-up and support.

The ideas presented in this document are a testament to the international solidarity in this field, and the cross-continental trust in the research on what is ‘best’ for the child and their adoptive family. It is a reassuring testament to all that has been accomplished from the start of the preparatory work for the Hague Convention in 1990, to today.

This handbook is not the end of the road however, and it in fact in itself demonstrates that there is more work to be done. Our next step is to identify those ideas, practices, and legislative frameworks that are found to be lacking, and to expand and improve on them. This must not be limited only to the field of intercountry adoption. We must also seek to address gaps in service in domestic adoption, foster home placements, and institutional placements. Training, preparation and support must be better adapted to reflect the diversity of the children and parents involved, considering both biological and adoptive family dynamics.

Lastly, we must expand the field of research and response regarding ‘breakdown’. In doing so, we must identify: who are the children for whom adoption is the best option (domestic, intercountry, full, open)? Is intercountry adoption automatically the best option for those children who are older, have special needs or sibling groups?

And, let us not forget what I would call ‘non-adoption breakdowns’? Should not the situation of children and young people faced with long-term placements, or regularly renewed placements in foster homes or institutions also be considered and addressed in our research?

How can we work with biological parents? How can we support them? What kind of training can we provide? What kind of preparation? What kind of support can be provided both before and after the adoption? These are not questions only for the country of origin!

The term ‘breakdown’ can be applied to situations that fall short of a complete disruption of a relationship. I have often dreamt of a complete ‘parenting awareness program’. A program aimed at older adolescents and young adults before they form a family, seeking to promote good parenting, parenting that provides for a successful integration of their future biological or adopted children into society.

Much has been achieved over the past few decades, but there is still much to be done. Advances in science and society create an added challenge, and new complexities to be addressed. Information sharing and cooperation are essential if we are to continue to advance and achieve. What we can be sure of is that the international IRC/ISS network will continue to offer an innovative platform.

Chantal Saclier

Fonder of the International Reference Centre for the Rights of Children Deprived of Their Family, Division of the International Social Service

Abbreviations

Abbreviations

AAB	Adoption accredited body
CA	Central Authority
CRC	United Nations Convention of 20 November 1989 on the rights of the child
CO	Country of origin
ECHR	European Convention on Human Rights
ECtHR	European Court of Human Rights
FAP	Future Adoptive Parent
GGP1	The Implementation and Operation for the 1993 Intercountry Adoption Convention: Guide to Good Practice No. 1
GGP2	Accreditation and Adoption Accredited Bodies: General Principles and Guide to Good Practice No. 2
HCCH	Permanent Bureau of the Hague Conference on Private International Law
ICA	Intercountry adoption
ISS	International Social Service
ISS/IRC	International Social Service/International Reference Centre for the Rights of Children Deprived of their Family
NGO	Non-governmental organisation
PAP	Prospective adoptive parents
PAS	Post-adoption support
RC	Receiving country
The 1993 Hague Convention	The Hague Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption
The 1996 Hague Convention	The Hague Convention of 19 October 1996 on Jurisdiction, Applicable Law, Recognition, Enforcement and Co-operation in Respect of Parental Responsibility and Measures for the Protection of Children
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund



Perspective taking

I do not think you can recover from being abandoned. The only possibility is to simply live with it. Even if a person is adopted after their abandonment, it will influence every aspect of his or her life. What happens when an adoption fails, especially an adoption that promised to relieve the pain of the abandonment? It's time we examined these questions...

Presentation of the character: Sitara Chamot was adopted in India by Swiss parents when she was a few months old and has worked as an adoption professional for many years. She holds a Master's degree in Social Sciences and has worked with Espace A, a Swiss organisation that provides support for persons involved in adoption and fostering. She has carried out extensive research, including in the areas of filiation and choosing an adopted child's first name, and has led professional training sessions on the adopted child's physical and mental health. She has evaluated the adoption systems of a receiving country. Sitara's thoughts and reflections are interspersed throughout this manual, which both enrich the manual and help to bring it to life.

Introduction

Introduction

“Bonds and meaning, the two words that make resilience possible (...). Without bonds and without a past history, how can we become ourselves?”

Boris Cyrulnik, extract from Le murmure des fantômes (2003)

As pointed out by the French psychologist and psychoanalyst S. Marinopoulos, from a very young age and through his or her loving family and sensory experiences, a child develops an extraordinary capacity to experiment and to transform his or her breakdowns into successes.

The absence of a loving and stable figure can, for certain children, result in them being deprived of these vital experiences and can consequently affect their development and cause problems within their adoptive family – a family which will likely have its own history of painful experiences, and which must now try and resolve these new problems. Out of this meeting of these two ‘destinies’ a new story of resilience will emerge.¹

As J. Lemieux (Quebecois social worker and psychotherapist specialising in adoption) calls it, this is a decisive human adventure in which the adoptive parents will become the ‘tutors of resilience’ for the child.² According to B. Cyrulnik, a French psychoanalyst, “the parent tutor of resilience is not aiming to be a ‘saviour or a repairer.’ He or she is there to take care of the child, but does not seek the unrealistic objective of totally curing or removing all traces of the past.”³

Many adoptions have given children deprived of parental care a new opportunity to grow up and flourish within a family. The International Social Service (ISS) has estimated that at the present time more than half a million children have been adopted on an international level.

However, in certain case this coming together can end in failure. Even though the percentage is small it is significant in terms of the people affected: the adoptees, the families of origin, the adoptive families, the extended families, the entire society, etc.

When looking at these painful situations, it is necessary to examine and re-examine each stage of the venture: starting with the procedures through which the child is declared adoptable and the parents are considered apt to raise the child, right through to the post-adoption follow-up. The intercultural dimension of intercountry adoption enriches these projects, but also renders them more complex.

The time has come, after hundreds of thousands of intercountry adoptions have taken place, to reflect on not only the incredible progress that has been made, but also on the problems that have arisen, and which have been an obstacle for some adoptive families when constructing a secure and solid bond. As J. Lemieux says, this is, “a strong emotional bond which will give the child a feeling of confidence and security, which is essential for his or her development and growth [...]. Without this bond, he or she will never feel secure, never feel confident, never feel loved. Without this bond the parent will never feel competent, useful, loved.”⁴ What factors arise to prevent the creation of this bond? The answer to this question is not straight forward, and as noted by many professionals contacted by ISS, when a failure occurs it is not the result of a single risk factor, but of an accumulation of several factors. These factors are contained throughout this guide, in a non-exhaustive manner, and are also considered from the angle of their counterpart: protective factors (*Chapter 3*).

This new ISS publication aims to add another building block to all which constitutes the ‘structure’ of intercountry adoption. This new building block will allow responses to the multiple needs of children and families concerned to be fine-tuned, and for priority to be given to the human, rather than the political, diplomatic and even economic interests.

1 “Capability of a human being to survive at the physical, psychological and social level and to function normally, and to even be happy despite past trauma.” Extract from Lemieux, J. (2016). *L’adoption : Mieux vivre les trois premières années après l’arrivée de l’enfant – Les clés d’une adoption réussie*. Adopteparentalité. Québec Amérique, pp. 99-100.

2 *Ibidem*.

3 Cyrulnik, B. (1999). *Un merveilleux malheur*. Paris: Odile Jacob.

4 *Supra*, n°1, pp. 93-94.

When discussing and analysing breakdowns in intercountry adoption, it is of paramount importance to reflect upon how we define a successful adoption, and what are the characteristics of a successful adoption. A. Berastegui Pedro-Viejo, Doctor of Psychology and Professor at the University Pontificia Comillas in Madrid, expresses it well: “we should begin to think of new ways to approach the failure of an adoption, which is no more or less a search for new ways of understanding the success of an adoption.”⁵

The study of possible definitions, or at least of the indicators of breakdown or success of an intercountry adoption, is closely linked to the compilation of statistics, an issue which raises important challenges (*Chapter 1*).

The prevention and management of situations of breakdown can only be fruitful through the close collaboration of all the actors involved at the national and international levels (administrative and judicial authorities, governments, adoption accredited bodies, health professionals, psychologists and psychoanalysts, social workers, researchers, civil society, mediators etc.), and when it is characterised by transparency at each stage of the process (the file of the child, evaluation of the prospective adoptive parents etc.). Priority must always be given to ensuring the primacy of the child’s best interests, in accordance with national and international law (*Chapter 2*).

Therefore, respect and understanding of the legal framework and a spirit of active cooperation are essential and must be reinforced through diverse strategies as developed by several countries and professionals. The role of trained professionals, who are themselves under supervision, cannot be overlooked. These professionals can lend an attentive listening to families in difficulty, and can ascertain the ability of different members of the family to resolve the crisis in which they find themselves, both on an individual and family level. Professionals assist in reaching a resolution for the crises, be it through finding a new family cohesion or a break of the bond – either temporary or definitive. Such support services cover specialised pre- and post-adoption services, over a broad geographical space and economic reach, a guarantee of the high quality support that is necessary for a successful adoption (*Chapters 3 and 4*).

This manual, through the sharing of experiences and the knowledge of experts from all over the world, aims to provide reflection on the situations of crisis that can occur in intercountry adoption, and to make concrete progress in their resolution (*Chapter 4*). Behind every crisis there exists the opportunity to move forward and to evolve on an individual and societal level, beyond the sometimes very painful suffering that results from the crisis.

Methodology

This handbook is based on a collection of worldwide experiences and expert practices, from members of different professions (psychology, social work, law, health, mediation, politics, etc.) originating from varied geographical backgrounds, as well as by members of the ISS network.

It is based both on a study carried out within the network by the International Reference Centre for the Rights of Children Deprived of their Family (ISS/IRC), a program of ISS which brings together more than 5000 professionals from across the world, and on direct contact with experts identified by ISS. The ISS/IRC team have compiled the results of the study, and published a first synthesis, which is partially included in this handbook.

The handbook’s contributions are therefore simultaneously from internal ISS/IRC work and from external contributions. ISS/IRC coordinated the contributions, and undertook efficient proofreading to ensure a harmonious final publication with a logical development.

Regarding the delineation of the situations covered in the handbook, in principle only intercountry adoptions are targeted. However, where relevant reference may be made to domestic adoptions.

The terms ‘breakdowns’/‘failures’ of intercountry adoptions or ‘disruptions’ (which can be of a temporary or definitive nature) and ‘crisis’ have been chosen by ISS/IRC to cover the many situations identified through the study and research, among which are:

- *Invisible separations characterised by a family coexistence without the creation of a solid and secure attachment.*
- *De facto separations in which the adoptive family coexistence is interrupted without having the child protection system activated and social services involved.*
- *Temporary separations or disruptions following an administrative or judicial decision.*
- *Definitive separations leading to a total disruption of family ties following a judicial or administrative decision.*

This non-exhaustive list aims to highlight the handbook’s intention to give visibility to all situations of crisis and breakdown, not just the tip of the iceberg. The larger the spectrum, the larger the clues and solutions. We have, however, respected the experts’ choice to use terms that most reflect the targeted situation.

⁵ Gómez Bengoechea, B., Berastegui Pedro-Viejo, A. & Adroher Biosca, S. (2015). *Se busca familia para un niño. Perspectivas psico-jurídicas sobre la adoptabilidad*. Dykinson S.L, p. 119.

Introduction

Goals

This manual aims to:

- *Look at adoption crises and breakdowns as opportunities to reflect on, analyse and share methodologies, practices, and cross views of directly or indirectly involved professionals in the training, support and follow-up of adoptive families.*
- *Give greater visibility to situations of crisis and breakdowns through the search for a common definition, and an efficient strategy of collecting statistical data.*
- *Enhance legal and practical knowledge covering the numerous aspects that arise in intercountry adoption crisis and breakdown, such as the legal framework in which they operate and the challenges linked to international cooperation, etc.*
- *Refine each step of the intercountry adoption process through the sharing of invaluable tools developed on the ground designed to strengthen the competencies of all actors involved in intercountry adoption, and as far as possible, prevent potential breakdowns.*

- *Provide adoptees and their families quality support from professionals with skills and knowledge that match their needs – a step taken in the interests of the future of our communities.*

This publication does not seek to crystallise previous experiences of intercountry adoption crises and breakdowns, but to build on those experiences and give them a dynamic and key-role in improving and preventing future crises and breakdowns. Through listening to these situations and the needs that arise from them, the most suitable answer can be found – the answer which can give life to these shared competencies and experiences.



Qualification, quantification and information sharing of intercountry adoption breakdowns

To date, no unanimous, internationally recognised definition of an adoption crisis or of an adoption breakdown exists. However, given the high number of situations linked to these notions, certain countries and adoption experts have been able to identify distinct indicators underlying 'crises' and 'breakdowns'. Indicators which have allowed for reflection upon the diversity of the possible situations. This chapter presents a non-exhaustive list of these indicators.

Statistical data is essential to improving analysis, prevention and management of these situations. However, in an area with a vast number of stakeholders, and with no common definition (nationally and internationally) the compilation of such data is complicated and challenging. We must develop strategies to remove obstacles for the collection of data. A number of countries, share a strong desire to do just this, for example, Lithuania, Peru and Romania as well as the Emilia-Romagna region in Italy. A number of States who receive children for intercountry adoption, have started to gather, and make available, relevant data on their yearly adoption statistics, for example, France, Spain and the USA.

If we accept that to improve analysis and prevent further breakdowns or adoption crises, there must be greater visibility of past (and current) breakdowns and crises, then the role of the media deserves particular attention. Both in the manner in which they relay information, and how this is received by adopted persons. As outlined by C. Giraud & J. Pierron below, the media wields immense power, and could be a powerful force in disseminating information that contributes to better responses for children and families in crisis. Sadly, the media focuses on problems, and not solutions. A positive example of the good that can be done through the power of the media is the legislative and political change which resulted from the airing of the US documentary described below. It is hoped, that such results can be mirrored by equally impressive actions on behalf of the media at large.



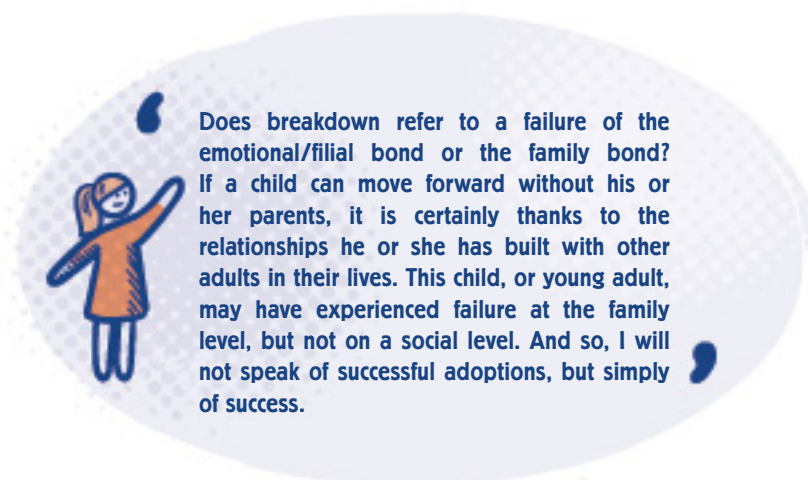
Many factors feed into difficult family situations, and these factors are not unique to persons who have been affected by earlier disruptions to their family lives. We feel same as everyone else, while at the same time feeling like no one else...



1.1 Defining indicators

A need has been expressed by several intercountry adoption stakeholders for a uniform and domestically and internationally recognised definition of crisis or failure. To respond to this need this chapter outlines several psychosocial and legal factors that must be taken into account. The issue of 'failure' is tackled by examining adoption success and by considering how visible and how final relationship breakdowns have been between adoptees and their adoptive families. In particular, the establishment of a mutual bond, and its essential role in adoption success is highlighted. This chapter also provides keys for better understanding adoption.

1. Qualification, quantification and information sharing of intercountry adoption breakdowns



Breakdown versus success in adoption

By Christine Delepière

Intercountry adoption (ICA) experienced rapid development over the 1990s. With this growth a number of difficulties came to light. However, very few concerns were raised. A number of countries even congratulated themselves on the tremendous rise in adoption numbers, and contemplated new ways to expand this phenomenon.

At that time it was difficult to imagine that 'love was not enough'. Speaking of adoption breakdowns was taboo. However, over time, that forbidden subject came under the spotlight in various, and sometimes questionable, ways. At first gradually, and then more frequently the media began to focus on what was going on behind the scenes.

In 2013, the case of the 'return' to Russia of a child adopted by an American family made front-page headlines. The case even inspired the French actress V. Lemerrier for her comedy, *'100% cachemire'* (100% cashmere). In France, the first six months of 2016 saw an official and erroneous, statistical announcement of an alarming number of adoption breakdowns. Although this was subsequently corrected, several newspaper articles echoed these statistics – some even carried out their own analysis. In February of 2016, J. Norman's book *'Mauvaise mère'* (Bad Mother) contributed to this discouraging picture, with an account of an adoption gone wrong (see [Marinopoulos, S., Section 4.1](#)). A climax was reached in April 2016 through a France 5 documentary, *'The scandal of the private rehoming practice in the United States'* (see [Sackville Northcott, F. and Chu, S. for ISS United States, Section 1.4](#)). It seems that 2016 saw only the darker side of adoption!

For decades, adoption has been described as a fairy tale. An ideal response to infertility, and a perfect substitute

for genetic links. The media feeds the public's perception of a 'sugar coated', describing, in an angelic manner, the first emotional meeting; the first enamoured look; the early days full of joy; 'an uphill battle' followed by a 'well-deserved reward'. A picture of adoptive parenting offering the best of both worlds.

Over time, a new picture emerged. Cracks in the idyllic happiness; the harsh demands of adoption affiliation coming to light.

More and more, the word 'breakdown' appears. Failed 'fairy tales' are revealed and answers are demanded. Was it bad luck, insufficient attachment, the unknown characteristics of the child, the inadequate preparation of the parents? Explanations of a scientific and pseudo-scientific nature arose explaining that adoption could become a daily hell. Over time, it was these analyses that started to take the spotlight.

At the same time, there has been a significant decline in the number of ICAs resulting in fewer prospective adoptive parents being able to see their adoption project realised. Can these stories of breakdowns mitigate the effect of fewer ICAs occurring?⁶ Does knowledge of the possibility of a breakdown, provide consolation for those who will never see their project realised? No adoption, no breakdown. Is the fact that these two factors are occurring concurrently, merely a coincidence?

⁶ Hague Conference on Private International Law (10th June 2016). Statistics based on data provided by 22 receiving States, compiled by Professor Selman. Available at: <https://assets.hcch.net/docs/3bead31e-6234-44ae-9f4e-2352b190ca21.pdf> (last visited 23 October 2017).

1. Qualification, quantification and information sharing of intercountry adoption breakdowns

Breakdown of adoption is often limited to cases where the child is returned to social or child protection services by his or her adoptive family. The percentages of these breakdowns have fluctuating margins (from 2% to 20% or even 25% according to studies (see Malaguti, M., Sections 1.1 and 1.3)) casting doubt on the statistical reliability.

There is much controversy surrounding these statistics: some seeing them as much lower than reality, and others considering them excessive.

Stepping back, it is worth considering whether collecting this type of data should be a high priority. Would it be useful to consider what is the essence of an adoption breakdown and of a success? Could a breakdown be the foundation of success and vice versa?

Who has not heard excessive claims such as, “their adoption is nothing but happiness”, “they deserve it after such an uphill battle”; and conversely the negative consequences, “their adoption is a breakdown”, “they did not have a *good* child”, “they should not have adopted”? These expressions simplify situations that are far more complex than they appear. On both sides, such expressions provide a caricature – but no analysis. Risking those involved in an adoption becoming trapped by their own expectations, “my adoption can only be happy, what if it goes the other way?”

How can breakdown and success in adoption be defined without running the risk of altering or diminishing the ability for introspection.

There are a number of adoptions that are merely approaching breakdown, and are therefore ignored in statistics. The existential malaise of the adopted child and/or his or her original trauma can destroy families. This can occur through a rejection of all the rules, through violent behaviour, criminal actions, self-destruction, etc. Behaviour that continues until there is a very real, but unrecognised, rejection or breakdown.

Families experiencing these sometimes dramatic situations can be overwhelmed by shame or fear of not being understood. Frequently, they shut themselves away with feelings left unspoken, using all kinds of methods to escape or avoid the crisis. They experience a feeling of permanent failure. These families had been found ‘fit for purpose’ and issued a certificate of competence or accreditation. How can the family now admit that this approval, in spite of all the enquiries and interviews involved, is contradicted by a wreckage? How do they cope with the feeling that they have been ‘misjudged’? Is there no source of hope left?

All breakdowns do not result in permanent breakdown. Many other forms of rupture exist that do not go as far as total rejection and breakdown. These ruptures do not always happen at the same point in life, although everyday language has a tendency to set them around adolescence. Likewise, not all occur for the same reasons, and the problem may only be transitory. As a result of the breakdown, a new peace can be found within oneself. Children who have rejected their family, or have been rejected by their family, end up finding a kind of stability as they weave their way through life and its hazards. Some go back to their adoptive parents, calm and conciliatory; others continue their existence without their parents, but equally peaceful.

No longer then should we speak of breakdown, but rather of adoption success. After all, is it not one of the primary objectives of adoption to give a child a decent chance in life? Adoptive parents are no more the ‘owners’ of their child than are birth parents. A child becoming adult makes his or her own choices based on who he or she is, where he or she has come from, and on all their many experiences.

If we can move away from considering all the difficulties, bumps, hazards, confusions, diversions, setbacks, and even violence as devastating events and start to recognise them as nothing more or less than the unavoidable hazards of every existence, then the term ‘breakdown’ would no longer carry with feelings of suffering, guilt and withdrawal. From this perspective it is undoubtedly preferable to speak only of a breakdown of a placement, placing a more positive light (or at least less absolute and final) on the situation for both the adopted child and his or her adoptive family. Through using this language breakdown would not be experienced as the breakdown of persons themselves, but rather as the breakdown of a situation.

Who has never experienced breakdown in his or her life? Concerns are legitimate, but must not be obstacles to action; the human spirit frequently answers seemingly unsolvable problems with ingenuity, energy and strength.

The breakdown of an adoption is not the breakdown of the child or of his or her parents; it is the sad breakdown of a relationship. However, it does not inevitably, dramatically or irredeemably, compromise the rest of their lives. Undoubtedly, is it important to place the question of the success or the breakdown of an adoption at the heart of a common – but just as complex – question: what does it mean to succeed in life?

For over 25 years Christine Delepière has taught in an educational establishment in Béthune, France, and at the same time has been Head of Païdia, an adoption accredited body in the North of France. As a result she has worked with the authorities in several countries, including Belarus, Ethiopia, Romania and Niger. She is the mother of four children, three of whom were adopted abroad.

1. Qualification, quantification and information sharing of intercountry adoption breakdowns

Variables in defining adoption breakdown, variables in adoption success

By Ana Berástegui Pedro-Viejo

While most intercountry adoptions develop well, it must not be overlooked that in a small number of cases integration is complex, and does not occur without outside professional help. In some of these cases the system itself even breaks down frustrating the needs of the children and the wishes of the families who adopted them.⁷ Cases of separation and adoption breakdown are an extremely complex and painful phenomenon. Developments in training, matching, methods of support for families, streamlining adoption processes, and in post-adoption support resources have been aimed at reducing the breakdown rate. This is despite the paradoxical scarcity of knowledge in the area and the difficulties in accessing updated data.

Variables in the definition of adoption breakdown

One of the first hurdles in gathering and exchanging knowledge on adoption breakdown is related to its definition. J. Berrick and J. Coakley⁸ have collected various definitions of adoption breakdown used in the research. In one group, the term 'disruption' is used to describe a process where the child returns to pre-adoption services after being placed in an adoptive home and before the adoption is legally finalised (disruption studies), *i.e.*, adoptions that are not fulfilled ('disrupted'). In a second group, the term 'dissolution' is used to describe a process where the adoption ends and the child returns to pre-adoption services after the adoption is legally finalised (dissolution studies).

It is noted that 'failure' which refers to the return of the child to the protection system, is not the only type of adoption failure. Previously, the term 'returns'⁹ was the popular term used publically for disruption, and a great amount of technical work was required to change the 'return' paradigm to the idea of 're-abandonment'¹⁰ as a way to interpret disruption.¹¹ Family separation carried a significant stigma, which led some families to give up public or official solutions and seek 'unofficial' ways to interrupt their adoption without involving child welfare services. For this reason, the issue of *pseudo* disruptions¹² or *de facto* disruptions¹³ emerged – situations where the family stopped living together by sending the child to boarding school, on an open-ended study trip, to a

private psychiatric institution, or to an establishment for children with behavioural disorders.

In parallel, cases of *unfulfilled adoptions* began to emerge. Situations where the family continued to reside together, but with no sense of a parent-child relationship beyond legalities (see *Lemieux, J., Section 1.1*). Some of these families did not feel the adopted child was part of the family, had showed low levels of family satisfaction and, in some instances, had considered giving up.

Families where attachment bonds are highly fragile face many difficulties during the intermediate time between childhood and adolescence. At times that fragility renders them incapable of withstanding the increasing conflicts that go hand in hand with adolescence, leading to breakdown during the teenage years (see *Rodriguez Gonzalez, A., Section 4.2*). Other families do not experience breakdown when the child is in his or her early childhood, but relationships fade as the child comes of age and the relationship breaks down, albeit when it no longer falls within the purview of child protection agencies – however, this does indeed amount to adoption failure. The above circumstances have led researchers to include situations such as *de facto* disruption, unfulfilled adoptions, and other precarious situations when considering which situations pose serious risks.

- 7 Berástegui, A. (2003). *Las adopciones internacionales truncadas y en riesgo en la Comunidad de Madrid*; Palacios, J., Sanchez-Sandoval, Y. & Leon, E. (2005). Intercountry adoption disruptions in Spain. *Adoption Quarterly*, 9(1), pp. 35-55.
- 8 Berrick, J. & Coakley, J. (2008). *Research Review: In a rush to permanency: preventing adoption disruption*. *Child and Family Social Work*, 13, pp. 101-111; Berástegui, A. (2003). *Op. Cit.* nº7; Palacios, J., Sanchez-Sandoval, Y., & Leon, E. (2005). *Op. Cit.* nº7.
- 9 Mauleón, A. (07/11/2009). *¿Puedo devolver a mi hijo?* La Opinión A Coruña.
- 10 Arrizabalaga, M. (24/06/2013). *Cuando la adopción termina en reabandono*. ABC Familia.
- 11 Leslie Hollingsworth takes an interesting approach about the public's attitudes on adoption breakdown as one of the relevant factors in working with this phenomenon. Hollingsworth, L. D. (2003). *When an adoption disrupts: A study of public attitudes*. *Family Relations*, 52(2), pp. 161-166.
- 12 Berástegui, A. (2008). *La ruptura de la adopción y las pseudorrupturas* dans Berástegui, A. & Gómez-Bengochea, B. (coord.) *Los retos de la postadopción: balance y perspectivas*. Madrid: Ministry of Labour and Social Affairs, pp. 59-69. Available at: <http://www.msssi.gob.es/ssi/familiasinfancia/docs/retosPostadopcion2008.pdf> (last visited 13 September 2016).
- 13 Palacios, J., Jiménez-Morago, J.M. & Paniagua, C. (2015). *Rupturas en adopción y acogimiento familiar en Andalucía*. Incidencia, factores de riesgo, procesos e implicaciones. Junta de Andalucía- University of Sevilla. Non published document.

1. Qualification, quantification and information sharing of intercountry adoption breakdowns

Pre-adoption variables impacting adoption success

Several issues pose problems for the risk assessment and forecast of each adoption: the *multitude and complexity* of the factors involved; the *lack of knowledge* of the child's story; and *diversity* in the quality of the care provided, even when the type of pre-adoption family or institutional experience is known. Finally, it is necessary to factor in *adjustments* in the impact of these variables according to *when* the damage occurred (how early and for how long), what the *impact* is/was of the trauma (frequency of occurrence and intensity) and the *links* between the variables (interaction and co-variation).¹⁴ With this in mind, it is clear that developing a reliable forecast of the future of the adoption cannot be limited to presenting a linear account of the risks involved. Rather, it is a highly complex task with a wide margin of error.

Conversely, focusing exclusively on the risk variables associated with the individual child reduces the chances of finding a family for those children with a more complex story.¹⁵ For this reason, adoptability must not be understood as a variable that is exclusively related to the child. Not all families adopting a child who presents with 'difficulties' fail. In fact, most of them do not. Thus, the family itself may serve as a protective factor mitigating the early influences of the risks associated with adoption. Therefore, researchers and practitioners should direct their efforts to ascertaining which variables and dynamics facilitate adoption and those that hinder it. The fact is not every child may be adoptable by *any* family, just as not every family is suited to adopt *any* child (see *Fronek, P.* and *Morales, R.*, Section 3.2).

Adoptability will therefore be closely related to the concept of suitability of adoptive candidates. If the processes to select suitable families are directed to finding 'average' or merely 'standard' families, we will be constrained in our adoptability assessment – obliged to exclude those children who are far from the 'average' child, *i.e.*, young, healthy and with no special risks. On the other hand, if we accept children with greater needs and risks as adoptable, we will have to train and select families who are more prepared and have greater capacities. The risk is based on a 'relational calculation', the more open we are in the adoptability assessment, the more restrictive the suitability assessment process; likewise the more open the suitability criteria, the more restrictive the concept of adoptability becomes (see *Appendix 1*). Bearing in mind that the best interests of the child should be the primary consideration, it logically follows that it is the suitability assessment that should be restricted in order to open the concept of adoptability. However, this runs into the

problem of 'availability'. The more open the concept of adoptability, the more adoption is distinguished from biological families, and the smaller the number of families that are not only able, but above all, available to take care of these children. For this reason, placing restrictions on suitability assessments may be contrary to the interests of children – the majority being in low and moderate risk situations – given that this would pose problems in finding them a family. If we only select families who are able to adopt *any* child's profile, including complex ones, we may very well end up with no families to adopt at all.

Finally, it is essential to remember that adoption success will not only rely on pre-adoptive variables but also on variables related to the adoption itself and in the post-adoption stages.

Variables at the adoption and post-adoption stages which impact the success of the adoption

The adoption stage commences from the moment parents are informed of the matching, until they begin cohabitating with the child. The first important variable is *transparency in information* about the child and the family, which is key to providing support during the first stages of the adoption process (see *Dr. Möller-Bierth, U.*, Section 2.2). Secondly, the *matching process* is essential when it comes to adjusting the resources and expectations of families to meet the needs of the children, there must be an effort to offer the families with more resources the children presenting with greater risks (and presumably greater needs), and not the reverse (see *Hoseth, B.* and *T. Sawadogo, A.*, Section 3.2). Historical practices in adoption, such as adopting older children to one-parent families who do not have much support, or children with special needs to families who already have biological children, are not in line with this need for a balance between resources and needs.¹⁶ Finally, *support to the family* at the beginning of the adoption, including during the journey and the first meeting, is also important. Most parents who are happy and satisfied with the adoption have a positive and accurate impression of the first meeting (see *Elefterie, V.*; *Dulanjani Dygaard, I.* and *Danish CA*, Sections 3.2 and 3.3).

Additionally, promoting adoptability of all children also entails work in the post-adoption stage given that it entails not only 'placing' a child in a family with a high probability of success, but also providing the necessary resources that allow the parents to successfully meet the stressors of family adjustment, both at the beginning and throughout the changes and transformations in the family cycle (see *Lemieux, J.* and *Petersen, S.*, Section 3.4). The more

¹⁴ Berástegui, A. (2013). *La postadopción en España: entre el riesgo, la recuperación y la resiliencia* dans Charro, B. & Carrasco, M.J. (coord.). *Crisis, vulnerabilidad y superación*. Madrid: Pontifical University of Comillas, pp.167-180.

¹⁵ Berástegui Pedro-Viejo, A. (2010). *Adopción internacional: ¿solidaridad con la infancia o reproducción asistida?* *Alhoma*, 27, pp. 15-37.

¹⁶ Berástegui, A. (2003). *Op. Cit.* nº7.

1. Qualification, quantification and information sharing of intercountry adoption breakdowns

salient matters of the adjustment process that relate to disruption are mainly connected to two important issues: the development of an emotional relationship between the parents and the child; and control over any disruptive behaviour of the child which may require the implementation of programmes to strengthen these particular areas. The following approaches are recommended:

Preventive work: Assist in the development of secure attachment bonds in the first stages of the adoption, through programmes that focus on the child's difficult behaviours, without causing harm and which at the same time take into account the importance of the bond.¹⁷

Early detection and intervention: Focus on identifying the areas where the adoptive family needs support. Some studies point to the fact that practitioners have a tendency to ignore risk indicators, overvalue families and exaggerate their wishes and capabilities rather than offering them the resources required. To be able to intervene effectively in the early stages of a problem, it is important not to negatively label the difficulty, given that it could be counterproductive in the search for support (see *Marinopoulos, S.* and *Chistolini, M.*, Section 4.1). It has been seen that out of the possible resources, support groups for parents are the most satisfactory and efficient in risk reduction (see *Parent, N.*, Section 4.2).

Family preservation: R.-P. Barth and J.-M. Miller¹⁸ classify adoption services in three groups: attachment therapies; services based on the social learning model; and systemic family therapy. Beyond aiming to prevent disruption, it is also important to develop protective interventions for children whose adoptions have broken down (see Section 4.2).

Ecological approach: it is essential to respond to risk and protective factors which are dependent on the adoption system and procedure (see *Bonkougou, B.* and *Dambach, M. for the ISS*, Section 3.1), and to identify which macro factors (e.g., the school system, society's view of immigration and diversity in the receiving country) are at work to minimise risk and to provide protection in adoption¹⁹ (see *Cabral, C.* and *Guerrieri, A.*, Section 3.4).

Beyond the numbers and defined factors, each breakdown involves a child to whom we were unable to ensure the family life to which he or she was entitled. It involves a child who – in many cases – will not have another chance for a family. Breakdown also involves a family who dreamt of a family with a child that it could not and did not know how to make their own, how to take care of and how to protect him or her. Each breakdown is ultimately the failure of a system that is motivated solely by protecting children, but that, in several instances, fails to find the successful approach.

¹⁷ Groeneveld, M. G., Vermeer, H. J., van Ijzendoorn, M. H. & Linting, M. (2011). *Enhancing home-based child care quality through video-feedback intervention: a randomized controlled trial*. *Journal of Family Psychology*, 25(1), p. 86; Weir, K. N., Lee, S., Canosa, P., Rodrigues, N., McWilliams, M. & Parker, L. (2013). *Whole family Theraplay: Integrating family systems theory and Theraplay to treat adoptive families*. *Adoption Quarterly*, 16(3-4), pp. 175-200; Salvá, C. P., Barrutieta, A. H. & Berástegui, A. (2016). *Mejorar las relaciones de apego tempranas en familias vulnerables: el programa Primera Alianza* *Improving early attachment relationships in vulnerable families: program Primera Alianza*. *Clínica*, 7(2), pp. 137-146.

¹⁸ Barth, R. P. & Miller, J. M. (2000). *Building Effective Post-Adoption Services: What is the Empirical Foundation?* *Family Relations*, 49(4), pp. 447-455.

¹⁹ Berástegui, A. (2008). *La postadopción más allá de la familia y del niño: reflexiones y propuestas* in Berástegui A. & Gómez-Bengochea, B. (coord.). *Op. Cit.* n°12, pp. 191-203; Palacios, J. (2009). *The ecology of adoption* in Wrobel & E. Neil (Ed.), *International Advances for Adoption*. London: Wiley-Blackwell, pp. 71-94; Schweiger, W.K. & O'Brien, M. (2005). *Special Needs Adoption: An Ecological Systems Approach*. *Family Relations*, 54, pp. 512-522.

1. Qualification, quantification and information sharing of intercountry adoption breakdowns

Recommendations/strategies:

- Given the foreseeable increase in cases of adoption breakdown as the number of adopted children and their age increases, maintaining an active watch over the situation is recommended to ensure adequate decision making. **Gaining better knowledge about this reality, in terms of number, factors and indicators will help us to better understand and plan for the adoption process.**
- Giving recognition to a breakdown can be viewed with a feeling of resignation and hopelessness, often a defence mechanism in the face of potential criticism, conversely, **it can serve to encourage creativity and commitment to building a society where no child lacks a family.**

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1. Qualification, quantification and information sharing of intercountry adoption breakdowns

A successful adoption implies a successful mutual attachment

By Johanne Lemieux

We cannot even consider addressing the complex and delicate subject of breakdown and failure in adoption, without first defining what we understand to be a successful adoption. In Adopteparentalité (see Lemieux, J., Section 3.4), the evaluation of a successful adoption is entirely dependent on the successful creation (or not) of a strong, deep, reciprocal and secure parent-child attachment. Without this link an adoption will forever remain a purely legal state of affairs, a social arrangement without any depth, without any beneficial effect for the development of the child or for the fulfilment of the parent and the whole family. The child adapts to his or her new life without ever really bonding with their new parents. Such a situation is at high risk of leading to a breakdown of the adoption relationship.

Warning! Attachment and love are not synonyms! The attachment of the child to his or her parents has more to do with a deep sense of security, confidence and permanence than with a feeling of love.

The parent-child bond of attachment is in itself the most fundamental protective factor for preventing breakdown. Regardless of the trials, the conflicts, and physical or mental health problems, if the child and his or her parent have been able to build and preserve this bond, maintaining an adoption relationship as 'normal' and as desirable as possible remains feasible.

As long as there is an attachment, there is hope!

In our clinical experience, and that of our colleagues, the overwhelming majority of breakdowns display a common factor. Namely, fragility in the bond from the parents towards the child and/or the reverse. This is a fragility that is due to a history of being unable to build a strong mutual attachment in the first months or years after the child's arrival. Like land mines that are dangerous but surreptitiously concealed in the ground, the most brutal repercussions of this incomplete and insecure attachment will all too often manifest several years later. Mental health problems, dangerous behaviour and incompatibility will be used to justify a permanent replacement outside the family. However, 'an autopsy' of the history of mutual attachment will generally reveal very early flaws.

The importance of attachment in adoption

The attachment bond is both the means of, and the desired aim of, a successful adoption. Children who are abandoned, and then abandoned again and again before being adopted, have a life trajectory marked by ruptures and absences. They are more at risk of retaining interpersonal traumas. Attachment bonds have already been broken, leaving invisible wounds. Forming a new attachment with another adult is therefore painful and frightening; not impossible, but difficult.

If the attachment bond is not formed gradually, neither the child nor the parent will 'take care' of this bond. This bond must exist at the very core of the body and soul of the parent and the body and soul of the child. Both parties must be ready to make sacrifices, to make every effort to preserve it, maintain it and protect it from internal and external attacks.

What we do not protect will continually deteriorate... and may eventually disappear forever

Without this bond, the child does not feel like the legitimate son or daughter of his or her parent, like an integrated part of the family, or loved unconditionally and permanently regardless of his or her words or actions. Without this bond the adult cannot feel totally and entirely responsible for meeting the child's health needs, protecting the child and ensuring his or her optimal development. The parent does not feel valued nor that he or she has the legitimacy to take all measures in his or her power to maintain his status as a figure of attachment – an essential element in the well-being of a little person in the making.

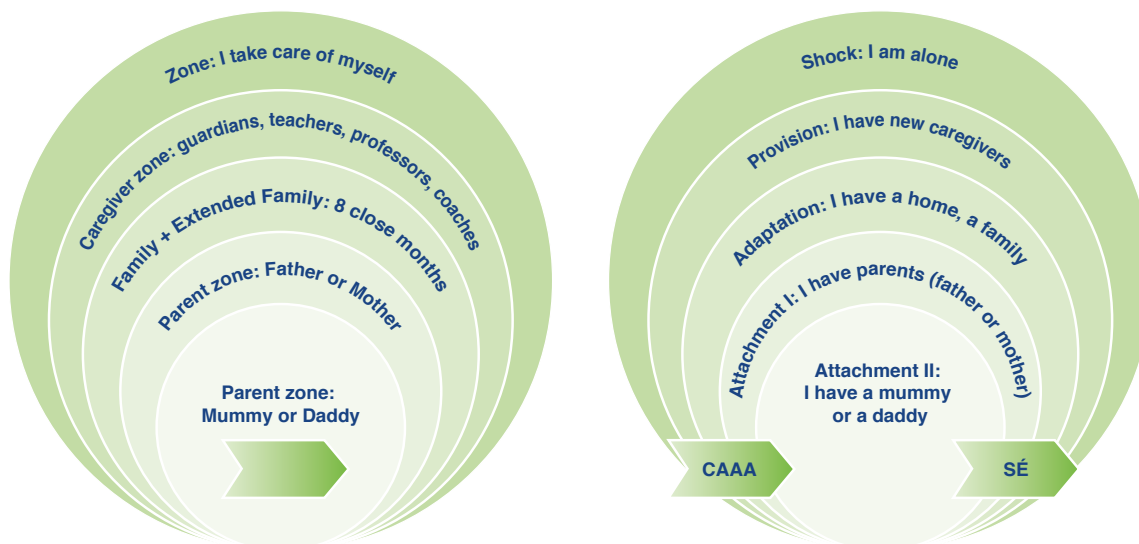
1. Qualification, quantification and information sharing of intercountry adoption breakdowns

How can this adoption bond be created and preserved? Through the stages of CAAASE (SAAAWB)²⁰ !

One of the best protection measures to avoid attachment failures or breakdowns, and thus adoption breakdown, is the transmission of knowledge, know-how and behavioural skills specific to adoptive normality²¹ and adoptive parenthood. *Adopteparentalité* has created concrete pedagogical tools to guide future parents. This include CAAASE, which provides for six gradual stages that are necessary to create a secure attachment bond:

- **Shock:** *the tsunami of emotions (about 3 days):* whatever the conditions, the first meeting will be an experience which has a psychological and physiological impact for both parent and child, and both will be overwhelmed by stress hormones.
- **Acclimatise:** *closed doors (about 3 weeks):* only the parents shall meet the basic needs of the child to assure him/her that they are good caregivers and have the best of intentions.
- **Adjustment:** *settling into the family (about 3 months):* the parents alone provide for all the child needs to improve his or her physical and developmental health, to feel safe in the new home, learn the language and integrate into family routines (with the help of pictorials).
- **Attachment:** *the overall aim of the adoption journey (3 seasons):* the parents focus on consolidating the attachment bond, and a mutual feeling of trust and caring, by more effectively decoding the child's language of attachment and by teaching him or her safe behaviour.
- **Withdrawal:** *leaving the emotional base camp in order to come back better (3 weeks):* if the parent(s) are to return to work, non-parental care gradually begins
- **Balance:** *independence alongside a healthy and normal dependency (3 years):* a stabilising period where the joys and challenges of family life are balanced, and the children find a healthy mix of their independence and dependence in accordance with their age and their own special needs. This period lasts for life!

Biological attachment and adoption attachment: the same target but different trajectories



In biological parenthood, the process of attachment is a journey that begins at the centre of the circle. It begins by a sensory connection to the primary figures of attachment (mummy and daddy then parents: mother and father), then to secondary figures (extended family including other significant adults) and ancillary parties (important care givers, but non-permanent).

In adoption parenthood, firstly we must take the time to heal the wounds of abandonment before being able to even begin to build the attachment bond. It should start at the outside of the target, where the child is at the moment of first contact. However, imposing this too aggressively can seriously affect the creation of a secure bond.

²⁰ For more information, consult Chapter 1 of the book: Lemieux, J. (2016). *Op. Cit.*, n°1.

²¹ For more information, consult Chapter 1 of the book: Lemieux, J. (2013). *La normalité adoptive : les clés pour accompagner l'enfant adopté*. Québec: Éditions Québec Amérique.

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From the adopted child's perspective the process of attachment is a journey that begins from a peripheral attachment, then secondary and finally (we hope ideally) a primary attachment. In order for the little person to reach his or her full potential, he or she needs an effective base camp: a figure of attachment. For the child this figure is literally the centre of the universe.

At the time of adoption, whether the child is five months or five years old, we find ourselves with a little person who is not only disorientated but who has not benefited (in most cases) from the usual protective factors. Very few adopted children have been able to keep a stable and appropriate attachment figure for a sufficiently long time.

The child finds him or herself alone, without references, disorientated, in shock, in mourning. He or she arrives with a history of insecure attachment and, to a large extent, a lack of awareness of the usefulness of having a daddy or mummy – the reality of family life.

How then can we explain breakdowns of attachment and potentially of adoption?

Sometimes the journey ends for the child before reaching the target

Some older children, or those children with histories of traumatic attachment breakdown, will reach the first level of attachment – the 'parent level' (father and mother), but it will be much more difficult for them to reach the second level of attachment – 'mummy and daddy'. Three main factors that have been seen in clinics explain this:

1. **THE PLACE IS ALREADY TAKEN:** it may be that the child has a conflict of loyalty with the mother he or she has conscious memories of – especially as adoptions are more and more delayed.
2. **THE PLACE IS TOO PAINFUL:** it may be that the child has lived so many early traumas of neglect, mistreatment or abandonment in the most intimate area of 'mummy and daddy' attachment that he or she is terrified of finding him or herself there again.
3. **THE PLACE IS INVADED TOO QUICKLY:** it may be that the child is ready to enter this second level of attachment, but it is the attitude of the adult that hinders the process. The parent can be too intrusive, too insistent, and move too fast.

Sometimes the journey ends for the parent before the target is reached

It may be that an adopted child is ready to access the mummy or daddy level, that he or she is even very interested in doing so and is in fact in need and waiting for this, but that it is the adult who is not able.

1. **THE PARENT'S DECEPTION:** it may be that the parent is so disappointed by the child who has been placed with him or her, that he or she cannot look beyond his or her first impressions. This may be the result of the child's state of health, his or her age, his or her less harmonious physical characteristics, or even the particular challenges of the first meeting – including any strange or intense reactions of the child. The parent is therefore overwhelmed by a deep sense of injustice and shame to the point of rendering him or her incapable of focusing on the basic needs of the child.
2. **THE TRAUMA OF THE PARENT:** the characteristics of the child can literally explode the (small or large) emotional 'land mines' of the adult. That is their own vulnerabilities, due to poorly treated past traumas or a personal history of very insecure attachment. In such circumstances the child's own traumas (or 'mines') will return. The emotional territory between the child and the parent becomes a battlefield – making the process of attachment impossible.
3. **THE SCENARIO ESTABLISHED BY THE PARENT:** it may be that the parent has not grasped the magnitude of the act of adoption itself. Some adults engage in an adoption project first and foremost for humanitarian reasons, but do not necessarily have the desire to obtain mummy or daddy status.
4. **THE PARENT'S STAGE OF LIFE:** On occasion, the desire to become a mum or dad has been very strong, very healthy, and very real during one part of the adult's life. Sometimes, many years pass between making an adoption application and the arrival of a child. The original desire may have faded, making the work that the parents must do too demanding, overpowering their will to do it.

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Recommendations/strategies:

A successful adoption is first and foremost a story of successful mutual attachment.

Not all situations of attachment difficulties end in adoption breakdown.

- The child must be capable of accepting the attachment, trust, security, and protection offered by his or her new parent.
- The parent must be conscious of the adoptive normality of the child's attachment challenges. Failures and breakdowns can be avoided by the simple fact that the parent grasps the child's inability to attach him or herself as fully as the parent would have wished. They can also be avoided through the parent not feeling shame or incompetence for being incapable of fully attaching to the child.
- The authorities of the receiving countries must ensure that prospective adoptive parents are given the knowledge and necessary tools of adoptive parenthood. Happiness can be found provided there is the help of a professional who is aware of the adoptive normality and who can assist the parent in putting in place all the necessary protective factors (see [Chapter 3](#)).

Johanne Lemieux has been a social worker in Quebec for more than 30 years and a psychotherapist for 15 years, specialising in domestic and intercountry adoption together with the treatment of attachment disorders and post-traumatic stress disorder. She is the creator of the psychosocial approach *@Adopteparentalité*. She divides her time between clinical and psychotherapeutic work that she carries out in private practice at the *Bureau de consultation en adoption de Québec (Quebec Bureau of Adoption Consultation)*, and as a speaker and trainer for parents and professionals in collaboration with Dr. Jean-Francois Chicoine in association with the organisation *Le Monde est ailleurs*.

1. Qualification, quantification and information sharing of intercountry adoption breakdowns

Some keys to understanding breakdowns in adoption

By Alberto Rodriguez Gonzalez

In Spain, over the past few years there has been a significant increase in the number of concerning cases of adopted children and adolescents where high risk of breakdown has been identified. This increase has generated alarm among adoptive families, and much confusion among professionals. Therefore, it has become necessary for adoptive parents and professional circles to start managing conflicts on the basis of the following understandings.

Understanding behavioural problems as a reactive response, or as symptoms of a potential mental health concern:

Studies carried out over the past few years regarding cared for adolescents have demonstrated that between 20 and 25% of children have been diagnosed with some form of psychopathology. Despite this data, most conflict situations result from reactions that arise out of fears, rather than a result of the adopted person's pathology. Understanding and connecting with the adopted person and helping them to work out these fears, is an effective strategy in containing their confusion and discomfort – training families to understand and manage this is a strategic core task, and a priority.

Understanding and facing concerns relating to persons adopted during adolescence:

Adopted adolescents have the same problems and needs as all other adolescents. Although it is evident that they have other needs that may be jeopardised during adolescence, of those which relate to their adoptive condition the following needs stand out:

- a. the need to feel that they have a stable family environment, and to overcome the fear of abandonment by their relatives and those around them;
- b. the need to complete their life story, as a step towards working through the grief linked to their search for their biological relatives;
- c. the need to repair the psychological and emotional harm caused by any maltreatment, institutionalisation and abandonment experienced early in life and which affects all areas of life; and
- d. the need to be able to form an identity that incorporates both of their realities, and consequently, find a feeling of belonging that offers safety in their relationship with significant figures, in particular their adoptive parents.

In order to confront all these needs, they must generally face four vital matters that will take up much of their adolescence and generate significant discomfort:

- They must come to terms with their adoptive condition, which will help them have a complete and coherent story. Information provides answers to their pressing questions, the absence of information creates the risk that it will be impossible to reduce anxiety, and instead of finding a 'normalised' grief, a pathological mourning could take its place.
- They must work through a sense of feeling different from their adoptive family. Most adoptees stem from intercountry adoption, and therefore among other differences there will be a physical difference. These differences will become more obvious during adolescence, a stage during which it is necessary to work out a feeling of identity and belonging.
- They need to be able to express the pain linked to their feeling of having been the victims of early abandonment, abuse and/or institutionalisation. This feeling, which becomes particularly bitter during adolescence, is the expression of one of the phases of working through grief resulting from their life story, in particular the stage of anger. The aggressiveness that all adolescents display as a defence mechanism for their assertiveness is expressed by vulnerable adoptees with more turmoil and anger, resulting in situations of familial and personal risk.
- The fourth essential component relates to emotional insecurity and a fear of being abandoned again by persons around them. This fear, present throughout their life and accentuated during this period and can be directed towards other significant persons. This fear no longer affects only their relationship with their adoptive families, but also their relationships with their partner, friends, etc.

To support these young people it is necessary to get closer to, and to tune into, this rich and heavy world of painful emotions, and to convey the possibility that many of them can be repaired.

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Understanding breakdowns in adoption: THE GOOD TREATMENT MODEL

A breakdown in family life marks an additional step in the process of emotional reparation for the wounds of the past. Even though abuse leaves a long standing mark in many people, so to do good treatment experiences. Thus, in approaching the breakdown good treatment experiences in the child's upbringing must also be considered. Some professionals tend to focus on assessing the risks and difficulties of the adoptive family itself. Although such an assessment is necessary, professionals should take into account that the period of time living together and the length of the relationship, will always allow for positive bonding with good treatment experiences. Notwithstanding that they cannot be experienced as such by any of the parties during times of vulnerability.

A history of harm cannot be 'repaired' without pain. Good treatment experiences can help to soften the pain, but sometimes cannot repair the situation itself. Taking this model of good treatment into account in situations of breakdown, implies:

- Understanding that despite the seriousness surrounding a separation, leaving resolution of conflicts relating to the adoptee's early story to the adoptive parents is, in particular, recognising their capacity to deal with them;
- Assessing that the breakdown within the family is not an end, but a step in the process of repairing emotional harm;
- Accepting the existence and persistence of psychological harm linked to early experiences of abuse, but never giving in to fatalism. It must

be assumed that experiences of abuse create vulnerability, but experiences of good treatment provide adoptees with tools to manage those vulnerabilities on a daily basis;

- Understanding that exhaustion, fatigue and difficulties can result in an unconscious emotional synchrony within the adoptive family; the adoptive parents are in total symbiosis with their children, feeling the world in the same way;
- Assessing not only the risk factors in any intervention, but also good treatment experiences as a strategy in promoting their continuity;
- Assuming that the conflict is not the expression of failure, but a part of the continuous process of adjustment and change;
- Assessing that a temporary family separation does not entail a breakdown in bonds, but rather an adjustment of feelings which, depending on how it is managed, will allow for a better reparation of the feeling of abandonment and of the life story itself; and
- Taking into account that, even if appearances are to the contrary, bonds always persist. As an adoptee said when he or she escaped from home, he or she always had the feeling that there was a very thin thread that still connected him or her to his or her family.

Disruptions in family life do not imply a breakdown. Depending on how they are managed, they can be responses which either contribute to the on-going repair of emotional harm, or conversely, perpetuate the family conflict.

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An attempt to define crises and breakdowns in adoption and a data collection model

By Monica Malaguti and the International Social Service

To be able to make use of comparable data on an international level for crises in, and breakdowns of, adoption it is preferable to have a common definition of these situations. This not only assists in understanding the issues which can influence the adoption process, but also in monitoring those adoptions which result in a temporary or definitive breakdown of bonds. In order to define the degree of success or failure of the adoption, indicators should be established for this evaluation, such as the quality of the attachment bonds, or the coexistence within the family. A distinction should also be made between the level of intensity of the problems linked to the personal, interpersonal, family and social dynamics; and the temporary or definitive nature of the crisis and its prognosis.

The task is further complicated by the wide range of national regulations for child protection systems and for adoption. For example, in Italy where the Juvenile Court plays an active role, the breakdown of adoption resulting in a separation from the family can be based on a legal recognition by the competent authority of a decision made by social services to support a separation. However, in States where decisions regarding adoption or fostering are the responsibility of social services, a 'defined' adoption breakdown can result from an administrative decision for separation made by these services alone.

Differentiating the varying degrees of adoption problems, rather than adoption breakdown

One proposition is to define situations where the child is maintained in his or her family environment with a view to resolving the problems encountered (without resorting to separation) as *adoption problems* rather than as *breakdowns*. Any resolution should be attempted through socio-therapeutic assistance as part of post-adoption support, with a view to protecting the child.

In theory, two categories of situations could be defined according to their **level of complexity**:

- the average or serious intra-family conflicts/problems which can be resolved in the short, middle or long term, through (sometimes) intensive professional assistance without the need for separation; and
- situations which are so serious that separation is inevitable.

Thus, the phenomenon could be split into two categories:

1. **'The crisis'**: when there are serious problems without the need for separation.
2. **'The breakdown'**: when there are serious problems which result in a formal separation decision made by social services and/or the Juvenile Court (or such body which has the competence to protect the interests of the child).

3. A supplementary distinction, half way between the two categories could influence the **length of the separation** or the stay in a children's reception centre. This could, for example, happen with separations **for more than one year or under two years**. This delay makes it possible to verify if the socio-educational project foresees that the child may be able to be returned to his or her family before his or her maturity.

The different aspects of 'defining' adoption problems

Proposals for defining *problems/breakdowns of adoption* covers various aspects:

- **The legal aspect**: Have the problems arisen before or after the final decision on adoption.
- **The time aspect**: Understanding when the problem appears, for example:
 - in the year following the placement of the child in the family;
 - a year after the adoption, up until the maturity of the adoptee; or
 - when there is temporary (return to the family after a few months) or definitive (until the child's maturity) separation.

When observing and understanding this phenomenon, the timing of the observation is important. If the crisis is on-going, all the necessary elements for understanding its development are not yet available. For example, it will not be possible to clearly foresee the length of the separation or the prognosis of the crisis.

- **The aspect linked to the interventions of professionals seeking to improve or resolve the situation**, whether it has resulted in a separation from the adoptive family or not. This aspect aims to define the quality and length of the intensive and specialised care needed by the family and the child, and to identify the range of medico-psychosocial services – standard and/or individualised – available in the country concerned.

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- **The aspect linked to responsibility:** within the framework of the measures adopted, the division of responsibilities should be specified, between the family, social services, the Court, or any other competent authority. With this in mind, each problem must be understood individually so as to identify where the main responsibility should lie. For example, a separation occurring because of a serious dereliction of parental duty.
- **The aspect linked to the outcome/prognosis of the intervention(s) in terms of prevention, and the long-term health and well-being of the child, including until his or her maturity:** This is a question of measuring when and/or why a crisis is a temporary problem during the life cycle of the child and the family, and when it can become an adoption breakdown. It is also useful to understand if, or to what degree, a child who has lived through a crisis or adoption breakdown can be autonomous and attain a satisfying level of well-being as an adult.

Longitudinal studies and real life stories are vital in evaluating this 'well-being' in different ways: profession of the adoptee, his or her private life, self-esteem, friendships, social life, etc.

Recommendations/strategies:

- Proposition for a definition of a crisis/adoption breakdown by the ISS:

Based on the indicators put forward in this contribution, and throughout this first chapter, the following definition attempts to reflect the vast range of situations covering adoption crises and breakdowns:

An intercountry adoption crisis or breakdown occurs when the adopters or the adoptee are faced with temporary, even irremediable, problems either before or after the adoption decision, which can result in an early or later severance of bonds.

Apart from the visible breakdowns leading to the out of home care placement of the child, usually through an administrative or legal decision, certain breakdowns of intercountry adoption remain invisible because the competent authorities are not notified of the separation; or despite coexistence within the adoptive family no solid reassuring bond has been created.

A broad definition of these terms which accord with the indicators that relate to the extent of the problems, and which are linked particularly with: the construction and consolidation of attachment bonds; the time scale; the nature of professional interventions; the division of responsibility; and any prognosis, would make it possible for the maximum number of crises to be visible when collecting statistics – consequently allowing for appropriate support. These data are of prime importance when designing procedures for adoption and support for families.

- To facilitate the collection of data, based on this definition, a model has been created by M. Malaguti, see [Appendix 2b](#).

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1.2 Statistical data

The path to gathering data on adoption crises and adoption breakdowns is one strewn with obstacles, such as: the lack of a unanimous definition (as outlined above); the subjectivity of professionals in assessing breakdowns; the lack of systematic data collection and uniformity; a lack of compulsory data gathering on a national level; a lack of distinction between national and intercountry adoption data; and the challenge of obtaining such data on independent adoptions and private adoptions that are not structured, strongly discouraged and even prohibited by the international community. Removing obstacles would require the implementation of rules for collecting data, such as: identifying relevant stakeholders, developing a methodology, and centralising national and international data.

Further, all stakeholders should be made aware of the importance of relaying information about the difficulties faced in adoption with a view to preventing and managing them.

Over the following pages we explore these objectives and encourage initiatives from various central authorities, adoption accredited bodies, and other stakeholders in the countries of origin and receiving countries, aimed at promoting the systematic collection of statistics on a national level. This would allow for a wider understanding of the situation, and prove to be an essential aspect that could be included in the agenda of international conferences, such as the Special Commission on the operation of the 1993 Hague Intercountry Adoption Convention.

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Collecting data on problematic adoptions: the experience of the Emilia-Romagna region in Italy

By *Monica Malaguti*

Background on adoption in Italy

In Italy, the reality of intercountry adoptions (ICA), similar to the reality in the Emilia-Romagna region, is that many children are older when they are adopted (5.5 years old, on average, in 2013²²), as is the couple when they receive authorisation to adopt—and that age is increasing.²³ In 2013, 21% of the children who arrived in Italy were reported to have particular or special needs. In addition, there is a significant decrease in the number of families available for ICA (a 29% decrease from 2011 to 2013). The same trend can be seen in other receiving countries; for example, a 24% decrease in the USA and a 32% decrease in France. In Emilia-Romagna, there has been a 40% decrease over the past five years.

The Commission for Intercountry Adoption (CIA), Italy's Central Adoption Authority (CA) has since the time the Commission was created in November 2000 until 2013, published a yearly report on ICA.²⁴ It provides detailed data on a national scale (aggregated and disaggregated, by region/children's court) about the couples and children involved in ICA. In 2003, the Commission also published²⁵ the first (and only) national study on problematic adoptions. It focuses on adoptions that took place between January 1, 1998, and January 1, 2001, and in which the adopted child was subsequently placed in residential care.²⁶ The 2003 research into failed adoptions found that there were 331 cases of separation, and just under half of those cases were children who were adopted from another country (49.5%).

It is important that adoption actors are able to rely on in-depth scientific resources, as well as national statistical reports from official sources. Data comparison will enable each region to reflect on their specific process in a more global context—from a national or international viewpoint.

The difficulty of comparing data and calculating the number of 'interrupted' adoptions

There are few statistics on adoption breakdown. The criteria used to define the concept vary from one study to another and, as a consequence, so does the method for collecting the data. The results are also not homogenous and comparable, and neither is the calculation of the rate of these problematic situations. For example, CIA's aforementioned national study, which focuses on the period between 1998 and 2001²⁷ (CIA, 2003), indicates the number of failed adoptions in Italy based on Italian adoptions over the course of four years. The rate is 1.7% for ICA and 3% for domestic adoptions. An analysis of the research in the international arena²⁸ indicates that interrupted adoptions happen as often as 10% of the time when the children being adopted have special needs, but that rate drops to less than 5% when looking at overall adoptions. The most reported number in Europe vacillates between 1% and 5%, although there is not always a clear explanation as to how it was calculated or on what basis (longitudinal) adoptions were integrated into that category.

The gaps in the data can sometimes lead to inflammatory or 'alarming' statements—rarely founded in documentation and often lacking objectivity—such as, "According to our observations, 50% of families with adolescents who have been adopted experience crises that vary in severity", or "Welcome centres for minor children are filled with adopted youth." The rate of failed adoption in the Emilia-Romagna region²⁹ (see *Appendix 2*), calculated based on the 77 cases reported between 2006 and 2015—both domestic adoptions and ICA—is 3%. Although that rate may appear to be higher than the rates reported in other

²² C.A.I.- Commissione adozioni internazionale - Autorità centrale per la Convenzione de L'Aja (2013). *Dati e prospettive nelle adozioni internazionali, rapporto sui fascicoli dal 1.1.2013 al 31.12.2013*.

²³ In Italy, the average waiting period between the PAP's agreement and the matching proposal is approximately between 24 and 26 months. We can therefore estimate that on average adoptive parents are between 43 and 45 years old at the time of the meeting with the child (CAI - 2013).

²⁴ See: <http://www.commissioneadozioni.it/it/per-una-famiglia-adottiva/rapporto-statistico.aspx> (last visited 14 June 2017).

²⁵ Commissione adozioni internazionali (2003). *Percorsi problematici dell'adozione internazionale, Indagine sul fenomeno della "restituzione" dei minori adottati da altri Paesi*. Istituto degli Innocenti- Collana Studi e ricerche, della Commissione per le adozioni internazionali. Italia. Available at: <http://www.commissioneadozioni.it/media/20482/percorsi%20problematici%20dell'adozione%20internazionale.pdf> (last visited 21 June 2017).

²⁶ Does not take into account children who, following their separation from the adoptive family, have been placed within another adoptive family or foster family.

²⁷ Commissione adozioni internazionali (2003). *Op. Cit.*, n°25.

²⁸ Merguici, G. (2003). *Le ricerche in ambito internazionale dans Commissione adozioni internazionali (2003). Op. Cit.*, n°25, pp. 140-152.

²⁹ The calculation targets the relation between separation and the total number of intercountry adoptions, both national (pre-adoptive matching at the national level) or international (intercountry adoption decree and pre-adoptive matching at the international level) in the country, during the same period as the one targeted by the data gathering (see table 1, appendix 2).

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studies, both national³⁰ and European,³¹ the estimation in a significant portion of international literature is really no different.

In comparison, in the Emilia-Romagna region, 3% of adopted children are no longer part of the family unit³², contrasted with 0.36% of non-adopted children.³³ This comparative data demonstrates that more significant professional intervention needs to be offered to adoptive families.

The challenges of collecting data on adoptions breakdown and potential strategies

In 2002, the Emilia-Romagna region first disclosed information about adoption breakdowns—meaning that the child is no longer physically part of the adoptive family unit—by integrating that data into the regional information system for assistance to minor children (Sisam-ER). Until 2005, the only information collected was in relation to children who were no longer part of the adoptive family unit within the first year of being placed. Since 2006, information has been collected on all types of separation without taking into account the year of adoption, and certain qualitative variables have been integrated. The collection provides for the submission of a data collection sheet to all social services workers who are responsible for child welfare in the region (see [Appendix 2.a](#)). Generally speaking, the information is compiled by social assistants and/or local authorities in the regional information system (Sisam).

That experience enabled us to obtain information on failed adoptions and to develop various strategies designed to:

- *structure how data is collected;*
- *ensure continuity in data collection (in this case between 2002 and 2015);*
- *ensure that the data is processed and distributed by:*
 - sending the consultation results and the report on the previous year's collection results to social services on an annual basis;

- publishing periodic reports that include data analysis and interpretation, in particular on a longitudinal basis (following a target population over a period of time); and
- with a temporal proximity of approximately three to four months following the end of the year preceding the data collection. For example, the assessment of new cases of failed adoptions in 2015 was started in April 2016. The regional questionnaire was sent to the services concerned and returned over the following months.

This awareness has meant that the response rate to data collection from social services in the region has been successful, between 70% and 100%, with a solicitation procedure for the services that did not respond.

Certain variables have been identified through the analysis of the data collected

The data collected by the region over the course of the decade 2006-2015 demonstrates and confirms the validity of certain indicators of 'failure risks' that exist in the literature. The data also indicates elements, subsequent considerations and comparisons to other data and research.

It is worth noting the statistical frequency of the following variables:

- ✓ the high average age of the children at the time of adoption;³⁴
- ✓ the age at the time they physically separate, close to adolescence;³⁵
- ✓ other sisters or brothers³⁶ in the family;
- ✓ the fact that the separation takes place, on average, approximately seven years after the child is placed with the adoptive family.³⁷

³⁰ Commissione adozioni internazionali (2003). *Op. Cit.*, n°25.

³¹ In Spain, the rate is between 1 and 2% according to the calculations of J. Palacios, (see [Palacios, J., Section. 1.3](#)).

³² It is unknown if they are in full time family based-care, or in an institution without the mother.

³³ Of 714,000 residents of the region aged less than 18 years old, 2 569 children lived outside their families, including adoptees, as of 1 January 2015 (source: Sisam-ER).

³⁴ Greater than seven years old (7.3).

³⁵ The average age at the time of the separation is 14.

³⁶ 36% of the separated children have siblings, whereas the proportion is of 21% for adoption in general. See table 1) appendix 2.

³⁷ See table 2) appendix 2.

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Other variables appear to be less relevant and do not require further study *a posteriori*:

- ✓ gender and type of adoption;³⁸
- ✓ health issues (psychological/health), including the need for intervention and diagnoses from doctors and specialists;³⁹
- ✓ the child's country of origin in ICA.⁴⁰

While considering the confidentiality of the data—which is a delicate and complex aspect of social work—it is important that professionals in the child welfare and adoption field are able to discuss these topics with other actors. Some professionals have suggested amending the term 'adoption breakdown' as it is currently being used. Just because a youth leaves the family does not necessarily mean that it is an adoption breakdown, particularly in cases where, despite difficulties, the family continues to work in partnership with services for the 'educational project' of the child.

It is also useful to understand the practices being developed in other contexts in order to address this phenomenon. For example, we have tried to take into account issues linked to the inherent subjectivity of the data collected on adoption breakdown, based on the work of Professor J. Palacios (see *Palacios, J., Section 1.3*). In addition, we have tried to include preadoption guardianship in the data calculations.

³⁸ According to regional data, the slight prevalence of the male gender (55%) and the prevalence of ICA (76%) are similar when we consider the total number of adoptions undertaken in those regions, and therefore do not constitute major variables.

³⁹ A high percentage (72%) of children have had access to specialised services and/or have received a diagnostic from an infant neuropsychiatrist; this percentage is even higher when we consider the total general population of institutionalized children (7%) or adopted child in general (25%).

⁴⁰ In the regional data related to separations, the American continent comes first (55%), in particular Columbia and Brazil, even if such a variable would be more relevant if it was crossed with other characteristics (i.e. the age at the time of adoption, and the adoption of siblings, the incidence of which varies depending on the country of origin). See table 1), appendix 2.

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Recommendations for developing a system for collecting data locally (regionally), nationally and internationally in order to identify causes for failure, and measures of prevention:

- Raise awareness among, and train, stakeholders on the importance of social research, the nature of the documentation and data collection (statistics, demographics, clinics, for assessment and efficiency) as an integral part of our profession
- Test uniform data collection tools and, if possible, distinguish the various levels of 'difficult adoptions' (according to a scale that varies between adoptions that are 'in crisis' and so-called 'adoption breakdown') based on shared concepts and definitions. This should be disseminated among disciplines and/or internationally (while taking into consideration the diversity of adoption systems from a legal and practical standpoint). A data collection model is proposed at the end of this section.
- Provide continuity and disseminate the survey and analysis of regional, national and international data so that professionals are able to compare and analyse the data, promote programming and implement consistent and up-to-date social policies.
- Promote, at the European level, research on failed adoptions so that various regions (with similar characteristics) or governments can participate as a pilot or supervisory group.

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1. Qualification, quantification and information sharing of intercountry adoption breakdowns

Collecting statistical data from countries of origin

By the International Social Service (Jeannette Wöllenstein)

Given the magnitude of the instances of failures in intercountry adoption (ICA) statistics, many countries of origin (COs), including India, Lithuania, Peru, Romania and Vietnam, have begun to record them, or at least introduce mechanisms to facilitate the collection of such data. In fact, aside from a shared desire to prevent such failures, these COs emphasise the need to quantify the data so as to analyse the impact on the entire adoption process and, on that basis, reassess the quality of cooperation with the receiving country (RC) concerned.

Like some RCs, these COs stress a key prerequisite for data collection: a common definition of ICA breakdown. In addition to an analysis of the available statistical data⁴¹, this contribution makes several recommendations for dealing with difficulties in gathering data. These include, among other things, low visibility in global ICA statistics, obstacles to access, and the timing of the breakdown.

ISS would like to congratulate the COs who are leading the way in this field and who, despite the obstacles, are continuing to strive to make breakdowns more visible and find appropriate solutions.

Statistical data increasingly available

For the RCs, breakdowns in ICA cases draw more attention, as shown by statistics (still quite partial) available in such places as Italy, France⁴² and the United States⁴³ (see *Malaguti, M., Section 1.2*). One noteworthy exception is Romania, where the Central Authority (CA) has been collecting partial data on failures since the 1990s.⁴⁴

While some countries, like India,⁴⁵ have recently introduced systems or databases that include this variable, others already have data that is disaggregated according to RC, year of adoption, child's age and sex, and the adoptive family's constellation (one or two parents). Peru's CA⁴⁶, for example, notes that 70% of breakdowns occur in ICAs involving children over the age of nine.

Frequently, other subcategories introduced by COs consider the timing of the breakdown's occurrence in the adoption process. Most COs differentiate between breakdowns that occur during the adoption probation period (see *Elefterie, V., Section 3.2*)—i.e., before the

adoption is finalised, and breakdowns that occur after the adoption is finalised.⁴⁷

While India, for example, limits data collection to three years after the adoption is finalised, other countries, like Romania and Vietnam, do not seem to set a time limit on the matter. They have information on the fate of the child involved in a case of failure (new adoption or not, with or without intervention by the CO's authorities, location of placement in the RC or CO, request to repatriate to the CO, etc.), as well as the fate of the adoptive parents (waiting to be matched with another child, giving up on adoption, adopting a new child, etc.).

While some COs do not specify the RCs involved in the adoption breakdown, other COs, like Peru and Romania, keep this data. The data is useful not only in assessing the ICA program with the RCs involved, but also in finding appropriate solutions for preventing and managing such situations in partnership with stakeholders in those RCs.

Data access difficulties: cooperation is a condition *sine qua non*

In many COs and RCs, it is true that as the Romanian CA points out, ICA breakdown **lacks visibility** in the statistics. In fact, in principle they are not included in the general statistics on ICA. Another obstacle clearly results from the **lack of cooperation** between the States involved.

Peru's CA has data on ICA breakdowns (for internal use), reserving access for the countries directly involved (RCs and COs). However, Peru's CA made its statistics available to this manual (see *Appendix 3*) due to its goals: preventing and managing such situations. Peru also noted a lack of

⁴¹ All of the data shared can be requested from ISS/IRC.

⁴² Data available directly from MAI and from the OWNED (Observatoire National de l'Enfance en Danger) report. Available at https://www.onpe.gouv.fr/system/files/publication/ragnp_2016_-_version_finale_2_leger.pdf (last visited 8 June 2017).

⁴³ U.S. Department of State. Fiscal year 2015 Annual Report on Intercountry Adoption. Available at: https://travel.state.gov/content/dam/aa/pdfs/2015Annual_Intercountry_Adoption_Report.pdf (last visited 8 June 2017).

⁴⁴ Cf. The National Authority for Child Rights Protection and Adoption. Available at: <http://www.copii.ro/statistici/?lang=en> (last visited 8 June 2017). Between 2005 and 2012, ICAs were suspended (except for adoption by family members up to the 3rd degree of kinship). Since 2012, ICAs are only allowed for Romanian nationals living abroad (Bill 233). Record data (requests from adoptees, the CA or Romanian diplomatic missions) are available at the Romanian CA.

⁴⁵ In the framework of its adoption reforms in recent years, India inaugurated CARINGS, an Internet portal and software, managed by CARA, India's CA. Its purpose is to centralise all data on domestic and international adoptions. Since the new 2017 guidelines came into effect, the platform has also aimed to incorporate data on adoptions that have failed in the first three years. For more information, see the Child Adoption Resource Information and Guidance System (CARINGS) available at: http://wcd.nic.in/sites/default/files/NTESCL_636194033071198891_english%20regulation_0.pdf (last visited 8 August 2017).

⁴⁶ See Documento Técnico DGA-DAPA – Casos de adopciones fallidas (residentes en el extranjero 2007-2015).

⁴⁷ In India, the adoption petition is only filed once the probation period of life together has begun.

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cooperation by some RCs when it comes to providing information on the children involved in an adoption breakdown (i.e. spotty information on the circumstances that led to the breakdown and on the interventions aimed at keeping child out of the child protection system). Among other things, these gaps are due to the fact that many CAs in the RCs where the breakdowns occurred have no control over the post-adoption process, as this has been delegated to adoption accredited bodies (AABs) or other authorised organisations.

For Romania's CA, another difficulty arises from the **breakdown's timing**, i.e. when the breakdown manifested itself. It is easier to collect data when the breakdown occurs shortly after the adoption is finalised, particularly during the post-adoption period, which is subject to regular evaluation and monitoring reports. If the breakdown occurs some time later, the only way the CO's CA will learn of such a situation is if the adopted person themselves request assistance or support and/or if the RC informs the CO.

Here, Lithuania's CA states that it is easier to get information when the adoption was handled by an AAB and the breakdown occurs within four years of the adoption being finalised. Moreover, the difficulties are greater when the situation involves private or independent adoptions, or adoptions that are high risk due to a lack of adequate evaluation, matching, preparation and follow-up (see *Dambach, M., for the ISS, Section 3.1*). It is hard to estimate how many such adoptions there are, as breakdowns that occur with this type of adoption are likely (completely) invisible in the statistics.

Greater data visibility

Given these difficulties, the COs provide several recommendations:

- It is essential to **raise awareness** among all adoption stakeholders, through the COs and RCs CAs, of the importance of this matter and of gathering data for the prevention and management of disruptions. It is proposed that:
 - Data collection on breakdowns be made mandatory for all countries that ratified the 1993 Hague Convention, by including the issue in HCCH country profiles or incorporating failure data into the general statistics on ICA shared by countries with the HCCH.⁴⁸
 - There be consideration of putting the issue of breakdowns on the agenda for the Special Commission on the practical operation of the 1993 Hague Convention.⁴⁹
- For both COs and RCs, **communication and cooperation efforts** must be much more extensive, as well as more effective and transparent (see *Section 2.2*) to collect and refine the data.
- Enhance **the key role of the CAs and the AABs** in obtaining and conserving breakdown data. Their proximity, and especially the support offered to adoptive families in pre-adoption phases, could help the families get back in contact and more easily ask for help even if problems arise years later. Here, Lithuania's CA, for example, mentions that an in-depth analysis of breakdowns could help establish qualitative and quantitative indicators that would be useful in assessing the accreditation or authorisation of AABs in a given country. Their role in a breakdown can be decisive, particularly when a lack of preparation or inadequate preparation of candidates is one of the factors involved in the breakdown.

⁴⁸ See HCCH Country Profiles. Available at: <https://www.hcch.net/en/instruments/conventions/publications1/?dtid=42&cid=69> (last visited 8 June 2017); See the HCCH statistics on intercountry adoption. Available at: <https://www.hcch.net/en/instruments/conventions/publications1/?dtid=32&cid=69> (last visited 8 June 2017).

⁴⁹ See: <https://www.hcch.net/en/instruments/conventions/publications1/?dtid=57&cid=69> (last visited 8 June 2017).

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Recommendations/strategies for improving data collection:

- **Outreach**, including on the importance of making these situations visible in statistical data, for example by including it on the agenda for future Special Commissions on the operation of the 1993 Hague Convention, and other international, regional and national meetings among various adoption stakeholders.
- **Mandatory refined data collection:** inclusion of breakdown data in Hague Conference country profiles and/or general statistics on ICA.
- **Transparent sharing and transmission** of data on breakdown through greater **cooperation and communication** between the CAs of RCs and COs, between CAs and AABs, and internally (see *Pépit, S., Section 2.2*) to better prevent and manage such situations.
- **AABs' involvement** in evaluating breakdowns and, as suggested by Lithuania's CA, inclusion of this component in AABs' accreditation and authorisation criteria.

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1.3 Point on research

Research is a valuable ally in identifying issues that lead to crises, relationship disruptions, and adoption breakdowns.

Trends may be reversed through professional intervention and the analysis of the child's and the adoptive parents' characteristics. Nevertheless, there are significant challenges in researching adoption breakdowns. The lack of a clear definition, and conversely definitions that are too limited, lead to a narrow perspective on the cases. Additionally, as we now know there are many challenges linked to gathering data, which by extension hinder the ability to effectively interpret and compare information.

After an international overview of the research carried out in this field by a group of Italian experts, J. Palacios shares with us the challenges and experiences learnt from his own research, which serves as inspiration for future research. Inspiration that is needed to better achieve success in adoption.

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Research on adoption breakdowns: an international outlook

By Rosa Rosnati, Sonia Ranieri & Laura Ferrari

This contribution aims to both briefly outline the international panorama of research and to provide useful information for the prevention of breakdowns.

At the present time the body of research on breakdowns is both limited and incomplete. The heterogeneity – both in the definition of ‘breakdown’ itself, and in the procedures of data collection absent official sources – together with recourse to a limited cross section (usually targeting local situations) are among the main factors that explain the small number of studies and which greatly limit the possibility of generalised results.

Two fields are examined in more detail by the research. The first concerns the spread of the phenomena, namely the incidence of breakdowns compared to the total number of adoptions. The second concerns the identification of risk factors. That is those factors associated with a greater likelihood of breakdown.

Contribution of research on the spread of adoption breakdowns

This is addressed only on the basis of very rough estimates for the reasons mentioned above. J.-F. Coackley and J.-D. Berrick⁵⁰, through an analysis of work published in the 1970’s, show that the percentage of breakdowns found in the literature vary from 6 to 11%, figures that can increase to 25% in the case of the adoption of older children and those with special needs.

This data is consistent with figures reported by the *Administration for Children and Families* in the United States, which vary between 10% and 25%.⁵¹ Concerning the situation in Europe, breakdowns affected 2.5% of intercountry adoptions (ICA) in the Netherlands,⁵² 4% of

ICA in Sweden,⁵³ together with 3.8% of placements in the United Kingdom,⁵⁴ and 1.5% in Spain.⁵⁵

These figures are undoubtedly under-estimated, particularly for ICA, due to the difficulties in collecting data. At first, these rates could be considered as relatively low, but when they are compared to the total number of adoptions they represent a decidedly significant number of cases.

Contribution of research on the identification of risk factors

The risk factors identified in the literature are associated with three areas that will be covered briefly: the characteristics of the child, the characteristics of the family, and the characteristics of the adoption services.

Characteristics of the child

Research shows that the risk of breakdown increases with the age of the child at the time of his or her insertion into the family. However, this correlation has not proven linear and studies reveal several risk thresholds: for some over two years,⁵⁶ for others over four years,⁵⁷ and for others still, over six years.⁵⁸ It is clear that age at the time of adoption is not a risk indicator in itself, but it can become so if it is associated with a journey marked by neglect, abuse and successive placements. Indeed, exposure to alcohol and drugs during pregnancy, lack of care, extended institutionalisation, the number of placements prior to adoption,⁵⁹ and in particular sexual abuse,⁶⁰ all increase the likelihood of a breakdown.

⁵⁰ Berrick, J. D. & Coackley, J. F. (2008). *Op. Cit.*, n° 8, pp. 101-112.

⁵¹ Child Welfare Information Gateway (2012). *Adoption disruption and dissolution: Numbers and trends*. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau. Available at: https://www.childwelfare.gov/pubPDFs/s_disrup.pdf (last visited 27 October 2015).

⁵² Hoksbergen, R. A. (1991). *Intercountry Adoption Coming of Age in the Netherlands: Basic Issues, Trends, and Developments* in H. Altstein & R.J. Simon (Eds.). *Intercountry adoption: A multinational perspective*. Madison CT: International University Press, pp. 141-158.

⁵³ Elmund, A., Lindblad, F., Vinnerljung, B. & Hjern, A. (2007). *Intercountry adoptees in out-of-home care: a national cohort study*. *Acta Paediatrica*, 96(3), pp. 437-442.

⁵⁴ Randall, J. (2013). *Failing to settle: A decade of disruptions in a voluntary adoption agency in placements made between 2001 and 2011*. *Adoption & Fostering*, 37, pp. 188-199.

⁵⁵ Berastegui, A. (2003). *Op. Cit.*, n°7.

⁵⁶ Barth, R.-P. & Berry, M. (1988). *Adoption and disruption: Rates, risks, and responses*. Hawthorne, NY: Aldine de Gruyter; Festinger, T. (1986). *Necessary risk: Study of adoptions and disrupted adoptive placements*. Child Welfare League of America. Washington DC.

⁵⁷ Schmidt, D. M., Rosenthal, J. A. & Bombeck, B. (1988). *Parents’ views of adoption disruption*. *Children and Youth Services Review*, 10(2), pp. 119-130; Selwyn, J., Wijedasa, D. & Meakings, S. (2014). *Beyond the Adoption Order: challenges, interventions and adoption disruption*. University of Bristol School for Policy Studies Hadley Centre for Adoption and Foster Care Studies. p.292.

⁵⁸ Palacios, J., Sanchez-Sandoval, Y. & Leon, E. (2005). *Op. Cit.*, n°8; Commissione per le adozioni internazionali (Italia) (2003). *Op. Cit.*, n°25; Salvaggio I., Ragaini C., Rosnati R., (2013). *Quando l’adozione fallisce: un’indagine esplorativa presso il Tribunale per i Minorenni di Milano*. *Minori e Giustizia*, 2, pp. 154-165.

⁵⁹ Beckett G., Pinchen I. & McKeigue, B. (2014). *Permanence and “Permanence”: Outcomes of Family Placements*. *British Journal of Social Work*, 44 (5), pp. 1162-1179; Selwyn, J., Wijedasa, D. & Meakings, S. (2014). *Op. Cit.*, n° 57.

⁶⁰ Nalavany, B. A., Ryan, S. D., Howard, J. A. & Smith, S. L. (2008). *Preadoptive child sexual abuse as a predictor of moves in care, adoption disruptions, and inconsistent adoptive parent commitment*. *Child Abuse & Neglect: The International Journal*, 32(12), pp. 1084-1088.

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Other risk factors identified through more recent research include the presence of significant emotional and behavioural problems for the child,⁶¹ and severe difficulties in the sphere of attachment.⁶² The results, on the other hand, are heterogeneous in relation to certain variables such as gender,⁶³ adoption of a sibling group,⁶⁴ ethnicity and geographical origin. Indeed, in respect of the latter aspect the percentages of breakdowns in the USA, according to Smith and associates,⁶⁵ is lower in white children than in African-Americans. Whereas some studies undertaken in Europe have shown a greater incidence of breakdown for young people originating from Eastern European countries.⁶⁶

Characteristics of the family

Regarding the characteristics of the adopting family, the variables that can increase the risk of breakdown are:

- the presence of a single parent,⁶⁷ the age of the parents,⁶⁸ and the level of education of the mother (often associated with full time work and higher expectations of academic success);⁶⁹
- misguided motivations driving the adoption, for example: the replacement of a deceased child;⁷⁰ unreasonable expectations;⁷¹ and disagreement between the couple about the adoption;⁷²

- rigid or inflexible educational styles, weak parental skills,⁷³ and a lack of support from the extended family.⁷⁴

Conversely, prior knowledge of the child seems to reduce the risk of breakdown. Certain studies have shown that adoption by close relatives or by previous foster parents of the child are more likely to be stable.⁷⁵

Finally, there have been some contradictory outcomes concerning the presence of other children in the household. Some studies have shown that the presence of other children in the adoptive family may represent a risk factor,⁷⁶ whereas in other cases they are associated with adoption success.⁷⁷

Characteristics of adoption services

Research has also taken into account how the involvement of adoption services can contribute to the risk of breakdown to a greater or lesser extent. These risk factors are, among others, linked to: the incorrect assessment of the aptitude of the candidates (often based primarily on the evaluation of the mental health of future parents); a significant gap between the expectations of parents regarding the imagined child and the actual child and an incorrect parent-child matching;⁷⁸ the lack or shortage of information about the child and his or her history;⁷⁹ the

- 61 Smith, S. L., Howard, J. A., Garnier, P. C. & Ryan, S. D. (2006). *Where are we now? A post-ASFA examination of disruption*. *Adoption Quarterly*, 9(4), pp. 19–44; Smith, S. L., Howard, J. A. & Monroe, A. D. (2000). *Issues underlying behaviour problems in at-risk adopted children*. *Children and Youth Services Review*, 22(7), pp. 539–562. Available at: https://www.researchgate.net/publication/48226666_Issues_underlying_behavior_problems_in_at-risk_adopted_children (last visited 13 September 2016); Randall, J. (2013). *Failing to settle: A decade of disruptions in a voluntary adoption agency in placements made between 2001 and 2011*. *Adoption & Fostering*, 37, pp. 188–199; Salvaggio I., Ragaini C. & Rosnati R., (2013). *Op. Cit.*, n°58.
- 62 Dance, C., & Rushton, A. (2005). *Predictors of outcome for unrelated adoptive placements made during middle childhood*. *Child and Family Social Work*, 10, pp. 269–280; Palacios, J., Sanchez-Sandoval, Y. & Leon, E. (2005). *Op. Cit.*, n°8; Verbovaya, O. (2016). *Theoretical explanatory model of international adoption failure: Attachment and ecological systems perspectives*. *Adoption Quarterly*, 19(3), pp. 188–209.
- 63 For example Rosenthal (e.a.) stated that boys would be more at risk. Cf. Schmidt, D. M., Rosenthal, J. A. & Bombeck, B. (1988). *Op. Cit.*, n°57.
- 64 Commissione per le adozioni internazionali (Italia) (2003). *Op. Cit.*, n° 25; Hegar, R. L. (2005). *Sibling placement in foster care and adoption: An overview of international research*. *Children and Youth Services Review*, 27(7), pp. 717–739 ; Smith, S. L., Howard, J. A., Garnier, P. C. & Ryan, S. D. (2006). *Op. Cit.*, n°61.
- 65 Smith, S. L., Howard, J. A., Garnier, P. C. & Ryan, S. D. (2006). *Op. Cit.*, n°61.
- 66 Palacios, J., Sanchez-Sandoval, Y. & Leon, E. (2005). *Op. Cit.*, n°8; Salvaggio I., Ragaini C., Rosnati R. (2013). *Op. Cit.*, n°58.
- 67 Festinger, T. (1986). *Necessary risk: Study of adoptions and disrupted adoptive placements*. Child Welfare League of America. Washington DC; Palacios, J., Sanchez-Sandoval, Y. & Leon, E. (2005). *Op. Cit.*, n°8.
- 68 Berry, M. & Barth, R. P. (1990). *A Study of disrupted adoptive placements of adolescents*. *Child Welfare*, 69(3), pp. 209–225; Cowan, A. B. (2004). *New strategies to promote the adoption of older children out of foster care*. *Children and Youth Services Review*, 26(11), pp. 1007–1020; Coakley, J. F. & Berrick, J. D. (2008). *Op. Cit.*, n°8; Salvaggio I., Ragaini C., Rosnati R., (2013). *Op. Cit.*, n°58.
- 69 Coakley, J. F. & Berrick, J. D. (2008). *Op. Cit.*, n°8; Schmidt, D. M., Rosenthal, J. A. & Bombeck, B. (1988). *Op. Cit.*, n°57.
- 70 Palacios, J., Sanchez-Sandoval, Y. & Leon, E. (2005). *Op. Cit.*, n°8.
- 71 Schmidt, D. M., Rosenthal, J. A. & Bombeck, B. (1988). *Op. Cit.*, n°57.
- 72 Palacios, J., Sanchez-Sandoval, Y. & Leon, E. (2005). *Op. Cit.*, n°8.
- 73 Palacios, J., Sanchez-Sandoval, Y. & Leon, E. (2005). *Op. Cit.*, n°8; Valdez, G. M. & McNamara, J. R. (1994). *Matching to prevent adoption disruption*. *Child and Adolescent Social Work Journal*, 11(5), pp. 391–403.
- 74 Berry, M. & Barth, R. P. (1990). *Op. Cit.*, n°68; Feigelman, W. & Silverman, A. R. (1984). *The long-term effects of transracial adoption*. *The Social Service Review*, 58(4), pp. 588–602.
- 75 Barth, R. P., Berry, M., Yoshikami, R., Goodfield, R. K. & Carson, M. L. (1988). *Predicting Adoption Disruption*. *Social Work*, 33(3), pp. 227–233; Coakley, J. F. & Berrick, J. D. (2008). *Op. Cit.*, n°8.
- 76 Berry, M. & Barth, R. P. (1990). *Op. Cit.*, n°68; Palacios, J., Sanchez-Sandoval, Y. & Leon, E. (2005). *Op. Cit.*, n°8; Salvaggio I., Ragaini C., Rosnati R., (2013). *Op. Cit.*, n°58.
- 77 Schmidt, D. M., Rosenthal, J. A. & Bombeck, B. (1988). *Op. Cit.*, n°57; Smith, S. L. & Howard, J. A. (1991). *A Comparative Study of Successful and Disrupted Adoptions*. *The Social Service Review*, 65(2), pp. 248–265.
- 78 Palacios, J., Sanchez-Sandoval, Y. & Leon, E. (2005). *Op. Cit.*, n°8.
- 79 Reily, T. & Platz, L. (2003). *Characteristic and challenges of families who adopt children with special needs: An empirical study*. *Children and Social Services Review*, 25, pp. 781–803.

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lack of continuity of adoption professionals; inadequate preparation and skills on the specifics of the adoptive process;⁸⁰ poor parental preparation; and weak support in the pre-adoptive and particularly post-adoptive phases.⁸¹

In addition, the fact that some parents both recognise the need for support and actually use post-adoption support services or participate in specific programmes⁸² is a crucial factor in explaining the variance of breakdown rates.⁸³

In many cases parents deplore intermittent involvement that is not commensurate with the seriousness of the situation.⁸⁴

It is essential to emphasise that breakdown cases are always the result of a combination of multiple risks factors, and in most cases attributable to the interaction of the three areas addressed: characteristics of the child, characteristics of the adopters, and risks created through harmful professional practices.⁸⁵

Contribution of research on the psychological and social aspects of adoption breakdowns

As briefly pointed out, research has focused mainly on risk factors. However, what are the psychological and relationship processes that can lead to breakdown?

One could say that in the final analysis adoption breakdown is the manifestation of a failed or incomplete process of legitimising oneself and one's partner as fully-fledged parents of the child. This process, known as *entitlement*,⁸⁶ is revealed through the exercise of parenting and taking full responsibility for the child. Just as the child is also called upon, over time, to legitimise the parents and to acknowledge them fully as father and mother. In adoption, this process can be impeded by the difference that the child brings. Therefore, it may be that faced with certain difficulties in the adopted child, i.e. problematic behaviour, but also negative personality characteristics, the adoptive couple feel urged to reject the

child on the basis of an external cause (*locus of control*) such as the difference, the origin, the past, the unknown, the culture, the child's ethnicity that they perceive as 'the child of others'. When this process becomes rigid and broadens, it is possible that the child is no longer just different, but becomes alien: such a process of reciprocal progressive estrangement leads to a rift of the family togetherness – the ultimate purpose of the adoption itself – perhaps leading to a breakdown.⁸⁷

A second point that is often neglected concerns the important social role that the adoptive parents play in ensuring for the child who has been deprived of it, an environment of appropriate development. From here also comes the responsibility that social services are called on to assume in supporting families throughout the different stages of the adoption process.⁸⁸ Adoption, by its very nature, is a social measure and not only concerns the family, but also social services, school, neighbourhoods, family associations. That is to say the whole community context in which the child is included. The principle risk is that on one hand the family once the long awaited child arrives withdraws into itself, and on the other hand social services do not guarantee follow-up. All this can lead to breakdown.

Contribution of research on the subject of the consequences of breakdown in adoption

Breakdown generally coincides with the departure of the foster family, the placement in an institution, and therefore the return of the child under guardianship. In most cases this measure is requested by the parents themselves for numerous reasons, often attributable to the violence exerted by young people towards the adoptive parents and towards themselves and, in a few cases, also exerted by the parents. Added to this is repeated attempts to run away, vagrancy, drug and alcohol abuse, and psychiatric problems. In some cases the difficulties which lead to the estrangement of the young person from the family nucleus

⁸⁰ Rycus, J. S., Freundlich, M., Hughes, R. C., Keefer, B. & Oakes, E. J. (2006). *Confronting barriers to adoption success*. Family Court Review, 44(2), pp. 210-230.

⁸¹ Berrick, J. D. & Coakley, J. F. (2008). *Op. Cit.*, n°8; Palacios, J., Sanchez-Sandoval, Y. & Leon, E. (2005). *Op. Cit.*, n°8.

⁸² Liao, M. & Testa, M. (2014). *Postadoption and Guardianship An Evaluation of the Adoption Preservation, Assessment, and Linkage Program*. Research on Social Work Practice, 26(6), pp. 675-685.

⁸³ Hartinger-Saunders, R. M., Troutaud, A. & Matos Johnson, J. (2015). *Post adoption service need and use as predictors of adoption dissolution: Findings from the 2012 national adoptive families study*, Adoption Quarterly, 18(4), pp. 255-272.

⁸⁴ Selwyn, J., Wijedasa, D. & Meakings, S. (2014). *Op. Cit.*, n°57.

⁸⁵ Palacios, J., Sanchez-Sandoval, Y. & Leon, E. (2005). *Op. Cit.*, n°8; Palacios, J. (2012). *Understanding and preventing adoption breakdown* in J. L. Gibbons & K. S. Rotabi (Eds.). *Intercountry adoption: Policies, practices and outcomes*. Surrey, England: Ashgate Publishing Limited, pp. 273-282.

⁸⁶ Cohen, N. J., Coyne, J. C. & Duvall, J. (1993). *Adopted and biological children in the clinic: Family, parental and child characteristics*. Journal of Child Psychology and Psychiatry, 34(4), pp. 545-562.

⁸⁷ Cigoli, V. & Scabini, E. (2006). *Family identity: Ties, symbols, and transitions*. NJ: Lawrence Erlbaum Associates; Rosnati, R. (2005). *The construction of adoptive parenthood and filiation in Italian families with adolescents: A family perspective* in D. M. Brodzinsky & J. Palacios (Eds.), *Psychological issues in adoption: Research and practice*. Westport, CT: Praeger, pp. 187-210.

⁸⁸ Cigoli, V. & Scabini, E. (2006). *Family identity: Ties, symbols, and transitions*. NJ: Lawrence Erlbaum Associates; Rosnati, R. (2010). *Il legame adottivo*. Milano: Unicopli; Ferrari, L., Ranieri, S., Barni, D. & Rosnati, R. (2015). *Parent-child relationship and adoptees' psychological well-being in adolescence and emerging adulthood: Disentangling maternal and paternal contribution*. Family Science, 6(1), pp. 77-86.

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already existed at the beginning of the placement. At other times, they appear at the threshold of adolescence. The most critical phase proves to be pre-adolescence: the average age of young people at the time of estrangement

is 13 years.⁸⁹ In many cases, once the young person is away from the family, the visits of parents stop and only in a small minority of cases does a return to the family occur.⁹⁰

Recommendations/strategies:

- Conducting systematic research and constructing databases that can provide a precise image of the phenomena (see [Section 1.2](#)).
- Assessment and preparation of children for adoption which is still sometimes non-existent or incomplete, particularly in ICA (see Sections [3.2](#) and [3.3](#)).
- Specific training of professionals⁹¹ (psychologists, psychotherapists, social assistants, neuropsychiatrists) who very often do not envisage dedicated time to these arguments (see [Section 4.1](#)).
- Development and dissemination of family support programmes in the preparation phase for adoption as well as in the post-adoption period, based on actual research. In this sense interventions strengthening family competencies can be useful. In particular, small group work aimed at making families more aware of their potential and therefore more able to benefit and fully harness all the many invaluable resources available to them (individual, relational and social) (see [Section 3.4](#)).

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⁸⁹ Commissione per le adozioni internazionali (Italie) (2003). *Op. Cit.*, n° 25; Salvaggio I., Ragaini C., Rosnati R., (2013). *Op. Cit.*, n°58.

⁹⁰ Salvaggio I., Ragaini C., Rosnati R. (2013). *Op. Cit.*, n°58.

⁹¹ For example: *Learning from Disruptions in Adoption and Fostering*, corambaAF, Birmingham, 11 October 2016. Available at: <http://corambaaf.org.uk/training> (last visited 8 June 2017).

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Researching adoption breakdown: challenges and lessons

By Jesús Palacios, Jesús M. Jiménez-Morago & Carmen Paniagua

Our research into adoption breakdown⁹² was commissioned by the Government of Andalucía's Department for Child Protection, a region in the south of Spain representing approximately 20% of the country's total population. Looking at adoption breakdowns over the 10-year period from 2003 to 2012, we asked three questions: what is the breakdown rate? Which factors are associated with breakdown? And, how can practices be improved to reduce the risk of a negative experience occurring? As our research progressed, we faced unexpected challenges and learnt some interesting lessons. What follows are our thoughts on both.

First challenge, first lesson: identifying the scope of the study

The first problem is the very **definition** of adoption breakdown. If an adoption that breaks down is a failed adoption, how should failure be defined? Failure undoubtedly occurs when the adopted child leaves the family and is once again up for adoption by a new adoptive family. But what if family life is fraught with conflict and serious difficulties and the adoptee leaves shortly after coming of age? What if the adoption has not officially broken down, but for example, the adoptee lives mostly with his or her aunt and uncle, or at a boarding school 'to complete his or her studies'? We decided to restrict the scope of our study to cases where the child was once again legally available for adoption by a new adoptive family. However, we were well aware that this approach excludes other cases, which are far from success stories. As a consequence, breakdown figures will clearly only represent an undoubtedly small and partial picture of the total number of adoptions facing serious difficulties. The well-known 'tip-of-the-iceberg' phenomenon (see *Berástegui Pedro-Viejo, A., Section 1.1*).

First challenge: Clearly identifying the scope of the study and being well aware of what falls inside and outside the scope of the definition.

First lesson: Research on adoption breakdown should strive to go beyond a simple yes/no question, offering a broader perspective that encompasses varied situations of serious difficulties in adoptive family life. Breakdown should represent only those cases where there has been a final and official breakdown. Additionally, the best approach is to be as inclusive as possible, not limited to only one type of adoption (e.g., intercountry adoption), nor to one stage of the process (only the pre-adoptive stage, or only where a judicial adoption order is in place).

Second challenge, second lesson: identifying cases of breakdown

The second challenge we encountered was related to **identifying cases** of breakdown. In an ideal scenario, once the subject-matter of the study has been determined, official databases are consulted in order to find cases of breakdown for an in-depth study. But ideal scenarios tend to be far removed from reality. In the real world, adoption databases – which provide information on whether it was a domestic or an intercountry adoption, a boy or a girl, the child's age at arrival, the amount of time he or she has been with a family – do not provide information on how that adoption evolved, whether any serious difficulties were encountered, or whether it had to be suspended on account of the seriousness of the issues faced. Given these circumstances, the only avenue left was to reach out to adoption practitioners and ask them to recall all cases of breakdown within the 10-year period of the study. Practitioners recalled a total of 94 cases – which we studied – and which amount to 1 in 75 adoptions made during the period (1.32%). How many cases did they not know about? How many cases did they not recall? The figure we obtained must definitely be questioned and considered as an under-representation of a broader and more complex reality.

Second challenge: Accessing reliable information on the subject matter of the study, with as little 'false negatives' as possible, i.e., cases of which there was no recollection, or unknown case.

Second lesson: Against the background of unrecorded information, if we had focused on a shorter period of study (e.g., the last three years), this issue might have been less of a challenge, as the practitioners consulted would have had a more accurate recollection of the cases in which they were involved. But we consider that the lesson learnt for the purposes of child care systems was more important: cases facing serious difficulties should not be

⁹² Palacios, J., Jiménez-Morago, J.M. and Paniagua, C. (2015). *Rupturas en adopción y acogimiento familiar en Andalucía. Incidencia, factores de riesgo, procesos e implicaciones*. Junta de Andalucía-Universidad de Sevilla. This document has not been published.

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left out of the databases as they reflect a very interesting and significant phenomenon. Adoption databases should thus not only contain information relating to the adoptee joining a family, but also to the development and the stages of the adoption, especially for cases of serious difficulties.

Third challenge, third lesson: access to information

Once cases have been identified, the next step is trying to **access all available information** in order to conduct a detailed analysis of the circumstances and processes involved. With due authorisation to access strictly confidential information, it is possible to obtain all available information on the families of origin, the process followed by the adoptive parents, the adopted child, life with the adoptive family, and conflicts or difficulties faced, among other things. All that information is contained in each case file. However, those files are sometimes spread out (one for the biological parents, a separate one for the adoptive parents up until the time of the child's arrival, another one for the new adoptive family, and so on) and not clearly related to one another. The contents of the child protection files are hugely disparate from one case to another and from one practitioner to the next. There is usually more administrative information, rather than real substantial and well-documented content. Regrettably, we were unable to obtain what would have been more desirable for our research: an in-depth study of those involved in the breakdown. That is, at least of the adoptive parents and the adoptees who went through this experience. Consequently, the information we accessed was of great interest, but represented only the practitioners' point of view. Whereas we consider it essential to access first-hand information from those most directly affected by the adoption breakdown experience.

Third challenge: Access to information – which is of vital importance to cooperation within the child protection system – is an essential part in the research on breakdowns. Information contained in child protection files is as abundant as it is disparate. Above all, it represents only the perspective of the practitioners who were involved in the case. A more thorough research project should include the perspectives of the adoptive parents and the adoptees who went through a breakdown, and, if possible, an in-depth study.

Third lesson: Should the budget support it, and given the foreseeable reluctance of adoptive parents to delve into a painful past, at the very least those children who went through a breakdown experience should be

interviewed and studied thoroughly. Their experiences will be just as interesting as the reports of practitioners. Obvious difficulties surrounding interviewing these boys and girls and obtaining their views would be mitigated if the studied period is not far removed from the time the study is conducted. In addition, practitioners' decisions and actions should be better and more systematically recorded in child protection files.

Fourth challenge, fourth lesson: analysing the data

Once all available information is collected, the next step is to **organise the analysis and interpretation of the data**. An exclusively qualitative or exclusively quantitative analysis would be just as interesting as it would be limited. A quantitative analysis must be as thorough and technically complex as possible and, ideally, it would contain information on the reference population (*i.e.*, on the total number of adoptions and their distribution by age and types of adoption in the studied period). In our case, for example, if we only analyse data on the basis of breakdown cases identified in our study, we observe the well-known phenomenon that the risk of breakdown increases alongside the child's age at arrival: the older the child at arrival, the greater the breakdown rate, at a constant increase. However, if we analyse the number of breakdown cases with regard to the total number of adoptions which could have failed (*i.e.*, the total number of adoptions in the period) we come to a different finding: the likelihood of breakdown if adopted at an older age does not increase in a linear manner, because the 'speed' of the increase decreases in the case of older children (in our study, adoptions at 10 years of age or more). This does not mean that those adoptions entail no significant risks, rather that the increase in the likelihood of breakdown at an older age is not linear.

Fourth challenge: Analysing the data obtained with as much statistical sophistication as possible, while also including qualitative information and analyses – not only with regard to the cases of breakdown, but also to the reference population.

Fourth lesson: The methodology employed to analyse data for research on adoption breakdown is not always sufficiently accurate. Conclusions drawn from research should be examined bearing in mind which methods were applied to obtain the information, in order to assess their scope and meaning. Additionally, the more information obtained on the reference population (all adoptions made in the studied period), the more interesting and thorough the analysis and the findings will be.

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Fifth challenge, fifth lesson: providing guidance and improvement of the work of practitioners

The interpretation of the findings obtained on a subject matter such as ours cannot be limited to merely contrasting them with the findings of other similar research studies. As interesting as that may be, it is most important to construe the findings in a manner that is useful in **providing guidance and improving the work of adoption practitioners**. Cases with a negative outcome sometimes serve the purpose of evidencing prolonged delays in decision-making, problems caused by incomplete or non-specialised involvement by practitioners', lack of interdisciplinary coordination, late detection of difficulties, and involvement by practitioners that is sporadic or

lacks continuity and which is frequently based on mere well-intentioned advice unsuitable to addressing the challenges faced.

Fifth challenge: Regardless of its usefulness to the development of research knowledge, the empirical study of adoptions that end in breakdown should – above all – be used to draw research conclusions with a view to improving the work of adoption practitioners.

Fifth lesson: Research on adoption breakdown requires contact with adoption practitioners – not only to access data, but also to hold discussions that can enable practitioners to gain a complete understanding of the findings obtained. A constructive analysis of their practices would lead to improvements in their work, and thus to a considerably reduced risk of breakdown.

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1.4 Role of the media

Intercountry adoption regularly features in the media, with an often biased version shown. On the one hand, we may be presented with an idealistic vision – particularly when an adoption by a celebrity is announced. We may hear a dramatic tale, an uncomplicated, fast-moving love story that carefully omits critical elements. On the other hand, the media may present a dark tale full of complicated stories, child trafficking and adoption breakdown.

The messages broadcast by the media have a very real impact on both public opinion and on adopted persons and their families. This impact should be addressed.

When it comes to public opinion on intercountry adoption, the media has a clear responsibility in how it is shaped. When the media fails to carry out in-depth analyses on stories on intercountry adoption, or to add context to those stories the vision they portray can only be flawed, and at times, disrespectful of the ethical principles and practices in this field.

This section invites us to reflect on how the media could become a driving force for greater ethics in adoption, could provide a space for better comprehending these ethics, and provide a means for better understanding the experiences and day-to-day reality of adopted persons and their families.

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The media's treatment of adoption breakdowns

By Céline Giraud & Julien Pierron

In some societies, the media well understands that the subject of adoption represents a small goldmine. It offers an inexhaustible palette of stories, each one as romantic as the next. A subject sometimes personal and powerful, it could just as well be part of a fairy-tale genre or that of a drama. Adoption has always attracted media attention. No doubt due to its extraordinary and atypical aspect. There is something mythical about the story of a child abandoned by his or her first parents and then adopted by other parents! It is easy to project yourself in a story of adoption dealing with a universal aspect: that of family and childhood.

However, it is more often the darker side of adoption that is portrayed in the media: the difficult background, the failures, illicit practices, trafficking of children, etc. Scandals and dramas create more buzz and are better sellers than serene and happy stories. While the vast majority of adoption histories succeed in their own way, for their own interests the media focuses more on difficult stories and adoption breakdowns. A subject exploited daily in the media, they are probably unaware of the real impacts on both public opinion and the adoptee and their families. In addition, media treatment of these breakdowns is most often subjective and confused.

Media handling of breakdowns before the adoption decision: the false right to an adopted child by adoption candidates

The media tend to mitigate cases of adoption candidates who are either refused approval or unable to have an adopted child. As if they should have an adopted child! As if there is a right to an adopted child! It is certainly the case when having a biological child – a heterosexual couple have the unconditional right to have a biological child. But this is not the case for adoption affiliation, where it is indeed the adopted child who has the right to have a family, not the reverse! By highlighting the affects and emotions of adoption candidates without a child, the media can distort matters and acknowledge a right to an adopted child, which is not ethical adoption practice. This is the case even if adults of good will can never adopt.

The recent 'textbook case' is that of the *Arche de Zoé*.⁹³ Some media outlets generated a narrative that good, honest and humanitarian people were prevented from carrying out their wish to save children through adoption. Whereas they were nothing less than traffickers of children! This story caused a lot of harm to adoption because, beyond the illegality of those acts, it was not a humanitarian gesture made with the aim of saving children from misery and death. Nevertheless the media response orientated public opinion towards this approach.

Media handling of breakdown after the adoption decision: the emotional and the sensational for sale!

All this is manna for a media that wishes to rely on dramatics and the adverse to create a buzz!

Adoption brings together all the necessary ingredients for the race towards the audience. And, above all it obeys the imperative of the spectacular that is so beloved of our media. Between revelation, emotion and sensation it is a subject that intrigues and creates an audience. Spread the word! So, to avoid falling into boredom – enemy number 1 of the media – it is easy to see why it is the darker side of adoption that is at the forefront. Without having any real knowledge of the subject, nor the necessary distance required to handle it in a balanced manner, the media brings to the public arena the most dramatic situations: the adoptive parents who 'return' their children to social services; those who offer them to others (see *Sackville Northcott, F. and Chu, S. for ISS United States, Section 1.4*); the breakdown of family bonds on the basis of a conflict resulting from adoption; adoptive parents who are abusive towards their children; adoptees who have become homeless, delinquents, even assassins...

It is interesting to note that in all these articles the reason for the drama, according to the media, is adoption itself. Further, it is often intercountry adoption (ICA) that offers more scope for answers (uprooting, the quest for origins, etc.). This affiliation remains strange, and one may think that it can only be a source of concern. No need to learn about the background of key actors before the adoption, no need to be interested in the context or the environment – we only retain what caused the problem, the adoption itself. Beyond this significant fact, it is often the adoptee him or herself who is put in the headlines (Le Parisien September 2011, "*Le fils adoptif poignarde ses parents*"). Thirsty for the need for sensation, the media has seized on this subject. Often distorting and simplifying the reality of a sensitive subject, assuming that it is the adoption itself that is problematic, and that adoptees are unbalanced.

⁹³ See: https://fr.wikipedia.org/wiki/L%27Arche_de_Zo%C3%A9 (last visited 17 July 2017).

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Media handling without basis and without solution

In the field of adoption, we know how difficult it is to define a real breakdown. The reasons for breakdown are as numerous as the cases of breakdown themselves. The treatment of adoption breakdowns in the media is through rapid shortcuts with an obvious lack of awareness of the problems that they raise. Of course the adoption itself will certainly have a dominant place in the reason for an adoption breakdown, but the reality is more nuanced and must take into account numerous other factors.

The danger of media hype surrounding breakdowns in adoption is not so much about exposure, but the manner in which it shapes public opinion and the difficulty of reversing these impacts. It is not unusual to read in the press figures on breakdowns of ICAs that are deliberately magnified and come from an uncertain source, without any consideration for the adoptive families or the adoptees themselves.

For D. Lodge, an English critic and writer, “the media represent the greatest power in our contemporary society.” These are strong words, but accurate. Their strength and their influence should not be underestimated. If today, we stakeholders in the world of adoption have to fight against clichés well anchored in the conscience of our society, it is because the media has already been there! If we had to name one of the greatest effects of this process created by the media, it would be judgment, and the accompanying consequences.

Indeed, to be adopted or to have adopted is to be subjected to the gaze of others in society, and thus to a permanent judgment: that of the headmaster, the cashier, extended family, colleagues, the elderly lady who is walking her dog...

When this judgment is transplanted on top of the expected difficulties and problems, it is likely that families could be pushed to isolation. Why? Simply because they will be judged. Their problems will be treated in society as they are handled in the media: in an expedient manner, blaming all on adoption. The reality of adoption is in fact poorly understood and does not allow the sharing of its experience, however painful it may be, with anyone.

A realist and pragmatic approach to breakdowns in adoption from the perspective of adoptees; the experience of *La Voix des Adoptés*

Regularly in the association *La Voix des Adoptés* (VDA – *The Voice of the Adoptees*) we hear the testimony of young adoptees who have experienced an extremely difficult adoption, which could certainly qualify as a breakdown. Why do they testify at VDA? They express it very well, “Here I am not judged”. This is what the media has created: a reluctance to speak of their difficulties, and a fear of stigmatisation. The result? Isolation.

The second consequence of an inefficient handling of adoption breakdown by the media is that the existing mechanisms to help families are rendered invisible and inaudible. However, in recent years some stakeholders have not hesitated to specialise, to meet and to reflect together in order to prevent breakdowns before they occur or help families and young people in difficulty. These efforts give birth to great advances and include, in particular, the **University diploma ‘The adopted child’** awarded by the Dijon Faculty of Medicine (France) under the responsibility of Dr. Jean Vital de Monléon. This diploma, through its pluridisciplinary approach and a study of the adopted child in all its facets, is a formidable tool in preventing difficulties and analysing, with precision, the multiple reasons for a breakdown. At the VDA we have implemented **sponsorship between an adopted adult and an adopted child**.

Without ever taking the place of the parents of the young person, his or her adopted ‘godmother’, ‘godfather’ is a contact person who unlike others at least has the legitimacy of being adopted like the child. We have seen, thanks to the implementation of these sponsorships, certain conflictual situations on the edge of breakdown regaining calm and, in all cases, the possibility of a renewed dialogue. This type of initiative is invisible in the media as, once again, there is more profit in talking about and exposing problems, than in informing the public of solutions.

All this media fuss around the breakdown of adoption does not help adoption in general, in particular the adoptees. Yes, adoptions that go wrong and turn into tragedy do exist, but the reasons are multiple. It is truly a great pity that the media does not go further in the analysis they provide of these breakdowns.

Happily there does exist some good (but rare) resources on the breakdown of adoption. For example, S. Lebas’ report, *‘Blessures secrètes’ (secret wounds)*, deals with the breakdown of adoption as seen and felt by the adoptees themselves. This report has the advantage of proposing an approach advocated by the main people concerned: the adoptees. It also asks the right questions:

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are all children adoptable? Do good intentions make good adoptions? Are parents the only ones responsible for a breakdown? Do adoption professionals effectively play a preventive role? However, it is important to recognise that this type of reportage is unlikely to have been made visible to the public as it was broadcast only once and belatedly.

It is appreciated that the race for buzz is the *raison d'être* of the media. Adoption breakdowns ensure a good audience, even if the explanation they give is often misinterpreted, distorted and far from reality. The consequences are experienced by adoptees and families,

who feel pointed at rather than, as they should be, helped. Today, we the stakeholders in the world of adoption are conscious of the challenges that are imposed on us when faced with situations of breakdowns. We know we must work on support mechanisms, upstream solutions and reflections that will push for better decisions. The media slows down awareness-raising, when it could be a powerful lever. In any event, we should fight against the idea that an adoption breakdown condemns the adoptee to unhappiness *ad vitam aeternam*: he or she must have the right to be happy in his or her life and be supported with this in mind.

Recommendations/strategies:

Collaboration is needed between the fields of journalism and adoption in order to improve the manner by which adoption is dealt with in media.

Such collaboration should, among other objectives, be aimed at:

- The sensitisation of journalists to ICA, the issues of the preparation of adoptive candidates, search for origins, etc.;
- The training of journalists on practices related to adoption, especially at the international level, as well as on the methods developed to handle the subject such as the notable training work done by the Schuster Institute;⁹⁴
- The value of the key-role of associations such as *La Voix des Adoptés*, who can play a major role in collaboration and training efforts by engaging with journalists and facilitating greater awareness of fieldwork and the reality of adoptees. Such a journalistic interest could enable the addressing of issues encountered by adoptees in a less passionate, but more realistic way.

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Julien Pierron, 40 years, adopted from Korea, doctor, author of a thesis on the *Données Socio-Familiales de l'Adoption Internationale en France* (Socio-Family Data on Intercountry Adoption in France) (on line: http://www.agence-adoption.fr/wp-content/uploads/2013/12/THESE_VERSION_FINALE_corrige.pdf), Vice-President of *La Voix des Adoptés*, member of the *Conseil National de Protection de l'Enfance* (National Council for Child Protection).

⁹⁴ For further information, see especially the article of E.J. GRAFF. *Promising Practice: Schuster Institute for Investigative Journalism*, Brandeis University in Baglietto. C., Cantwell, N., Dambach, M. (Eds.) (2016). *Responding to illegal adoption: a professional handbook*. Geneva, Switzerland: International Social Service, pp 123 and following.

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Private rehoming: working towards potential solutions

By Felicity Sackville Northcott & Siyi Chu (ISS United States)

When Quita, a Liberian adoptee, arrived in the United States, she was promised a loving family. Unfortunately, that did not end up being the case. A mere two years later, the people who were supposed to be her forever parents, overwhelmed by the care Quita needed, went to a trailer park to hand her over to an unknown couple who had agreed to take over her care. However, this family had forged the home study report, because their two biological children had been taken away by child protection authorities. The couple were accused of sexual abuse and violent tendency towards children. Quita eventually got away from the couple but described her experience in the United States as having “turned into a nightmare.”⁹⁵

The practice of private rehoming

Private rehoming also called ‘unregulated child custody transfers’ is the ethically questionable practice of an adoptive family turning over the care and custody of their adopted child to another couple without the oversight of a social service or legal responsible party. In the United States, the ability of families to conduct private adoptions is an obvious precedent for the practice of *private rehoming*. Given the high risks associated with private adoptions (questionable matching, lack of monitoring of financial transactions etc.) as repeated on numerous occasions at the Special Commissions on the practical operation of the Hague Convention of 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption, such an environment can lead to the many challenges that arise in private rehoming.⁹⁶

Media attention on the issue of *private rehoming* has led to a growing number of states of the United States enacting, or attempting to enact, legislation that makes illegal the practice of private rehoming. However, the use of social media platforms has made widespread the underground practice. M. Twohey, an American reporter, notes one such site is, *Adoption-from-Disruption*, on which at least 271 adopted children had been advertised at the time of her report (2013), more than 70% of whom were originally adopted internationally. The actual number of children who are forced into ‘private rehoming’ is hard to gauge given the unregulated and underground nature of such practice (US Government Accountability Office (USGAO), 2015). Children are often placed into homes whose backgrounds are completely unknown. None of the gatekeeping mechanisms or best practices in determining

whether these homes are acceptable for a child are in place. According to M. Twohey and other media sources,⁹⁷ it is not uncommon that children who are ‘rehomed’ end up with unfit and even abusive parents. More importantly, the experience of abandonment is traumatising for adoptees on many different levels.⁹⁸

Recognising the causes behind private rehoming: essential to potential solutions

On one hand, parents who seek to dissolve an adoption are usually extremely frustrated with challenges in adoption. For parents who adopt internationally, the frustration can come from many sources, such as the unrealistic expectations of intercountry adoption (ICA), lack of pre-adoption training, insufficient or inaccurate information of the child, high profile of adoptees with special needs, etc.⁹⁹ In addition, as there is no unified standard of post-adoption services across adoption agencies, many parents do not have access to the support they need when in crisis. Parents seeking to dissolve adoption or to adopt from dissolution through ‘private rehoming’ are motivated to do so because the regulated alternatives entail more requirements and are usually more financially demanding. Meanwhile, while each state has its own regulations regarding the transfer of child custody, there is a lack of nationally unified legal sanctions. The Interstate Compact on the Placement of Children (ICPC) is proposed to regulate the cross-state transfer of child custody, but it is interpreted differently by each state and lacks enforcement.¹⁰⁰ Illegal rehoming is often undetectable. The post-adoption resources for families

⁹⁵ Twohey, M. (2013). *The child exchange: Inside America’s underground market of adopted children*, Reuters. Available at: <http://www.reuters.com/investigates/adoption/#article/part1> (last visited 20 December 2016).

⁹⁶ See conclusion n°46 of the Fourth Special Commission on the practical operation of the 1993 Hague Convention: “Recalling 2010 SC C&R Nos 22 and 23 and the fact that private and independent adoptions are not compatible with the Convention, the SC encouraged Contracting States to move towards the elimination of private and independent adoptions.”

⁹⁷ Alba, M., Snow, K. & Schone, M. (9 September 2013). *Adopted girl says mother forced her to dig her own grave*. NBC News. Available at: <http://www.nbcnews.com/news/other/adopted-girl-says-mother-forced-her-dig-her-own-grave-f8C11111029> (last visited 20 December 2016).

⁹⁸ Whetten, K., Ostermann, J. & al. (2011). *More than the loss of a parent: potentially traumatic events among orphaned and abandoned children*. *Journal of traumatic stress*, 24(2), pp. 174-182.

⁹⁹ USGAO (2015). *Steps Have Been Taken to Address Unregulated Custody Transfers of Adopted Children*. Available at: <https://www.gao.gov/assets/680/672575.pdf> (last visited 21 June 2017).

¹⁰⁰ Twohey, M. (2013). *Op. Cit.*, n°95.

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are woefully inadequate in the United States and this, in conjunction with poorly prepared adoptees and adoptive families, undoubtedly contributes to the desperation that pushes a family to illegally rehome a child.

Potential solutions at federal level

Since the exposé in Twohey's report (2013), much effort has been made to address the issues behind illegal rehoming. In October, 2013, soon after the report was published, an interagency working group consisting of members from Department of State, Department of Homeland Security's U.S. Citizenship and Immigration Services (USCIS), Department of Health and Human Services (HHS), and Department of Justice (Justice) was established to respond to unregulated custody transfer on a federal level. Each of these agencies has since put forth initiatives to tackle the problem from different angles, including increased pre-adoption training requirements (Department of State), discretionary grants to providers of post-adoption service (HHS, through Children's Bureau), and petition to collect information on previous disruptions and dissolutions from prospective adoptive parents (USCIS).¹⁰¹

Legislators have also proposed legal solutions to protect children at risk of *illegal custody transfer*. Congressman J. Langevin has introduced H.R. 2068, also known as the **Protecting Adopted Children Act, which protects international adoptees by extending adoption support services to those specific to intercountry adoption**, directing the Secretary to collect and report information on international adoptees who enter state custody because of adoption dissolution or disruption, and **including unregulated custody transfer into the definition of child exploitation**.¹⁰² Congressman J. Langevin believes that rather than directly outlawing rehoming practice, this piece of legislature promotes a deeper understanding into the underlying issues of adoption rehoming and contributes to *dealing with rehoming by prevention*, instead of by sanction (*Langevin introduces bill*, 2013). Similarly, in 2014, Republican S. Stivers and Republican K. Bass introduced the bipartisan Securing American Families Everywhere (SAFE) Kids Act, H.R. 5881, which

holds the Governmental Administration Office (GAO) responsible to report on the extent of adoption disruption and dissolution, as well as requires child welfare agencies to keep track and report on adoption disruption and dissolutions and to provide adoptive parents with support. Another important step in better preventing ICA breakdowns and the unregulated child custody transfers will be to include in the legislation governing adoption the prohibition of private adoptions.

Potential solutions at individual state level

According to the subsequent GAO report (2015) on the efforts to address unregulated custody transfer, individual states have also taken action. Among the 15 states that reacted to this issue including Wisconsin, Maine, Florida, Louisiana, and Colorado, "7 enacted legislation and 3 made changes to child welfare programs. In addition, legislators in 10 of the 15 states introduced proposed legislation that had not been enacted as of July 2015."¹⁰³ For example, a piece of state legislation in Maine introduced by Rep. Craig Hickman in 2015, criminalises 'private rehoming', restricts child advertising, requires that prospective adoptive parents be informed of legal implications of custody transfer, and requires certain individuals to report when unregulated transfer is suspected.¹⁰⁴ Some other enacted or proposed laws in different states also seek to prevent 'private rehoming' by requiring adoptive parents to report when they feel an adoption is at risk of dissolution or disruption,¹⁰⁵ or revising adoption policies such as the requirements for home studies.¹⁰⁶

With the federal and state efforts and heightened awareness generated by the report of Twohey (2013), it is hopeful that the problem of *private rehoming* would be mitigated. However, there has yet to be an account of the outcomes of these efforts. One possible challenge that could occur in the process of addressing the issues would be the difficulty of law enforcement and data collection, since, as discussed above, incidences of *private rehoming* is often underground and thus hard to keep track of.

¹⁰¹ USGAO (2015). *Op. Cit.*, n° 99; Children's Bureau (2014). *FY 2014 Children's Bureau discretionary grant awards*. Available at: <http://www.acf.hhs.gov/cb/resource/discretionary-grant-awards-2014> (last visited 9 June 2017).

¹⁰² Langevin, J. (2015). *To ensure the safety and well-being of adopted children*, H.R.2068. Available at: <https://www.congress.gov/bill/114th-congress/house-bill/2068> (last visited 20 December 2016).

¹⁰³ USGAO (2015). *Op. Cit.*, n°99.

¹⁰⁴ Hickman, C. (2015). *An Act To Prohibit Unauthorized Custody Transfers of Children*, H.P. 911. Available at: <http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP0911&item=1&snum=127> (last visited 20 December 2016); USGAO (2015). *Op. Cit.*, n°99.

¹⁰⁵ Meeks, D. & Pierce, B. (2015). *An act to prohibit re-homing of an adopted child; And for other purposes*, HB 1676.

¹⁰⁶ USGAO (2015). *Op. Cit.*, n°99.

1. Qualification, quantification and information sharing of intercountry adoption breakdowns

Recommendations/strategies:

- The United States needs to create federal legislation that makes illegal the practice of *private rehoming* and compels states to do the same. Advertising of children for *private rehoming* should also be made illegal and those that own these websites should be prosecuted.
- To prevent the high risks linked to such practice private adoptions should be prohibited as recommended by the Hague permanent Bureau.
- The most important resource that will prevent rehoming, promote sustainable adoptions, and alleviate post-disruption trauma is the development of: 1) pre-adoptive counselling for parents and the child, 2) post-adoption monitoring and counselling for adoptive families, and 3) protocol for legal and safe rehoming when an adoption disrupts with no hope of reunification with the adoptive family. Adoptees who are 'rehomed' must be continued to be provided with counselling to deal with the trauma associated with the disruption and to encourage a sustainable placement in the new home (see *Cohen Herlem, F.* and *Grilo, G.*, Section 4.2).
- Potential adoptive families must be made aware of the social work best practices in place to ensure a positive and permanent adoption and be required to adhere to them. Families considering adopting a child who has suffered through a disrupted adoption must be counselled through the process of assuming responsibility for the child, and be aware of the complex psycho-social traumas that may be associated with the dissolution of the previous adoption (see *Grilo, G.*, Section 4.2). Finally, law makers, judges, social workers and child advocates must be made aware of the practice of *private rehoming* and vigorously promote laws to prohibit it.

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2. Legal and political framework surrounding intercountry adoption breakdown

Mechanisms for cooperation between States and the supporting legal framework(s) are interlinked factors in considering the question of intercountry adoption breakdowns. In practice an adoption may fail before or after it has been legally finalised. In both circumstances, the applicable conventions require – or at least strongly encourage – cooperation between the receiving countries and the countries of origin.

Therefore, close cooperation between the central authorities of the countries of origin and the receiving countries, through direct dialogue and an open and on-going exchange of information, is essential in both preventing and managing instances of breakdown. This cooperation must guarantee that the child's rights and needs are respected at every stage of the adoption process in order to prevent breakdowns from occurring or, if they cannot be avoided, to manage them in accordance with the laws of the countries and the relevant international frameworks.

It is important to note the political aspect of an intercountry adoption breakdown, which regularly leads to a breakdown of cooperation between countries. The impact of these political crises should be studied closely in order to ensure that adopted children do not become a political issue, and that their rights and needs remain a priority. The interests and needs of children must remain at the centre of these debates. This is a challenge.



Adoption is complex at an interpersonal, family and educational level, and also at a societal, economic and international level. Adopted persons often find it challenging to come to terms with this complexity. The permanent nature and emotional aspects of this life change is already a lot to take in. To then also have to keep the socioeconomic dimension and international aspects in mind is an extra layer of difficulty.

2. Legal and political framework surrounding intercountry adoption breakdown



2.1 International, regional and national legal framework

A distinction is usually made between breakdowns that occur before or after the adoption has been finalised, whether on an administrative or a legal level. In the U.S. for example, this distinction is made through the use of the words *disruption* and *dissolution*.¹⁰⁷

On an international level, this distinction also features in the Hague Conventions of 1993 and 1996. The 1993 Hague Convention outlines the applicable placement procedure in the event of a breakdown before the adoption term has elapsed, and the 1996 Hague Convention is accompanied by guidelines for use in certain situations where the process has failed after an intercountry adoption was finalised.

¹⁰⁷ The term *disruption* is used to describe an adoption process that ends after the child is placed in an adoptive home and before the adoption is legally finalised, resulting in the child's return to (or entry into) foster care or placement with new adoptive parents. The term *dissolution* is generally used to describe an adoption in which the legal relationship between the adoptive parents and adoptive child is severed, either voluntarily or involuntarily, after the adoption is legally finalised. This results in the child's return to (or entry into) foster care or placement with new adoptive parents. As defined by Child Welfare Information Gateway. Available at: https://www.childwelfare.gov/pubPDFs/s_disrup.pdf (last visited October 13, 2016).

2. Legal and political framework surrounding intercountry adoption breakdown

In addition, several countries of origin and receiving countries (Spain and Vietnam, for example) have a legal framework in place in the event of a breakdown, covering both before and after an adoption is finalised (these are outlined below). It should be noted that in a large number of countries intercountry adoption is irrevocable due to its full nature.¹⁰⁸ However, legal exceptions are provided for in some countries which allow for the revocation of a full adoption and the approval of a new adoption by a judge. This may occur, for example, when the adopter is found guilty of a serious offence or has persistently failed to fulfil parental obligations. However, as demonstrated in the body of case law this situation should not lead to parents being relieved of certain responsibilities toward the child.

The jurisprudence of both the European Court of Human Rights and the national judicial authorities illustrate how justice contributes to preventing adoption breakdowns, in particular through taking the voice of the child into account. The jurisprudence aids in ensuring respect for the interests of the child should an adoption be interrupted, for example by maintaining inheritance rights or child support payments as per the decision of the Supreme Court of Appeal of South Africa (outlined below).



Knowing that the guidelines on breakdowns also comes from the country of origin is important, especially for an adopted child. I believe that it can be reassuring to know that your home country 'still cares' about your future even if you no longer live there. This can help with the imaginary link we have with it.

¹⁰⁸ ISS/IRC (2012). *Comparative analysis of simple and full adoption*. Available in [English](#) and [French](#) on the ISS website in the IRC section.

2. Legal and political framework surrounding intercountry adoption breakdown

International conventions and intercountry adoption breakdowns

By Laura Martínez-Mora

The UN Convention on the Rights of the Child (CRC) and the 1993 Hague Convention establish guarantees to ensure that an intercountry adoption (ICA) procedure is done in accordance with the best interests of the child and with respect to his or her fundamental rights. These guarantees are very important to prevent breakdowns of adoptions.

Regrettably, in some cases, the adoption may break down because the guarantees have not been well implemented. For example, the main causes of such ruptures, according to State Parties to the 1993 Hague Convention, are the inappropriate evaluation, preparation and reporting procedures, and methods concerning both the child and the prospective adoptive parents (PAPs).¹⁰⁹

A breakdown may happen *before* or *after* the adoption decision has been granted. The 1993 Hague Convention provides procedures to deal with the breakdown of placements when the child is to be transferred to the receiving country (RC) before the adoption decision has been finalised, either in the country of origin (CO) or in the RC (Art. 21). However, the 1993 Hague Convention does not provide any rules to address a breakdown that occurs after the adoption decision.¹¹⁰ In the former case, the Convention mandates cooperation between the authorities of the CO and the RC to manage the situation; in the latter case cooperation between these authorities may also be necessary or highly desirable.

Breakdown of the placement in the receiving country (before the adoption decision)

The 1993 Hague Convention regulates what to do when the probationary placement of a child with the PAPs in the RC (before the adoption decision) is no longer in the child's best interests. In that case, the Central Authority (CA) – or another public authority, or an accredited body – of the RC is responsible for taking the measures necessary to protect the child:

The first step is to **withdraw the child from the prospective adoptive family and arrange temporary care**. This is an emergency situation,¹¹¹ and it is important to take such action as soon as possible.

Then, the authorities in the RC shall **arrange without delay a new placement of the child with a view to adoption**. This has to be done in consultation with the CA of the CO. The fact that the decision has to be taken without delay, but in consultation with the CO, may be challenging as the consultation between the two countries may be time-consuming. However, as the Explanatory Report of the 1993 Hague Convention says, "it was deemed necessary to consult the State of origin and with the system of cooperation already in place the child being in 'limbo' should be prevented".¹¹² Furthermore, although it is important to find a solution for the child without delay, this should be balanced with his or her needs to mourn this new abandonment and respect the child's temporality to project himself/herself in a new project such as adoption (see *Cohen Herlem, F.* and *Grilo, G.*, Section 4.2).

If it is determined that an adoption would be in the best interests of the child, the adoption decision shall not take place until the **CA of the CO has been duly informed** concerning the **new PAPs**.

In some cases a new placement of the child with a view to adoption may not be appropriate. If this is the case, the CA of the RC should arrange **alternative long-term** care for the child, again in consultation with the CA of the CO.¹¹³

The **return** of the child to the CO should be a measure of **last resort**. Therefore, all efforts should be made by the CA of the RC to find a new adoptive family for the child, or, in special cases where a new adoption is not appropriate, to find alternative long-term care in the RC. Only if any prolonged stay of the child in the RC is no longer in the welfare or interests of the child should the return be ordered.¹¹⁴

Finally, the 1993 Hague Convention, in line with the CRC, says that the **child**, having regard to his or her age and degree of maturity, shall be **consulted**, and,

¹⁰⁹ All Hague Conference documents on adoption mentioned in this document are available on the Hague Conference website at: www.hcch.net under "Adoption Section".

See Fact Sheet No 1 "People" prepared by the Permanent Bureau of the Hague Conference on Private International Law (HCCH) for the 2015 Special Commission meeting on the practical operation of the 1993 Hague Convention (hereinafter "Fact Sheet People").

¹¹⁰ HCCH, *Guide to Good Practice No 1: The Implementation and Operation of the 1993 Hague Intercountry Adoption Convention*, Bristol, Family Law (Jordan Publishing Limited), 2008, (GGP1), para. 603.

¹¹¹ Parra-Aranguren, G. *Explanatory Report on the 1993 Hague Intercountry Adoption Convention*, in *Hague Conference on Private International Law, Proceedings of the Seventeenth Session (1993)*, Tome II, *Adoption – co-operation*, (hereinafter, "Explanatory Report"), para. 363.

¹¹² *Ibidem*, para. 366.

¹¹³ *Ibidem*, para. 370.

¹¹⁴ *Ibidem*, para. 371.

2. Legal and political framework surrounding intercountry adoption breakdown

where appropriate, give his or her **consent** in relation to the measures taken under Article 21 of the 1993 Hague Convention (see *Inte, O., Section 3.3*).

At the time of the negotiations of the 1993 Hague Convention, it was recognised that a certain number of COs from Asia accepted that the adoption take place in the RC after a probationary period (PP) in that State.¹¹⁵

This has the advantage that the child can have a longer PP in the country where he or she is supposed to live after the adoption. On the other hand, at that time most States indicated that they preferred to carry out the probationary placement and issue the adoption decision in the CO as this gives more certainty to the legal status of the child. Today just a minority of COs allow the PP to take place in the RC.¹¹⁶

Breakdown of the placement in the country of origin (before the adoption decision)

Although the 1993 Hague Convention does not regulate what happens when the probationary period occurs in the CO, the Explanatory Report¹¹⁷ says that if the competent authorities in the CO determine that the continued placement is no longer in the best interests of the child, then those authorities have to take all necessary measures to protect the child. This recommendation is very important as most of the probationary placements occur in the CO.

Breakdown after the adoption decision

The 1993 Hague Convention is silent regarding what happens when the breakdown takes place after the adoption decision. In such cases, it is up to the RC to take all appropriate measures to protect the child, as for any other child in that State (see *Aguilar Gutiérrez, A., Section 2.1*).¹¹⁸ As a matter of good practice, the CA of the RC should inform the authorities in the CO.¹¹⁹ Regrettably, in practice, it may be challenging for the CA in the RC to inform the CA in the CO, because many CA in the RC are not informed by other competent authorities in that

State of the breakdown of an adoption.¹²⁰ As Contracting States to the 1993 Hague Convention have recognised, there is, in general, little formalisation of mechanisms which facilitate the reporting of breakdowns and thus often no systematic and coordinated intervention by the competent authorities¹²¹ (see *Delatour, F. and Pélit, S., Section 2.2*).

Although the 1993 Hague Convention will not be applicable, the **1996 Hague Child Protection Convention**¹²² (1996 Hague Convention) may be very useful in dealing with the breakdown of ICA¹²³ when both the CO and the RC are party to that Convention. Indeed, once an adoption has been completed, measures for the protection of the person and property of the child fall within the scope of the 1996 Hague Convention in the same way as for any other child in that State.¹²⁴

For example, the 1996 Hague Convention allows for the easy **transfer of the jurisdiction** from the State of the habitual residence of the child (usually the receiving country) to the CO (Arts 8 and 9). Either the State of the habitual residence of the child (under Art. 8), or the CO (under Art 9), may request such transfer of jurisdiction (if the other requirements of the 1996 Hague Convention are met). Once the transfer has happened, the authorities of the Contracting CO would have jurisdiction to take measures regarding the future care of the child and such measures would be recognised by operation of law in the receiving Contracting State.¹²⁵ This request of transfer of jurisdiction may happen specifically after the breakdown of the adoption, and in particular, if such breakdown happens shortly after the adoption decision.

Another mechanism from the 1996 Hague Convention that may be useful in case of a breakdown of an ICA is the **cooperation mechanism**. According to this, the CO could ask for information about the child when it thinks that the child is in need of protection or in danger, or *vice versa*, the RC may ask for further information about the child in order to better deal with the breakdown of the adoption¹²⁶ (see *Dr. Möller-Bierth, U., Section 2.2*).

¹¹⁵ *Ibidem*, para. 74.

¹¹⁶ For example, this is the case for the Philippines, Slovak Republic, Senegal and Thailand.

¹¹⁷ Explanatory Report, *Op. Cit.*, n° 111, para. 358.

¹¹⁸ GGP1, para. 610, *Op. Cit.*, n°110.

¹¹⁹ *Ibidem*, para. 611.

¹²⁰ As discussions showed in the 2015 Special Commission.

¹²¹ See HCCH Fact Sheet People, *Op. Cit.*, n°109.

¹²² *Hague Convention of 19 October 1996 on Jurisdiction, Applicable Law, Recognition, Enforcement and Co-operation in respect of Parental Responsibility and Measures for the Protection of Children*.

¹²³ Cf. 2015 SC meeting, Rec. No 20. Available at: https://assets.hcch.net/upload/wop/adop2015concl_fr.pdf (last visited 8 June 2010).

¹²⁴ HCCH, *Practical Handbook on the operation of the 1996 Hague Convention*, 2014, para. 13.43.

¹²⁵ Art. 23(1) – see further, 1996 Handbook, Chapter 5, regarding the transfer of jurisdiction provisions, *Op. Cit.*, n°124.

¹²⁶ Arts 32, 36-39 of the 1996 Hague Convention.

2. Legal and political framework surrounding intercountry adoption breakdown

Recommendations/strategies:

- Cooperation between the authorities of the COs and RCs to manage and solve disruptions and breakdowns of adoptions is crucial.
- At the heart of both the 1993 Hague Convention and the 1996 Hague Convention are provisions on cooperation, and States are encouraged to take advantage of those useful provisions in finding a solution that will be in the best interests of the child and respectful of his or her fundamental rights.

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2. Legal and political framework surrounding intercountry adoption breakdown

European Court of Human Rights: best interests of the child to be the paramount consideration in preventing and managing adoption breakdowns

By the International Social Service (Vito Bumbaca, Juliette Duchesne, Cécile Jeannin & Jeannette Wöllenstein)

A careful review of the jurisprudence of regional bodies and courts reveal that, largely, these bodies are yet to have the opportunity to comprehensively address the problems underlying intercountry adoption breakdowns. For example, to date no decisions dealing with this topic, have been taken by the Inter-American Court of Human Rights.

However, to a certain degree decisions of the European Court of Human Rights (ECtHR) apply. The ECtHR was created in 1959 in Strasbourg and comprises 47 Member States. It is competent to deal with violations of civil and political rights set out in the European Convention on Human Rights (ECHR). Since 1998, individual or collective complaints can be submitted directly to the Court after all domestic remedies have been exhausted. The Court's judgments are binding, and should give guidance to national legislators and practitioners. The analyses of the judgments selected and referred to below are intended to provide an important background in understanding judicial reasoning in matters related to intercountry adoption breakdowns. The ECtHR has to date provided guidance on how to prevent intercountry adoption breakdowns, particularly in relation to article 8 of the ECHR: the right to respect for private and family life. It has reaffirmed that the best interests of the child should be a primary consideration during the review of adoption orders.

Considering the child's opinion in preventing intercountry adoption breakdowns

*Pini and Others v. Romania of 22 June 2004*¹²⁷

Context

Two children who had been adopted by Italian parents opposed their adoption, and sought revocation of the adoption orders. They argued that family ties had not yet been established with the adoptive parents, and expressed a wish to not leave the educational institution. The adoptive parents appealed to the ECtHR. They argued that the Romanian authorities, in not enforcing the adoption order, deprived them of contact with the adopted children and in doing so violated their right to family life.

Decision of the Court

Extract of paras. 140, 141 and 164:

*"[...] in the circumstances of the case, given that the applicants' interests were weaker as they had been acknowledged as the adoptive parents of children aged almost 10 without having any genuine pre-existing ties with them, there could be no justification for imposing on the Romanian authorities an absolute obligation to ensure that the children went to Italy **against their will and irrespective of the pending judicial proceedings instituted with a view to challenging the lawfulness and well-foundedness of the initial adoption orders. The children's interests dictated that their opinions on the subject should have been taken into account once they had attained the necessary maturity to express them. The children's consistent refusal, after they had reached the age of 10, to travel to Italy and join their adoptive parents carries a certain weight in this regard. Their conscious opposition to adoption would make their harmonious integration into their new adoptive family unlikely.**"*

Lessons to be drawn from this case:

The ECtHR decision affirms that article 8 of the ECHR must be interpreted in the light of the CRC, the 1993 Hague Convention, and the European Convention on the Adoption of Children (revised) 2008, and in the light of the **best interests of the child**. The following is necessary **to secure intercountry adoptions and to prevent potential breakdowns:**

- **Before deciding on enforcing an adoption order**, key aspects of the adoption procedure should be investigated, for example: the way the child has been prepared; how his or her opinion has been heard and taken into consideration; and any assessment of the potential family and social ties in the country of origin.

¹²⁷ European Court of Human Rights, *Pini and others v Romania*, n° 78028/01 et 78030/01, 22 June 2004. Available at: <http://hudoc.echr.coe.int/eng?i=001-61837> (last visited 8 June 2017).

2. Legal and political framework surrounding intercountry adoption breakdown

- The **child's participation all throughout the adoption process is a crucial element.** If it is in his or her best interests, the child's consent should be requested and his or her wishes taken into account, according to his or her capacity, provided that the child has been adequately informed and that he or she has not been under any influence (see *Inte. O., Section 3.3*). Here, it is important to remember that children's participation covers not only verbal expressions but includes, among other things, drawings and physical expressions, which can be very useful when dealing with young children.
- Finally, **long-term considerations** should be taken into account – the effects of long term institutional care and/or benefits of family-based care. This should be balanced with the child's views concerning his or her life with the adoptive family, and any impact those views could have on the quality of his or her integration within the family and social environment.

Best interests of the child beyond political interests?

*A.H. and others v. Russia of November 2013 (delivered 2017)*¹²⁸

Context

The Russian Federal Law no. 272-FZ, terminated the bilateral agreement on adoption with the US as of 28th December 2012. Following this, several US citizens applied to the ECtHR to contest the decision of Russian authorities to cease adoption proceedings. Among them a US couple, who submitted their application for adoption in November 2011, was banned from adopting a Russian child. Previously, the couple had adopted this child's sister, and consequently close relations had been established over a period of two years. The couple complained that there had been a violation of articles 3, 8 and 14 of the ECHR. The case remained pending until January 2017. The couple submitted that the adoption procedure was at an advanced stage and a "bond had been already formed" when the adoption procedure was ceased.

Decision of the Court

In its judgment, dated 17 January 2017, the Court confirmed that the ban made by the Russian Government against all US prospective adoptive parents was disproportionate and discriminatory as it has been applied retroactively and disregarded the individual circumstances of each adoption case. In the instant case a bond had clearly been previously established. The ECtHR concluded that there had been joint violation of articles 8 (family life) and 14 (prohibition of discrimination) of the ECHR.

Lessons to be drawn from this case:

- Separation of siblings can potentially lead to an intercountry adoption breakdown by not taking into consideration their family relationships, blood relationships and family history.
- Preventing the separation of siblings requires the pre-assessment of the needs of the children concerned and of the quality of care within the family of origin, the adoptive family, or in the alternative care environment, in order to avoid serious consequences for the child's development and welfare.
- Political issues should not be of primary consideration. Intercountry adoption should take place in the best interests of children deprived of their families and in accordance with international standards (CRC, 1993 Hague Convention and the ECHR).

Illicit practices and annulment of adoption: placing the best interests of the child first

*Zaiet v. Romania of 24 March 2015*¹²⁹

Context

This case was brought by an adult adoptee, in the context of inheritance litigation. The applicant's adoptive sister (herself adopted by the same person) sought the annulment of the applicant's adoption. The application was made 31 years after the adoption order had been granted, and 18 years after the death of the women's adoptive mother. The adoptive sister claimed that the main aim pursued by the adoptive mother in adopting the applicant had been to ensure emotional and financial support in her old age and help with everyday tasks. She also claimed that the only objective pursued by the applicant was to obtain inheritance rights. The applicant, who had lived with the adoptive mother since she was nine years old, and whose adoption legality had never been questioned before, invoked a violation of articles 6 § 1 and 8 of the ECHR. For her, the annulment represented "an intrusion in her family life, which had no legitimate aim and was disproportionate and arbitrary." This was the first occasion on which the Court had to consider the annulment of an adoption order in a context where the adoptive parent was deceased and the adopted child had long reached adulthood.

¹²⁸ European Court of Human Rights, *A.H. and others v Russia*, n°6033/13, 8927/13, 10549/13, 12275/13, 23890/13, 26309/13, 27161/13, 29197/13, 32224/13, 32331/13, 32351/13, 32368/13, 37173/13, 38490/13, 42340/13 & 42403/13, 17 January 2017. Available at: <http://hudoc.echr.coe.int/eng?i=001-170390> (last visited 8 June 2017). The case concerned application n°37173/13.

¹²⁹ European Court of Human Rights, *Zaiet v Romania*, n°44958/05, 24 March 2015. Available at: <http://hudoc.echr.coe.int/eng?i=001-153017> (last visited 8 June 2017).

2. Legal and political framework surrounding intercountry adoption breakdown

Decision of the Court

Extract of paras. 48 and 49:

“The annulment of adoption is not envisaged as a measure against the adopted child and cannot be interpreted in the sense of disinheriting an adopted child eighteen years after the death of her adoptive mother and thirty-one years after the adoption order had been issued. [...] In this respect the Court also notes that under Section 57 of the Adoption Act [Rumanian domestic law], which entered into force on 1 January 2005, only the adopted child may challenge the validity of the adoption after the adoptee has obtained his or her full legal capacity. If subsequent evidence reveals that a final adoption order was based on fraudulent or misleading evidence, the interests of the child should remain paramount in establishing a process to deal with any damage caused to the adoptive child as a result of the wrongful order”.

Lessons to be drawn from this case:

- The principle of the best interests of the child must be paramount in considering the annulment of an adoption order. Only the adopted person should be able to challenge the adoption after having obtained his or her full legal capacity. Where the adoptive parents have died drastic measures should not be taken which disadvantage the adopted person, for example by disinheriting him or her.
- Further, as stated by the Court, “[s]plitting up a family is an interference of a very serious order [for instance due to the potential damages that could result for the adoptee]. Such a step must be supported by sufficiently sound and weighty considerations not only in the interests of the child but also in respect of the legal certainty.”

Guidance provided by the ECtHR:

- The best interests of the child should be paramount in adoption procedures, ensuring the avoidance of intercountry adoption breakdowns and related consequences for concerned children. Attention should be paid to the assessment of the child’s needs, his or her adaptation to the new family environment, and his or her right to be heard.
- All through the adoption process an assessment of the needs of the adoptee should be made. Any assessment should give due regard to relevant factors, such as the strength of the family ties between the adoptive family and the adopted child as well as the fact that siblings should, in principle, not be separated.
- The annulment of an adoption should only take place at the request of the adopted person exercising his or her capacity to express his or her will, provided that the latter is justified and does not prejudice his or her interests or legal certainty.

2. Legal and political framework surrounding intercountry adoption breakdown

Vietnamese legal measures for the prevention of intercountry adoption breakdowns

By the Vietnamese Adoption Central Authority

In accordance with Paragraph 2, Article 2 of the 1993 Hague Convention, Article 2 of the Vietnamese Adoption law N° 52/2010/QH¹³⁰ aims to establish a lasting affiliation between adoptive parents and their adopted child. The breakdown of an intercountry adoption (ICA) signifies that the full integration of the child into the new adoptive family and society, together with the culture of care, has failed. It may be that the child's rights and interests have not been adequately protected for various reasons: exploitation, violence, neglect, torture, ill-treatment and other acts committed in violation of the child's rights.¹³¹ In order to prevent these situations, Vietnamese law regulates ICA in a detailed manner, particularly regarding conditions for adoptive candidates and the adopted child, procedure, and post adoption monitoring via follow-up reports. In 2016 Vietnam enacted the Inter-Ministerial Circular N°03/2016/TTLT-BTP-BNG-BCA-BLDTBXH¹³² for post adoption follow-up and the protection of Vietnamese children adopted abroad. This Circular, in force since 6 April 2016, actively contributes to the prevention of ICA breakdowns.

Promulgation of rules, and the outcomes, relating to the obligation for post adoption follow-up for Vietnamese children adopted abroad

Before the promulgation of the Vietnamese Adoption law N°52/2010/QH (hereafter, 'the law on adoption'), foreign adoptive parents were required to provide post adoption follow-up reports to the People's Committee of the province/town, and to the Department of International Adoption within the Ministry of Justice (also the Adoption Central Authority – CA), every six months for the first three years, then once a year until the adoptee reached 18 years of age. Since 1 January 2011, Article 39 of the law on adoption has amended this rule at two different levels. Firstly, a post adoption follow-up report is required every six months for a period of three years only, commencing from the date the child is taken to live with the adoptive parents. Secondly, the foreign adoptive parents must submit these reports, not only to the ICA Department, but also to the representative body of Vietnam in the receiving country (RC) of the child. These reports should include the physical and moral health of the child as well as his or her integration into the adoptive family and the community.

Further the law on adoption mandates that the adoption accredited bodies (AABs) working in Vietnam must ensure that the foreign adoptive parents fulfil their obligations. Accordingly, Paragraph 1, Article 9 of Circular N°21/2011/TT-BTP¹³³ on the management of AABs in Vietnam, requires

that these agencies must submit an annual report on the assessment and follow-up of adopted children through their intermediary. Both the adoptive parents' reports and the AABs' annual reports allow the Department of ICA to remain up to date on the status of adopted children, namely their development and integration as well as the progress of treatment of illnesses that children with special needs may be suffering from.

Over 2011-2016 through the application of the law on adoption, the Vietnamese CA has received more than 3000 post-adoption periodic reports, not including those reports which concern children adopted before the entry into force of the law. In general, Vietnamese children adopted abroad develop in a well-balanced manner both physically and psychologically; they integrate well into their new family, their cultural and social environment, and at school. A strong attachment is created with their adoptive parents and they speak the language of their receiving country correctly. The health of children with special needs improves and, most importantly, they are treated, operated on and healed over time. The Vietnamese CA highly values the efforts and care given by the adoptive parents to their children, as well as the efforts and the concerns demonstrated by the CAs of the receiving countries and the foreign AABs.

Between 2011 and 2016 only five Vietnamese children, adopted overseas, have been placed in alternative care due to difficulties related to their integration, the deterioration of their state of health to such an extent that the adoptive parents could no longer manage to care for

¹³⁰ Available at: <http://lawfirm.vn/?a=doc&id=1768> (last visited 8 June 2017).

¹³¹ Art. 11 Inter-Ministerial Circular No03/2016/TTLT-BTP-BNG-BCA-BLDTBXH.

¹³² Available in Vietnamese at: <https://thuvienphapluat.vn/van-ban/Bo-may-hanh-chinh/Circular-No-21-2011-TT-BTP-on-the-management-of-foreign-adoption-offices-134508.aspx> (last visited 8 June 2017).

¹³³ Available in Vietnamese at: <http://thuvienphapluat.vn/van-ban/Bo-may-hanh-chinh/Thong-tu-21-2011-TT-BTP-quan-ly-Van-phong-con-nuoi-nuoc-ngoi-tai-Viet-Nam-132274.aspx> (last visited 8 June 2017).

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them, or to a change of marital status of the adoptive parents. In each of these situations, the Vietnamese CA has cooperated closely with the CA of the receiving country concerned to find an appropriate care solution, such as an adoption by another family. It should be noted that since the entry into force of the law on adoption, no repatriation to Vietnam of a child adopted abroad has taken place.

Strengthening the role of the representative body of Vietnam abroad and cooperation between adoption central authorities within the framework of international Conventions

In order to reinforce the application of Article 21 of the 1993 Hague Convention in cases of breakdown of a proposed ICA prior to the adoption being finalised (see *Martínez-Mora, L., Section 2.1*) and of Article 39 of the Adoption Law, Vietnam enacted the Inter-Ministerial Circular N°03/2016/TTLT-BTP-BNG-BCA-BLDTBXH on post-adoption follow-up and the protection of Vietnamese children adopted abroad, when necessary. This circular reinforces the role of the Vietnamese representative body abroad and provides that it receives from the Vietnamese adoption CA decisions made by the competent Vietnamese authority, with a view to ensuring adoption follow-up and, when necessary, protection of the adopted child (article 10). Article 12 stipulates that the Department of ICA, and the Vietnamese representative body abroad are responsible for receiving information or complaints about the need for the protection of Vietnamese children adopted abroad. When the Vietnamese representative body abroad receives information, they are to contact the local competent authorities in the RC to obtain accurate data on the actual status of the child. This agency will be able to contact and visit the child, and ask the competent local authorities to take appropriate measures to ensure that the rights and interests of the child concerned will be protected in accordance with Vietnamese Laws, the laws of the RC, as well as the international conventions of which the two countries are signatories. The Vietnamese agency will inform the Department of ICA in due course of steps and actions taken.

The Department of ICA, as the adoption CA, is responsible for contacting the CA of the RC to seek that appropriate measures be taken in accordance with Vietnamese laws, the laws of the RC, and the provisions of International Conventions of which the two countries are signatories, including alternative care when necessary. The repatriation

of the child to Vietnam will only take place through consultation between the two authorities when the rights and interests of the child justify this action. The two CAs must cooperate in order to resolve any legal problems, for example declaring the breakdown of the adoptive relationship between the foreign adoptive parents and the repatriated child as final.

Strengthening of the Inter-Ministerial collaboration between the competent Vietnamese authorities for post adoption follow-up and protection of Vietnamese children adopted abroad, when necessary

Where there is a repatriation of the child to Vietnam, the Ministries concerned must strengthen their collaboration to address any consequences arising out of this repatriation, and to guarantee respect for the rights and interests of the child concerned. The Inter-Ministerial Circular N°03/2016/TTLT-BTP-BNG-BCA-BLDTBXH clearly outlines the responsibilities of the respective Ministries concerned. Article 14 of the Circular sets out that the Ministry of Police is to facilitate the conditions of registration of the child's residence in accordance with the legal measures. Article 15 places responsibility on the Ministry of Labour, Social Welfare and War Invalids to instruct a competent service to care for the child and facilitate access to child protection and care services. Article 7 provides that the Ministry of Justice must prepare an annual post-adoption assessment on Vietnamese children adopted abroad, which is then sent to the competent authorities. The Ministry of Justice assesses post adoption follow-up with a view to taking action when necessary.

Specific measures for children with special needs

In order to prevent, as far as it is possible, breakdown in ICA (particularly for those children with special needs) Vietnamese law – through Circular N°15/2014/TT-BTP¹³⁴ concerning the search for overseas families for these children – includes precise rules relating to the ICA procedure and to the preparation of older children and sibling groups.

Regarding the candidates for adoption of children with special needs Vietnamese law requires that their project for reception and care of the child(ren) is appropriate. At the same time, AABs are required to provide all the

¹³⁴ Available in Vietnamese at: <http://thuvienphapluat.vn/van-ban/Van-hoa-Xa-hoi/Thong-tu-15-2014-TT-BTP-tim-gia-dinh-tre-em-khuyet-tat-benh-hiem-ngheo-tren-5-tuoi-anh-chi-em-ruot-231706.aspx> (last visited 8 June 2017).

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necessary and precise information on the child's state of health, illnesses and disabilities together with their family and social situation so that candidates can assess their own ability to care for the child(ren) before submitting their candidature. These measures for adoption preparation

and the transmission of precise and detailed information on the medical, family and psychological conditions of the child, help to promote the adoption and integration of children with special needs, such as older children or sibling groups, into their new environment.

Recommendations/strategies:

- The legal obligations of adoptive parents and AABs, concerning adoption follow-up and the strengthening of the role of the Vietnamese authorities on the follow-up of Vietnamese children adopted abroad, contributes significantly to the success of ICA and the prevention of breakdowns.
- The legal and practical measures relating to the preparation of the child and the transmission of precise and detailed information concerning him or her, especially with regard to children with special needs, allows a better integration of the adopted child into the adoptive family.

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The Spanish legal framework for adoption breakdown

By *Alicia Aguilar Gutiérrez*

Taking into consideration recent experiences of intercountry adoptions breakdown in Spain, as well as changes in the profiles of children eligible for adoption (older children, children with special needs, siblings, etc.), we believe there is a pressing need to review the operation of intercountry adoption processes. In particular, updating the preparation and suitability assessment of families willing to adopt would result in a true adjustment of the families' expectations regarding adoptive parenting (see [Fronek, P., Section 3.2](#)). Further, as prescribed in the laws analysed below, post-adoption services offering professional assistance and counselling to adoptees and their families must be strengthened (see [Dulanjani Dygaard, I. and the Danish CA, Section 3.3](#)).

Civil Code: provisions on guardianship by a public entity

Spain's adoption regulations do not expressly cover the definition of adoption disruption or breakdown. "In our country, this entails the permanent termination of cohabitation of the child and the adoptive parents, either upon request of the latter or of the competent Public Entity which will become the child's guardian."

The **Civil Code**, under Title VII 'Parent-child Relationship', chapter V, 'Adoption and other protective measures for minors', regulates these situations for minors, be they adopted or not. **Section 172** provides that the public entity for the protection of minors¹³⁵ may determine the situation of abandonment or neglect of the child, thereby becoming the guardian and implementing any necessary protective measures for the child.

Within the two year period following a declaration of abandonment or neglect, the parents who still hold parental responsibility for the child – though suspended – may request that such declaration be revoked if there has been a change in the circumstances that gave rise to the declaration and they consider that they are once again capable of exercising parental responsibility. Likewise, during such period, they may object to any decisions made regarding the child's protection. In addition, after considering the situation and informing the Public Prosecution Service, the public entity may adopt any protection measures, including proposing adoption, where there is a reasonable belief that a return to the birth family is impossible. This means that in 'disruption' cases the adopted child may be adopted again by another family, and the parents must no longer hold parental responsibility. These situations must be assessed carefully and it is necessary to act with extreme caution, in a phased manner, because for the child it is not the first but the second experience of abandonment. Therefore, if we want the new adoption to constitute a definitive protective measure, prevention of any new experiences of failure in the child's life is key (see [Grilo, G., Section 4.2](#)).

Further, **Section 172 bis**, provides that guardianship may be held by the public entity upon request of the parents when, on account of duly proved grave and temporary circumstances, they are not in a position to care for the child. The temporary period may not exceed two years, unless an extension is in the best interests of the child. Once the two-year period or the extension has expired, the child shall return to the birth parents or guardians or, if circumstances so warrant, the legal situation of abandonment must be declared.

Civil Code: provisions on alternative care and on the maintenance of contact with the birth family (open adoption)

Section 172 ter, outlines the different forms of alternative care, the first option being foster care and, when not appropriate or suitable according to the child's best interests, residential care. Ensuring, unless it is contrary to the child's interests, that the child return to his or her own family and that guardianship of siblings be granted to the same person or institution.

Section 178, on the consequences of adoption, provides that adoption severs the legal ties between the adopted child and the birth family, with some exceptions, and provides if in the child's best interests, the possibility of maintaining some kind of relationship or contact through visitation or communication between the child and birth family members with whom contact is deemed to be relevant, and the adoptive family. Wherever possible, maintaining the relationship between biological siblings is favoured. This is important when trying to prevent possible failure, especially in cases involving older children who have lived with their siblings for some time, or who have had a good relationship with some other member of their birth family. This provision is new in Spanish legislation which, after the passage of **Law 26/2015 on the Amendment of Child and Adolescent Protection System**, has incorporated open adoption, which is already available in other countries (under item 4

¹³⁵ In the case of Spain, child protection matters fall under the jurisdiction of the Autonomous Communities, by virtue of the Statutes of Autonomy.

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of Section 178). In this case, the suitability declaration shall be made for persons willing to adopt/accept a child who will maintain a relationship with his or her birth family. In practice, there already existed cases where a relationship was maintained (for example with siblings) but this was unregulated and at the discretion of the adoptive family.

Section 179, provides that the judge, upon request of the Public Prosecution Service, the adoptee or his or her legal representative, shall order that the adoptive parent who has committed an act constituting grounds for deprivation of parental responsibility, be deprived of his or her care responsibilities and of the rights granted by law with regard to the adoptee or his descendants, or of inheritance rights. Express reference is made to the possibility that the adoptive parent may lose parental responsibility over the adoptee.

Civil Code: provisions on the irrevocability of adoption and on keeping information about the adoptee's origin

In Spain, adoption is irrevocable (see **Section 180**, subsection 1). Accordingly, legally revoking a full adoption that failed is not provided for within the legal framework. For a new protective measure to be made regarding a previously adopted child it is necessary, as discussed above, that the Public Entity determine the situation of abandonment, assume guardianship and, after the applicable period of time elapses, considers based on the child's best interests which measure is most suitable, either adoption or foster care. In the case of a new adoption, this protective measure will be taken regarding a child whose parents had previously adopted him or her and returned him or her to the protective system. This new adoption shall be a full adoption, as was the first adoption. In subsections 5 and 6 of Section 180, the Civil Code guarantees that the Public Entities will maintain any information they may have regarding the child's origin, especially information about the identity of the birth parents, as well as the child's medical history and that of the birth parents. This information shall be kept for at least 50 years after the moment the adoption became final, as adoptees are entitled to information on their biological origins either when they come of age, or prior to that through their legal representatives. Public entities shall provide, through their specialised

services, the necessary counselling and assistance to enforce this right. The exercise of such right contributes to the adoptee's well-being, favouring continuity in the family and construction of the person's identity, and preventing eventual disruption situations for adoptees who have attained majority (see *Gray, L. for ISS Australia, Section 3.3*).

Law 54/2007 on Intercountry Adoption for the Prevention of Risk and Disruption

Another relevant law, applicable to the prevention of adoption breakdown, is **Law 54/2007, of December 28, on Intercountry Adoption**, which in **Section 5**,¹³⁶ 'Intervention of Public Entities' sets out several essential functions for preventing risk and disruption, as the research has shown.

Further, both **Section 10** (on the suitability of adoptive parents) and **Section 11** (on the pre-adoption and post-adoption obligations of adopters) provide that attendance at information and education sessions is mandatory, outline how the assessment should be conducted, and establish mandatory post-adoption follow-up. All of the abovementioned measures are vital for preventing and identifying conflicts that may put the adoption at risk. If adoptive parents **fail to cooperate** during this stage, **administrative sanctions** may follow, or this attitude may be **considered as grounds for unsuitability** in a subsequent adoption process. **Section 12**, on the right of adoptees to know their origins, provides the mechanism for enforcing this right, determines that it is mandatory for public entities to keep any relevant information, and that counselling shall be provided (as per Section 180, subsections 5 and 6 of the Civil Code, detailed above).

¹³⁶ Information given to adoption applicants.

Training for applicants.

Suitability assessment of prospective adoptive parents.

Receipt of the matching proposal and agreement regarding the appropriateness of the matching in the light of child's characteristics and those of the people willing to adopt.

Technical support for the children and people willing to adopt, with a special focus on the people who will adopt or who have adopted children with special characteristics or needs.

Promote qualified resources to provide proper services to adoptive parents and adoptees.

Prepare follow-up reports.

Put in place qualified resources for post-adoption support and mediation for tracing.

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Recommendations/strategies:

- Revise family preparation and assessment processes with regard to their suitability.
- Develop highly qualified post-adoption support services by public entities.
- Enhance specialised mediation resources for tracing.

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Brief overview of national case law on adoption breakdowns

By the International Social Service (Vito Bumbaca, Juliette Duchesne, Cécile Jeannin & Jeannette Wöllenstein)

National case law can provide guidance on how to approach situations facing risk of, or actual, breakdown from a child-centred perspective. This contribution presents a snapshot of examples of relevant case law. Within the case law, the question of adoption revocation in exceptional circumstances, such as neglect or abuse, or when an adoption is tainted with illegality is examined, as is the necessity of cross-border cooperation in recognising such a decision. Equally, courts have been examining the possibility of maintaining the obligations imposed upon adoptive parents (both prior to or after the adoption order) beyond the adoption breakdown.

Revocation of intercountry adoptions in exceptional circumstances

1) Ethiopian case law

Under Article 195 (2) of the Ethiopian Family Code, a court may, for instance, revoke an adoption decision in cases of abuse, exploitation or any treatment that is “detrimental to [the] future [of the child].” Further, article 196(1), provides that the application can be made by the “adopted child, a government organ authorised to follow-up the well-being of the child or any other interested person (...)”

In recent years, the Federal High Court has revoked several intercountry adoptions decisions based on exceptional circumstances such as abuse and exploitation, or attachment difficulties potentially linked to an uninformed consent given by the biological parents. In each of the below cases,¹³⁷ the search for biological families and the judicial proceedings were undertaken with the assistance of the NGO *Against Child Trafficking*, and each have received strong media attention. In each case, the civil proceedings were commenced by the adoptee him or herself or by the adoptee’s biological parents.

All the cases below concerned older children who had parents, sibling and relatives in Ethiopia at the time of adoption.

Case of Betty, adopted to the Netherlands

Context

Betty was adopted at the age of seven by a Dutch couple. She could not settle into her new family and suffered physical abuse at the hands of her adoptive parents. After two years she found shelter at her teacher’s home. The latter became her foster mother and took a 14 year old Betty to Ethiopia to meet her parents and testify at the court in Addis Ababa regarding her adoption. Betty’s file was falsified: it gave the wrong age while also stating that her parents had died.

After having tried, unsuccessfully, to condemn criminally those who had participated in the falsification of her papers, Betty introduced a civil case seeking to have her adoption revoked by the Ethiopian Court.

Decision

On February 11, 2013, the Federal High Court revoked Betty’s adoption. This is the first time a foreign adoption was revoked by an Ethiopian court. Being able to retain her Dutch citizenship, Betty has chosen to stay in the Netherlands while she finishes her education and the Dutch authorities have allowed her to stay with her foster mother without interference.

Cases of Masho and Amy, adopted to Denmark

Masho’s context

Masho’s history was mediated through the documentary *Mercy*.¹³⁸ In 2008, at the age of 4 Masho was adopted by a Danish family, but was subsequently placed in a State institution due to behavioural problems. When giving up their daughter for adoption her biological parents who had HIV, but who had stabilised through medical treatment, were promised contact with and information about Masho. This never occurred.

Amy’s context

Amy was supposedly nine years old when she was adopted in 2009 together with her two year old younger sister. Her biological mother had been diagnosed with HIV and was obliged to give two of her children up for adoption. Amy had never been able to establish bonds with her adoptive family. In 2011, she was forcibly placed in a residential institution and later placed in foster care. Amy’s biological mother was located and subsequently initiated legal proceedings to annul the adoptions.

In both circumstances, the children’s biological parents applied to the court as they felt they had been cheated by so-called ‘child harvesters’ into giving their children for adoption.

¹³⁷ For further information, see: <https://lightofdaystories.com/2016/04/22/3-ethiopian-adoptions-annulled-a-wake-up-call/>; <http://www.voanews.com/a/ethiopian-adoptee-wins-legal-case-to-revoke-adoption/1601306.html>; <http://www.againstchildtrafficking.org/2016/04/ethiopian-court-annuls-amy-and-mashos-adoption/>. (last visited 14 June 2017).

¹³⁸ Documentary available at: <https://www.youtube.com/watch?v=a021tRZ-pg>. (last visited 17 July 2017).

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Decision(s)

On April 7, 2016, the Ethiopian courts annulled the adoptions of Masho and Amy on the ground that the treatment that was given to them by their adoptive parents was considered “detrimental to their future”, and therefore provided a statutory reason for revocation under the Ethiopian legislation (see above). The biological parents gained custody in Ethiopia.

Lessons to be drawn:

- Informed consent of all parties of the adoption triangle is a key element in the adoption process which contributes to the success of the attachment process between the adoptee and his or her adoptive parents and contributes in preventing adoption breakdowns.
- Due consideration should be given to the adoptee’s views and wishes, and to the prevention of separating siblings (see *Cohen Herlem, F., Inte, O. and Lemieux, J.*, Sections 3.2, 3.3 and 4.2).
- The issue of recognising the revocation decision must be clarified by laws and procedures and managed through transparent cross-borders cooperation.¹³⁹
- Adoptions based on illicit practices such as the uninformed consent of biological parents may be at a higher risk of *de jure* and *de facto* adoption breakdowns (see *Dambach, M. for the ISS, Section 3.1*).

2) Italian case law Context

In 1991, the Venice Court of Appeal (*Corte di Appello di Venezia*), issued a decree against the legitimacy of art. 27 of the Italian Adoption Law (No 184 of 1983), as this article failed to provide the possibility of revoking a full adoption on serious grounds. The Court stated that the provision was not in accordance with international standards, for example the 2008 European Adoption Convention on the Adoption of Children (revised).¹⁴⁰ The Venice Court of Appeal referred to the Italian Constitutional Court arguing that the adoption decree should be able to be revoked at any stage of the procedure, prior or after the adoption order, if such revocation would be considered in the best interests of the child.

Decision

The Italian Constitutional Court through its *Sentenza n. 344 of 1992*¹⁴¹ reversed the decision of the Court of Appeal declaring that article 27 of the Italian Adoption Law was not contrary to the Italian Constitution as adoptions are pronounced following a rigorous, comprehensive, and accurate process, which provides special proof regarding both the child’s adoptability (which results from the child’s abandonment status) and the suitability of adoptive parents to fulfil their parental responsibilities (which are confirmed during the supervised probationary period). When well implemented, this procedure ensures a continuous enjoyment of family ties by the adopted child and his or her adoptive parents. Articles 51 and 53 of the Italian Adoption Law provide for the possibility of revocation in exceptional circumstances, such as offences against life or other offences or violation of duties incumbent on parents. The constitutional court rejected the reliance by Venice court of Appeal on article 14 of the 2008 European Convention on the Adoption of Children (revised), which limits revocation to ‘serious grounds’.

Lessons to be drawn:

- ISS considers that **revocation of full adoption** should be allowed in exceptional circumstances that have been thoroughly assessed. In principle it should be used **only on justifiable grounds and in the best interest of the child**, such as in cases of child abuse, domestic violence, or serious failure of parental responsibilities.

Maintenance of parental obligations beyond difficulties challenging an adoption

*L.M.A. and others of 29th September 2015*¹⁴² (Argentina) Context

In 2010, an Argentinian couple decided to apply for the domestic adoption of two boys, aged three and eight years old who were at that time living in an institution as their mother had died. They received **provisional custody** for adoption purposes. Due to judicial delays, which provoked a moral fatigue and spiritual despondency, the couple decided, after five years of having lived together with the two boys, to withdraw from their adoption plans. On the 5th February 2015, a first instance judge accepted the couple’s petition to withdraw from the adoption

¹³⁹ For instance, an application for revocation should be sent to the Central Authority according to the 1993 Hague Convention. The Danish Adoption (Consolidation) Act no 392 of 22 April 2013 foresees three possibilities of revocation:

- Conditions if the child is 18 years of age or more: agreement of both *the adopter and the adopted child*.
- Conditions if the child is minor under 18 years of age: agreement of both *the adopter and the original parents of the adopted child*, revocation in the best interests of the child; other condition related to the re-installment of the child in *the legal relationship with their biological family*.
- Revocation by a court order only under strict circumstances (serious misconduct towards the child, persistent failure to discharge his or her parental duties in respect of the child, or for any reason due to the fundamental importance to the welfare of the child).

¹⁴⁰ Available at: <https://www.coe.int/en/web/conventions/full-list/-/conventions/treaty/202> (last visited 17 July 2017), p. 1 and ff. “The 1967 *European Convention on the Adoption of Children* was opened to signature by member States of the Council of Europe on 24 April 1967”. However, due to the social and legal changes a draft of the revised Convention was prepared by the Working Party on Adoption, amended and approved by the CJ-FA and CDCJ. The revised Convention was opened to signatures on 27 November 2008.

¹⁴¹ Available at: <http://www.giurcost.org/decisioni/1992/0344s-92.html> (last visited 17 July 2017).

¹⁴² Available at: <https://dpicuatico.com/sitio/wp-content/uploads/2016/02/Bioetica-Jurisprudencia-2016-02-16.pdf> (last visited 14 June 2017).

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proceedings, but ordered the payment of alimonies and the coverage of medical expenses by the couple. The couple sought to appeal the decision, arguing that there was **no legal relationship** between them and the children that would provide for an **alimony obligation based on family bonds**. The children were subsequently placed in an institution.

Decision of the General Court of Appeal of San Martin, Buenos Aires

The Court of Appeal confirmed the first instance decision and set the **maintenance obligations** for the couple at 30% of the spouse's salary for a period of five years (reflecting the period of cohabitation with the children in order to avoid arbitrariness). Despite the absence of a legally established filiation, the Court argued that a parental obligation would also arise based on considerations, among others, of **article 3 of the UNCRC**. In this case, the Court considered that the children had experienced a moral damage (e.g. disruption of the affective bond, emotional loss, loss of the opportunity to be adopted by another family during the five years) and had established an emotional bond with their caregivers going even beyond the provisions of the Civil Code.¹⁴³ The court further justified its decision by referring to jurisprudence that upheld maintenance obligations based on family solidarity (*padres solidarios/progenitores afines*).

Nobongile Sweetness Ria Maneli & Gandisile Garnet Maneli of 19th April 2010¹⁴⁴ (South Africa)

Context

A woman living in the province of Gauteng in South Africa appeared before a local court seeking that her former husband provide maintenance for their 12-year-old girl. The girl was adopted in 1997 after the death of her biological parents, according to Xhosa customary law. In 2004 the adoptive couple separated and the father stopped paying maintenance. The local court issued a decision in the mother's favour. The father appealed the decision, arguing that he was not the biological father, and as the adoption was issued under customary law it was void under the prevalent common law.¹⁴⁵

Decision of the Johannesburg South Gauteng High Court

The Johannesburg South Gauteng High Court ruled that after divorce children are still entitled to maintenance from their adoptive parents. The High Court refused the father's application, finding that: "*the duty of biological parents to support children exists, irrespective of whether the child was born in or out of wedlock. An adopted minor is for all intents and purposes regarded as a legitimate child of the adoptive parent as though he/she was born from such a parent or from his or her marriage*". In this case, the Judge pointed out the importance of Customary Law rules in adoption cases regarding human dignity, equality and freedom. These rules should be adapted and developed in the best interests of the child, and in line with constitutional and national laws. To this end, the Court ordered the payment of maintenance and the registration of the 12-year-old as an adopted child of the couple.

Lessons to be drawn:

- **Child protection** considerations (e.g. emotional bonds, duration of cohabitation) should be extended beyond adoption or pre-adoption breakdowns *vis-à-vis* parental obligations in accordance with international standards such as the Convention on the rights of the child and the Hague Convention on the International Recovery of Child Support and Other Forms of Family Maintenance of 2007.

¹⁴³ Art. 676 foresees a maintenance obligation for the children of the spouse. Argentinian Civil code, available at: <http://www.codigocivilonline.com.ar/articulo-676/> (last visited 14 June 2017).

¹⁴⁴ Available at: <http://www.saflii.org/za/cases/ZAGPJHC/2010/22.html> (last visited 14 June 2017).

¹⁴⁵ *The central issue is whether the respondent, who has not lawfully adopted the minor in terms of the Child Care Act No.74 of 1983 or the Children's Act No.38 of 2005, is legally obliged to pay maintenance for the minor child as envisaged by Section 10 of "The Act". (S9).*

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Conclusions provided by national courts:

- Revocation should be possible only if it is in the best interests of the child, and in exceptional circumstances, such as child abuse, domestic violence or a relinquishment of parental responsibilities.
- There should be an opportunity to revoke adoption, on request by the child and the adult adoptee, when bonding between the adoptive child and his or her adoptive parents has failed or was not able to be consolidated, and when it is according to the adoptee's wishes (see *Unstructured identity, Section 4.2*).
- In cases where the relationship between the child and his or her prospective adoptive parents ceases, prior to or after the adoption order, maintaining 'parental' obligations should be taken into consideration on a case-by-case basis, according to the child's rights and needs. In cases of divorce or separation of the adoptive parents, the parental obligation towards the child should be maintained, independently of the status of their parents.

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2.2 Cooperation and political aspects

Regardless of the timing of the breakdown, its management must be done in such a way so as to foster cooperation between the vast numbers of stakeholders. Whether on a domestic or an international level collaboration and coordination of individual actions when dealing with an adoption breakdown requires open dialogue centred on the child and their needs, and consensus when points of view diverge. Reflection on this collaboration and the ways in which it can be implemented are proposed below. This is done through the sharing of the experiences of various central authorities (CAs) in France, Germany, Peru and the Philippines, the Swedish adoption accredited body (AAB) *Adoptionscentrum* and other experts.

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When a breakdown occurs in the country of origin, international cooperation between the CAs of the country of origin and the receiving country, the potentially involved AAB, and sometimes the receiving country's embassy on site, should be set in motion. Local child protection authorities and representatives from the institution or host family the child is, or was placed in, may also be called upon to intervene.

However, when the breakdown occurs in the receiving country and protective measures in favour of the adopted person must be decided upon, cooperation takes the form of an exchange of information between the AAB and CAs of the receiving country and the country of origin. Several receiving countries have recognised the importance of this process and some have implemented legislation (such as in India¹⁴⁶, Peru¹⁴⁷, Togo¹⁴⁸ and Vietnam) which require that all new placements after an adoption breakdown be reported and that social reports be supplied on a regular basis.

This exchange allows for transparency between various authorities on their motivation behind opting for certain solutions in the interest of the child, and allows for better collaboration in implementing these solutions.



The desire for a child is a social and cultural norm. It is not a purely natural instinct. In certain societies, personal growth allows us to question whether or not we want a child. Thus, when procreation is delayed, individuals believe they have the right to have a child – which is not the case. Those who wish to adopt should be asked for their thoughts on this, and about their aspirations for this child who has not expressed the desire to form a family

¹⁴⁶ *Adoption Regulations 2017*, paragraphs 19 and 20. Available at the ISS/IRC.

¹⁴⁷ Resolución Ministerial N° 035-2016-MIMP - Directiva General N° 004-2016-MIMP. *Lineamientos Para el Control post Adoptivo de Niños, Niñas y Adolescentes*. Available in Spanish at: http://www.mimp.gob.pe/files/transparencia/resoluciones_ministeriales/rm_035_2016_mimp.pdf (last visited 13 September 2016).

¹⁴⁸ *Décret 2008-103/PR relatif à la procédure d'adoption d'enfants au Togo*, article 41. Available at the ISS/IRC.

2. Legal and political framework surrounding intercountry adoption breakdown

Peru's perspective: cooperating with receiving countries on intercountry adoption breakdowns

By Lizley Tantaleán

In Peru, the Adoption and Post-Adoption Monitoring Directorate (DAPA) of the General Adoption Directorate (DGA) of the Ministry of Women and Vulnerable Persons (MIMP), has identified certain aspects likely to result in failed adoptions. These consist mainly of the implicit psychological effects during the period of a child's adaptation to, and integration within, their adoptive families (be it in domestic adoptions or intercountry adoptions – ICAs). This can include the impact of cultural differences between the children and/or adolescents and their foreign adoptive parents, notably the language barrier in non-Hispanic countries.

Respective responsibilities and participation of the country of origin and the receiving country as well as adoption accredited bodies

From the viewpoint of a country of origin (CO), the involvement of the central authorities (CAs) of receiving countries (RCs) and/or adoption accredited bodies (AABs) matters a great deal as they are the ones responsible for selecting families and declaring them fit to be the future adoptive parents (FAPs) of Peruvian children and adolescents. Depending on the conditions in which the prospective adoptive children live, these entities are also responsible for preparing the families. This is especially the case today as the majority of **ICAs are priority adoptions**.¹⁴⁹

In Peru, nearly 70% of procedures are carried out by foreign AABs and CAs, and DAPA's involvement begins with the analysis and assessment of the files submitted. Next comes the empathy process (7 days maximum) and family placement (14 days maximum), with the concurrent support of a psychology professional specialised in adoption. This support cannot be extended, and if issues arise with regard to the adaptation of the child or adolescent, the adoption process is declared unfavourable and will not go any further.

In cases where the probationary cohabitation period ends favourably, DAPA's direct intervention with the adoptive family also ends, and the RC becomes responsible for providing the family with the resources needed for the development of an effective and comprehensive integration and adaptation process. Once the selection process, preparation, matching, family acceptance,

empathy process and administrative adoption procedure have been completed, the child or adolescent is transferred to the RC. Another process then begins, namely 'family cohabitation'. From this point, only the CO is able to formally request information in the event the cohabitation is inappropriate, or there is evident shortcomings or inconsistencies in care.

Cooperation in the exchange of information during post-adoption monitoring

The RC is responsible for lending its full support to families adopting abroad. The CAs and AABs of the RC are responsible for providing the CO with accurate, timely information regarding the progress of the child or adolescent in their adapting to, and integrating with, their new family. This is in the form of post-adoption monitoring reports required every six months during the first four years (noting the exception of Italy, which has entered into a bilateral agreement with Peru, which limits this period to three years).¹⁵⁰

For domestic adoptions, post-adoption monitoring is conducted at the same rate as for Italy. However, it is not strictly governed by this timeline and can be tailored to the different needs and requests of families. **Follow-up visits** are scheduled, following which detailed reports are prepared based on the themes addressed. This is more limited in the case of ICAs, where the CAs and AABs do not carry out this type of intervention, but simply conduct follow-up visits based on the established schedule (albeit sometimes after considerable delay) and prepare descriptive reports that often need greater detail, especially with respect to health and education.

¹⁴⁹ In Peru, this concept includes children over nine years of age, adolescents, brothers and sisters, and children with health problems or specific needs. In accordance with the principle of subsidiarity that governs international adoption, the latter will be valid only after all family placement solutions in the country of origin have been exhausted, with a view to maintaining the child's link to their country of origin. See: Gonzales, N. (2006). *Adopción Internacional*. Autonomous University of Mexico. Available at: <https://archivos.juridicas.unam.mx/www/bjv/libros/4/1823/5.pdf> (last visited 13 September 2016).

¹⁵⁰ See the *Application Protocol of the Agreement between the Republic of Italy and the Republic of Peru on the International Adoption of Minors*. Available at: http://ambilima.esteri.it/ambasciata_lima/resource/doc/2016/10/tratado_adopcin_per_italia.pdf (last visited 13 September 2016).

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All the CAs and AABs of RCs are explicitly required to continue to provide these reports, in accordance with article 6.2.3, paragraphs a) and b) of General Directive No. 004-2016-MIMP,¹⁵¹ “Directives for the post-adoption monitoring of children and adolescents”, approved by Ministerial Resolution No. 035-2016-MIMP, which came into effect in February 2016. It is in the interest of the DGA to have available the best possible tools in assessing the degree to which Peruvian children and adolescents are adapting to, and integrating with, the foreign families who adopted them.

Aspects potentially leading to intercountry adoption breakdowns

The following aspects were identified as potential factors in adoption breakdown:

1. **Difficulties** at the outset of family cohabitation and during the strengthening of emotional ties; difficulties attributable to an emotional distance between the reasons for the family’s intentions and the emotional needs of the child or adolescent; and **increasing socio-cultural differences** when there is no informal process for becoming familiar with the new physical environment, and/or when the culture of the child’s or adolescent’s CO is not valued (see *Cabral, C., Section 3.4*).
2. The **lack of accuracy** of the RCs, CAs and AABs in the selection process and the process of preparing adoptive families, including **the lack of an on-going monitoring and support system** at the outset of family cohabitation (especially for children over seven years of age – see *Fronek, P.* and among others *Dulanjani Dygaard, I. and the Danish CA, Sections 3.2 et 3.3*).
3. **The lack of effective, appropriate information** from the RCs CA and AABs regarding problems that could potentially be faced by adoptive families. The reports provided are often descriptive and do not contain in depth professional analysis.
4. **The lack of information sharing** on cases of ICA breakdown and/or disruption.

The above analysis provides a broad overview of the factors impacting ICA disruption and/or breakdown. It reflects the need for a more effective prevention and intervention system.

Cooperation in prevention mechanisms

A three-stage prevention mechanism must be developed, as follows:

1. Reinforce and monitor the work of CAs and give greater attention to the procedures followed by AABs in order to ensure that the selection and preparation of adoptive families are appropriate;
2. Ensure that the CAs and AABs can participate in the development of an on-going support network for adoptive parents, that is intensive during the first year of cohabitation with the adoptive family, in order to promote the development of stable emotional bonds, including psychotherapy intervention programs;

“...When it becomes apparent that the continued placement is not in the child’s best interest, the Central Authority of the receiving State must terminate the placement and put the child in temporary care. The Central Authority must then arrange another placement with a view to adoption, in consultation with the Central Authority of the State of origin. Only as a last resort will the child be returned to the State of origin.”

Extract from Guide No. 1 of the Hague Convention of May 29, 1993, available at https://assets.hcch.net/upload/adoguide_e.pdf (consulted on December 13, 2016).

3. Detect and identify, in a timely manner, cases showing signs of possible adoption disruption or breakdown in order to provide effective psychological intervention, in the best interests of the child or adolescent.

Generally, with respect to ICA in Peru, both the CAs and AABs are to inform the DGA and MIMP of the situation of the adopted children and adolescents, as indicated in their post-adoption monitoring schedule. In some cases, these organisations also point out the difficulties that children and adolescents have in adapting to, and integrating within, their new family environment, and formally advice of cases of adoption breakdown and/or disruption. However, there is generally no clearly established, orderly intervention procedure, and consequently, it has been impossible up until now to identify good practices in specific cases. In such a context, we continuously ask the CAs and AABs for information on cases when children and adolescents enter the RC’s alternative care system.

¹⁵¹ Ministerial Resolution No. 035-2016-MIMP – General Directive No. 004-2016-MIMP “Directives for Post-Adoption Monitoring of Children and Adolescents”. Available at: http://www.mimp.gob.pe/files/transparencia/resoluciones_ministeriales/rm_035_2016_mimp.pdf (last visited 13 September 2016).

2. Legal and political framework surrounding intercountry adoption breakdown

Cooperation in intervention mechanisms

When a family maintains its decision to end cohabitation with the child or adolescent, the RC's CA or AAB should ensure that a multidisciplinary team consisting of psychologists and social workers (qualified and specialised in adoption) receives and processes the family's request and ensure follow-up. In order to promote the creation of family links, this process should identify the positive and negative aspects of the adoption in question—cohabitation, adaptation and integration problems and their causes—including the type of intervention provided. The RC's CA and AABs are qualified to inform the adopting parents of the emotional consequences of a second abandonment and the steps to follow in order to better meet the child or adolescents needs. This includes how to manage the day-to-day relationship with the child or adolescent, and could even include how to approach the stages which

precede the child or adolescent's entering the alternative case system. These organisations are also responsible for communicating directly with the CO's CA, through a detailed report (provided by the above-mentioned team) on each of the steps in the process. This report should detail the background, preventive interventions carried out in the family, an analysis from the angle of the best interests of the child, and provide findings and list the measures to take in light of any decision reached. The organisations must also prepare a final decision report on the child or the adolescent, on the implementation of the measures taken, and the impact of those measures on the emotional development of the child or adolescent before they enter the alternative care system. From that point, the CO's CA considers the process closed, as it is then the responsibility of the RC to make the necessary undertakings, unless the child or adolescent is expected to return to the CO.

2. Legal and political framework surrounding intercountry adoption breakdown

Recommendations/strategies:

- **Restructure the system for selecting and preparing adoptive families** based on the models implemented in countries with a high adoption success rate (see *Fronek, P.* and among others *Dulanjani Dygaard, I. and the Danish CA*, Sections 3.2 and 3.3).
- **Improve the quality of interventions during post-adoption visits** (see *Dulanjani Dygaard, I. and the Danish CA*, Section 3.3):
 - designate a psychologist to undertake the follow-up visits;
 - conduct visits to the adoptive family's home;
 - request documents attesting to the educational and health situation of the adopted children and adolescents (especially in cases of priority adoptions), such as therapy, scientific, psychological/ stimulation-related reports, etc.;
 - visit the educational centre where the child or adolescent is being schooled (this must be mandatory);
 - prepare a meaningful post-adoption report.
- **Provide adoptive parents with an on-going support network** (see Sections 3.3. and 3.4):
 - promote facilitated support groups among adoptive families and training workshops;
 - use a network of family psychotherapy specialists, and child and adolescent specialists (with experience in adoption), to which families can turn if needed;
 - plan outreach visits for families dealing with family adaptation and integration problems (adolescents, groups of brothers and sisters, children and adolescents with socio-emotional difficulties);
 - prepare reports on the outreach visits that must be forwarded to the CO's CA.
- **Regularly and progressively promote communication in each post-adoption process until the end of the monitoring period**, in the spirit of promoting cooperation with the CO in the interests of the adopted children and adolescents, especially when breakdown is anticipated. This includes communicating information concerning the intervention carried out, any progress achieved and/ or the outcome of the process, with the end of such a process marked by the entry of the child or adolescent in the RC's alternative care system.
- **Develop a direct communication system with the RC's CAs and/or AABs** to promote an effective cooperation process (via information technologies), and overcome bureaucratic difficulties that limit the implementation of appropriate initiatives.

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2. Legal and political framework surrounding intercountry adoption breakdown

The Philippines' perspective: cooperation aimed at preventing breakdowns, especially in intercountry adoptions with special needs

By Bernadette Abejo

In the context of the worldwide decline of intercountry adoption (ICA), the Philippines has introduced, among other strategies, specific measures including adoption awareness week and special needs programs. Additionally, increased economic opportunities have facilitated either the domestic adoption of children or children remaining with their birth parents.

According to the Philippines' experience, children who may have special needs are more susceptible to disruptive placements in ICA. These children, known as 'Special Home Finding' or 'Waiting Children', include those who:

- may have special health conditions;
- are healthy but have 'aged-out' of the opportunity for domestic adoption;
- have been subject to physical and/or sexual abuse.

'Aging out' sometimes occurs due to the lack of training/awareness on the behalf of child care institutional staff on the importance of moving the child through the process of declaring him or her suitable and available for domestic adoption in a timely manner. Additionally, children may be victims of the child care institutions themselves, where in some instances institutions have been motivated to keep children in the institution to generate funds and donations through specific or identified child sponsorships.

Cooperation through careful assessment and preparation of the child

Philippines policy focuses on the prevention of breakdowns, rather than on their management. A first priority is to **secure the child's background information** regarding his or her health and nutrition, developmental status, family background and history. This is especially important where no family history is available (e.g., an abandoned child) and when there is a lack of information. In such cases, emphasis on the details of the place where the child was found and the identity of the finder is important to assist in any future family tracing efforts. In many cases, the finder is somehow related to the child. An additional factor increasing the likelihood of disruption is a lack of information about the medical and psychological condition of the child.

Cooperation through careful assessment and preparation of the prospective adoptive parents

In terms of evaluating prospective adoptive parents (PAPs), the Intercountry Adoption Board (Philippine's Adoption Central Authority – ICAB) has, as a result of disruptive placements, developed a set of questions to be used by central authorities (CAs) or competent authorities when **assessing the motivation of prospective adoptive parents to adopt a child with special needs**. These questions help the PAPs to have more realistic expectations about the adoption of children with special needs, as well as assisting the CAs to work closely together in identifying the most suitable family for the child. Specific attention should likewise be paid to **relative adoption placements** – the true intent must be scrutinised. A child who is doing well with the custodian does not need to be uprooted from his or her current situation and moved to an 'unfamiliar' place.

Once the matching has occurred and whilst the child is in the Philippines, ICAB implements careful **pre-adoptive preparation**. This stage prepares for the child's placement by requiring the PAPs to provide a welcome home album – generally a picture book of the child's immediate and extended family and the new home and environment. A book of basic words in the language of the PAPs is also requested to facilitate basic communication. Furthermore, video conferencing has been a very effective tool in lessening tensions on adjustment. Taking into account possible language barriers, this tool is only used if the child is capable of verbal communication, and is only permitted for children six years old and above. Preparation of the child for placement is age specific. It is the duty of the social worker and the 'home-parent' to formulate how to prepare the child for placement, which is dependent on the actual condition and capacity of the child.

2. Legal and political framework surrounding intercountry adoption breakdown

Cooperation during the waiting period

A main factor contributing to disruption is the lengthened waiting period for child placement, contributing to motivation and commitment to the adoption project changing over time. Beside the time factor, disruptions may be due to a lack of preparation of the PAPs regarding their expectations versus the reality of adopting children with special needs. Furthermore, where the PAPs have **biological children**, changes in the situation of their children may likewise drastically affect the adoptive placement and contribute to disruptions. In the same way, reliance on extended family members to support the adoption project has also been observed as a reason for disruption.

Notwithstanding pre-placement preparation, there remain unforeseen instances that highlight the **constant need for shared information between actors** in ICA. The realities of placing a child waiting for adoption cannot be 'put in neat boxes': placements must be closely monitored and assistance always accessible.

Where a child has been subjected to physical and/or sexual abuse, the sensitivity of the placement requires a careful assessment of the adoptive family, with special attention to their **capacity to handle any complications arising out of the child's background**. Even during the trial period, there should be allowances for the possibility that the family originally chosen simply cannot handle the needs of the waiting child. The percentage of this possibility happening may be less than 1% of placements. However, the reality is that the possibility of disruption exists and must be addressed. For example, this could occur where there is a physical attraction between the child to be adopted and a potential sibling.

It is likewise important that **cultural issues, including religious practices and affiliations, be taken into consideration. This is particularly important for teenagers** who will join their new adoptive families having spent most of their lives in institutions, where their sense of survival/identity is developed according to the specific conditions (e.g. religious and cultural) of the place they were in.

Accordingly, given the variety of changes that can occur during the waiting period it is imperative that any signs of disruptions must be immediately reported by the authorities of the receiving country (RC), not only to ensure immediate intervention and provision of assistance but also to prevent further negative effects on the child(ren).

Cooperation through clear identification of responsibilities and coordination

One means of preventing disruption is by having clear procedures in place, for both the RC and country of origin (CO).

The CA of the RC must **promote cooperation among the competent authorities** to protect children and to achieve the objectives of the 1993 Hague Convention, especially its art. 7.¹⁵²

Regional authorities may have different approaches to ICA, which vary tremendously from region to region. A **coordinated national policy** and assurance of good cooperation is needed (see *Pépit, S., Section 2.2*).

New responsibilities should be explained properly, and procedural manuals to implement new legal frameworks should be written/illustrated for staff of the CA and adoption accredited bodies (AABs).

Effective coordination between national authorities and bodies should also aim for the **immediate reporting of disruptive situations**: this is the responsibility of the CAs according to art.7 of the 1993 Hague Convention.

For example this can include the **publication of the administrative systems/processes** in the RCs regarding their existing and entry visa issuance processes. Having such frameworks clearly established will allow COs to ensure that they do not unwittingly participate in the circumvention of the proper implementation of the 1993 Hague Convention.

The Philippines CA believes that it can be problematic for permanent or resident visas to be issued to the child prior to the finalisation of the temporary custody, as it prevents the CO from assisting with the adjustment of the child. This is especially problematic in cases where there are risks of disruption because the child is viewed as being a citizen/resident of the RC and therefore jurisdiction over the children solely rests the RC, despite the adoption not yet being finalised. This gives the CO little say when disruptions occur. Additionally, such an approach discourages cooperation between authorities.

¹⁵² (1) Central Authorities shall cooperate with each other and promote cooperation among the competent authorities in their States to protect children and to achieve the other objects of the Convention.

(2) They shall take directly all appropriate measures to -

a) provide information as to the laws of their States concerning adoption and other general information, such as statistics and standard forms;
b) keep one another informed about the operation of the Convention and, as far as possible, eliminate any obstacles to its application.

2. Legal and political framework surrounding intercountry adoption breakdown

Co-responsibilities to reach an effective coordination

Cooperation through training of actors

All regional authorities and bodies involved in the adoption procedure should **be trained on the movement of children and the long term effects of institutional care**. This should include children's home personnel.

It is necessary to ensure that child care institutions have on the one hand a good understanding of the situations that may lead to disruptions, and on the other hand, the manner through which prevention is best ensured (see *Cravens, J., Section 4.1*). Presently, this is done through the regional training of government actors, non-governmental organisations, child protection officers, hospital and 'lying-in clinic' workers on the risks of placing waiting children in ICA.

Cooperation through the regulation of costs

Contracting States and their respective CAs have a responsibility to regulate the cost of ICA by taking **measures to prevent improper financial gain**. RCs and COs are permitted to charge reasonable fees for services provided. However, lengthened waiting times have the effect of AABs sometimes pushing PAPs into accepting waiting children, even if they are incapable or unprepared to do so, just to be able to move the case forward and charge balances or justify the large advances required from families.

Costs and fees as a means of pressuring actors to produce a child is increased where the fees collected from PAPs are very high. The collection of large advances from PAPs by the AABs increases the pressure to seek a child for that family, which in turn increases the likelihood of disruption due to lack of careful assessment and consideration.

Recommendations/strategies:

- Strengthened preparation of PAPs regarding their expectations and cultural sensitivity (see *Cabral, C., Section 3.4*).
- Improvement of background information on the children and strengthened preparation of children regarding changes in their future environment (see *Estrada Jaramillo, L. M., Section 3.3*).
- Increased cooperation between CAs by sharing information on experiences with AABs (see *Taxell, A., Section 2.2*).

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2. Legal and political framework surrounding intercountry adoption breakdown

Meeting the interests of the child beyond politics and diplomacy

By *Frédérique Delatour*

Every breakdown is dealt with on a case-by-case basis and according to the needs of the situation bilateral collaboration may be necessary. However, clear information defining the respective areas of action for countries of origin (COs) and receiving countries (RCs) does not exist, nor does it exist for defining the type of cooperation that could be developed to best respond to the interests of the child beyond political and diplomatic issues. Article 21 of the 1993 Hague Convention only covers situations where the child has been displaced and for whom adoption has not yet been finalised (see [Martínez-Mora, L., Section 2.1](#)). This lack of a general framework and recommendations at the international level can lead to tensions and misunderstandings between countries if the requirements of one go against the existing law of the other.

For a RC it is important to not avoid the issue of breakdowns, but rather to anticipate it – informing each CO when their citizens follow national solutions that can be offered to children in difficulty to protect them and assert their rights.

Cooperation in the framework of accompanying young adoptees wishing to annul their adoption, or initiate a search for their origins following a breakdown

The RC may be required to support young adoptees who, following a breakdown, ask for an expert opinion on the possibility of cancelling their adoption. In one case, the *Mission de l'Adoption Internationale* (MAI) the French Central Authority (CA), was approached by a young adult man who was adopted at the age of 11 years in his birth country in accordance with national procedure by a French citizen who his mother trusted. This person then brought the boy to France. Following abuse by his adoptive father, the young man took steps to understand the context in which his biological mother consented to the adoption, and to verify the validity of the procedure. After examination of the file provided by the young man, the competent foreign authority was asked to lift their file to ensure that the documents that allowed the process were authentic and conformed with the national legislation in force at the time of the adoption. If a procedure proves to be irregular, the French CA will notify the CA of the CO to allow consideration of possible remedies.

RCs are encouraged to collaborate with the CO when some young adoptees, those whose ties with their adoptive parents have broken down, wish to find their biological family. In the above case, the contact with the MAI came through a Departmental Service seeking answers for the adolescent who was in serious difficulty following the breakdown of his adoption. The health professionals caring for him supported this step, undoubtedly hoping for a therapeutic benefit. Thanks to its knowledge of the reality in the CO, the MAI was able to make them aware of the inherent risks of this type of search, inviting them to

defer it, if possible, until improvement of the adolescent's psychological state. At the same time the CA of the CO concerned was informed about the situation in order to be able to support the request, if necessary.

The question of the return of the child to the country of origin

The MAI has undertaken pedagogical work with adoption accredited bodies (AABs) and Departmental adoption services to raise awareness on the importance of communicating information available on critical situations. The resulting exchanges contribute to strengthened collaboration and the MAI serves as the link for sharing experiences and practices.

When breakdowns occur in the weeks following the arrival of the child in France, the question of a return to the CO has always been raised, but has never been implemented through a joint decision of the two countries concerned. It has, however, happened in **intra-family adoptions**, on the initiative of the adoptive parents. Children have been returned to their biological parents, or to the care structure where they lived in before moving, without any consultation with the local and central authorities of the COs and RCs. This observation underlines the importance of verifying that the principle of subsidiarity has been applied, before approving an intra-family adoption, in particular by analysing the underlying motivations behind the adoption project (see [Abejo, B., Section 2.2](#)).

In one very specific case, the CO requested that a child who had been placed with a child protection service be returned to his country of birth if no new adoption project was proposed within six months. This request was refused as it did not meet the interests of the young adoptee, who needed sufficient therapeutic time to enable him to look ahead to a new life project (see [Cohen Herlem, F. and Grilo, G., Section 4.2](#)). The request was also incompatible with his new legal status. He no longer fell within the common law of his CO, but depended on that of his RC. In other cases, representatives from the CO have travelled to France to meet with children.

2. Legal and political framework surrounding intercountry adoption breakdown

Finally, a lack of cooperation with the CO can raise problems which potentially compromise the rights of the child. In one MAI case, the adoptive parents called into question, *a posteriori*, the validity of the adoption. They succeeded in obtaining a judicial annulment in the CO, which provided for the return of the child to his own country. Following a social enquiry conducted in the place of birth the CA of the CO requested, during a second phase, that the child ultimately remain in France. As a result, the child obtained the status of an unaccompanied foreign minor, making the management of the breakdown even more complex.

Thus, when the question of the return of a child to his or her CO is raised, cooperation between countries must be constructive and prioritise the life project that best responds to the child's long term needs, whilst ensuring his or her legal status is secure. The countries concerned, as well as the adoptive parents, must not deny their responsibilities by recommending a return to the CO on the grounds that the child is no longer part of their new affiliation.

The visibility of the role of the central authorities in breakdowns and the strengthening of cooperation

To date there is still too little data available in France to estimate the number of adoption breakdowns. Consequently, the MAI has undertaken pedagogical work with adoption accredited bodies (AABs) and departmental adoption services to raise awareness on the importance of communicating information available on critical situations. The resulting exchanges contribute to strengthening collaboration, and the MAI serves as the link for sharing experiences and practices. The aim is also to eliminate the fear of peer judgement through exposing the multiplicity and the diversity of conflict situations that all services can face, sometimes years after the arrival of the child in the adoptive family. Thus, at each meeting organised by the MAI with Departmental Councils,¹⁵³ long discussions are devoted to the prevention of breakdowns and their management. The issue of temporality in administrative and legal processes, is widely discussed in order to guide choices. Particularly when the legal status of the child is not stable at the time of the breakdown, or when criminal rulings are expected prior to proposing a new life project for him or her.

Cooperation between receiving countries

Cooperation between RCs makes sense. Until recently, meetings between the RCs have rarely been the occasion to discuss the issue of breakdowns, perhaps because of the fear for some of being 'bad students' in intercountry adoption, especially among COs. Comparative analysis of situations can, however, help identify risk factors and country specific flaws, including those common to several and even all of them. It is also an opportunity to reflect on their own practices, and benefit from the experience and expertise of other RCs.

¹⁵³ Competent local authorities in the field of child protection in France.

2. Legal and political framework surrounding intercountry adoption breakdown

Recommendations/strategies:

Collaborative work between COs and RCs is recommended to define, at international level, a general framework of cooperation on the issue of adoption breakdowns. It should enable:

- identifying practices that could be improved (quality and transparency of the child's file and the assessment on his or her adoptability, preparation of the child, preparation of the candidates, collaboration with the AABs at the moment of matching, post-adoption support, etc.);
- regulating the reports between COs and RCs in cases of adoption breakdown, especially regarding the conflict of laws;
- defining the general principles of a return to the CO;
- reflecting on procedures and the choice of the most suitable time (adulthood) to support a young adoptee in a breakdown situation. Namely, if he or she wishes to search for his or her origins and in particular renew contact with his or her biological family; and
- limiting intra-family adoptions to those which are considered and fully formed projects that respond to the real interest of the child, and whose objective is not merely to obtain a transfer of parental authority for economic or humanitarian reason.

After several years in charge of the national strategy for HIV testing, Dr. Frédérique Delatour has, since 2013, been a Health Advisor at the Intercountry Adoption Mission, the French Central Authority, as part of a provision made available by the Ministry of Social Affairs and Health. Her role goes well beyond the medical dimension of this theme, due to the inherent social and societal issues and of their consequences on the life and well-being of adopted children and their families.

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International cooperation in reaching a consensus: placing the interests of children above potential conflicts between States and competent authorities

By Dr. Ulrike Möller-Bierth

This contribution considers cooperation among various official organisations aimed at ensuring that the child concerned continues to benefit from the best possible protection in the event of an adoption breakdown. In this context, the fact that an adoption has already been finalised or that the disruption occurred during the probationary family cohabitation period is of secondary importance. In both cases, the objective of all the organisations involved is to find the best solution for the child. Yet, the status of the child has an impact on the range of available solutions. On the one hand, if the adoption is definite, it generally cannot be annulled and therefore another adoptive family cannot be sought for the child. Additionally, the adoptive parents must be involved in all decisions concerning the child's life opportunities. On the other hand, if the disruption occurs before the adoption is finalised, the issue of the child's stay will also need to be resolved, and immigration services must therefore become involved.

Early involvement of the country of origin in cases where difficulties arise at the outset of life within the adoptive family

It should be noted that the various organisations involved must not begin working together only when it appears that an adoption has apparently failed. Quite the contrary, when disruption appears inevitable, the organisations should already have done everything possible to prevent it.

It is important that a solid trusting relationship be established between the adoptive parents and the social worker of the child protection services, so that he or she is able to detect the first signs of family discord or strain and immediately provide assistance and guidance. It is recommended that educational or psychological counselling services also be used, in addition to general social and pedagogical consultation. Looking into the root of some of the child's behaviours—for example aggressive or sexualised behaviours—is appropriate in order to be able to interpret them. To that end, institutional staff or the child's foster family in the country of origin (CO) may eventually be asked to provide information.

A specific situation involving a girl of around six years of age placed with a German family in anticipation of her intercountry adoption (ICA) illustrates this point. The likelihood of a disruption of the adoption very quickly became obvious. Despite the adequate preparation of the adoptive parents and their experience in interacting with children, their personal ability to cope was quickly exhausted

Transparent communication of information on difficulties facing the adopted child and their family

In this case, the little girl was exhibiting troublesome sexual behaviour toward men. Child protection services at the State level—the competent Central Authority (CA) for adoption within *Land*¹⁵⁴ – sent an information request to the institution that cared for the child in the CO seeking to verify if the child had been the victim of sexual abuse.

This could, in fact, help identify the assistance needed and best tailor counselling to the situation. Although the institution was unable to explain the child's behaviour in this case, the sole fact of having requested information and addressed the problem openly had a positive impact on subsequent communication. In Germany, local child protection services and other assistance structures that the family had access to (e.g. education counselling centres, psychologists), were constantly involved in supporting the family.

Over the course of several sessions, the parents were carefully asked about the child's behavioural problems. The child was also seen by a psychologist, who made their findings and diagnosis available to the entire support team, in order to find solutions for this difficult situation. The information was then centralised with a professional at child protection services overseeing the case, in order to find in the interests of the child, a solution that all of the professionals involved agreed upon.

Finally, because difficulties between the parents and the adopted child persisted despite the numerous efforts made over an extended period of time, the breakdown

¹⁵⁴ This is the *Zentrale Adoptionsstelle des Landesjugendamtes* empowered by the law for any adoption procedure. Some Länder have established a joint central authority.

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of the adoption was acknowledged and the CO's CA was informed of the decision. In this type of situation, the German CA is legally responsible for removing the child from the persons who sought to adopt her and for taking over the child's temporary care.

The receiving country's protection of the child's status

Under article 21 of the 1993 Hague Convention, the German CA must take appropriate alternative protective measures for the child, in consultation with the CO's CA. In this context, involving the foreign authority from the outset proved to be very useful. Communication maintained by federal child protection services established a basis of trust with the foreign CA, making it possible for the latter to better understand the development and tragic circumstances of the failed adoption.

Generally, family class provisions under the German law on the stay of foreigners (*Aufenthaltsgesetz*) apply by analogy for the entry and stay of a child to be adopted.

These rules are valid even before the adoption is finalised, i.e. as soon as the adoption accredited agency has accepted the CO's matching proposal in accordance with article 5, paragraph 1, sentence 1, and that the adopting candidates have accepted the proposal. Nevertheless, if the condition of the stay ceases to exist, as was the case here, the child will be granted a **separate temporary stay** under article 6, paragraph 3 of the AdÜbAG law.¹⁵⁵ This provision complies with article 21 of the 1993 Hague Convention (see *Martínez-Mora, L., Section 2.1*) and **immigration services are also informed so as to protect the status of the child concerned.**

Consultation of the country of origin once breakdown is acknowledged

From a professional viewpoint, it appeared reasonable that the child stayed in Germany while it was determined whether another adoptive family should be sought. The CO's CA was informed of the intention to keep the child in the RC and was given the option of objecting to that decision. The application of law must not take priority, any decision must strictly be made out of concern for the best interests of the child and based on professional evaluations conducted by the competent authorities in the receiving country and country of origin.

In this case, the CO did not object and supported the decision.

The competent German authorities—adoption office within local child protection services,¹⁵⁶ the social services department and the *Land's* CA within child protection services at the federal level—agreed on the steps to take and brainstormed together to find a solution that was in the best interests of the child. Although the decision on placing a child lies with a single official organisation, it is nevertheless important that the decision-making process be transparent and take into account the contributions and considerations of all the organisations involved.

Guidance for prospective adoptive parents in ensuring transparent communication of information between the country of origin, the receiving country and the child

Referring prospective adoptive parents (PAPs) affected by the breakdown and struggling with feelings of guilt to appropriate counselling is another element to be taken into account. In fact, in such a context, it can be expected that PAPs refuse to accept their failure and opt to show themselves in the best light possible by, for example, providing the CO with questionable information. Legally, nothing can prevent them from doing so. This is why it is necessary to counsel PAPs and to convince them to let go of such reactions. In fact, feelings of guilt and criticising professionals in the CO can prove to be counter-productive. For example, stating that the child was not fit for adoption, or that the child demonstrated serious behavioural problems that went undetected initially, raise doubts as to the competence of the CO's CA with regard to the matching process. In the end, such a bitter attitude is in no way beneficial to the child.

Involving local professionals in the country of origin in the search for the best care option for the child

The delicate process of removing the child from the prospective adoptive family falls under the responsibility of child protection services in the family's place of residence. The presence of a psychologist or interpreter is recommended at this stage, while being careful not to intimidate the child by the number of adults present. With regard to the case discussed here, the immediate placement of the child with another adoptive family was not feasible. It was fundamental to give the child the time she needed to absorb the event and to reassure her with the help of a professional that she was not to blame for the breakdown (see *Grillo, G., Section 4.2*).

¹⁵⁵ *Adoptionsübereinkommens-Ausführungsgesetz* (Act implementing the 1993 Hague Convention).

¹⁵⁶ This is the *Adoptionsvermittlungsstelle des Jugendamtes*: office accredited by the Central Authority at the federal level (Land) for international adoption procedures, on a case-by-case basis or for specific countries. All child protection services are required to establish their own adoption office or a joint adoption office with another child protection office. In addition, adoption accredited bodies called *anerkannte Auslandsvermittlungsstellen der freien Träger* may also intervene in the process.

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Therefore, the temporary placement measure most suitable for this little girl still needed to be determined: a foster family, a small group home or a family-like structure. Placement with a foster family could have been complicated if the child repeated her problematic sexual behaviour and could have definitively prevented her future placement with another adoptive family. Life in a small group home could have been intimidating to

her, given the linguistic barrier and her young age. After assessing the pros and cons of each option, in the best interests of the child, it was finally decided to place the child in a therapeutic family-like structure. The CA of the CO was then informed of the decision, and the CA gave its consent shortly thereafter indicating its wish that a new adoptive family be sought for the child in the long term.

Recommendations/strategies:

- Early involvement of the CA and/or institution in the CO so as to keep them informed of potential problems at the outset of cohabitation.
- Early identification of behavioural problems and implementation of a tailor-made professional intervention.
- Assign a professional to oversee the management of a failure scenario: despite consultations among the various organisations involved, a case coordinator must be clearly identified and must have decision-making authority.
- Quick exchange of information among the organisations involved, especially with the CO's CA: certain means of communication are preferable, such as email (encrypted) or fax so as to avoid misunderstandings during telephone conversations and difficulties related to differences in time zones.
- Resolution of the issue of the child's stay with the help of immigration services, if the adoption has yet to be finalised.
- Involvement of the child in decisions that concern them, depending on the child's age and with the use of an interpreter, as needed (see *Inte, O., Section 3.3*).
- Availability of professional support so as to prevent the child from developing feelings of guilt following an adoption failure.
- Transparency in decision-making and in the reasons for decisions with respect to all of the organisations involved.
- Extensive—eventually mandatory—counselling and support for persons wishing to adopt the child (see *Schürbüscher, R., Section 4.2*).
- Raising awareness of the individuals wishing to adopt the child on the scope of potential complaints directed at the competent authorities of the CO and on the need to find constructive solutions together.

After studying law at the universities of Bonn and Göttingen in Germany and placing second in her class in Cologne following the state examination, in 1993, Dr. Ulrike Möller-Bierth assumed her labour law and administrative law duties in the central legal division of the *Landschaftsverband Rheinland* in Cologne. Since 2012, Dr. Möller-Bierth has served as director of the legal division of the Central Adoption Authority in the *Rheinland*.

2. Legal and political framework surrounding intercountry adoption breakdown

Perspectives of a Swedish adoption accredited body: the cooperation experiences of *Adoptionscentrum*

By Anna Taxell

Adoptionscentrum is an adoption accredited body (AAB) founded in 1969. It is a non-governmental, non-profit, member-based organisation with three main areas of activity: adoption mediation, international development cooperation and member services. The organisation has approximately 4600 member families in Sweden. 25 professionals are employed at the office in Stockholm. The employees possess a broad range of skills in areas such as psychology, social work, economics, education, children's rights and languages. According to the Swedish Social Services Act, prospective adoptive parents (PAPs) need to be approved by the local social welfare committee before they can apply for an intercountry adoption (ICA) through one of the AABs in Sweden. Each breakdown has very different reasons and its own history. Despite these differences, it is a tragedy for everyone involved, and both child and PAPs need support during and after the break-up.

Role of adoption accredited bodies to prevent intercountry adoption breakdowns

ICAs have faced many changes and challenges during the last decade. Since the beginning of 21st century the situation has changed dramatically. Children who need a family outside their country are no longer small healthy babies, but children with complicated psychosocial backgrounds, children who have suffered many separations and abandonments, or children with one or several medical diagnoses. To change the expectations and the conception of intercountry adoption has been challenging both for the professionals working in this field and the PAPs. Today we are well aware that love alone is not enough, and adoptive parents need a different and more thorough preparation (see *Dulanjani Dygaard, I. and the Danish CA; Lemieux, J. and Petersen, S., Sections 3.3 and 3.4.*)

The urge and the longing for a child is one of the strongest natural instincts. When the years are passing by and the attempts to become a family fail over and over again, it is easy to understand that many PAPs decide to adopt no matter what. In the beginning of the process it is fair to say that almost everyone imagines a small child, preferably a new-born baby. But as time goes by and the chances of adoption are reduced, expectations change. Very often the decision to adopt a child with special needs is a well thought out decision which is supported by the adoption counsellor, although sometimes not. The challenge for us as an AAB is to give the PAPs realistic expectations and support them during this process, making sure that the decision is thoroughly considered. Even so, breakdowns occur and keep occurring.

Relationship between the adoption accredited body, the child care institution and the authorities of the country of origin: mutual trust and confidence

Looking at the following two cases it becomes clear how important the relationship between the AABs, the child care institutions, and authorities in the countries of origin (COs) really is. In our line of work, mutual trust and confidence is crucial. We all need to make sure that we can rely on the information we exchange. We cannot always demand that authorities and orphanages in the COs involve us in their work after an adoption is disrupted, but we must as far as possible, make sure that the rights of the child are fulfilled.

A couple turned to Adoptionscentrum wishing to adopt a child up to five years of age. They impressed as well prepared, and after some discussions with the adoption counsellor together decided to adopt a child with a difficult social and psychological background. After having sent their application to country X they waited for quite some time for approval, but they did not seem distressed or preoccupied by waiting.

After almost two years, information was received that there was a five years old boy who needed a family and the adoption authority wanted to match him with the Swedish couple. The boy had been taken from his biological family when he was two years old due to malnourishment and neglect and after several years of investigations it was decided that he could not return to his birth family. When he first came to the child care institution he was in bad shape. However, he recovered and was now developing in an age-appropriate way. He had managed to bond with his caregivers and interacted well with the other children at the institution. The couple accepted the matching

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and before travelling to the country had contact through Skype. Although they couldn't speak the same language they felt that they connected at once.

At the first meeting at the institution the boy immediately connected with the father, which initially did not cause the mother any concern. The boy left the institution to live with the couple at their hotel, and swiftly commenced calling them mum and dad. After less than a week, the mother called our local co-worker, and told her that she felt depressed and couldn't connect to the child. The boy ignored her and she felt very bad about it. She started to question her ability to become a mother. Our co-worker tried to calm her and explained that it is very common that children seek the attention of one of the parents in the beginning of the process. It was not unusual that the child preferred the father given the lack of a father-figure in his early life. However, our co-worker was unable to reassure the woman and she decided to seek professional help. The psychologists from the institution went to the hotel to meet the parents and the boy, and to offer them support. When the psychologist talked to the boy she noticed that he had started to bond with the father. Later that same day in the conversation with the counsellor at Adoptionscentrum, it became clear that the woman had shut down emotionally and refused any kind of support. The husband was devastated, but felt he had to respect his wife's feelings, and support her decision to stop the adoption. He said repeatedly that it was not the boy's fault. It was obvious that the process could not continue, and the longer the child spent with the father, the more difficult the separation.

For the boy, this separation was devastating, and it took several months of therapy before he started to recover. After almost a year he managed to trust a local couple who later adopted him. When the Swedish couple returned to Sweden they were asked to make a written report, as part of counselling. The report revealed that the couple did not blame the child, the institution or Adoptionscentrum but took full responsibility for what had happened. The couple gave up their plans to adopt after the breakdown.

In this concrete example, our employees and the professionals at the institution worked together to support the couple and the child, but the woman was in crisis and had neither the motivation nor the strength to continue the process. To protect the child, it was decided to cancel the process and we could, in cooperation with the staff from the institution, ensure that the child received the psychological support he needed to recover. The good relationship among all the stakeholders made it possible to work together and respond in the best manner possible.

Develop an action plan in situations of breakdown

It is important to have an action plan when it comes to adoption breakdowns: who does what, and when? What are our obligations when it comes to supporting the child after having suffered another separation? We believe it is important to set routines and keep our employees and co-workers both in the receiving countries (RCs) and abroad up to date with the responsibilities of everyone involved in the adoption process. When a tragedy occurs the action plan must be clear for everyone. At Adoptionscentrum a Child Rights Policy was approved two years ago which includes the organisation's responsibilities: Adoptionscentrum is obliged to take action when a child is exposed or at risk, for whatever reason.

The adoption authorities in country Y contacted us to find a suitable family for a seven-year-old girl who had been found abandoned and neglected in a shed when she was four years old. After thorough investigations the authorities managed to locate the biological mother, who was mentally ill, and she had left the girl unattended for long periods. The mother was not capable of taking care of her and had no relatives, so the girl was placed in an institution. At first it was almost impossible to connect with the girl, she hid completely within herself, but after a while she began to show excessively extroverted behaviour. The trauma she had suffered was huge. She went through years of therapy and other treatments, and slowly began to adapt at the institution. At school she found it hard to sit still and to concentrate for extended periods. The staff at the institution suspected ADHD¹⁵⁷ but she did not meet all the criteria for a diagnosis.

In our search for a family, we thought it was important to find a couple who could meet the very special needs of this child. It was also desirable that they had knowledge of the language spoken in the CO. We found a couple prepared to adopt a seven- to eight-year-old child with special needs; one of the spouses had special knowledge in children with learning difficulties, and the other spouse spoke the girl's language. Before the couple decided to apply they received all the medical and psychosocial information about the girl. We organised a Skype conversation with the staff of the institution. The family agreed to proceed and a couple of months after were matched with the girl. We were aware that this would probably be a difficult process, and talked a lot about the challenges the couple was facing.

When the couple arrived in the country, they had a meeting with the staff of the institution where some new information was revealed: the girl had been given

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antipsychotics to subdue her aggressive outbursts and to help her concentrate better at school. Giving antipsychotics to children is relatively common in institutions in many countries, but not in Sweden unless the child has a severe diagnosis. Had we been informed about this in advance we would have been able to explain this to the couple, and minimise their shock. Unfortunately, as this did not occur they reacted strongly to this new information. Nonetheless the first meeting and days spent with the girl went relatively well. Nonetheless, the couple were shocked, when her outbursts began. The girl was physically very strong and during her outbursts caused damage to the hotel room, basically tearing the whole room down. The couple contacted the local co-worker of Adoptioncentrum and expressed their concern about this behaviour. Our co-worker felt that the couple did not trust the information they had received about the girl, and that they suspected that she had a psychological disorder. We contacted the adoption authorities, and sent a psychologist to the hotel to support the family. Both the parents and the girl received counselling, but the couple was physically and mentally exhausted. Finally, they decided to cancel the adoption.

The girl did not seem disturbed by the separation. She didn't see the couple as her parents because the concept of family was still unknown to her. Months later, the staff of the institution reported that the girl was improving. Back in Sweden the couple were asked to write the experience down, as part of counselling. They felt that the institution had not been entirely honest about the girl's difficulties. In this case Swedish social services decided to revoke the couple's consent to adopt.

Even in this case *Adoptionscentrum* had a dialogue with the adoption authorities and provided psychological support to the family during the process, according to the detailed action plan. After the breakdown we managed to acquire information from the institution and confirm the girl received adequate protection and support. However, the system in the country didn't allow us to offer any assistance. In this case, the question is whether we and the authorities/institution could have acted in any other way? Was something missed in the preparation of the couple? Was the information from the CO insufficient or simply proof of cultural differences that always need to be taken into consideration?

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Recommendations/strategies:

- When it comes to the preparation of prospective adoptive families, provide realistic expectations on the adoption process and on the child they are about to adopt (see *Musatova, V., Section 3.2*).
- Improve accuracy in the assessment of medical information: if it is unclear or insufficient, ask questions and if possible request more medical exams. We should have enough information to prepare the future parents in the best possible way (see *Jenny, M. for the ISS, Section 3.2*).
- Difficulties experienced in communicating with the authorities and the institution about the child's background and health may be a result of cultural differences. It is important to visit the COs continuously, both in order to create a relationship and to learn more about the cultural context.
- Sometimes it can be difficult to obtain information, or offer any support after the breakdown, due to the system in the CO. It however remains our responsibility to ensure that the child is protected and supported. Again, our work is based on mutual trust and knowledge about the country.
- We recommend all organisations working in the field of intercountry adoptions, develop a **Child Rights Policy** to make it clear to all co-workers, both in the CO and the RC, what responsibility the organisation holds in protecting the rights of the children in the adoption process.

Anna Taxell has worked at *Adoptionscentrum* since 2003. Her academic background includes University degrees in languages (Spanish and Portuguese) and social anthropology. At present Anna is studying part-time to become a psychotherapist specialised in attachment. At *Adoptionscentrum* Anna works as the Senior Program Officer, Head of the programs in Latin America. She has previously worked with both the Root Seeking-program and International Cooperation Projects within *Adoptionscentrum*.

2. Legal and political framework surrounding intercountry adoption breakdown

Internal cooperation: obstacles faced and lessons learnt

By Sandrine P  p  t

From the moment a breakdown in adoption is discovered, internal cooperation measures – Central Authority (CA), adoption accredited body (AAB), and departments¹⁵⁸ – are rapidly put in place. Different approaches are taken, dependent on the problem and the stakeholders involved. This cooperation is discussed and showcased through the analysis of specific cases.

Breakdown shortly after the child’s arrival in France

Mr. and Mrs. D. obtained approval to care for a child aged 0 to 7 years of age. Mrs. D. mainly drove the adoption project as Mr. D. had children from a previous marriage. After a year and a half of waiting in the country of origin (CO), the proposal for a child aged seven years was sent to them. His file included the withdrawal of parental authority (a negligent mother working as a prostitute), repeated placements, and attention deficit disorder, for which he received daily medication. The couple accepted the proposal and travelled to the CO. During the probationary period of common life the child displayed aggressive behaviour. With the support of professionals in the CO the situation improved and the family decided to finalise the procedure. However, several days after arriving in France the child again demonstrated violent and disruptive behaviour, which endangered his family and his own physical well-being. Faced with the increase in violence within the family (particularly between the child and his father) and the child repeatedly running away, he was admitted to a children’s psychiatric hospital.

Measures taken within the context of internal cooperation

At the outset, psychological care of the family and the child as well as monthly consultation meetings between professionals were established within the Child Welfare Service of the Department (CWSD).¹⁵⁹ The consultation meetings occurred both with the family present, and without.

The psychological care was outsourced to ensure that specialised assessments were obtained, and appropriate parental guidance was provided. For example, referrals were made to: a psychologist who spoke the same language as the child; an adoption consultation in child psychiatry and psychology; and care within a medical-psychological centre (see *P  rouse de Montclos, M. O., Section 4.2*).

The results of these measures were mixed, and a decision was made, with the agreement of the parents, to provisionally place the child in an institution. At the same time, new therapeutic work on the creation of the parent-child attachment bond commenced. Despite several attempts at temporary reintegration into his family, relations continued to deteriorate. The provisional institutional placement was therefore extended to 12 months, and the family subsequently signed a statement of abandonment. The child is now a ward of the Court of the French State, but no new adoption project is available to him. Institutional placement has therefore become permanent and he has been provided with vocational training to encourage his independence and integration. However, Mr. D. and Mrs. D. remain in contact with the child. Over this period, review meetings were organised with different stakeholders in the receiving country (RC) – professionals from CWSD, from the institution, from the CA and the AAB – to determine the most appropriate solution for the child, one which was taken with respect for his best interests, his pre-adoption background, and the positioning of the parents and of the child.

Information and consultation from the country of origin

In addition, the AAB and the French CA quickly informed the CO of the difficult situation and the actions taken to protect the child and follow-up reports continue to be sent to them. The AAB has endeavoured to obtain additional information on the child from the CO to best facilitate the work of the professionals with the child.

During a mission to Europe the CA of the CO met with the CWSD, the CA and the AAB and also spoke with the child. These meetings allowed all stakeholders to confront the challenges arising from the diversity, complexity and duration of the responses. Given the early breakdown of the adoption, the CA of the CO considered a return of the child. However, this option was rejected.

¹⁵⁸ Child Welfare Service of the Department (*Aide Sociale    l’Enfance*) within French departments are the competent local entities in the field of child protection and adoption in France.

¹⁵⁹ *Ibidem*.

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Finally, the French CA has ensured that there is a transcription of the original adoption judgement in the CO and that all necessary steps have been taken for the acquisition of French nationality.

Obstacles met

The lack of preparation of the family, both in terms of the child's profile and in the management of his violent and aggressive behaviour, was an obstacle for the creation of a parent-child bond. The parents demonstrated an educational rigidity (reproduction of their parental models), without appreciating the child's emotional needs or his cultural differences (see *Cabral, C.* and *Petersen, S.*, Section 3.4). The parents were not willing to rethink their way of functioning as a family, and Mr. D. disengaged from his role as a father.

Additionally, the implementation of specialist therapeutic work was complicated by the geographical situation of the parents (more than 100 km from a large city), the multiplicity of stakeholders, and the differences identified between the background of the child described in his file and reality.

Finally, when the CO was informed about the provisional placement of the child it asked the CA to quickly find a new permanent life plan for the child. Administrative and judicial time frames did not match with the child's needs, and so this request could not be answered favourably.

Breakdown of adoption for one of the children of a sibling group

Mr. and Mrs. P. obtained approval for a sibling group of two children up to the age of four years. Faced with increasing waiting lists, their project evolved to the care of two children aged up to eight years. A few months after this, the couple were offered a sibling group of two girls aged eight and four. The children's file indicated that they had been abandoned in the street and that they were lacking considerably in emotional, nutritional well-being and motor skills. The older sibling was very protective towards her sister. During the probationary period of common life in the CO, the children rapidly created bonds with their adoptive parents. The first six months went by without too much difficulty despite issues with going to sleep. In the context of a post-adoption follow-up imposed by the CO, the social worker noted that educational and relationship difficulties with the older child put strain on the family equilibrium. Complex relationships were also identified between the siblings and in the school environment (aggressiveness, violence and difficulties integrating with their peers).

Measures taken in the context of internal cooperation

In order to try and find a resolution to this family crisis, an adapted psychological follow-up was proposed for the whole family. Additionally, a referral was made to a child psychiatrist specialising in the care of adopted children. A review meeting between the various professionals involved (CWSD, AAB and child psychiatrist) was held in order to:

- determine the most appropriate support to be offered in the interests of the children (follow-up of the children, support and reinforcement of parental competence) and provide immediate solutions in case of family crisis; and
- gather additional information on the background of the children through the AAB, and the assessments and observations of the professionals located in France.

Information and consultation with the country of origin

In the last follow-up report sent to the CO, it was indicated that the behaviour of the older sibling had not improved and that the relationship with her sister had become distant. The couple spent less and less time with the child and had created a 'family within a family'. The child had been temporarily placed in care (daytime only) then, three months later, on a full time basis. Attempts to reintegrate the child with her family failed and the family has totally divested themselves from their role as parents to this child for more than a year. Accordingly, the CWSD applied to the Tribunal for a declaration of abandonment. After a long therapeutic follow-up the child, who had become a Ward of the Court of the French State, was adopted under a simple adoption by a couple in another French Department. This information was transmitted to the CO by the CA.

Obstacles met

The initial assessments of the couple showed they wished to care for children of the youngest age possible. The evolution of the project was motivated only by a willingness to adapt to the context of intercountry adoption (ICA) and to see the project completed quickly. The couple had not prepared for the adoption of older children.

Due to the lack of active support by the parents to integrate her, it was difficult for the older child to find her place within the family (see *Lemieux, J.*, Section 3.2). She never really detached from her protective role towards her sister, nor from her background (mistreatment by the birth mother which was not mentioned in the child's file).

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The position of the child who stayed in the home has always been controlled and directed by the parents. As mediation with the parents failed, the bonds between the children faded and disappeared completely.

Breakdown of adoption in the adolescent

In 2007, Mrs. X. adopted a young girl who was six years old. This child had two brothers and a sister who were not adoptable. The little girl had a very strong bond with her sister aged 10 years. Even though, since the beginning of the procedure the mother-child relationship was always good the separation of the child from her siblings was difficult. Several years passed without difficulty. However, the child regularly asked for news of her brothers and sister. Mrs. X. relayed these requests to the CA of the CO via the AAB, but they remained unanswered. Towards the age of 12 the girl tried to find her siblings using social networks. The information she discovered only exacerbated her concerns: one of her brothers had died and her birth mother was looking for her. Her behaviour gradually began to change – temper tantrums and large-scale paranoia, suicide attempts, and the rejection of her adoptive mother.

Measures taken in the context of internal cooperation

The adoptive mother turned to the CWSD and the AAB. The girl was seen by a child psychiatrist specialising in adoption and adolescent disorders. Faced with both the child's and the mother's distress and the aggravation of the child's behaviour (including at school), the child was hospitalised in a day unit specialising in child psychiatry for three days a week.

A psychologist using the EMDR Method¹⁶⁰ was engaged, and art therapy sessions were offered to the child.

For their part the AAB tried to obtain new information on the background of the child and the other siblings. It was discovered that the eldest child had run away from institutional care, the other brother had been adopted internationally, and the sister had reintegrated with extended family. This information was transmitted by the AAB to the CWSD, Mrs. X. and to the child (supported by professionals).

Obstacles met

Certain issues hampered the therapeutic work, including:

- The lack of preparation for the separation of the siblings (see *Lemieux, J., Cohen Herlem, F.*, Sections 3.2 and 4.2). Indeed, the child could not separate herself from her past and was overwhelmed by a feeling of guilt (exacerbated during adolescence).
- Social networks fed into the child's fantasies (namesakes, false information).
- Difficulty in obtaining information from the CO several years after the adoption.
- The positive short term effect for the girl in receiving information from the CO. The worries, fears and the crisis resurfaced several weeks later and the daytime hospitalisation was maintained. The child was subsequently placed in care.
- Despite support from family and friends, Mrs. X. remained alone in the day-to-day management and decision making. The care of her daughter came at a significant time and financial cost. Some of Mrs. X.'s choices were guided by these limits.

2. Legal and political framework surrounding intercountry adoption breakdown

Recommendations/strategies:

- Children should be prepared for all types of family composition in which they could be placed. For instance, it can be difficult for a child to adapt to a one-parent family when he or she has always lived in an institution.
- Special attention should be given by the CO (in profile and preparation of the child) and the RC (increased preparation and accompaniment) to adoption by older couples or single people. In reality they are not given priority and are therefore offered older children or children with special needs.
- During review meetings with professional, the presence of an ICA specialist (CA or AAB) is necessary to provide important insights into procedural specifics, country specifics, and the support and conditions in which the matching was carried out (classical flow or reverse flow).
- It would be useful to work towards reducing delays in administrative and legal procedures (de-connected from the reality and against the interest of the child) by anticipating and coordinating the actions of child protection professionals and judicial decisions.
- Fluid communication between the CAs of the two countries and the AAB has contributed to better cooperation.

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3. From risk factors to protective factors

Compiling a list of risk factors is an exercise that has been carried out on several occasions as part of national studies on adoption crises and breakdowns. A detailed, but non-exhaustive list, is contained in the bibliography at the end of this manual.

This chapter covers another exercise, largely inspired by J. Lemieux. It consists of listing and analysing the protective factors necessary to prevent breakdowns and relationship disruptions in intercountry adoption.

Those factors being: an environment conducive to properly developing the process; trained and caring professionals; and a system that reflects the reality of intercountry adoption.

This chapter invites you to revisit the different stages of the intercountry adoption process from the perspective of each child's needs, according to their experience and individuality, and the skills of the adoptive candidates. The chapter describes the meticulous work that is carried out at each step of the adoption process where each person's own pace is respected, the resources of everyone involved are valued, and where each difficulty along the way is transformed into a strength. This work is essential to the success of each and every adoption project.



The sociocultural element of intercountry adoption is vital on an individual level, but is often underestimated. The child grows up in a family with its own customs and, more importantly, in another culture and society. Even at a very young age, the child would have been called by his or her first name and would have learned a language, a way of expressing him or herself, eating, sleeping, playing and interacting. Naturally, this is linked to the child's direct environment, but it is also steeped in their cultural origins. It is vital to know how to understand those differences in order to avoid misunderstandings.



3.1 Exploring the system behind and the surrounding environment of intercountry adoption

One of the initial protective factors when an intercountry adoption process is initiated is an assessment of the system in the countries involved, and the guarantees these countries offer – not only to the concerned children, but also to prospective adoptive parents and the professionals involved in the process.

The existence of confirmed irregularities and even adoptions that were found to be illegal is a clear warning sign of flaws in the system, and the dangers that children and prospective adoptive parents may be exposed to. Further failures in the field of intercountry adoption can be prevented through the raising of questions and the investigation of the quality of the adoption system within which an adoption is to take place.



The child's file is a sensitive document. It connects us to our own past, and at the same time, makes us distrust the information we possess. The more incorrect information there is, the more it impacts the image we have of our previous living conditions and country of origin.

3. From risk factors to protective factors

Intercountry adoption measures in Burkina Faso: developments contributing to the prevention of breakdowns

By Bernadette Bonkougou

An analysis of the mechanisms and modalities of the implementation of intercountry adoption (ICA) in Burkina Faso reveals specific measures likely to reduce adoption breakdowns. These are mainly institutional and organisational mechanisms, in particular including the establishment of a matching committee, and provisions concerning conditions and processes.

Effective institutional and organisational measures

One of the major developments in the institutional arrangements for adoption in Burkina Faso is unquestionably the 2010 creation of a responsible Central Authority (CA). Through the enactment of Decree N°2010-618/PRES/PM/MASSN/MJ/MEF *on the establishment, powers, composition and functioning of a Central Authority responsible for adoption*, Burkina Faso sought to fulfil their international commitments under the 1993 Hague Convention – which they have ratified – and thereby give greater effectiveness to their adoption actions. Before the creation of the CA, the management of questions relating to adoption involved only two Ministries: the Ministry of Social Action, and the Ministry of Justice. However, given the complexities involved in adoption it was determined that the involvement of other Ministries was necessary to facilitate the efficient handling of cases. Accordingly, the CA is composed of nine members from several Ministries.

In relation to adoptions the CA is responsible, *inter alia*, for:

- promoting collaboration with the CAs of other countries who have ratified the 1993 Hague Convention and all stakeholders involved in the field of child protection. In particular adoption accredited bodies (AABs) and the care structures for children deprived of parental protection;
- ensuring training occurs for family candidates for adoption;
- ensuring the compliance of domestic adoption legislation with the 1993 Hague Convention;
- taking all appropriate measures to prevent practices contrary to the objectives of the 1993 Hague Convention;
- providing periodic reports on the application of the 1993 Hague Convention;
- ensuring strict compliance with the principle of subsidiarity, as it is applicable in ICA;
- providing technical support in the development of all ICA conceptual frameworks;

- granting authorisation to AABs and monitoring their activities in this field. AABs provide prospective adoptive parents (PAPs) with follow-up and support, which contributes to the prevention and management of potential problems in the child's integration.

In addition the CA has a technical secretariat and a technical panel for matching. The panel's organisation and functioning are described in detail by A. T. Sawadogo (see [Section 3.2](#)).

Relevant specific provisions relating to conditions and procedure

Article 29 of the Decree, regarding the Burkina Faso Adoption Procedure Manual sets out two primary specific conditions: only couples who have been married for at least five years can adopt a child in Burkina Faso; and both spouses must be willing to do so. According to the Burkinabe authorities, two spouses with a relatively stable conjugal relationship and both willingly engaged are, *a priori*, better equipped than a single person to care for an adopted child. In addition, an age limit is fixed for PAPs wanting to adopt a child less than six years of age. 'Weight of age' can be an obstacle to the efficient care of young children (see [Fronek, P., Section 3.2](#)).

At the commencement of the procedure, PAPs must provide a file comprising of information which will provide the authorities with essential information about their personality, morality, living conditions and background. In short, their ability to care for a child from every perspective. The approval or authorisation to adopt, allows both compliance with the requirements of Burkinabe legislation, and also fulfilment of any applicable conditions in the legislation of the PAPs own country.

Considering the usual profile of children proposed for adoption (children deprived of a family), it is important that PAPs engage in an appropriate preparation before engaging in an adoption process (see [Dulanjani Dygaard, I. and the Danish CA, Section 3.3](#)).

3. From risk factors to protective factors

At the same time, each child proposed for adoption is subject to a social enquiry which provides information on their status, background and any other important information related to him/her in order to determine his or her adoptability (see *Morales, R., Section 3.2*). As well as the social report, the child's file includes a copy of their birth certificate, placement record – whether in a foster

family or in a centre for children in difficult circumstances – the results of medical examinations (including testing for pathologies such as Hepatitis B and HIV and haemoglobin electrophoresis serology) and, if applicable, evidence of consent from the authorised person (see *Jenny, M. for the ISS, Section 3.2*).

Recommendations/strategies:

- Work to support all countries performing ICA procedures to ratify the 1993 Hague Convention;
- Assist countries that have ratified the 1993 Hague Convention to put in place effective measures to guarantee compliance, particularly in the principle of subsidiarity and transparency in procedures;
- Ensure the training of all local stakeholders involved in the care of children deprived of their family or adequate parental protection, on the implementation of protection strategies concerning them and particularly on the procedures of ICA;
- Promote frameworks for collaboration between CAs and AABs. The Hague Conference organises monitoring meetings on the implementation of the Convention, but these must be strengthened with the creation of other frameworks involving the AABs.

A graduate in social work, social service management and supervised education, Bernadette Bonkougou joined the public service in 1986 where she has held several positions; Director of Studies and Planning at the Ministry of Social Action and National Solidarity; Head of Social Service at the Burkina Faso Embassy in Paris; Permanent Secretary of the National Council for the fight against female genital mutilation; Director of placements, adoptions and guardianship (2013-2016). Since September 2016 she has held the post of Director General of the Institute of Education and Professional Training.

3. From risk factors to protective factors

Addressing illegal adoptions to prevent intercountry adoption breakdowns

By the International Social Service (Mia Dambach)

*Illicit practices have always been intertwined with intercountry adoptions – explaining the underlying objectives of the 1993 Hague Convention being “to establish a system of cooperation among Contracting States to ensure that those safeguards are respected and thereby prevent the abduction, the sale of, or traffic in children” (article 1b). These multiple situations have been tracked in ISS’ 2012 publication on the Grey Zones of Intercountry Adoptions, which traces three decades across the globe of practices related to illegal adoptions. Unsurprisingly not one country that has allowed intercountry adoption has been immune. This is most convincingly related to the fact that the environment surrounding intercountry adoptions is conducive to illicit practices, as well reflected by the 2017 thematic report on illegal adoptions¹⁶¹ of the Special Rapporteur on the sale of children, child prostitution and child pornography. Lessons are drawn from ISS’ 2016 publication, *Responding to illegal adoptions – a professional handbook*¹⁶² (Handbook on illegal adoptions hereinafter), other international publications and professional experiences, to identify mechanisms for preventing and addressing adoption breakdowns in this context.*

What is an illegal adoption?

An illegal adoption is intended to signify “an adoption resulting from abuses, such as abduction, the sale of, traffic in, and other illegal or illicit activities against children”, as defined in the HCCH GGP1. In other words, it will always imply illegal acts prior to the adoption order being made, but may or may not imply illegality in the granting of the order itself. Concretely this can include the falsification of documents, lack of proper consents, ‘laundering’ of children including their trafficking and sale, corruption within adoption process, etc.

Link between an illegal adoption and breakdown

Not every illegal adoption leads to a breakdown. There have been cases where the discovery has led to open adoptions between the families of origin, adoptee and the adoptive family (see testimony of J. Rollings in the Handbook on illegal adoptions). However, in other cases, usually where the involvement of adoptive families is significant or their ‘omission’ has been reckless, this can result in rejection by the adoptee (see testimony of J. Trenka in the Handbook on illegal adoptions) or on-going questions that perpetually plague the adoptee (see testimony of D. Guigan in the Handbook on illegal adoptions).

Preventing illegal adoptions is necessary to avoid the risk of an adoption breakdown

Given the significant risks of an adoption breakdown when an illegal adoption is present, it is incumbent on States and all professionals to ensure that, for example:

- Environment in which adoptions are undertaken is not prone to illegal adoptions (e.g. weak child protection system, lack of family support and prevention mechanisms in place, adoption is not known, inadequate adoption laws).
- Evaluation and monitoring mechanisms exist to ensure that the children are truly adoptable and there is no evidence of illicit practices (e.g. proper consents, principle of subsidiarity is respected, a competent body must be well equipped to undertake this function).

¹⁶¹ Report of the Special Rapporteur on sale of children, child prostitution and child pornography, A/HRC/34/55, 22 December 2016. Available at: http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/34/55 (last visited 19 July 2017).

¹⁶² Baglietto, C., Cantwell, N. & Dambach, M. (Eds.) (2016). *Responding to illegal adoptions: a professional handbook*. Geneva, Switzerland: International Social Service. Available at: http://www.iss-ssi.org/Images/News/Illegal_Adoption_ISS_Professional_Handbook.pdf (last visited 19 July 2017).

3. From risk factors to protective factors

- Safeguards are in place to prohibit private¹⁶³ and independent¹⁶⁴ adoptions, especially where there is an opportunity for the sale of children.
- Proper supervision of accredited adoption bodies, including transparency in financial transactions and ensuring only required number are present.
- Adoption of children with special needs should be carefully monitored, with adequate preparation and follow-up.
- Etc.

Responding to an illegal adoption to avoid the risk of an adoption breakdown

The Handbook on illegal adoptions does not, of course, purport to have an answer to every situation, but it does provide numerous avenues for dealing with feelings such as anger, grief, regret, disappointment and disillusionment when facing an illegal adoption – ideally providing some hope. Whilst the past cannot be changed, we live in the present with an opportunity to make the future brighter. Such a future that limits the potential for breakdowns is possible, only when we all collaborate together to ensure that the child's best interests are at the centre of our decision making – preventing at all costs the existence of illegal adoptions.

¹⁶³ The term private adoption refers to one where arrangements for adoption have been made directly between a biological parent in one Contracting State and prospective adopters in another Contracting State. Private adoptions arranged directly between birth parents and adoptive parents come within the scope of the Convention if the conditions set out in Article 2 are present (inter alia, the child has been, is or will be moved from the State of origin to the receiving State), but such adoptions are not compatible with the Convention. See: https://assets.hcch.net/upload/adoguide_e.pdf (last visited 17 July 2017) at page 17.

¹⁶⁴ The term independent adoption is used to refer to those cases where the prospective adoptive parents are approved as eligible and suited to adopt by their Central Authority or accredited body. They then travel independently to a country of origin to find a child to adopt, without the assistance of a Central Authority or accredited body in the State of origin. Independent adoptions, as defined, do not constitute good practice.

In practice, sometimes no distinction is made between the terms independent adoption and private adoption and this may cause confusion. See: https://assets.hcch.net/upload/adoguide_e.pdf (last visited 17 July 2017) at page 17.

3. From risk factors to protective factors



3.2 Refining methods for evaluating prospective adoptive parents and procedures for matching and first meeting(s) with the child

Evaluating a child's capacity to integrate into a new familial and cultural environment whilst respecting their individuality and without discrimination is the shared mission of the professionals involved in the study of child adoptability. When adopting special needs children, we must remember that any such diagnosis has a margin of error and therefore must not detract from the child's individuality.

3. From risk factors to protective factors

The process of evaluating an adoption's suitability for both the child and the prospective adoptive parents requires a sensitive and realistic appreciation of the characteristics of each person: an attentive listening for the aspirations, but one which can counter these aspirations with an assessment of the reality of those primarily concerned.

Through using various tools and approaches (which are detailed below), the aim of this decisive stage in the assessment of the child's adoptability and the capacity of the prospective adoptive parents to welcome a child is to pinpoint the strengths and weaknesses of each party and determine if a harmonisation of practices exists within the country. The quality of the child's file and that of the prospective adoptive parents will also largely depend on the quality of the matching. Indeed, studying the information available on the child's journey allows for potential risk factors to be identified early on and guides the selection of the most suitable family to welcome the child. In this respect, the importance of cooperation between the country of origin and the receiving country has been seen, for example when more information is sought on the child, especially if they are an older child.

Kindness and a non-judgmental approach being shown to both the child and the prospective adoptive parents throughout the process of building their shared life project, according to their respective experiences, will allow for the best possible matching.

The time it takes to complete these steps is also an opportunity to prepare PAs in the same way as the child. The presence of multidisciplinary teams in charge of these steps, and the provision of great care to the child and his or her prospective adoptive parents during the first meeting and throughout the beginning of their shared life serves to prevent potential failures, and are thus preventative factors for potential breakdowns.



I was adopted when I was a few months old so, despite myself, I feel like a migrant. When a child is capable of consciously participating in the process, it is absolutely essential that he or she be involved in the decisions that affect his or her life.

3. From risk factors to protective factors

A comprehensive assessment of the adoptability of the child: understanding the value of the child's unique story

By Raquel Morales

Regardless of whether dealing with a domestic or an intercountry adoption (ICA), practitioners are faced with a life project for the child that is both individual and final in its nature. Indeed, in order to establish a successful adoptive relationship, and to ensure the best interests of the child are met, two specific legal procedures must be carried out: a **determination of the adoptability of the child**; and a **determination of the feasibility of the adoption**.

Regarding adoption breakdown, the following question arises: how to carry out an assessment which is comprehensive in evaluating both the adoptability of the child and the suitability of the prospective adoptive parents? Additionally, how to do this whilst taking into account that studies have indicated that despite positive features observed when assessing suitability, families may still encounter failure in an adoption (see *Taxell, A., Section 2.2*)?¹⁶⁵

The objectives of determining adoptability: the uniqueness of the child

Assessing whether or not there is a readiness for adoption, involves a study of the various legal, psychological, social and medical aspects. This will allow a determination on whether a child is suitable for adoption by a particular prospective adoptive family, and if he or she will benefit from that environment.¹⁶⁶ It is based on the following axis:

- establishing that the child needs/is entitled to an adoptive family because he or she cannot be cared for or reintegrated with his or her birth family;
- determining that the child has the emotional and medical capacity to benefit from the adoption. On account of their prior experiences some children lack the capacity or the desire to develop new emotional attachments, or they may have serious limitations in adapting to a new family environment; and

- addressing the most difficult cases, which includes children who need a special adoptive family environment for their physical, emotional and mental recovery. Non-discrimination is of paramount importance, as well as taking all possible steps to be able to offer these children the benefit of adoption (see *Berástegui Pedro-Viejo, A., Section 1.1*).¹⁶⁷

As evidenced by these objectives, adoptability is determined by the child's uniqueness, and a need to restore and ensure protection of his or her rights. The **value of uniqueness** allows the key actors to approach the concept of this child, from an empathetic point of view, and it should guide any interventions in the future adoption process.

Assessing the child's unique situation

Prior to determining a child's adoptability, various aspects relating to the child's unique situation must be assessed:

- **Legally**, an enquiry must be conducted as to the child's background and specific circumstances (including, for example, the location of the child's birth family, the absence of undue influence, financial coercion, etc.).
- **Physically and mentally**, an assessment of the child's health with regard to his or her medical history is essential in projecting the child's capabilities and skills and ability to adequately adapt to an adoption project.
- **Psychologically**, an assessment of the child's intellectual, cognitive and emotional skills should be conducted to allow a determination of whether the child's personality traits and skills will allow him or her to adapt properly to the adoptive family environment.

¹⁶⁵ Contreras, L. (2014). *Estudio descriptivos sobre fracasos adoptivos en Chile, trienio 2010-2012*. Revista Señales N°12, Ed. Servicio Nacional de Menores (SENAME).

¹⁶⁶ GGPI, *Op. Cit.*, n°110.

¹⁶⁷ International Social Service (2006), Thematic Fact Sheet No. 19 Documentation and Training on Adoption. Available at: <http://www.iss-ssi.org/images/thematic-facts-sheet/eng/19.Child%20adoptability.pdf> (last visited 8 June 2017).

3. From risk factors to protective factors

Professional strategies and actions from understanding/sympathetic perspective

Bearing in mind the relevance of the child's adoptability assessment, adoption practitioners should develop a range of strategies and/or activities to use which allow a sympathetic and understanding perspective of the child's 'diagnosis' (see *Appendix 4*). These strategies are all the more relevant in ICA, given that in addition to the usual complexities of an adoption processes other specific elements related to the child, the adoptive parents, and the specific context will likely come into play. All these elements interact as the family comes together and – depending on what form they take – they may serve to facilitate, or hinder, the attachment process, as well as the success of the adoption itself.

Other factors which should be borne in mind for these adoptions are the greater challenges that a child will have to face when abandoning the people to whom he or she is attached, leaving behind the place in which he or she has lived for the past years, the friends, and the questions she or he will have. Questions about whether he or she will be loved, whether he or she will be able to adjust to these new parents, how they will relate, where they will take him or her, whether he or she will lose his or her nationality, and so on. The child will have to face a **process of transculturation and dislocation**. The child will have to leave a socio cultural reality that was predictable and secure, **will have to integrate into an unknown society**, sometimes learn a new language, discover a new schooling reality, different customs, etc. (see *Cabral, C., Section 3.4*).

It is worth noting that adoption practitioners themselves tend to be one of the factors in adoption failure. It rests with the practitioner themselves to approach the diagnosis from an understanding and sympathetic perspective. It is the practitioner who, at the end of each phase, issues a report and/or produces an action plan concerning each of the actors in the adoption process. In this regard, practitioners should take care not to imprint their own interests and feelings in the report, a definite risk when they are so closely involved with the families. With this in mind, we can provide an overview of the possible protective factors which should be present at the time of the intervention/assessment (see *Appendix 4*).

Impact of the 'child with special needs'¹⁶⁸ diagnosis

In the case of ICA the children concerned are usually children for whom no other solution was found through domestic adoption due to a chronic disease, a handicap, their age over five years, severe emotional damage, traumatic events marked by a gross lack of care, mistreatment or abuse, consequences of a long placement in institutional care, or due to the fact that the child has siblings. These children are known as 'children with special needs'.¹⁶⁹ These descriptions have become a clinical diagnosis and it is for this reason that it is worthwhile reflecting on the impact such a serious diagnosis may have on the life of a child.

During the last decade, various analyses have been conducted on this qualification and the differences that result from it. One of the main issues is that of **discrimination**. Even if the UNCRC establishes a right not to be discriminated against, it is impossible to avoid differing opinion when the 'special needs' category encompasses so many different types of children. **In some cases, the diagnosis takes precedence over the characteristics the child has displayed in his or her environment. Thus, to what extent may this diagnosis which centres on one aspect of the child impact their 'global' adoptability? And, to what extent can this diagnosis impact the expectations of the prospective adoptive parents (PAPs) and potentially lead to an adoption breakdown?**

It should be noted that experts have concluded that adoption failure occurs on account of varying aspects, a number of which are not necessarily related to a child's 'special needs'. For this reason, in the next section we also focus on the PAPs themselves, as the suitability assessments (see *Fronek, P., Section 3.2*) can provide a clear picture of families and their wishes and expectations.

Impact of the 'child with special needs'¹⁷⁰ diagnosis on the prospective adoptive parents

There are multiple reasons for wanting to adopt a child and multiple fantasies about raising an adopted child. Thus, practitioner intervention can be based on managing expectations and meeting the desire of the prospective adoptive parent to becoming parents.¹⁷¹ In several countries, these issues are addressed at the family preparation stage.¹⁷² However, when the concept of 'children with special needs' is introduced the impact can

¹⁶⁸ GGP1. *Op. Cit.*, n°110.

¹⁶⁹ *Ibidem*.

¹⁷⁰ *Ibidem*.

¹⁷¹ Palacios, J. (2008). *Manual para intervenciones profesionales en adopción internacional*. Sevilla: Secretaria General Técnica. Subdirección general de información y publicaciones; Palacios, J. & Rupérez, R. (s.f.). *Adopciones que fracasan*. Available at: https://cursoadopcionyacogimiento.wikispaces.com/file/view/Actividad5_RaquelRup%C3%A9rezBautista.pdf (last visited 20 September 2017).

¹⁷² GGP1 n°1. *Op. Cit.*, n°110.

3. From risk factors to protective factors

be dangerous. Often, this idea brings forth the idea of a fantasy, the fulfilment of an altruistic wish – rather than motivating a desire to parent.

With this in mind, a second question arises: **do we present the story of a diagnosis or the story of a child?** Even though we seek to provide a clear picture of a child's situation and we strive to find an adoptive family that fits the child's need, this information in itself could diminish the child's chances to be adopted – because of all the instructions and needs that accompany the 'special needs' denomination itself.

Taking into account the considerable impact of such a diagnosis, the professionals responsible for the assessments, should strive to undertake their role in a manner which allows for a **more sensitive take on the child's situation**. This is an 'understanding approach' from the perspective of the child.

From a descriptive diagnosis of the child to a real understanding of the child's behaviour and characteristics

In this context, a 'fixed diagnosis' not only promotes fantasy but also prevents the projecting of potential evolutions in the child through the stimulation and emotional regulation that a family environment can offer him or her. This type of diagnosis generates a fixed vision of the behaviour, characteristics and needs of the child during his or her development.

We are therefore faced with two possibilities: a descriptive and fixed diagnosis of the child, or a real understanding of his behaviour and his characteristics capable of helping him to adapt at all levels. It is when reality prevails over the imaginary that families can project themselves, not only in relation to their own desire and their own image of the child and adoptive parenthood, but also in relation to the singularity of the child and especially their future child.

Representing the child just as he or she is, remembering that each adoptive family has 'its own recipe'

Some organisations have enhanced this situation by pointing out that what has allowed them to work with families in intercountry adoption processes is looking at the child's full story – beyond the various diagnoses. Showing the child just as he or she is allows the family to actually comprehend how to address the child's specific issues, in an all-encompassing manner. In this regard, the on-going exercise of exploring the child's story activates and fosters sensitivity and brings the expectations of the awaiting family in line with reality (see *Musatova, V., Section 3.2*).

In this context it is worth noting that the approach taken towards the candidates' wish to adopt should also be an important consideration when trying to promote a better understanding of the child's situation. Thus, practitioners should be attentive to their own feelings so as to avoid them potentially interfering when dealing with a family. To do this, they should take into account that the family's feeling relates to the child's story and try to find the best way to approach the fears and/or rejection in order to foster a more deeply founded adoptive parenthood – both from the perspective of the child's and the parent(s) individuality.

In this regard, generalising the adoptive parents' experience with regard to their approach to the child's origin may serve as a protective factor. They are therefore invited to design their own ways of telling the child's story, taking into account that each family may have 'its own recipe' (see *Appendix 4*).¹⁷³ All these elements may serve to prevent and/or mitigate the risk factors within an adoptive family.

¹⁷³ Panchón Iglesias, C. & Heras, P. (2009). *La adopción sin receta: Diferentes maneras de vivir la adopción*. Grao.

3. From risk factors to protective factors

Recommendations/strategies:

- Develop a clear methodology that enhances and reinforces an understanding approach, building on the child's traits, in environments where he or she is able to develop. This is key to understanding the expectations the prospective adoptive family may have about their parenting project.
- Take an approach that enables prospective adoptive parents to build a secure bond with the adoption practitioners, allowing them to be open about their fears and concerns without feeling attacked, evaluated (or devalued) by practitioners (*focusing on "I want to help you" rather than "I will evaluate you"*). Such an approach will create an environment that protects against adoption failure.
- Reflecting on the '*value of uniqueness*' as a principle governing interventions with the child and the adoptive family, taking an approach that is focused on the individual and that builds on the family's own resources rather than building a perfect family model.

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3. From risk factors to protective factors

The child's file: a key tool in preventing breakdowns

By the International Social Service (Marie Jenny)

The collection of information contained in the child's file plays a central role throughout the adoption process. This file should bring together the information necessary for competent authorities to identify a permanent life plan that is most adapted to the needs of the child, and in particular, to determine his or her adoptability. Therefore, the child's file constitutes the link between the pre-adoptive environment and his or her prospective adoptive family – it is a key tool for preventing breakdowns linked to adoption.

Objectives of the child's file

As highlighted in the UN Guidelines for the Alternative Care of Children¹⁷⁴, the child's file should provide as complete a picture as possible of his or her needs and circumstances: comprehensive information on his or her situation upon arrival at the placement and throughout his or her care, should be brought together with regular observation and assessment reports, leading to the decision on his or her adoptability.

Further, a complete file describing the child and his or her precise needs is a major tool in achieving the most appropriate matching. This file will also help the future adoptive parents (FAPs) to position themselves in respect of their ability to adopt the child or not. Often, this file is the only information available to the FAPs in confirming whether or not they wish to adopt the proposed child. They rely on the information in the file to prepare for the arrival of the child – schooling to consider, possible therapies to set up, logistical organisation of the family, etc.

Evolution of the quality of the child's files

If the issue of a detailed file for the child still remains a challenge for many countries of origin (COs), others through awareness raising and training of personnel in the placement locations, make significant efforts to transmit substantial information on the personal experience of the child, his or her care needs, and his or her progress and difficulties.

In the current context of intercountry adoption, where more and more children have specific needs, and where more and more applicants are open to the adoption of these children, it seems essential that the applicants obtain the maximum information possible on the child and his or her individual needs. For example:

- For older children:

Some children often experience multiple placements before their adoption. Disruptions and successive separations that perpetuate this situation constitute painful and even traumatic events for the children.

Therefore, for the prospective adoptive family, it is important that the file includes the following elements: the different placements and reasons for placement; his or her personal experience in respect of the different breakdowns; any psychosocial care potentially implemented; and how the child has participated in the decisions which concern him or her.

Yet, guaranteeing continuity in the reporting of information is often a challenge for professionals responsible for the child. It may be that a new file is opened at each placement, and that information is not transmitted from one living environment to another, or will be lost over time. It is therefore crucial that professionals collaborate to ensure the transmission and follow-up of the child's history. Knowledge of the child's history and circumstances allows professionals to better understand individual needs and be fully involved in their care.

Other children and adolescents spend their childhood in the same institution and have no experience of family life. In institutions professionals are not always the same. Persons with whom the child has established a relationship of trust for several years, can leave the establishment from one day to the next. Other children come and go. These unstable relationships can be very difficult for the child to experience, and prevent them from having a real experience of attachment. It is important to work with the child and ensure that his or her emotional history is recorded in the file: what is the nature of the relationship with his or her biological family, and/or the adults caring for him or her, and his or her relationships with other children. Concurrently with the information in the child's file, the use of a life book, developed by the child together with a professional trained in this field, is an essential element in the child's preparation and adaptation to his or her new adoptive environment (see *Estrada Jamarillo, L.M., Section 3.3.* and *Cravens, J., Section 4.1*).

- For children with disabilities and/or a specific medical needs:

¹⁷⁴ UN Guidelines for the Alternative Care of Children, paras. 109-112. Available at: <http://www.alternativecareguidelines.org/Portals/46/Guidelines/English/English%20UN%20Guidelines.pdf> (last visited 8 June 2017).

3. From risk factors to protective factors

As for any other child, the file must provide information on the child's main stages of development, and the positive and constructive elements of his or her history. In order to help the FAPs to understand the day-to-day needs of the child, it is essential to accurately record the child's abilities, difficulties, and his or her progress (even minimal progress such as related to his or her mobility, his or her interactions with other children, and/or his or her degree of autonomy). For this reason observation of the child is essential and observation reports¹⁷⁵ should be included in the file.

Additionally, the work of the multidisciplinary team is essential and the view of different professionals in contact with the child should be reflected in the child's file.

On a medical level, the file should specify the child's anticipated care plan as well as details of different therapies, and any hospitalisation or surgical procedures carried out.

Finally, part of the file should be dedicated to the child's experience and understanding of his or her placement, history, disability and/or his or her illness.

Recommendations/strategies:

- It is essential to promote the maintenance and regular updating of individual children's files in accordance with national standards of care and through the training of professionals on the observation of the child, his or her regular assessment (assessment of his or her legal status, psychosocial and medical assessment), the promotion of multidisciplinary team work and strategies for reporting and sharing information.
- In the same way, the file of the adoptive applicants should be detailed and comprehensive, helping the competent authorities of the COs to better understand family profiles and achieve the most accurate matching possible. To maximise the success of intercountry adoptions, COs and receiving countries should continue their collaborative efforts to ensure the sharing of accurate and comprehensive information.
- The child's file is often the adopted child's only link with his or her past, his or her history and his or her origins. In order to ensure the continuity of this information, it is essential that once the child has been adopted, a copy of his or her file follows him or her and can be transmitted to the competent authorities. This is particularly important if the child must leave his or her adoptive family, or if a breakdown should occur.
- The child should be able to easily access his or her file at the age of majority, whether this is in the context of a search for origins, to access his or her history, and/or the context of his or her adoption.

¹⁷⁵ A detailed child observation grid and a complete model of the child's file are available in the ISS publication: International Social Service (2016). *A better future is possible, promoting family life for children with disabilities in residential care – Manual for professionals*. Available at: <http://www.iss-ssi.org/images/practices/ISS-ManualEnglish.pdf> (last visited 8 June 2017). Also available in French: Service Social International (2016) *Un autre futur est possible, promouvoir la vie en famille pour les enfants handicapés en institution – Manuel pour les professionnels*. Available at: <http://www.iss-ssi.org/images/practices/ManualFrenchWeb.pdf> (last visited 8 June 2017).

This practical handbook for professionals proposes a methodology and procedures to support authorities and key players in the field who are involved in the development of an individual life project for children with disabilities in residential care.

3. From risk factors to protective factors

Assessment of prospective adoptive parents

By Patricia Fronck

Intercountry adoption (ICA) regulation requires prospective adoptive parents (PAPs) to be assessed for eligibility and suitability, two distinct processes obligated under article 5 of the 1993 Hague Convention. Because requirements for home studies can differ between countries and jurisdictions, accredited and non-accredited agencies, and between Hague Convention adoptions and non-Hague Convention adoptions, quality standards and attention to ethical issues such as conflicts of interest have been recommended.¹⁷⁶ Suitability assessment of PAPs aims to select the best possible placement for a child(ren) to be adopted. In-depth professional assessment is essential to identifying quality placements that are less likely to result in disruption, breakdown and in extreme cases, child death. Many of the reported deaths have occurred during the first 12 months of placement and feature risks such as parenting multiple, young children, parental mental health or isolation, an inability to manage challenging behaviours, disability or health problems, and a failure to seek help.¹⁷⁷ The preparation of PAPs, assessment requirements, and the level of post-adoption support (PAS) come under scrutiny in such cases and raise concerns about the thoroughness of the assessment process. The extent of disruption is not really known for a range of reasons including lack of reliable statistics¹⁷⁸ (see [Section 1.2](#)).

Comprehensive, rigorous and independent assessment

Quality suitability assessments or home studies conducted by experienced practitioners have an essential screening function and the added benefit of assisting PAPs to consider aspects of adoption in relation to their own particular circumstances not previously considered. PAPs must have the personal characteristics, attributes and resources to provide for the social, emotional, psychological, physical, educational and health needs of an adopted child and be prepared to access external supports as required throughout a child's life. For ICAs, culture, race and identity bring added layers to be considered. Each child has unique needs especially for older children, sibling groups, children with health issues or disability or those with traumatic backgrounds. Importantly future diagnoses or challenging behaviours cannot be anticipated. In the U.S., 10-15% of adoptions of children with disabilities end in dissolution within 5 years.¹⁷⁹

Rigorous, independent assessments are evidence-informed, include risk factors, are transparent and carried out in a sensitive and empathic manner by appropriately qualified professionals. Insight into how PAPs undergoing assessment can react to feelings of relative powerlessness is important.¹⁸⁰ Although challenging, it is critical that PAPs engage with honesty and enquiry. Assessments should be conducted face-to-face in the home over several visits over time. Less thorough assessment is a risk factor for early disruptions and breakdowns.¹⁸¹ A few studies identify that some PAPs are highly critical of assessments and feel they are intrusive, personal and time consuming while others are understanding of the process as a service for children and are satisfied with it.¹⁸² It is no surprise that PAPs underestimate risk and the challenges they will face as many professionals can also underestimate risk.¹⁸³ Assessment as part of the adoption process is a service for children and their best interests.

¹⁷⁶ Chou, S., Browne, K. & Kirkaldy, M. (2007). *Intercountry adoption on the internet*. *Adoption & Fostering*, 31(2), pp. 22-31; Crea, T. M. (2009). *Intercountry adoptions and domestic home study practices: SAFE and the Hague Adoption Convention*. *International Social Work*, 52(5), pp. 673-678; Triseliotis, J. (2000). *Intercountry Adoption: Global Trade or Global Gift?* *Adoption & Fostering*, 24(2), pp. 45-54.

¹⁷⁷ Hegar, R. L., Verbovaya, O. & Watson, L. D. (2015). *Child fatality in intercountry adoption: What media reports suggest about the deaths of Russian children in the US*. *Children and Youth Services Review*, 55, pp. 182-192; Miller, L. C., Chan, W., Reece, R. A., Tirella, L. G. & Pertman, A. (2007). *Child abuse fatalities among internationally adopted children*. *Child Maltreatment*, 12(4), pp. 378-380; Miller, L. C., Chan, W., Tirella, L., Reece, R. & Pertman, A. (2007). *Family and research context of internationally adopted child abuse fatalities*. *Child Maltreatment*, 12(4), pp. 385-386.

¹⁷⁸ Selman, P. (Ed.). *Intercountry adoption: Developments, trends and perspectives*. London: British Agencies for Adoption & Fostering (BAAF).

¹⁷⁹ Barth, R. P. & Miller, J. M. (2000). *Op. Cit.*, n°18; Hill, K. & Moore, F. (2015). *The postadoption needs of adoptive parents of children with disabilities*. *Journal of Family Social Work*, 18(3), pp. 164-182; Wind, L. H., Brooks, D. & Barth, R. P. (2007). *Influences of risk history and adoption preparation on post-adoption services use in U.S. adoptions*. *Family Relations*, 56(4), pp. 378-389.

¹⁸⁰ Simmonds, J. & Harworth, G. (2000). *The dynamics of power and loss in home study assessments*, in P. Selman (Ed.). *Intercountry adoption: Developments, trends and perspectives*, London: British Agencies for Adoption & Fostering (BAAF), pp. 259-275.

¹⁸¹ Selman, P. (Ed.). *Op. Cit.*, n° 178; Crea, T. M. (2012). *Intercountry adoptions and home study assessments: The need for uniform practices in Gibbons, J. L. & Rotabi, K. S. (Eds.). Intercountry adoption: Policies, practices, and outcomes*. Surrey, England: Ashgate Publishing Ltd., pp. 265 - 272; Palacios, J. (2012). *Op. Cit.*, n° 85; Ruggerio, J. A. & Johnson, K. (2009). *Implications of recent research on Eastern European adoptees for social work practice*. *Child and Adolescent Social Work Journal*, 26, pp. 485 - 504.

¹⁸² Hoffman, K. (2013). *Beyond a two-tiered service? Preparation and assessment in intercountry adoption in the UK*. *Adoption and Fostering*, 37(2), pp. 157-170; Young, A. (2011). *A study of Australian intercountry adoption: Choosing applicants to parent*. *Australian Social Work*, pp. 1-14.

¹⁸³ *Supra* 181.

3. From risk factors to protective factors

Risk factors linked to the 'special needs' of the child(ren)

In domestic adoption, the older the child is at placement, the greater the risk according to some studies.¹⁸⁴ This places greater emphasis on the capacities of PAPs particularly given most ICAs in the future are likely to be older children with 'special needs' and that PAS is limited in most countries.¹⁸⁵ The impact of adoption itself where the move to a new country, language and unknown people, the separation from other children, carers and family whom the child may remember and may be attached, and how well the child is prepared, understands the adoption process, and has had a say in decision making are factors often overlooked.

Lack of synergy between the expectations of PAPs about a child they might adopt (and that child's future) and the child adopted is a risk factor. Adopters' capacities to parent children with behavioural and emotional challenges and traumatic pre-adoption histories must be included in assessment. A lack of awareness of potential challenges and underestimating the intensity of parenting and care needs are risks.¹⁸⁶ Motivations, different motivations of each partner, minimising potential difficulties and inadequate parenting skills all pose risks. J. Palacios highlights the need for adequate preparation, appropriate matching, specialised adoption knowledge and skills of assessors, PAS and to tackle superficial assessments (see Sections 3.2 and 3.3). Social work assessment is strongly associated with intact placements.¹⁸⁷ Adoptee stories of the consequences when assessments are ignored and the tragedies of re-homing demonstrate the importance of placing children with PAPs who are properly assessed.¹⁸⁸ There are mixed reports about risks associated with sibling placement¹⁸⁹ (see *Lemieux, J., Section 3.2*). Siblings should be placed together and PAPs assessed for their capacity to meet their needs, those of any other children in the family simultaneously, and their willingness to access PAS.¹⁹⁰ Stress elevates post-adoption when one or more of the children have a disability.¹⁹¹ Assumptions about PAPs cannot be made based on their previous adoption experience as family circumstances, dynamics and the needs of children change as they grow. Subsequent assessments should not be less rigorous.

Comprehensive, quality assessment is the most important intervention in determining suitable PAPs. Strengths that support placement, and the vulnerabilities and risk factors that can lead to disruption, breakdown, termination and unhappy adoption experiences are evaluated. As many factors including inadequate, false or absent information, disability, chronic illness or challenging behaviour cannot be predicted, PAPs must be equipped to deal with unexpected circumstances and be prepared to seek support when needed. On the basis of information collected and analysed, determinations are made. Although the majority of adoptive placements are considered to have positive outcomes especially in the early years, the reality is not all applicants have the qualities or personal resources necessary. Some may not be ready but may be in the future, and some may ultimately decide that adoption is not for them.

Key considerations in assessment processes

Assessment is a skilled professional process that focuses on a number of domains where strengths and risks can be evaluated. A number of key considerations are in the forefront of assessment processes – motivation, stability, capacity and readiness.

Motivation

The importance of a clear purpose, that is to provide the best family environment for an adopted child, a willingness to place a child's needs before one's own and understanding risk and issues peculiar to adoption rather than attempting to replicate a biological family (see *Lemieux, J., Section 3.4*) cannot be underestimated in ICAs. Assessing motivation to adopt helps the assessor and PAPs determine readiness to adopt, explore understandings of the realities of adoption against the ideal, determine whether the needs of the child are at the forefront, and importantly the equal motivation of each PAP. Those situations where PAPs may not be clear on why they wish to adopt, are motivated by evangelistic or 'rescue' goals or to avoid contact with first (birth) families, or where adoption is an attempt to save a failed relationship are risks. Expectations of gratitude or fulfilling an inner desire for closeness that might be lacking create

¹⁸⁴ *Supra* 181; George, R. M., Howard, E. C., Yu, D. Y. & Radomsky, S. (1997). *Adoption, disruption, and displacement in the child welfare system, 1976-94*. Chicago: University of Chicago, Chapin Hall Center for Children.

¹⁸⁵ Some adoptees assert that all intercountry adoptions should be considered "special needs." Available at: <https://intercountryadopteevoices.com/adoptee-experiences/the-importance-of-pre-post-adoption-support/> (last visited 12 October 2016) Race, ethnicity, older age, sibling groups are considered special needs in domestic adoptions. *Supra* 181.

¹⁸⁶ Schmidt, D. M., Rosenthal, J. A. & Bombeck, B. (1988). *Op. Cit.*, n°57.

¹⁸⁷ Rosenthal, J. A., Schmidt, D. & Conner, J. (1988). *Predictors of special needs adoption disruption: An exploratory study*. *Children and Youth Services Review*, 10 (2), pp. 101-117.

¹⁸⁸ Jackson, A. (22 May 2013). *Nightmares are dreams too: the true story of Vanessa Pearce*. Available at: <http://www.exposingtruth.com/nightmares-are-dreams-too/> (last visited 8 June 2017); Rotabi, K. S. & Bromfield, N. F. (press). *From intercountry adoption to global surrogacy: A human rights history and new fertility frontiers*. Abingdon, England: Routledge.

¹⁸⁹ Evan B Donaldson Adoption Institute. (2004). *What's working for children: a policy study of adoption stability and termination*.

¹⁹⁰ It is important for the children that siblings are not separated and those relationships are maintained.

¹⁹¹ Good, G. A. (2016). *Adoption of children with disabilities: an exploration of the issues for adoptive families*. *Early Child Development and Care*, 186(4), pp. 642-661.

3. From risk factors to protective factors

an unfair burden on children to meet the needs of adults. If the adjustment period is difficult, feelings of rejection can be triggered in the adults or in later years if the child wants to search for family. The desire to select a child's gender, adopting an older child, a child with special needs or a sibling group requires particular attention. Motivation includes the desire to nurture a sense of culture and identity, be prepared to visit the birth country with the child and to support the child in future pursuits such as search and reunion or living in the country of birth (see *Gray, L. for ISS Australia, Section 3.3*)

Stability

Providing a stable and emotionally nurturing environment is an important focus for assessment. Good health or the stability and good management of a health condition, the age of PAPs, and support systems ensure the on-going capacity to meet the changing needs of an adopted child(ren) into adulthood. Assessor experience in couple and family work enables the exploration of the quality of a couple's relationship and family life. The stability of a relationship, how couples communicate and show their feelings, how decisions are made, how conflicts are resolved and family roles provide indicators of the emotional environment in which the child will be introduced. Unstable relationships can introduce conflict and future losses for adopted children e.g. through divorce. PAPs often come to adoption after experiencing a series of losses e.g. the loss of a child, a child with a disability, miscarriage or infertility and failed medical interventions. Grief is not something you necessarily 'get over' rather the task is to assess how people cope, how they support each other, where they seek support, and that they are not in crisis or experiencing acute grief that can be debilitating.

Capacity and readiness

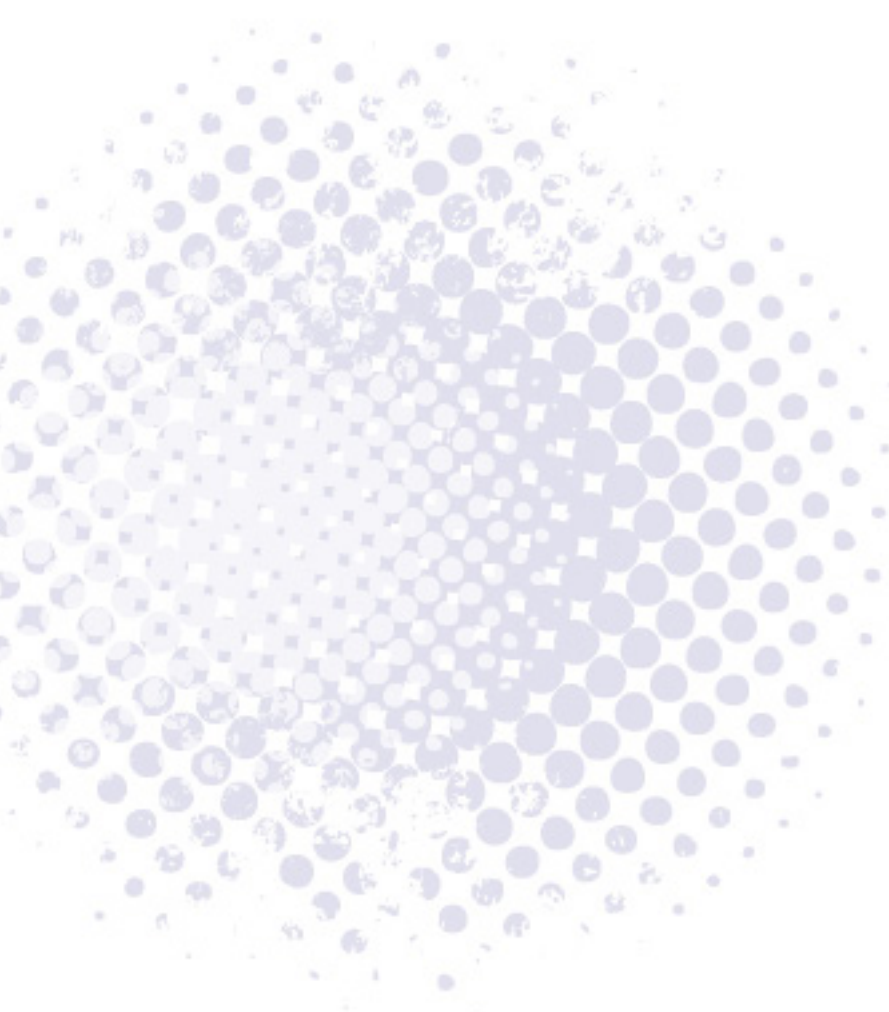
Assessing PAPs approach to parenting and excluding physical discipline, experience with children and social supports, and preparedness for changes in lifestyle each indicate important aspects of benefits and risks.

Engaging with preparatory education is an indicator that PAPs are developing their understanding, tackling difficult issues and preparing themselves for adoptive parenthood. In many countries, travelling overseas to bring a child home and being present at home to support adjustment may not be required but being prepared to do so demonstrates an understanding of the needs of an adopted child for security, to promote attachment, and the desire to prioritise the child's needs during transition. How well prepared PAPs are for anticipated or unanticipated challenges; their understanding and readiness to manage issues such as open communication about the child's adoption history; how they will manage lack of information, discovery of false information, search and reunion; issues related to identity, race and culture; and the changing needs of adoptees during childhood, teenage years and into adulthood are indicators of PAPs readiness. Recognising that the child's identity does not begin at adoption, attitudes towards keeping a child's name as an aspect of their identity and towards the circumstances of the child's first family and culture also require exploration.

3. From risk factors to protective factors

Recommendations/strategies:

- Adoption be understood as a service for children.
- Universal standards be established for comprehensive assessment (see [Appendix 5](#)).
- Assessors must be: qualified; registered or accredited; be specialist trained in adoption; experienced in childhood, parenting, and relationship and family work.
- PAPs must have the capacity to provide for the social, emotional, psychological, physical, educational and health needs of an adopted child.
- Adoption of sibling groups, an older child or a child with 'special needs' requires particular attention to the associated risks.



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3. From risk factors to protective factors

Parenting plan tool for special needs assessment: an innovative tool developed by the New Zealand Central Authority

From Victoria Musatova

Intercountry adoptive applicants will be expected to complete the Parenting Plan (see Appendix 6), developed by the New Zealand Central Authority (NZCA), as a part of their assessment and approval process, if they apply to adopt children with special needs: a child who may have a physical or mental impairment/condition; children over seven years of age; and a sibling group of two or more children. The Parenting Plan will require the prospective adoptive parents (PAPs) to consider the unique needs of these children and how they will be able to meet these needs. This process will also include an expectation that PAPs use relevant resources and seek specialist medical advice for a child or children with a special need which they have identified they are willing to accept. The following information has been provided to Social Workers in New Zealand in regard to use of this tool:

It can be hard to have a realistic view about an unknown child from another country. However, this Parenting Plan offers the opportunity to demonstrate the intentions and hopes for the adopted child, and consider the unique needs and wishes from the child's perspective. When a placement proposal via an intercountry adoption programme is received, this Parenting Plan can be re-visited and reviewed, with the specific child in mind.

- The assessing social worker forwards the Parenting Plan template to applicants electronically at the beginning of assessment, to be used as a preparation tool to prompt the applicants' thinking.
- At the end of assessment, applicants return the completed Parenting Plan to a social worker.
- The social worker reviews the plan and has a follow-up discussion with the applicants about how realistic, practical and child focused the plan is and how it may impact on attachment and bonding with the child(ren). Following this discussion, the applicants may need to review and alter their parenting plan if necessary.
- The final draft of Parenting Plan is forwarded to the Central Authority together with the draft Home Study for review, to inform final approval of the applicants' suitability to adopt.
- If PAPs apply for intercountry adoption via an adoption accredited body, the Central Authority will forward a copy of Parenting Plan to the placement agency for their reference.

What are the purposes of Parenting Plan?

- To prompt the applicants to undertake research and informed reflection prior to the completion of the assessment on how they plan to manage the practical aspects of becoming an adoptive parent of a child(ren) with special needs.
- To enhance robust and comprehensive assessment of applicants applying to adopt special needs children¹⁹² from another country.
- To ensure consistency across the regions and for different intercountry adoption programmes.
- To help consider suitability of the matching proposal received for applicants.

Incorporation of the Parenting Plan in the current adoption practice

During the applicants' assessment and approval stage:

A match consideration stage

When a match is received for the PAPs via an intercountry adoption programme, they can be asked to review their Parenting Plan, specifically with the child(ren) they have been matched with in mind, to consider special needs of the child(ren) offered to them and how they intend to meet the needs of this specific child(ren).

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¹⁹² The definition of "special needs" in accordance with the Hague Conference on Private International Law: "Children with special needs are those who may be suffering from a behaviour disorder or trauma, physically or mentally disabled, older children (usually above seven years of age), or part of a sibling group." Source: GGPI Op. Cit., n°110, para. 386.

The secure attachment style of the parent: a protective factor

By Johanne Lemieux



Applicant: You tell me that the child I am going to adopt will undoubtedly have an insecure attachment style. You tell me that, given my own relational history with my parents, I present with an insecure attachment style of a troubled and anxious nature.

That's perfect! I am really going to be able to understand the insecurities of my child! We will understand each other so well.

Social Worker: It's true you will really be able to understand his or her distress. But that is not your most important role as a prospective adoptive parent. Your role is to not reinforce his or her learning an insecure attachment language. Your work is to teach him or her to speak a more secure attachment language. It is very difficult to teach a language that one does not talk...

A parent with a secure attachment style is a protective factor

Clinical experience has taught us that in situations of breakdown or rupture one of the biggest risk factors is one, or both, parents presenting with an insecure attachment style. An insecure adult, notwithstanding his or her motivation and sincerity, will trigger his or her own attachment traumas if he or she welcomes and cares for a child with attachment wounds. Overwhelmed and disturbed by his or her own early memories and recollections, he or she will be overcome by invasive thoughts and affect. He or she could be inattentive and unavailable to decipher, soothe and tend to the attachment wounds of his or her child.

That is why, to prevent adoption breakdowns and ruptures, the search for applicants with the most secure attachment style possible must be a priority in the psychosocial assessment (approval).

It is preferable to have a parent with a secure style for six reasons:

1. He or she speaks the language of secure attachment, therefore he or she can teach it

If an adult speaks the language of secure attachment, he or she will validate and encourage the child to express his or her needs. He or she will normalise the child's diverse emotions, whether they are agreeable or disagreeable. He or she will be sensitive to distress signals and available to respond to them, even if this involves temporarily delaying his or her own needs as an adult. A secure person also takes pleasure in interacting with a child to provide him or her with dietary, sensory, emotional, cognitive and social nourishment. In the presence of a secure adult a child does not perceive that his or her needs disturb, or that his or her presence is difficult and burdensome.

2. A secure adult is stronger, more resistant to stress

A secure attachment is formed when the figure of attachment decodes the child's distress signals, and responds correctly to his or her needs through comforting him or her. In other words, when a child expresses great stress it is his or her attachment figure who helps the child to reduce that stress. To manage this, the attachment figure must be solid, well able to manage his or her own stress, be available, and be capable of differentiating his or her own needs or intense emotional reactions from those of the child's. It is very stressful to care intensively for a child who is stressed by his or her pre-adoptive experience, his or her uprooting, and all the new and unexpected things that he or she has lived through since his or her adoption.

3. A secure adult is a giver of care and security not a seeker of care and security

An applicant or adoptive parent who has a secure attachment profile is a universal donor, like a universal blood donor. A secure person has received sufficient emotional security and stability in the relationships with their figure(s) of attachment and, as a result, has 'reserves' of attachment, security and trust in his or her own value and abilities. A secure person has a good ability to calm and reassure him or herself. He or she can wait, be patient in his or her wish to forge an emotional bond with his or her child. He or she will not expect to

3. From risk factors to protective factors

have proof that the child loves him or her, or trusts him or her, or accepts his or her gestures of love and soothing in order to feel like a good parent. Therefore, he or she can respect the child's own rhythm without being either too remote or too intrusive.

4. A secure adult will accept learning and ask for help

Having a secure style of attachment is a protective factor, but this is not to say that the parent will never be bewildered by the behaviour of his or her adopted child. He or she may have the potential to teach the child a more secure language of attachment, but only if he or she has learned the basic vocabulary of an insecure attachment.

Insecure behaviour falls into two broad categories:

- The child will have learnt to under-use his or her attachment behaviour (an avoidant, solo child);
- Or he or she will have learnt to over-use his or her attachment behaviour (an anxious Velcro child, or an ambivalent sumo child¹⁹³).

In both cases, the new parents' lack of knowledge can lead to clumsy, even inappropriate responses. However, a secure person will be capable of admitting that he or she does not know everything and do so without his or her ego being too bruised. As he or she is also able to trust, he or she will naturally accept the advice of competent professionals.

5. A secure adult generally has a healthy and available social network

The more secure a person is, the more likely he or she is to have maintained a healthy relationship with his or her family of origin. He or she is then able to use his or her attachment skills to forge new bonds with friends and

work colleagues with whom he or she is VERY rarely in conflict. Even if this happens, a secure person will find ways to take care of the relationship in order to maintain it. A parent with a secure attachment style usually has a good circle of people to appreciate him or her and be available to listen, support and provide a shoulder to lean on in times of difficulty. This is also a protective factor, just as the saying goes: *"it takes a village to raise a child."*

6. A secure parent will adjust more easily the interpersonal boundaries of the child¹⁹⁴

In the event that the child proves to be too traumatised to be able to create a real bond with his or her new parent, a secure person will not find the situation pleasant, desirable or easy. He or she will have some grieving to do and painful sacrifices to make. Nevertheless, he or she will be better able to adjust to the actual abilities of the child and to the level of attachment that the child can or cannot reach. Thus, a secure parent potentially can live through this and accept not having become an emotional and sensorial 'mummy or daddy' for the child (see *Lemieux, J. Section 1.1*). He or she may even be able to accept remaining as an available relative and protector, even if the child is not able to fully attach to him or her as a parent (mother or father).

A secure parent will generally accept remaining as a relative, to not definitively cut ties with the child, even if the child is permanently placed outside the family due to severe attachment problems or other behavioural difficulties. A secure adult will be capable of reassuring the child that even if he or she does not want him or her 'officially' as a parent, in his or her parent's heart the child will also remain as his or her son or daughter forever.

Recommendations/strategies:

- During psychosocial assessments it is essential that the attachment style of the applicant is assessed and clarified. The aim is not to systematically refuse an applicant with a style that is slightly or moderately insecure. However, in the spirit of prevention and highlighting the importance of giving every advantage to the success of the adoption, a professional must share this information. It can also encourage the applicant to provide him or herself with the means to learn a more secure language of attachment, by 'clearing the minefield' of attachment wounds through therapeutic follow-up.
- In addition, the professionals carrying out psychosocial assessments must be competent in evaluating adult styles of attachment¹⁹⁵ and their impact on establishing relationships.

¹⁹³ Lemieux, J. (2013). *Op. Cit.*, n° 21, pp. 236-241.

¹⁹⁴ See Section 1.1: *There is no successful adoption without a successful mutual attachment.*

¹⁹⁵ The 'AAI: Adult Attachment Interview' by the American Psychologist Mary Main, is one of the best tools.

Siblings: risk factors and protective factors

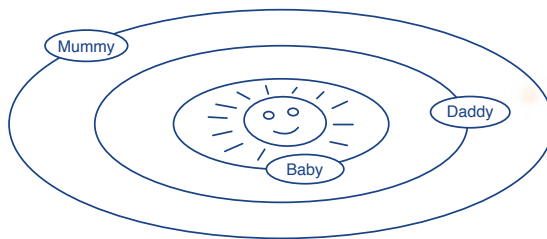
By Johanne Lemieux

An over-representation of adoption breakdowns in adoptions that concern siblings, can be seen all over the world. It is important to be sure that the candidates are strong physically and emotionally, and have a secure style of bonding (see [the above contribution](#)). It is also important to:

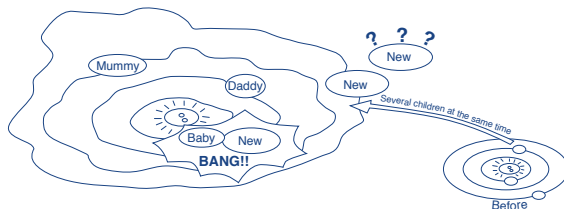
- 1: Demystify the myths surrounding this form of adoption;
- 2: Be aware of the possible risk factors;
- 3: Have possible protective factors available, to support the success of such an adoption project.

Adoption of siblings: a collision between two solar systems¹⁹⁶

A couple with or without a child form a kind of solar system, within which each individual has their own orbital trajectory – so as not to collide.



When this solar system receives a new member, this new member must find his or her own orbital trajectory. With only one new member, there is only one new object to watch over – making it easier to avoid collisions. When siblings are adopted it is like two solar systems crashing violently. Before each finds its trajectory there will be numerous violent, unexpected collisions. For those 'planets' already in orbit, watching over several intermingling trajectories will be VERY stressful.



This is why a skilled professional should always, as soon as the siblings arrive in the adoptive family, proactively accompany this kind of adoption – like an air traffic controller.

Myths and reality concerning adoption of siblings

Myths:

Siblings will adapt more easily than a single child.

Reality:

- It is correct that if the children are true siblings and have lived together the stress of leaving their environment will be diminished, which will facilitate adaptation.
- However, it is wrong to think that the siblings will necessarily have a harmonious relationship. They will already have established their own dynamics where roles and implicit rules are often rigid. In cases where the children have been deprived of everything (from food to affection), they can be competing for these resources. They will tend to collaborate dangerously AGAINST a common enemy – the parental team.

Negative and positive reasons for adopting siblings

Negative reasons for adopting siblings:

- The adoption procedures will be shorter and less expensive.
- We are growing older and the family will be complete instantaneously.
- We think less energy will be required as the children will look after themselves and play together.
- We would like a young baby, and to have him or her we are required to accept his or her four-year-old brother.
- We are not very comfortable with physical and emotional intimacy and think that the children will give each other the affection they need.

Positive reasons for adopting siblings:

- We are older and have less need to 'mother' or 'father', we are ready to take a care giving role and to be a family, but without all the siblings necessarily accepting us as a father or mother.

¹⁹⁶ Lemieux, J. (2016). *Op. Cit.*, n°1, see factsheet n°57 pp. 212 -219.

3. From risk factors to protective factors

- We are emotionally and physically ready to devote ourselves to this project, knowing that it will be much more demanding because of the self-sufficient dynamics of the siblings.
- We are already parents (biological or adoptive) and are aware of our parenting capacity, and our need or desire to 'mother' or 'father' has already been fulfilled.
- We want to increase our family and give an opportunity for family life to children who are less easily adoptable, but without being under any illusion that it will be simpler.

Important facts to know before adopting siblings

Adopting siblings:

- It is an adoption with special needs, even if the individual siblings do not officially present with 'special' medical or emotional needs.
- It is more demanding emotionally and physically than adopting a single young child with special medical needs.
- It is more complex, especially during the first year. The parents have to face the same issues of the adoptive normality (see *Lemieux, J., Section 3.4*) when one child is adopted, but simultaneously for each of the children, who are all of different ages! The complexity of deciphering behaviour, understanding the characteristics and needs of each child and the nature of previous and new interactions, require extraordinary patience availability, and VERY long parental leave, ideally a year.

Adopting siblings seriously complicates bonding for several reasons

1. A person does not bond with a group, a tribe. One individual must bond with another individual.
2. The eldest sibling, however young he or she may be, has almost always acted as head of the family with the younger children, and will therefore not allow the new parent to take his or her place before learning to trust him or her. He or she will not allow this easily, because his or her identity and his or her self-esteem are based on his or her role as parent to his or her brother or sister. He or she is nothing without this role.
3. Because the siblings can talk and play together and reassure each other, siblings do not feel as vulnerable as a single child. Ironically it is the total helplessness and isolation of a child who has arrived alone which lies behind his or her motivation to let him or herself be taken care of, cuddled and loved by his or her new parents. It is in these moments of distress and urgent need that a child will turn towards someone in a care giving or bonding role. This bond normally takes more time to form in the case of siblings.
4. If the children seem to be less distressed, it can make the adult feel that he or she is not indispensable in the eyes of the child, and thus delay the triggering of the protective instinct and feelings of love within the parent.
5. Finally, with siblings, one of them will always be more attractive, easier and more appealing, more quickly gratifying for the parent. The parent must show immense emotional maturity not to compare the children, not to be charmed by one and exasperated by the other, for they are all your children.

3. From risk factors to protective factors

Recommendations/needs and specific factors of specific protection:

- According to recent experience in Great Britain¹⁹⁷, siblings should ideally be placed in the new family one by one, beginning with the eldest, then the second, a few months later. This, however, is an impossible luxury in intercountry adoption.
- Both parents must be able to take at least three or four months leave together. The mother (or father) staying alone on returning home is a recipe for disaster, and post-adoption depression. It lays the foundation for chaos in the home.
- Energy will be needed to reassure the eldest child, and convince him or her of the parent(s) good intentions. In other words, the parent must remain benevolent, in control of the home, strong, and win the child to his or her side. If the parent tries to 'divide' the siblings, without having gained the cooperation of the eldest child, that child could sabotage the parental efforts in order to preserve his or her own role. It is important to take full care of the youngest child, but to hand responsibility to the eldest child, for example, to sing his or her sister to sleep or to choose her clothes.
- The objective is to enable the eldest child to become a child again. Contrary to what one might think, it is the eldest child who will require the most patience, affection and supervision.
- Both parents must be readily available to include moments as a dyad (with pictograms). The pitfall when adopting siblings is that you are always being the chief managing a tribe. It is important to grant privileged time to the eldest child.

¹⁹⁷ Schofield, G. & Beek, M. (2011). *Guide de l'attachement en familles d'accueil et adoptives : la théorie en pratique*. Éditions Elsevier Masson. Fondation pour l'enfance, p. 402.

3. From risk factors to protective factors

Matching and prevention of intercountry adoption breakdowns

By Alphonsine T. Sawadogo

Matching is the act of attributing an adoptive family to an adoptable child in compliance with the provisions of the 1993 Hague Convention and according to the child protection laws specific to each country. It is one of the essential steps of the adoption procedure, as it determines the child's destiny.

Many child protection specialists consider it necessary and recommend that matching is carried out by a multidisciplinary team comprised of: clinical psychologists, certified social workers, lawyers, paediatricians, child care professionals and sometimes the head of children's organisations etc. (as in Burkina Faso – see table opposite).

Composition of the Technical Matching Panel (TMP) in Burkina Faso:

1. The General Director of Child Protection (Social Worker)
2. The Director responsible for Adoptions (Social Worker)
3. A (01) representative of child care centres
4. A (01) psychologist
5. A (01) Magistrate (representing the Ministry of Justice)
6. The Head of Adoption Services (Social Worker)
7. A (01) doctor (representing the Ministry of Health)

Beyond periodic discussion sessions which enable decisions to be made on the files of adoptable children and those of domestic and intercountry adoption candidates, matching is a process that requires rigorous organisation. Matching integrates all acts and tasks relating to the secure handling of adoption files in a way that guarantees efficiency, transparency, ethics and respect for the best interests of the child. It can be categorised into three essential stages: before, during and after the matching decision. To prevent adoption breakdowns the following factors deserve special attention at each stage of the matching process.

The management of pre-matching factors

This phase encompasses all the elements related to adoptability. At the **administrative, legal and social level**, a thorough study of children's and parent's files should be carried out in order to detect any possible inconsistencies. The different elements contained in the file(s), and the number of documents should be attested to. Any documents provided should be checked for authenticity and conformity with the relevant legal framework, to ensure that all legal requirements for both the child and the prospective adoptive parents (PAPs) are fulfilled for adoption.

The study considers different factors of both the child's and the PAPs medico-psycho-social and legal records, including the child's educational situation (if applicable), the PAPs professional situation, and the latter's suitability to adopt. Confirmation should be given that good preparation of the PAPs and the child(ren) has occurred. Finally, detailed information on the lives of the child and the PAPs should be provided to allow a link to be made with pre-established matching criteria (see below), and to best determine the most suitable family for a given child.

At a psychological level, assessing the preparation of the child and the parents is fundamental. For the parents, it ensures they are prepared for adopting a child from another country, and in particular, that they have grasped the specific cultural aspects of the child's country of origin. In Burkina Faso, an attestation of this preparation must be included in the file.

Matching criteria should take into account psychological elements identified through the assessments. Particularly important is the life path of the child, including any different ruptures that he or she has suffered, his or her reactions, feelings, particular sensitivities, preferences, etc.

The PAPs' preparation reports should also highlight the psychological elements such as the history of the couple or the individual, their feelings, behaviour, ethics, hopes, etc. in order to best choose the child that they are capable of caring for. Therefore, certain stakeholders rightly estimate that in order to facilitate the best possible outcomes, social reports should take into account the below matching criteria.

3. From risk factors to protective factors

The child's ability to enter into a new relationship, and the parent's ability to accept a child as he or she is, are integral parts of the determining criteria in matching. Indeed the child, as with the PAPs, may be legally but not psychologically adoptable.

Regarding health, thorough medical examinations should be carried out on the child to allow for any special needs to be detected and to avoid a sick child being placed with a family who have expressed a wish to adopt a 'healthy' child. The PAPs should have a broad knowledge of the child's current health problems and any future health risks, which may lead to the PAPs undergoing further and additional training before the child's arrival. Careful study of the child's health file is essential, as it can minimise the risk of matching occurring without the detection of anomalies.

The management of factors at the time of matching

The whole matching team should be present on the day of the session. Matching is not standardised, it should be carried out on a case-by-case basis to allow the criteria and specifics of each party to be taken in to account and it is for this reason that a multidisciplinary team is advantageous. As far as practicable during the matching session, the criteria for matching should be respected, and the following key criteria can serve as a basis for matching:¹⁹⁸

1. **the order in which the requests have arrived (if applicable, in consultation with the accredited adoption bodies or the Central Authority);**
2. **the contents of the PAPs' assessment;**
3. **the age of the adopters in relation to the child's age (no excessive difference);**
4. **the child's and the PAPs' health status;**
5. **the child's status (abandoned, orphan, child in care, or proposed for adoption, etc.);**
6. **the request, if any, by the PAPs for a child of a specific gender (boy or girl);**
7. **the PAPs' motivation;**
8. **if applicable, the age of any children already living with the PAPs. (Respect should be given to the natural order of birth, the age gap between the children of the family and the adoptable child, etc.)**
9. **the personality (character and temperament) of the child and the PAPs;**

10. the attitude (behaviour) of the child and the PAPs;

11. the physical and psychological situation of the child (age, traumas experienced, time spent in an institution, disability, siblings or twin, language if relevant, etc.);

12. the child's psychological and emotional traits;

13. the child's preferences and those of the PAPs.

According to their speciality, each member of the technical panel for matching must give their opinion the suitability of the matching, based on the pre-established criteria and taking into considerations the child's individual situation in relation to a given family.

The wishes of the parties (children, birth parents and PAPs) should be respected at the time of matching. The child's views should be taken into account, when required by law. This could include, for instance, any views regarding the PAPs or a wish to be placed in a home with/without siblings. For the PAPs, respect should be given to their desires concerning gender, age and health of the child insofar as these requests respect the ethics and best interest of the child.

In specific cases, such as for older children, attention should be given to particular elements such as the question of the language of the PAPs and the child's ability to learn such language. Indeed, if language difficulties are not resolved at the outset, limitations and difficulties in communication can become a habit, which is later difficult to break. If necessary, psycholinguistic assessments can be carried out on the child. This is an important element in limiting the risk of breakdown or failure.

Another important point to consider is giving due respect to the age difference between the child to be adopted and any children already in the home, and to the natural order of births.

The management of post matching factors

The PAPs' response should be motivated by, and based on, the psychosocial inquiry on the child, the health report, and any other documents related to the child. Thus, the acceptance of the matching proposal should be based on complete and relevant information on the child's life which can underpin any further preparation of the future adoptive parents (FAPs) on the specificities of the child in order for them to best understand and support him or her.

¹⁹⁸ NB: the criterion are not exclusives. Each criterion is to be analysed as a comparison between the needs of the prospective adoptive parents and the proposed child. However, there is one criteria (determinative criteria) which always prevails in the definitive choice of the prospective adoptive parents for the child X. This criterion is mentioned in the matching report.

3. From risk factors to protective factors

The response from the adoption accredited body or the Central Authority must be formally requested. This allows follow-up and monitoring of the adoption procedure, and anticipation of any potential challenges prior to the adoption judgment.

After the matching and acceptance of the child by the FAPs and, during the period of socialisation, is necessary to follow the progress of the FAPs. This ensures that they

remain relaxed and confident about their adoption project and their level of aspiration has not varied since the project began – the slightest change can derail the whole project. Follow-up should extend to the early post adoption period (see *Elefterie, V., Section 3.2* and *Dulanjani Dygaard, I. and the Danish CA, Section 3.3.*) and be carried out by professionals specialising in intercountry adoption.

Recommendations/strategies:

- Matching must be carried out with stringent organisation and methodology, by a multidisciplinary team of professionals;
- The criteria should be established in advance to facilitate the matching;
- The files of both parties (adoptable child and PAPs) should be weighed against pre-established criteria;
- The wishes expressed by the parties at the time of matching should be taken into account provided they conform with ethical values (child, birth parents, adoptive parent);
- Post-matching follow-up should be provided by specialised professionals during the post-matching period (or before the adoption ruling);
- The Central Authority and accredited adoption bodies should collaborate to avoid, or rectify, cases of errors in matching before the adoption ruling.

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The Norwegian Professional Board for Adoptions role in matching: an additional safeguard for the adoption of children with special needs

By Bente Hoseth

The Professional Board for Adoptions (the Board) was established in 1999. It is an independent Government body authorised to make decisions in domestic and intercountry adoptions (ICA). For the latter, the Board's mandate includes approving the decision by the country of origin (CO) to entrust adoptive parents with the care of children with special needs. It is composed of a medical doctor (a general practitioner), a clinical psychologist and a psychiatrist. Members are appointed by the Ministry of Children and Equality for a period of two years. The Central Authority (CA), the Directorate for Children, Youth and Family Affairs (Bufdir), is the secretariat for the Board.

With the establishment of the Professional Board, came the introduction of new procedures for the adoption of children with special needs. The previous Board had an advisory function only. However, the present Board has the authority to make final and un-appealable decisions. The Board's objective is to find suitable parents to ensure that the adoption takes place in the best interests of the child, and to reduce the risk of adoption disruption. The Board must, as far as possible, ensure that the prospective adoptive parents (PAPs) have the qualities needed to give the child a good and permanent home. The Board, in conjunction with a mandatory adoption preparation course and the assessment/approval of the adopters, represents an additional safeguard in the adoption process. The Board's decision provides the PAPs with a solid basis for their decision on whether they want to adopt the child in question. While PAPs may indicate an interest in adopting a child with special needs, it is a different situation to actually consider the information about a specific child, and subsequently give consent to the adoption.

Overview of the Norwegian intercountry adoption process

To aid in a better understanding of the role and purpose of the Board, an overview of the main stages of the Norwegian adoption process is given. PAPs must contact one of the three adoption accredited bodies (AABs) in Norway. The AAB needs to provide a confirmation of mediation before the PAPs can proceed with the adoption process. The next step is to forward an application to the competent Regional Office for Children, Youth and

Family Affairs (Bufetat) and a social report is prepared. If the PAPs fulfil the requirements for approval and have attended the mandatory adoption preparation course, prior consent is granted. Any refusal can be appealed to Bufdir. The most common reasons for refusals relate to health and age requirements.

The prior consent shall indicate if: the PAPs may adopt one child or two siblings; which country the child(ren) may be adopted from; and the child's age (no older than five years old). The prior consent is valid for three years, and may be prolonged for two years upon application. It is noted that prior consent to adopt a child with special needs cannot be granted.

When prior consent is granted, the AAB is responsible for the further processing of the case. That is: translation and certification of documents; forwarding the application to the CO; and informing the PAPs about the matching proposal (including information regarding the child). If the information is incomplete or out of date, the AAB must ask the CO for additional information. If the PAPs accept the match, after having reviewed all the information about the child, consent will be forwarded by the AAB to the CO (along with the agreement pursuant to article 17(c) of the 1993 Hague Convention), and the adoption process may proceed. The function of article 17 (c)¹⁹⁹ is performed by the AABs according to delegation under Article 22(1) of the same Convention.²⁰⁰ Once the adoption is final, and after the child's arrival in Norway, it is registered in the National Register.

¹⁹⁹ Any decision in the State of origin that a child should be entrusted to prospective adoptive parents may only be made if: (c) the Central Authorities of both States have agreed that the adoption may proceed;

²⁰⁰ The functions of a Central Authority under this Chapter may be performed by public authorities or by bodies accredited under Chapter III, to the extent permitted by the law of its State.

3. From risk factors to protective factors

Approval of the matching proposal by the Board in adoption of children with special needs

Norwegian adoption authorities are, as a general rule, not involved in the matching process. The adoption of children with special needs is an exception, and the Board must approve any such match. Ministry guidelines specify that Board approval is required if:

- A child has reached the age of five;
- There is a sibling groups of more than two children; or
- There are children with special needs.

In practice, it can be difficult to identify a child with special needs. As a general rule if the information about the child's physical or mental health indicates a need for parents with special knowledge, insight, and experience to meet the child's needs, the case must be submitted to the Board. This would, for example, be the case if the child is a victim of serious abuse or neglect, or has physical injuries that require specialised treatment from health services. A special needs case may arise in several ways:

- a result of a matching proposal from the CO;
- a request to the AAB from the CO to search for suitable and eligible PAPs;
- through a website announcement on restricted pages of children with special needs.

It follows that upon receiving a matching proposal the AAB must consider if it concerns a child with special needs, consequently requiring the Board's approval before an adoption process can proceed. Bufdir (the Norwegian Central Authority) monitors and supervises the activities of AABs in this respect. Consequently, AABs have a very important task and hold great responsibility in processing the adoption of children with special needs. They must, based on the information about the child, assess if the matching requires Board approval.

Subsequently, they must obtain all available information about the child in preparing the case for the Board, this is so even if there is scarce information about the child. All such cases must be presented to the Board and a decision must be made based on the information available. Board outcomes include both approvals and refusals.

Assessment and approval of PAPs by the Board in adoption of children with special needs

The assessment of a child's physical or mental health, and whether the matching should be submitted to the Board is based on a concrete judgement in each individual case. The AABs' responsibility is to identify if the case involves a child(ren) with special needs – not to approve the matching. The Board can be consulted informally, via Bufdir, if AABs need advice about forming a view. If there is any doubt, the case should always be submitted to the Board. On occasion, Board judgement has differed from that of CO's, in these cases Norway has considered a child to have special needs but the CO has not.

The PAPs must be informed in advance, and have given their consent, to be assessed by the Board to care for a child with special care needs, older child(ren) or a group of siblings. Anonymised information about the child(ren) is disclosed to the PAPs. They receive only that information which is relevant and necessary for giving consent to board consideration. The PAPs must be informed if the Board is to review several PAPs for the same child, with a limit of no more than three applications. The PAPs must write to the Board regarding their wish to adopt the child(ren). The Board pays special attention to: their attitude to adopting the child(ren) in question; how they will meet the child's needs; and their knowledge about medical and other services available. Additionally, the Board uses information contained in the social report. In cases where the CO requests that AABs search for PAPs for a child with special needs, the Board can only choose among PAPs who are approved and have a prior consent for adoption. After Board approval, pictures of the child(ren) are provided to the PAPs.

When the Board has approved the matching, or chosen one family in cases where several PAPs were considered, the adoption process can proceed. The Board performs the function of Article 17 (c)²⁰¹ of the 1993 Hague Convention in cases concerning children with special needs. The Board provides an assessment of the child, including what they consider the PAPs need to be aware of and prepared for, what they can expect, and what kind of special care the child is in need of. This is to help the PAPs decide if they should adopt the child or not.

The case is then returned to the AAB. If the PAPs maintain their wish to adopt the child(ren), they must again give consent. A form has been prepared for this purpose, which requires the PAPs to state all the documents on which the consent is based. Before this consent, the PAPs will receive pictures of the child, a copy of the Board's decision, and be given reasonable time to consider if they want to accept the matching.

²⁰¹ *Supra* 199.

3. From risk factors to protective factors

Timeframe and potential obstacles

The Board meets approximately once every third week. Bufdir has a secretariat that holds administrative responsibility for preparing the case for the Board. That is, obtaining all the information about the child from the AAB, and presenting a summary of each case for the Board. Bufdir requires that the case be received from

the AAB four weeks before the board-meeting, to allow enough time for the case to be properly prepared. This is a stage of the process which is often in conflict with time limits for acceptance set by COs.

The Board's decisions must be unanimous and cannot be appealed by families who did not receive a positive matching, or who were not chosen for a child.

Remaining challenges and recommendations:

- The Board's approval of adoptions for children with special needs is an additional safeguard and serves this purpose as intended. However, AABs claim that the Board's processing of these cases causes undue delay. This is due to the fact that the meetings, in their opinion, are not sufficiently frequent and that Bufdir needs to receive the file four weeks before the Board meeting to give both Bufdir and the Board sufficient time for preparation. Wherever possible, Bufdir does not strictly practise the four week time limit. However, the procedure can still cause a delay of 2-3 months. Many COs have short time limits for acceptance of a proposed matching, e.g. 30 days, which in most cases are very difficult for the AABs to comply with.
- It is important to act expeditiously in the adoption process, in particular to meet the best interests of the child. Nonetheless, a fast process must never compromise the quality of the adoption process. The Board's approval of the matching is a measure that contributes to better prepared adopters, and reduces the risk of adoption disruption. It is a paradox that the shortest time limits for acceptance often apply to those children who are most in need of special care.

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3. From risk factors to protective factors

The probationary period: an opportunity to detect difficulties and to halt adoptions doomed to failure

By Violeta Elefterie

The procedure of intercountry adoption (ICA) for a child from Romania²⁰² includes the carrying out of a probationary period (also called 'practical matching' by the Romanian Central Authority – CA) during which it is mandatory that the prospective adoptive parents (PAPs) come to Romania and directly meet with the child.

Facilitating the building of the child/adopters relationship and preventing potential breakdowns

Since, legislative reform in 2012 there is a 30-day probationary period (which may, if necessary, be extended for a further 15 days). During this time, the law requires a minimum of eight meetings between the child and the PAPs, four of which are mandatorily monitored by the child's case aide (or a psychologist). Its main purpose is to allow the parties to adapt and to facilitate the building of a relationship between the child and the PAPs, aimed at preventing the granting of adoptions which may be doomed to breakdown.

Benefits of the probationary period for the child and the prospective adoptive parents in cases of breakdown

This phase allows the PAPs to have direct access to those persons who know the child closely, and who may provide them with information, help and guidance in forming a bond with the child and/or in managing behaviours. It may also provide them with useful information for understanding the child, and his or her emotions/acts.

During this phase, the child has the benefit of maintaining contact with the person they have an attachment with. If he or she requires reassurance, emotional support or encouragement, they are open to seek this from that person. Additionally, if the practical matching fails, the child remains in his or her environment, and in his or her secure relationships. The person(s) the child already has a relationship with will be able to console and support the child. At the end of the practical matching, social services prepare a report about the evolution of the relationship between them. This document is included in the court file for the application to grant the adoption.

Although not required by law, in most cases at least one of the PAPs, (or both in turn) will extend their visit to Romania to remain with the child, leaving together with the child once the adoption is final. Though this

often requires substantial commitment and effort by the PAPs, this practice allows for the strong growth of the relationship between the PAPs and the child, and to ease the child in their separation from his or her current life and environment.

How is the probationary period carried out?

Preparation for the first meeting

- a) The preparation of the child for meeting the PAPs is carried out by workers from the relevant social services agency of the receiving country (RC), as well as by the child's reference persons (members of the foster family, social worker/staff within the family-type house or residential institution where he or she is being cared for). For this activity, the PAPs are asked to send to Romania a photo album which is then used to introduce the child to the persons he or she is about to meet. Experience indicates that it is useful to send images of the PAPs, their family members, pets, their home and spaces within it (including the child's future room), the neighbourhood, the school, recreational spaces and other places that might arouse the child's interest.
- b) The preparation of the PAPs is done through providing the report about the child, together with recent photos. Before coming to Romania, the PAPs are informed about the child's desires and hobbies, so that the PAPs may buy small, appropriate and expected gifts for the child. Legal procedure provides that before meeting with the child, the PAPs shall meet with social service workers in the RC to prepare together for the first meeting. At this stage, the PAPs may request further information about the child or about the adoption procedure. They are informed about the child's story. For his or her part, the child will have been prepared for the matching.

²⁰² It is important to note that only Romanian nationals abroad are allowed to undertake intercountry adoptions according to the Romanian law n° 233 of 05 December 2011, entered into force 7 April 2012.

3. From risk factors to protective factors

First meeting

The first meeting between the child and the PAPs takes place in the child's environment, with he or she being assisted by their reference person, who supports and secures him or her. Social service workers also participate.

The law stipulates a minimum number of meetings between the child and the PAPs but does not determine the frequency or duration of meetings, or when during these meetings social services experts should carry out follow-up assessment.

It is important that the experts are present at the first meeting in order to observe the commencement of the relationship. Their presence is also necessary in the middle stage of the matching. Social services workers must evaluate the relationship between the child and the PAPs at the end of the meetings phase, in order to draw a conclusion regarding the adaptation/lack of adaptation between them.

If during the probationary period there are apparent issues/difficulties in bonding, then the presence of the experts is necessary so that they may directly note the behaviour of the persons involved, and, if possible, formulate recommendations for overcoming those issues.

There are a number of factors that are likely to support bonding, therefore PAPs are advised to:

- acquire accommodation in the same locality where the child lives. This both facilitates the meetings and permits the child to continue to take part (possibly with the PAPs) in any activities he or she is presently involved in;
- have their own transportation available or have easy access to the public transportation network;
- contact or visit the child on a daily basis, thus creating an opportunity to get to know him or her better, to notice him or her in the various moments of the day and become involved in the child's daily activities;
- communicate with the child (it is useful that a PAP who does not speak Romanian try to learn a few words in the Romanian language);
- be flexible and open, both about the child and the interaction with the foster family. Social service experts recommend that the PAPs endeavour to accept any differences and to try to create an alliance with the child's reference persons as they are a significant source in developing a relationship with the child;
- not impose fast and substantial changes in the child's behaviour or life style, before developing an emotional relationship with the child and getting to know each other;

- be open and work with Romanian social service experts, whose role is to provide assistance in facilitating bonding and overcoming any possible issues.

When difficulties in bonding arise during the probationary period

During practical matching, difficulties in bonding are likely to occur. This may be caused by the:

- attachment of the child to the foster family, the child's attachment disorders, or his or her personal history, leading to rejection of the PAPs or an opposition to the relationship with them;
- child's loyalty to the persons who take care of him or her which may cause the child feelings of guilt if he or she feels that they are beginning to developing a relationship with the PAPs (for instance a child said, "today I thought for a rather short time about mum M. I have to take care and think longer about her");
- fear/resistance by foster family members in separating from the child;
- existence of administrative restraints (for instance social services agents cannot be there with the adopters through all stages of the practical matching, or at a moment's notice);
- PAPs lacking experience with children. In such situations, the PAPs seem blocked and wait for the child to initiate the communication/relationship;
- unrealistic expectations of the child by the PAPs. For instance in his or her abilities, or in the stage of their relationship with the child, (for example, there are PAPs who, even at this early phase, expect much more obedience from the child than is realistic);
- PAPs insufficient knowledge of the phases and duration of an ICA of a Romanian child (this can lead to frustrations about timing);
- PAPs lack of realism in appreciating their own abilities, including how they might cope with a series of problems/troubles/delays in the child's development. It is possible that this situation positively correlates with long waiting times prior to meeting the child.

To overcome these issues, we consider that it is essential for the parties involved provide feedback and develop methods of cooperation to give proper effect to art.7²⁰³ of the 1993 Hague Convention.

3. From risk factors to protective factors

Recommendations/strategies:

- Carry out regular working meetings between central/competent authorities who collaborate in the investigation of adoption cases, in order to analyse together the difficulties encountered, and also to identify the right approach to overcome them;
- Promote within CAs and accredited bodies best practice recommendations for preventing adoption disruption, and include these recommendations in the thematic training of the adoptive candidates.

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3.3 Enhancing pre and post-adoption support services

As encouraged by the international community, the preparation of both prospective adoptive parents and the children proposed for adoption should be a legal obligation. This is already the case in several countries: Australia, Belgium, Chile, Colombia, Denmark, Ecuador, Luxembourg, Norway, the Philippines, Sweden, etc. In other countries, specific arrangements exist in practice without being an actual legal requirement.

3. From risk factors to protective factors

Additionally, some countries offer additional support sessions for prospective adoptive parents planning on adopting an older child, a sibling, or a child with a physical and/or mental health issue. The objective is not to focus on the special needs of the children, but to train 'special parents'. Increasingly countries of origin are attracted by the concept of 'preparing' older children for adoption, a number of which have recently improved their practices in this area (for example, Colombia, Chile, South Africa and the Philippines).

As soon as the PAPs are prepared, they should be informed of any available post-adoption support and encouraged to contact social services or child protection authorities for advice or support as soon as issues arise within the family. Indeed, adoptive families have the right, like any other family, to benefit from the support of social services and accredited adoption bodies in order to prevent and overcome potential issues. Also, in the spirit of article 9²⁰⁴ of the 1993 Hague Convention, and as encouraged by the Committee on the Rights of the Child, adoptive parents in certain countries (Denmark, Spain, Sweden, etc.) have a legal right to benefit from this support.

This chapter provides concrete illustrations of the substantive and procedural aspects that pre and post adoption services are designed to support.



This process aimed at preparing the child, which seems so obvious, is not available in many places. However, it is essential. We must not forget that we are essentially 'playing' with the life and future of a child and their family.

²⁰⁴ Central Authorities shall take, directly or through public authorities or other bodies duly accredited in their State, all appropriate measures, in particular to:

- a) collect, preserve and exchange information about the situation of the child and the prospective adoptive parents, so far as is necessary to complete the adoption;
- b) facilitate, follow and expedite proceedings with a view to obtaining the adoption;
- c) promote the development of adoption counselling and post-adoption services in their States;
- d) provide each other with general evaluation reports about experience with intercountry adoption;
- e) reply, in so far as is permitted by the law of their State, to justified requests from other Central Authorities or public authorities for information about a particular adoption situation.

Strengthening the child's preparation according to his or her specific needs

By Lina Marcela Estrada Jaramillo

In 2016, the Colombian Institute for Family Wellbeing (CIFW), the Central Authority (CA) for adoptions in Colombia, drafted new technical and administrative guidelines for the adoption programme in the light of social changes and changes in regulations, good practices, concepts and theories. These changes aimed to minimise risks and to strengthen the child adoption process, especially for those children who, due to their characteristics and special needs, do not yet have a family to support them.²⁰⁵

Following the entry into force of these guidelines, it was necessary to restructure the adoption programme so as to strengthen the preparation of adoptive families, and to enable children eligible for adoption to adapt more easily to their new families, providing personal guidance to structure their new life project.

Today, it is also necessary to provide support to the 4,117 children who are over 10 years of age, a part of sibling groups where the eldest is over 10 years old, children suffering disabilities or diseases that require special care, and who, because of these characteristics and special needs require a placement with families that will make use of all the necessary resources available to raise them.

Guidelines to prepare young children and teenagers for adoption

For the purposes of explaining the document entitled *Guía para la preparación de niños, niñas y adolescentes para la adopción* (Guide to prepare children for adoption)²⁰⁶ (CIFW, 2016), each of the stages described was organised into *phases*. The document includes technical and methodological guidance to prepare children for adoption by way of presenting various strategies enabling the positive integration of the child into the adoptive family, thereby preventing disruption and breakdown when building the new attachment bond.

According to the Guidelines, preparation of the child for adoption, regardless of age, involves several stages that may vary from one child to another and which must be in accordance with his or her personal traits. Those steps include several activities aimed at achieving the integration of the child into the new family and at making any adjustments to the new family life easier, taking into consideration the child's age, traits and active participation, observing the child's right to be heard and having his or her opinions taken into account (see *Inte, O., Section 3.3*)

Preparation phase

Preparation starts when the child arrives at the child protection service in one of the following circumstances: 1) the child was declared eligible for adoption; 2) the parents have consented to the adoption; 3) the CIFW authorised the adoption. In all cases, the situations imply separation from the birth family and an obligation on the State to find an adoptive family for the child in order to restore his or her right to have a family.

During this phase, practitioners involved in the preparation must consider the child's age, his or her personal opinion, his or her expectations regarding the process of rights reinstatement, including benefiting from a familial environment favourable to his or her development, and personal resources which will allow him or her to fully adapt to the adoption. During this phase, it is necessary to proceed to clinical interventions as well as biopsychosocial interventions.

The background of the child declared eligible for adoption in the child protection system is presented to the Adoption Committee, and then, the matching is approved by the adoptive family who is given a report containing all relevant information on the child.

Familiarisation phase

In this phase, it is necessary to provide multidisciplinary support in the areas of medical care, nutrition, psychology and social work, among others, applying techniques and methodologies that are inclusive, flexible and playful, according to life cycle of the child, since it is at this stage that he or she will receive news regarding his or her upcoming adoption by a family.

Additionally, through the follow-up carried out by the different disciplinary areas and undertaken when the child is visited in the foster family or protection institution where he or she is located monitoring is carried out in order to observe the child's progress and limitations.

²⁰⁵ ICBF, Colombia. Available at: https://www.icbf.gov.co/sites/default/files/resolucion_2551_del_29_marzo_2016_-_lineamiento_tecnico_administrativo_adopciones.pdf (last visited 8 June 2017).

²⁰⁶ The drafting of the Guidelines is the result of work led by the Adoptions Office of the ICBF, in collaboration with the Regional Offices of the ICBF across the country and the Authorised Institutions for the development of the Adoption Programme, of the Accredited Bodies and the General Direction of the ICBF over two years. Available at: https://www.icbf.gov.co/sites/default/files/procesos/g3.p_guia_para_la_preparacion_de_ninos_ninas_y_adolescentes_para_la_adopcion_v1.pdf (last visited 19 July 2017).

3. From risk factors to protective factors

Elements necessary to prepare the meeting

At the same time, the Adoption Committee requests the future adoptive parents (FAPs) to prepare for the meeting and bring, for example, a poncho, a blanket or an item of clothing that smells like the FAPs, which is important for children of up to 5 years and 11 months.²⁰⁷ The aim is to ensure that the family becomes a part of the child's daily life (by means of transitional objects), in order to ease their integration into his or her new life context.

Moreover, FAPs are requested to:

- record audios with their voices, singing lullabies, telling short stories or with messages;
- realise brief videos featuring the FAPs wearing the same clothes and having the same haircut and hair colour they will have the day of the meeting. The aim here is to familiarise the child with the physical traits of the FAPs, so he or she is familiar with them when seeing them for the first time;
- prepare a photo album of the FAPs and extended family;
- choose a teddy bear, a toy or other element, according to the child's taste as indicated on the detailed report, as a first gesture from the FAPs and as a symbol of welcome to his or her new home.

Progressive familiarisation

The psycho-social team in charge of the FAPs delivers the audios and videos during several weekly sessions with the child, where they are heard or watched in a quiet environment so that the child becomes familiarised with the voice and image of the FAPs. This idea is for this to make the encounter smoother and to gain an awareness of what is going to happen. The voice and video recordings of the parents, after several approaches, allows the child to recognise their voices and physical traits on the day of the meeting. When necessary, technological tools may be used (for example, Skype) to establish contact with the FAPs, where the child may ask questions about them and their background (see *Abejo, B., Section 2.2*).

A participatory process

An important practice implemented by the CIFW with foster families or professionals taking care of children in institutions is explaining the requirements of the adoption programme regarding preparation, assessment and selection of the prospective adoptive parents, in order to soften any negative feelings related to the child's departure, and which may cause him or her to feel guilt or to have difficulties at establishing a secure attachment with the adoptive family.

In addition, the foster family or the multidisciplinary team at the institution is requested to keep a life and routine journal so that any essential information about the child's daily life is gathered, to make adjustment easier. A photo album is also a useful tool in showing the FAPs the most important aspects of the life and development of the child. Tools such as the Lifestory book or the later life letter²⁰⁸ are also highly recommended in the context of preparation. "They offer the child the chance to have accurate information about his or her birth family and examine his or her feelings about it [...], to understand their difficult past and the reasons for separation, as well as to take advantage of the opportunity to build a safe future."²⁰⁹

Regarding significant objects that are part of the child's life in the foster home or in the institution, the child is encouraged to keep them in a 'treasure box' or a 'treasure bag'. Subsequently, once the child connects to the future adoptive family, he or she can store the transitional objects received in this box or bag, as a symbol of continuity of his or her life, linking the past to the future.

Special strategies when facing special needs

Regarding children with special characteristics or needs, there are several preparation strategies – in addition to the ones mentioned above – for creating favourable conditions for strengthening the attachment and the development of a secure bond with the adoptive family.

To prepare a child with a disability, it is necessary to make adjustments according to the type and degree of the disability, for example, a visual impairment means that the photo album has to be replaced with a 'sensory album', in which clothes that smell like the family are sent to the child. It is also possible to stick dry leaves from the place where he or she will live, so that he or she gets to know the textures. An audio that is easy to play may be included, so that the child can identify voices and background noise.

Regarding the preparation of a teenager, it is suggested that he or she writes a goodbye letter to the birth family, and then a burning ritual is carried out, where the letter is burnt, symbolising the closure of the cycle. In addition, the adolescent is allowed to say goodbye to the environment that took care of him or her, so that separation causes the least possible emotional damage. This could be through organising rituals, such as saying goodbye to people with whom the teenager has a significant relationship, arranging encounters, writing goodbye letters, etc. The importance of being at peace with the past and forgiving, in order to be open to new people who may be part of a new stage in their lives, is highlighted.

²⁰⁷ The age of 11 months is mentioned because it refers to the Early Childhood Act, which covers children "of up to 6 years of age". It is for this reason that the Guide makes such a distinction in the preparation stage.

²⁰⁸ See: http://www.proceduresonline.com/westberks/cs/g_later_life_jett.html (last visited 19 June 2017).

²⁰⁹ Extract from Ryan, T. & Walker, R. (2016). *Life Story Work – why what, how and when*. CoramBAAF, p.2.

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Finally, regarding intercountry adoptions, the psycho-social team in charge of the FAPs carries out interventions that provide children with tools to deal with situations about

their physical, social, linguistic and relationship differences that may entail making adjustments in their behaviour to settle in their new country (see *Cabral, C., Section 3.4*).

Recommendations/strategies:

- A country may and should have comprehensive legislation on child protection, but a real and effective commitment is necessary with regard to policies that take into account the need for competent and qualified practitioners to provide support in the preparation of the child and prospective adoptive parents.
- Adoptions of older children, siblings, and children with a disability or disease represent major challenges for the institutions responsible for preparing the adoptive family not only before the placement of the child, in adjusting the family's expectations and identifying challenges, but also following the adoption to help face the special challenges it entails.
- Countries have an obligation to develop improved public policies aimed at transforming exclusion, discrimination and segregation regarding children with special traits and needs, so that they can actively participate in social, academic, economic and cultural settings. This requires the support of the State, but also the support of everyone as a society.
- Acknowledging that the children waiting for a family have knowledge, habits and experiences that need to be valued and accepted in the adoption process. Therefore, their involvement and guidance are needed in light of the child's integration in the adoptive family and changes that this process implies in life.

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3. From risk factors to protective factors

Child consent: a key element in determining the child adoptability and in preparing him or her for adoption

By Odeta Inte

Child's consent is one of the key elements of preparing a child for adoption and determining if he or she is adoptable. In recent years the dynamics of intercountry adoption (ICA) is changing, and the age of children adopted by foreign families is increasing. In Lithuania, since 2008, most adoptions were of children with special needs.²¹⁰ For instance, in 2015, 48 foreign families adopted 62 children of whom 52 were children with special needs, and 20 were older than seven years.

Legal framework

Article 3.209 of the Civil Code of the Republic of Lithuania, Third Book, Family law (Civil Code)²¹¹ provides that adoption shall be possible only if it is in the best interests of a child. Necessary conditions for adoption are: children must be included on the special registry (list) of the children eligible for adoption; children must not be younger than three months; and sibling separation is permitted only in exceptional cases.

Another important condition for adoption is the obtaining of the child's consent. According to article 3.215 of the Civil Code, if the child to be adopted is ten years old or above, it is mandatory that the child provide to the court a written statement confirming their consent or non-consent to the adoption.

Article 485²¹² of the Civil Procedure Code of the Republic of Lithuania²¹³ regulates the procedure for hearing the child's view in court. The court shall ask if the child proposed to be adopted agrees:

- to be adopted by the adoptive parent;
- to have the adoptive parent(s) be recognised as his or her parents and him or herself to be recognised as the child of the adoptive parents;
- to change his or her first name and surname.

For those children under ten years old who are considered able to express their opinion, the child's views will be heard outside of the court process. The court when making a decision shall take into consideration the child's wish, unless it is contrary to his or her interests.

Procedure for exploring the child's opinion

The adoption process for Lithuanian citizens and foreigners in the Republic of Lithuania is organised by the State Child's Rights Protection and Adoption Service (the Service). In each municipality (60 in total), there is a child rights protection division (the Division) which coordinates the individual steps of the process, as far as they are within its competence. This includes providing information to the Service about the child available for adoption, forwarding offers for adoption drawn up by the Service to the prospective adoptive parents (PAPs), presenting the decisions of PAPs on the adoption to the Service, and communicating with PAPs according to their place of residence. The Service coordinates domestic adoption and acts as Central Authority (CA) under the 1993 Hague Convention. The Division constantly provides information to the Service about all adoptable children in their municipality. The information the Division provides should include information about the child's opinion on adoption.

At the end of 2015 there were **1654** legally adoptable children in Lithuania. Almost **78% were older than 10 years, and 53% did not agree to be adopted**. Children may refuse to be adopted as they have close relations with persons who visit them at children homes (aunts, uncles and etc.) or because they do not wish to change their place of residence.²¹⁴ Children can give their consent with the condition to revoke it if they do not like the PAPs. Unfortunately, alternative options for those children who will not be adopted are very limited. Despite on-

²¹⁰ Order No. A1-32 of the Minister of Social Security and Labour of the Republic of Lithuania dated 1 February 2007 on the specification of the pre-trial procedure regarding the adoption of special needs children eligible for adoption. Available at: <http://vaikoteises.lt/media/file/Spec%20poreikiai.pdf> (last visited 8 June 2017).

²¹¹ The Civil Code of the Republic of Lithuania, passed on 18/07/2000 No.VIII-1864 Comes into force on: 01/07/2001 Published: Valstybės Žinios (Official Gazette), 6 September, 2000, No. 74 Third Book Family Law. Available at: <http://vaikoteises.lt/media/file/Civilecode4.pdf> (unofficial translation-last visited 8 June 2017).

²¹² The Code of Civil Procedure of the Republic of Lithuania. Available at: <http://www.vaikoteises.lt/media/file/Codeprocedure.pdf> (last visited 8 June 2017).

²¹³ *Ibidem*.

²¹⁴ On this point, the methodology developed by the Chilean Foundation *Mi casa* is available at the ISS/IRC to assist in preparing the child for adoption and in accompanying the child through the associated emotional stages, his or her ups and downs, that we can hear from sentences such as "I do not want another family, I want my mum", or "I do not want to go anywhere, I want to stay at the institution." It is only progressively that the child will *fall in love* with the idea that another family loves him or her and takes care of him or her. He or she will therefore demonstrate openness, a necessary step for, "allowing being adopted" and "adopting his or her parents back." See *Morales, R., Section 3.2.*

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going reform in Lithuania to promote family based care measures, most of the children remain in children homes until the age of 18, as there are no families to take care of them.

In 2014, the National Audit Office undertook a performance audit on child adoption and found that almost half of the Divisions specialist staff (23 out of 52) did not take part in the hearing of the child's opinion and instead the opinion is being heard by an 'interested' person (guardian) who can affect and influence the child's opinion. In these cases children's care home staff ascertained the child's opinion and transmitted this information to the Division. Divisions did not participate in the hearing of child's view. The Audit Office observed that a risk of manipulation and/or conflict of interest between the children and their legal representatives (children homes) existed, a risk that may affect the child's point of view. The main risk arises from potential needs for homes to maintain a certain number of children for the workers to maintain their jobs.

Another problem observed was the lack of skill of children's care home staff, and that consequently the child is not properly prepared for adoption. The majority (73 out of 95) of the children's care home staff were not trained in how to prepare a child for adoption.

In order to ensure comprehensive and objective assessment of the child's ability to be adopted, a number of recommendations for the Service were provided. This included improving the procedure for the hearing on the child's opinion, and ensuring that both the guardian and Division specialists take part in the hearing on the child's opinion.

Model developed by the Division to determine child's opinion

Currently, most of the Divisions have good practice models. Depending on the child age, Division professionals meet and discuss the child's opinion directly with the child. The child is provided with counselling prior to giving consent. For a younger child, professionals skilled in child interviewing ascertain the child's views, sometimes using tools such as child drawings – *Like my dream, I wish...*

The child is informed that his or her consent for adoption is not final and he or she will be able to revoke it at any time (during the matching, meeting with the concrete PAPS family, even during the court hearing). Additionally, training of some children homes staff has been provided.²¹⁵

Before making a decision that ICA is in the best interest of the child, the Service seeks to determine the child's wishes and opinion and always takes this into account during the matching procedures.

The court puts an obligation on the Service to provide legal assistance to a child eligible for ICA. Before the court hearing, Service lawyers meet the child directly and inform him or her about the effects of the adoption and ascertain if his or her consent to the adoption meets his or her wishes. A written statement regarding the child's wishes is then provided to the court.

Child's opinion after the meeting with the future adoptive parents

After the meeting with the future adoptive parents (FAPs), the child's guardian should discuss with the child the possibility of continuing the adoption proceedings. If the child refuses to be adopted, a psychologist will meet with the child to ascertain the child's reasons for refusal. Sometimes the child is afraid of change, leaving the children's home and his or her country; sometimes he or she doesn't like the family and refuses to be adopted by the specific family proposed. In such cases, depending on the reasons, the Service can ask the family to stay longer and spend more time with the child, or explain to the family the child's reasons for refusal.

Court procedure for hearing child's opinion

During the court procedure, the child's opinion may be expressed verbally, in writing or in other ways chosen by the child. The court, when making a decision, shall take into consideration the child's wish, unless such wish is contrary to the interests of the child. In exceptional cases, a psychologist may be invited to establish whether a child is capable of forming his or her own views, and if so, the psychologist may interpret those views.

²¹⁵ In 2011, the Service developed a training programme for the personnel of child care institutions regarding preparation of children for foster care and adoption. Five teams of prospective trainers were trained to give the professionals of children's social care institutions the knowledge and skills necessary for the direct work with children in preparation for foster care or adoption. The training was conducted on the following topics: child's psychology by age, attachment, children's psychological crisis and trauma psychology, adoption and fostering of different ages, the child's life story, individual working methods with the child, the child's anxiety, sources of a child's future outlook, introduction to the new family, special needs, preparation for adoption of children with behavioural and emotional problems, the child's preparation for departure, and teamwork skills.

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At the courts discretion, and in exceptional cases, any participants may be asked to leave the court room during the child's testimony and will be informed of the views formally in court after that testimony has concluded.

If the court permits, the child's teacher and/or psychologist, and any parties to the case, may ask the

child questions. Before obtaining the child's consent, the Court shall explain to the child the consequences of giving his or her consent to the adoption. The court shall refuse to accept the child's consent if there is any suspicion that the consent has been obtained by way of compulsion, fraud or through unlawful financial gain.

Recommendations/strategies:

- Develop clear, impartial and transparent child opinion hearing procedures by impartial professionals.
- Explain and inform the child about the possibility to revoke consent at any stage of the adoption procedures and prepare and inform the FAPs about this possibility.
- Provide consultation for the child before, during and after the matching procedures, after meeting the FAPs, before and during the court process. Ensure that the child would not feel pressure or manipulation.
- Provide training to professionals of child social care institutions, giving them the knowledge and skills necessary to directly work with children to prepare for adoption (see *Estrada Jamarillo, L.M., Section 3.3*).

Between 2000 and 2014 Odeta Inte managed the activities of the Lithuanian State child rights protection institution, which acts as CA for the 1993, 1980, 1996 Hague Conventions. She was in charge of coordinating the implementation of child rights protection measures, such as domestic and intercountry adoption, and providing training to specialists in Lithuania. She took an active role in the preparation of: the guidelines on post adoption service (*Istituto degli Innocenti*), the Implementation and Operation of the 1993 Hague Convention, the Guide to Good Practice, HCCH; the Note on the Financial aspects of intercountry adoption, Permanent Bureau.

Identifying gaps in pre- and post-adoption services to better prevent intercountry adoption breakdowns

By Maria Doré

*EurAdopt*²¹⁶ is an association of adoption accredited bodies (AABs) in 14 Western European countries.²¹⁷ The association was officially established in 1993 with the main objective of advocating intercountry adoption (ICA) as an option in child welfare when pursued in the best interest of the child, with respect for his or her fundamental rights and according to the principle of subsidiarity. EurAdopt promotes higher standards and better practices in ICA and a number of guidelines have been established for this purpose. The main concept of the association is to promote cooperation between members and other concerned stakeholders in countries of origin (COs) as well as in receiving countries (RCs).

Today there is wide acceptance of the importance to provide adequate pre- and post- adoption support as an integrated part of ICA practice. This relates to the entire adoption triangle and stretches from before an adoption, to many years beyond it. However, what support is offered and how accessible this support is to the adoptees and adoptive or birth parents differs greatly from country to country.

Consequences of inadequate assessment and preparation

Initially when the practice of ICA grew there was little focus on special implications following an adoption or on the specific needs of support to the parties directly involved. ICA was seen by many as a humanitarian act and the belief in the power of love as a single healing factor was strong. Neither proper assessment of the adoptive candidates' suitability to adopt nor relevant preparation, as it is known today, was properly in place in many countries. Working closely with the candidates, the AABs soon saw the consequences of insufficient pre- and post- adoption support.

Fredric was adopted from country X in the early 1980s. His adoptive parents came from a secure socioeconomic background and had two biological daughters. They wished for a son and chose adoption as they saw this as a way of contributing to society. The adoption was arranged through an accompanist as this was the practice from country X. Fredric was four years old at the time and very soon after his arrival his parents arranged for him to attend a day nursery. Consequently, proper bonding never took place. Materially, Fredric received everything he needed but emotionally he always felt remote from his adoptive family. The adoption, or his background, was never addressed but he was frequently reminded of being different through comments made by family members. When Fredric brought up the adoption, the subject was always swept aside. The family did not interact with other adoptive families and Fredric felt that he lacked a role model and someone to share experiences with. In his early teens Fredric started to experience problems in school and at home. His parents had little understanding of his behaviour and blamed it on his biological heritage and his early childhood. The conflicts escalated and Fredric was eventually placed with a foster family. Today he has no contact with his adoptive family and his impression is that they have cut him out of their lives.

This case illustrates the consequences of inadequate assessment and preparation. It is paramount that an adoptive child comes to a family that wholeheartedly wants to adopt and that has a thorough understanding of what an adoption entails. For a good adjustment, the adoptive family must have the right incentive. In later years we have fortunately seen great improvements in the field of assessment where a multidisciplinary approach

²¹⁶ *Euradopt*. Available at: <http://portal.euradopt.org/> (last visited 8 June 2017).

²¹⁷ Austria, Belgium, Denmark, Finland, France, Germany, Iceland, Italy, Luxembourg, the Netherlands, Norway, Spain, Sweden and the United Kingdom.

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provides a more thorough assessment and risk factors are addressed at an early stage (see *Fronek, P., Section 3.2*).

To improve the understanding of adoptive children and their needs, as well as give adoptive candidates a better insight into what adoption entails for the adoptive parents and for the adoptees, many AABs early on offered voluntary courses for prospective adoptive parents (PAPs). Today a great number of RCs have introduced mandatory preparatory parental courses as part of the adoption process (see *Dulanjani Dygaard, I. and the Danish CA, Section 3.3*). This is a positive development but there are still countries where such courses are not in place. For the benefit of the adoptees it is vital that all PAPs receive adequate preparation and that any preparatory courses are of a good standard. As the adoption scene changes with time these courses must frequently be reviewed and, if necessary, modified to properly constitute relevant preparation.

Fredric's case also demonstrates the importance of adoptive parents being open about the child's CO and background. To frequently and openly talk about these issues will diminish the risk of the child feeling different. Many AABs provide peer group meetings for adoptees and adoptive parents where participants can discuss and share experiences (see *Giraud, C. and Pierron, J.; Rodriguez Gonzalez, A. and Múgica Flores, J.; Parent, N., Sections 1.4, 3.4 and 4.2*).

Professional support in the search for origins

In his thirties, Fredric started to search for his origins with assistance of an AAB. They located his biological mother, but she declined to meet him. She had kept the adoption a secret and feared what the consequences would be for her if the truth was revealed today. This has been hard for Fredric to accept.

Adoption is a life-long experience and both the RCs and the COs must acknowledge that some adoptees will feel the need to access information about their CO or birth family. To enable this a clear structure needs to be in place both in the RC and the CO. In particular a search for birth relatives can be an emotional experience and it can also be a very difficult process for adoptees who have little knowledge of how to access adoption records or information from the CO. It is vital that such a process is handled with delicacy and with respect for both the adoptee and the birth family. In such a search both the birth parents and the adoptee will benefit from professional guidance, counselling and support (see

Gray, L. for ISS Australia, Section 3.3). A great deal of collaboration is necessary to provide the support that is required and needed. Unfortunately, few countries have proper systems in place to offer this kind of support. One step in the right direction is seen in Denmark where counselling to adoptees is now provided (see *Dulanjani Dygaard, I. and the Danish CA, Section 3.3*). In Luxembourg, *La Maison de l'Adoption*²¹⁸ is a resource centre established in 2007 for all persons concerned by adoption. This centre provides, among other matters, an accompaniment for adoptive parents and adopted persons, before and after adoption; and, dependant on the needs, free and confidential consultations, parental coaching and/or therapeutic support, psycho-corporal workshops, as well as training for professionals.

Some AABs also provide financial support to adoptees to cover some of the expenses related to travelling to the CO.

Need of specialised post-adoption support

It is not uncommon that adoptees come from challenging psychosocial backgrounds and may have experienced emotional or physical neglect as well as several separations in their life. This makes adoptees extra vulnerable as a group and despite good and adequate preparation some adoptive families will need a great deal of extra support for sufficient bonding, and to function as a family and in society. There must be an awareness of this as well as a readiness in society to meet this support need.

²¹⁸ *La Maison de l'Adoption* is independent from AABs and does not intervene in the actual realization of adoptions. For more information, see: <http://www.croix-rouge.lu/objectifs-de-la-maison-de-ladoption/> (last visited 8 June 2017).

3. From risk factors to protective factors

Belinda arrived with her eight year old adoptive daughter from country X in 2013. At first their time together went smoothly, but after a few weeks Belinda noticed an increasing frustration in her daughter. It was a real challenge to communicate. The frustration escalated and her daughter started to have severe temper tantrums that could last for hours. She also noticed that her daughter overreacted when being scolded. In those situations, she would hide somewhere in the house expressing an enormous fear if Belinda tried to calm her down or comfort her. Belinda was uncertain if these reactions were normal behaviour considering the circumstances. After some months with no sign of improvement Belinda contacted her AAB for professional support and advice. This gave her some guidance and her AAB also referred her to a psychologist who had knowledge of adoption. It was clear that both Belinda and her daughter needed professional support and counselling to enable her daughter to adjust in her new family and to deal with previous traumas in her life. In the middle of the crisis it was extremely challenging for Belinda to get clarity on what support she needed and to know who to approach for adequate support.

Attendance at school also proved to be a huge challenge for her daughter. She had difficulties with the language as well with the social codes, and therefore with social interaction with the other pupils. The school could not solve the problems alone which resulted in Belinda attending school together with her daughter for the first six months.

Additional support for adoptions of children with special needs

Earlier we saw more young healthy infants being adopted. Today there has been a shift to older children and children with various medical health issues or with psychosocial challenging backgrounds. With this change, we may also expect an increased need for public service providers and AABs to provide specific additional post adoption support in the future. However, with a decreasing number of adoptions carried out, the financial constraint on the AABs may make it difficult for them to provide these additional services. There is also a risk that it may be difficult to maintain the expertise in the field of ICA and in the specific PAS needed. It must be recognised that governmental financial support is needed in order to secure stability and equality in respect of PAS provided to adoptees and adoptive families. Access to relevant and adequate services should not be dependent on where the adoptive families live or on the finances of the AAB that has assisted in the adoption.

As a rule adoptive families and the adoptees generally have access to all normal social services and support offered by the public service. In addition to this, many AABs and the State provide various specialised post-adoption support (PAS) such as follow-up reports, advice and psychological counselling, family gatherings, assistance related to root searches and to the provision of native land tours. Today there exists a common understanding among professionals that adoptive families and adoptees need specific PAS, but even so many countries still lack a common realistic approach on how to provide this support and, as mentioned above, there is also often a lack of structure as well as insufficient resources. Adoptive parents should be informed during the preparation courses about the existence of the PAS and receive clear information. To this end Ireland has recently published a Post Adoption Services Directory²¹⁹ to assist people seeking post adoption services in Ireland. The directory contains contact details for individuals, organisations and agencies which have indicated to the Adoption Authority of Ireland that they provide such services in Ireland.

²¹⁹ Available at: <http://aai.gov.ie/images/Post-Ad-Services-Direc.pdf> (last visited 8 June 2017).

3. From risk factors to protective factors

Recommendations/strategies:

- Adequate pre- and post- adoption support plays an important role in minimising the risk of an adoption ending in disruption. In many countries today the pre adoption support has improved and PAPs are considerably better prepared.
- Great improvement can be seen in the field of assessing the PAPs. The decreased practice of escorting children also bridges a closer connection by the PAPs to the CO of their child.
- Preparatory parental courses should be mandatory and frequently reviewed according to the changes in the adoption scene.
- It is today recognised that there exists a need to provide specific PAS. However, this need of support must be widely recognised and the support services must be provided as a rule and not as an exception. More thorough regulation is needed in the RCs with specification as to who shall provide the required support services and how these services are to be financed.
- The responsibility to provide adequate support services should not fall on the AABs alone without adequate financial backing.
- States should ascertain that adoptees and adoptive families have equal access to pre- and post-adoption support services. The economy of the individual or their place of residence should not be a deterrent in receiving proper support services.
- Mandatory counselling to assist the adoptive parents at an initial stage upon arrival to the RC is recommended as a good practice.
- A closer collaboration of Central Authorities, public services, NGOs and AABs is recommended where each body should provide the support they are best suited to according to their distinctive role. One good example is to centralise the services and to establish resource centres where specific expert knowledge can be gathered and provided. With a reduced number of adoptions the expert centres can be linked to already existing support services such as those providing support services to foster families.
- The RCs and the AABs must be open for dialogue to meet the growing need for collaboration with the CO.

Mandatory, continuous and accessible pre-adoption and post-adoption support in Denmark: strengthening the skills of adoptees, adopters, and the social environment of the adoptive families

By Ina Dulanjani Dygaard (Danish International Adoption-DIA) and The Danish National Social Appeals Board

According to the Danish Law on adoption, an adoption will only be granted if it is considered to be in the best interests of the child. This consideration for the child and his or her future well-being is continually held as the central and defining principle in all steps of the adoption process. The main focus and responsibility of the adoption authorities is to ensure and promote the welfare of the adopted child by approving suitable adoptive parents, adequately preparing parents for taking care of an adopted child, and supervising adoption activities, as an obligation of the Central Authority (CA) in accordance with the law.

Commencing from January 2000, over the past years the Danish legislation on adoption has been altered to emphasise the best interests principle. Danish authorities evaluate every prospective adoptive parent (PAP) who applies for an approval to adopt to confirm if such an approval can be granted. As of January 2000 all applicants who wish to adopt must attend a pre-adoption preparation course, and, as of January 2016, will receive individual counselling before and after adopting the child to ensure the best possible beginning in the new family. The integration of such counselling has been very successful. Indeed, according to the CA's own evaluation and review of post-adoption support (PAS), 88% of the respondents found that PAS counselling was useful in relation to some of the issues that arose in the family after bringing home the child.²²⁰

The Danish courses are separated into four parts. The Danish State Administration is responsible for parts 1 and 3 which deal with the applicants overall situation; for example economics, health and motivation to adopt -those parts will not be covered hereafter. Parts 2 and 4, as detailed below, are administrated by The Danish National Social Appeals Board. Part 2 is designed for those participants working intensively to become 'special parents'. Indeed, instead of focusing on children with special needs, we focus on developing special parents. Part 4 includes mandatory counselling for adoptive parents immediately before and after the child's arrival.

Pre-adoption preparation course: prepare prospective adoptive parents to better prevent potential difficulties (Part 2)

As part of the approval process, first time adopters in Denmark must participate in an adoption preparatory course that stretches over two weekends.²²¹ The course focuses on the three parts of the adoption triangle, as well as on the child's story before adoption, in order to ensure that when PAPs meet the child, it is with knowledge of his or her unique history. The course is run by two organisers with psychology backgrounds and is based on process-oriented teaching. Here, the applicants work actively on a number of different subjects, many of them of a personal nature, including:

- the wish for a child and the dreamed child;
- the couple's own perception and history, individually and as a couple;
- adoption as a life process that will change the existential structure of the family for generations to come;
- parenting, the couples' strengths and vulnerabilities, individually and as a couple;
- expectations as regards to the future adoptive child. Acknowledgement of the fact that the child could be of different race, age, sex and also struggling with physical and/or psychological handicaps;
- the biological parents of the future adoptive child;
- the attachment process;

²²⁰ Ankestyrelsens Familierestsafdeling (2015), *Post Adoption Services* p.9. Available at: <https://ast.dk/filer/born-og-familie/adoption/pas-evaluering/pas-rapport-2015.docx> (last visited 8 June 2017).

²²¹ More information available in Danish at: <https://ast.dk/born-familie/adoption/kurser> (last visited 8 June 2017).

3. From risk factors to protective factors

- myths and beliefs in connection with intercountry adoption;
- if there are biological or adopted siblings in the family, how to handle this situation and how to involve them in the process.

Often a significant amount of time will have passed from the participation in the preparatory adoption courses to the time when a child is proposed and the adopters have to travel to the child's country of origin to bring him or her home. Part 4 is designed to accommodate this issue.

Preparation and counselling immediately before and after the child's arrival (part 4)

All adoptive parents receive six hours of mandatory individual counselling: the first three hours occurring between the adoptive parents' acceptance of the child proposal and the child's arrival at home; and the other three hours within three months after the child's arrival. Preparation and counselling are meant to help create a good and safe environment for the child's upbringing from the moment of the first meeting. The counselling takes, as a starting point, the adoptive parents' own thoughts and feelings regarding the adoption and the new life as an adoptive family. It can follow-up on some of the themes that have been processed during the preparatory adoption courses (Part 2), and can also be extended to other themes.

Counselling and post adoption support for adoptive families, adopted children and grown-ups; and teaching for schools, institutions and universities

Additionally, all adoptive families may receive further counselling and support in relation to the adoption and the upbringing of their adopted child(ren). This counselling may be provided to the family up until the child turns 18 years of age irrespective of when the child

was brought home. In total, the family may receive up to 20 hours of counselling for each child. The challenges that the family may experience could, for example, include situations in daily life, or extend to worries about the on-going attachment process.²²² Further, the Danish CA also offers group sessions for children of different ages in various parts of Denmark.

Presently the National Social Appeal's Board is undertaking a pilot project for grown-up adoptees in 2016 and 2017. Consequently, after the child turns 18 and upon application, it is currently possible for him/her to get specific support. So far, around eight hours of counselling has been given to all applicants. The continuity of this project after 2017 will depend on a political decision.

Additionally, free teaching is made available to schools, institutions and universities in order to expand knowledge about adopted children in those environments (see *Guerrieri, A., Section 3.4*).

Financial, geographical and continuous accessibility of qualified pre and post adoption services

The mandatory preparation and post adoption counselling and support are partly State funded: the optional PAS counselling mentioned above for adoptees and families costs 100 DKK (i.e. 13 euros) an hour, the rest being at the State expenses.

All the above mentioned pre and post adoption services are provided by a consultant with relevant psychological education and professional experience in the issues that an adoptive family may experience. The PAS-counsellors work from different locations in Denmark. At the moment, there are 22 counsellors in Denmark, which remains a small country.

Apart from the specific assistance mentioned in this contribution, adoptees as well as adoptive families are entitled to the same public support as any other Danish citizen, including when the family faces a disruption.

²²² For example:

- A family may divorce and the parents do not understand what to do with the adopted child's reactions. The reactions differ from what they see in other families.
- A family does not understand why the child is acting out so wildly as teenager.
- A family gets insecure that their little girl seems to fancy all grown-ups.
- A family seeks counselling in fear of missing out on something: their child behaves so perfectly all the time, but has no friends.
- A family worries about the fact that their child is totally worn out after school – not even able to eat.

3. From risk factors to protective factors

Recommendations/strategies:

- Focus on the highest quality of preparation and PAS. In this regard, it is worth mentioning two interesting aspects in the Danish system that enhance the relationship of trust between PAPs/ adoptive families and professionals throughout the process:
 - the professionals/authorities in charge of the PAPs' evaluation (Parts 1 and 3) are not the same as those who deliver pre adoption courses and PAS;
 - the PAS-counsellors provide both pre and post adoption counselling (Parts 2 and 4), which encourages adoptive families to ask for professional support if difficulties arise.
- Ensure widespread knowledge of adoption issues by providing training/education on adopted children's development from a psychological point of view to schools, institutions and universities.

Ina Dulanjani Dygaard is Post Adoption Coordinator at Danish International Adoption (DIA). DIA is the only adoption organisation in Denmark. It receives annually more than 100 requests from adoptees and adoptive families related to Post Adoption Service. It also receives inquiries from biological parents or relatives who are searching for their biological child or family member, and provides support for the first contact. Ina has previously worked for the Danish interest group Adoption & Society where she created a sub-division for young adoptees. She is herself adopted from Sri Lanka.

3. From risk factors to protective factors

Protective factor: being able to access one's origins and benefitting from support

By Lizzie Gray (ISS Australia)

In the international setting, we have learnt over time that having knowledge and understanding of where one came from is vital in the formation of positive identity and healthy well-being. This is arguably more so the case for those raised within a culture that is foreign from that of their origins, where the loss of connection is multi-layered. Attempting to access one's origins in the context of intercountry adoption (ICA) is a task that is often complex and lifelong. Where challenging, it can exacerbate the impact of loss, sense of isolation and shame which can contribute to significant pressures within the family system. To not know the origins of self, to feel denied of the right to do so and for families to in turn lack the understanding and resources to appropriately support, can have devastating outcomes. In order to best support young people within adoptive families and throughout their life journey, emphasis must be placed on better access to reliable origin information and informed, tailored support.

Openness as a concept in adoption and its importance in nurturing healthy development

Openness in adoption is a complicated concept, open to interpretation and varied perception. From a current psychosocial perspective, it relates to a person's right to know about their origins from the beginning, and acknowledging the connection to birth family and cultural origin as deeply significant to emotional development. It also relates to openness about the context of adoption and truthfulness about the formation of adoptive families as a result.

Before recent years, little significance was placed on connection to origin nor on the impact of disrupted attachment in the adoption process. In many past adoption cases in Australia and the broader western world, adoptive families were encouraged to raise their adopted child no differently to how they would a biological child and were often discouraged from discussing or even acknowledging the adoption. Moreover many birth parents report being advised to go on living their lives as though they never gave birth to the child who was subsequently adopted. Some people adopted in this era of 'closed adoption practices', recall not feeling permitted to talk about the impact of adoption or to consider trying to access origin information including making contact with birth family.

In the first comprehensive account of Australia's adoption history, authors A. Marshall and M. McDonald remark that the "move to 'openness' attempted to achieve the best of both worlds – providing security for the child and the new family without cutting the child off from knowledge of its roots or totally excluding the birth parents."²²³ This statement underpins the holistic and systemic intention of openness in adoption, that it builds safety and connection within families, as opposed to threatening it.

Reflections from adopted adults and their families

In considering the history of openness in adoption and the importance of access to one's origins, it is necessary to reflect on and learn from past practices and the impact of those on people with a connection to adoption. In the context of ICA, those involved have often been affected by two or more closed adoption systems within multiple cultural circumstances. Many intercountry adoptees have experienced the negative impact of this and subsequently, the meaning of discovering key information about self later in life. For intercountry adoptees whose adoption experience was the contrary, which included openness, encouragement and active support, many reflect that this has had a positive impact on their sense of self, their family relationships and their capacity to manage expectations of search and reunion with birth family.²²⁴

²²³ Marshall, A. & McDonald, M. (2001). *The Many Sided Triangle – Adoption in Australia*. Melbourne University Press, Carlton, pp. 250.

²²⁴ Armstrong, S. & Slaytor, P. (2001). *The Colour of Difference: Journeys in Transracial Adoption*. Federation Press, Sydney, pp. 28-148.

3. From risk factors to protective factors

Barriers to accessing information and contacting birth family

Another issue is that ICA searching is often more complex than domestic adoption, where searching occurs mostly where the adoption happened. Intercountry adoptees and their searchers describe the many barriers to accessing information and contacting birth family which are set in place by bureaucracy, cultural stigma, communication and logistics to name only a few. Poor or classified record keeping is a common discovery for intercountry adoptees who can experience coming close to answers regarding their past, to suddenly feel denied of this key information. The experience of this injustice can become amplified in a context of loss and disconnection creating lasting effects on emotional health.

Some adopted people have spoken about the importance of every detail, even those that may seem small or insignificant to others, in the formation of who they are.²²⁵ This emphasises the need for accurate and thorough record keeping and reliable translation services (see *Jenny, M. for the ISS, Section 3.2*). When information is miscommunicated, incorrect or even fabricated and then assumed accurate, this can become the story of someone's life, with little else available to dispute. People who contemplate an origin search can therefore be fearful of discovering the truth, which could lead to yet another experience of loss of the known self.

Adopted people who decide to search, bravely proceed with the possibility of experiencing further losses. However, this is often outweighed by the emotional gains of the process. Tracing of origins can instead be a way of alleviating both personal and cultural loss in particular for intercountry adoptees, where for some the journey is as meaningful as the outcome.²²⁶ Openness and access to origins across borders in the context of ICA plays a key role in overcoming loss in this journey.

In prevention of disruptions and breakdowns

Secrecy and obstruction of origins in adoption have lasting effects across the community.²²⁷ In relation to adoption satisfaction, those who feel silenced or disconnected from origins can also experience difficulty in forming healthy and trusting relationships within their family context post adoption and an intensified isolation and low self-worth.²²⁸ Behaviour is intrinsically linked to emotional experience and this situation can therefore contribute to tense interactions within an adoptive family system. Equally, when adoptive families have been given little or inaccurate information to provide their children and to assist in shaping their parenting through a trauma-informed lens, their capacity to respond appropriately and to cope emotionally with challenging behaviours may be more limited.²²⁹

The importance of birth history and the nurturing link to origin and culture within intercountry adoptive placements is clearly recognised in the 1993 Hague Convention which states the eligibility criteria to adopt internationally should include the Central Authority of the country of origin (CO)'s judgement of the ability of an adoptive parent to undertake facilitating the child's identity development²³⁰ including "his or her ethnic, religious and cultural background."²³¹ In reality, assuring these practices is more challenging across international borders and when there are barriers to information. Arguably, the less information or connection available to an adopted person, places more onus and importance on the adoptive family to "attend to issues of loss and identity."²³²

Where there is little knowledge, or access to origins is limited, a fantasy may fill the void of where reality would sit, as a way of making sense of a life story and a way to protect from further loss and disappointment. C. Lucey, et al., state that:

"Children are entitled to the facts about themselves, such as who their parents were, the reasons why certain events occurred to them, and who else has been relevant to their lives, even if such information may be emotionally upsetting. Children also need to be taught about the everyday world so they can test their ideas and learn how to weigh up alternative possible explanations. Without this opportunity, children are liable to avoid thinking

²²⁵ Long, L. (ed.) (2016). *ICAV Perspective Paper: The Experiences and Views of Intercountry and Transracial Adoptees*. ICAV, Baulkham Hills, pp. 72.

²²⁶ *Ibidem*, pp. 50.

²²⁷ Kenny, P., Higgins, D., Soloff, C. & Sweid, R. (2012). *Past Adoption Experiences: National Research Study on the Service Response to Past Adoption Practices*. AIFS, Melbourne, pp. 169-174.

²²⁸ Armstrong, S. & Slaytor, P. (2001). *Op. Cit.*, n°224, pp. 49-59.

²²⁹ Siegel, D. & Hartzell, M. (2003). *Parenting from the Inside Out*. Tarcher/Penguin, NY, pp. 185.

²³⁰ Article 15(1) of the 1993 Hague Convention.

²³¹ Article 16(1)(b) of the 1993 Hague Convention; Mohanty, J. & Newhill, C. (2006). *Adjustment of international adoptees: Implications for practice and a future research agenda*. *Children and Youth Services Review*, 28(4), pp. 385.

²³² Neil, E. & Howe, D. (2004). *Conclusions: a transactional model for thinking about contact* in Neil, E. & Howe, D. (Eds.). *Contact in adoption and permanent foster care*. London: British Association for Adoption & Fostering, pp. 224-254.

3. From risk factors to protective factors

about their personal experiences, construct distorted beliefs or harbour unnecessary fears. Hence, reality testing is both a cognitive and emotional necessity. Cognitively, the child needs to be able to validate facts or beliefs in order to maintain a coherent perspective on their history and experiences.”²³³

Striving for the truth of birth origins is of critical importance in the adoptive family environment, and can act as a strong protective factor for placement success, even if the truth is confronting for parents and children. With the appropriate support and education, families can act as the best advocate for the adopted person’s right to know and in turn, also become more resourced to attend to their needs. The ideal outcome being that the adopted person experiences a profound sense of support, reassurance, acceptance and belonging. Australian ethics professor and adopted person T. Jordan states:

“My bottom line message is that the way to do these things ethically is to never cut off the possibility of knowledge for people about where they came from and to whom they are related biologically ... the basic principles are truth and openness and honesty.”²³⁴

Challenges

There are many challenges faced in the search for origins of those adopted intercountry. For most searchers, they are attempting to navigate historic and closed systems of adoption within cultural barriers and the impact of social stigma from the past and present. Some major challenges include:

- **Lack of information** to begin with e.g. due to poor record keeping or absence of birth family at time of birth or adoption.
- **Privacy:** protecting interests of birth families to remain anonymous and systematic processes to remain classified.
- **Legalities** relevant to CO e.g. age limit to searching, no origin searching permitted.
- **Social stigma:** Cultural perspectives on conception, relinquishment and adoption can impact post adoption searching and feasibility of reunification.
- **Logistics and communication:** across international borders can take lengthy amounts of time, be costly and unreliable.

In considering these challenges moving forward, and in relationship to ICA breakdown, it is necessary to approach openness and access to origins with care, strength and collaboration. We must acknowledge the impact of past practices and learn from them in order to prevent future adoption disruptions and further traumatic experience for children and families.

²³³ Lucey, C., Sturge, C., Fellow-Smith, L. & Reader, P. (2003). *What contact arrangements are in a child’s best interests?* in Reder, P., Duncan, S. & Lucey (Eds.). *Studies in the Assessment of Parenting*. Brunner-Routledge, NY, pp. 279.

²³⁴ Jensen, D. (2014). *The secret life of us: Trevor Jordan on adoption and ethics*. Journey, February 2014. Uniting Church Australia, QLD, p.10.

3. From risk factors to protective factors

Recommendations/strategies:

- Commitment to a global strategy for education at a structural level regarding the importance of origin information and connection, via consultation with adopted people and adoption community.
- Quality record keeping by all countries with past or present adoption practices.
- A global approach to improving access to birth and adoption records, on the basis of 'openness' as a right, rather than a cultural construct.
- Increased funding for assistance and training of adoptive parents focused on talking about adoption and origins, encouraging and supporting the search and trauma informed parenting.
- Increased quality resources and funding allocated to international searching, including translation services and logistical assistance.

Lizzie Gray is a social worker with over 6 years of experience in post adoption support, having previously worked for the Post Adoption Resource Centre in Sydney among other social work and counselling roles since 2005. She is currently working for ISS Australia's newly established Intercountry Adoption Tracing and Reunification Service and is based in Melbourne, Australia. The service is funded and endorsed by the Australian Federal Government and provides specialised search and reunion services to Australia's intercountry adoptees and their families.

3. From risk factors to protective factors



3.4 Equipping the family and the social environment

The intercountry adoption process and the transition to caring for a child with his or her own individual characteristics must be supported by the transmission of knowledge and tools to families. Receiving countries that have evaluated and designated persons suitable for welcoming and raising a child, are responsible for supporting them in undertaking this beautiful, noble and complex project by preparing them in advance and supporting them afterward. What remains to be seen is if the authorities of the receiving countries have the required knowledge and tools to develop effective protective factors for the adopted child within their new family and social environment, so as to prevent breakdowns.

As J. Lemieux points out, “*parents are at the heart of the solution*” provided that they can see the skills within themselves, are trained in the specifics of adoptive parenting, and are – together with their social and familial network – offered concrete solutions. Solutions such as those proposed in this chapter.



The context in which the child will grow up must be kept in mind. Indeed, the school system and the perception of immigration are important factors in the life of an adopted child. When I was younger, I lived in a little town where there were few people of colour. I was often the only person of colour in my class, and always the only adopted child. I was also one of the only children who had an ‘exotic’ first name and so I was always asked about my origins – whether I was prepared for the question or not.

From risk factors to protective factors: the *Adopteparentalité* approach for better equipping parents

By *Johanne Lemieux*

With any measure of prevention it is not sufficient to simply inform the target population of the risk factors to be avoided. It is essential to transmit and establish the relevant protective factors in order to prevent new risks appearing or becoming greater through insufficient knowledge, know-how and personal behaviour.

Adoption professionals are more than ever aware of the attachment wounds that a child can bring into his or her new family and which constitute one of the most important risk factors leading to the disruption or breakdown of the adoption.

These bonding wounds form part of the 'supplementary issues' for adopted children. This means that the majority of these children need more sophisticated care than the average model of a child!

Shared responsibility for the provision of quality tools

We know that children will feel increasingly stronger if the environment into which they arrive has access to the best possible 'instructions'. But who is responsible for providing these 'instructions' to parents?

It is so tempting to lay the shame and blame for breakdowns on the incompetence or fragility of parents, or on a 'faulty' psychosocial evaluation.

We need to ask if it is the parents' sole responsibility to train him or herself, and to find an appropriate parental reaction? A reaction adapted to the very specific needs of the adoptive normality for his or her child?

Or is it a responsibility shared with the authorities in the receiving country to provide the best in post-adoption services?

It is insufficient for the authorities and professionals in the receiving countries to merely want to equip parents with tools, they must also have **sufficient knowledge of preventative and therapeutic solutions to be able to truly convey them!**

It is certainly true that too few genuine and concrete tools exist for professionals to propose to parents in improving post-adoption interventions after the arrival of the child.

We also need to be realistic in our way of proposing solutions to parents. Not all parents will read large volumes, but the majority will appreciate short, concrete and targeted descriptions.

Parents at the heart of the solutions

The *Adopteparentalité*²³⁵ approach was created specifically to find, create and transmit the best protective factors to avoid disruption in, or breakdowns of, adoption.

Within this approach **the well-being of the children is always at the centre, but it is the parents who are at the heart of the solutions.** The parents will be, and are, the first interface, and must become mentors of resilience for the child they are to take into their home.

They must have the necessary equipment to meet this challenge. They must have access to scientific and serious knowledge, skills and know-how adapted to the specificities of adoptive parenthood.

They, of course, need the necessary equipment to meet this challenge. They must have the necessary equipment to meet this challenge. They must have access to scientific and serious knowledge, skills and know-how adapted to the specificities of adoptive parenthood.

For this they must know and integrate the concept that their child has a profile which is different from the basic model of biological children. The ordeals experienced by a child before adoption will have given him or her extra needs, which make him or her a child in need of more sophisticated care than a biological child who has been planned and desired. In other words, a child not in perfect health. This gives him or her normal characteristics in the context of his or her pre-adoption life experiences. In *Adopteparentalité* we speak of adoptive normality.

Adoptive normality: children needing sophisticated care

One of the protective factors for avoiding adoption breakdown is for the parent to be as **fully aware as possible of this adoptive normality.** Without this information the child's behaviour is often misunderstood, wrongly deciphered, and can even lead to pathological behaviour. If the parent wrongly interprets this behaviour it can seriously jeopardise the building of a compassionate, secure relationship of trust, which is indispensable for bonding (see *Lemieux, J., Section 1.1*).

²³⁵ Psychosocial approach to the art of becoming parents by adoption, created in Quebec in 1996.

3. From risk factors to protective factors

The whole purpose of the tools provided by *Adopteparentalité* is to foster attachment, and in order to do this the best protective factors must be transmitted to the parents in the form of concrete, educational tools. It is normal that an adopted child needs sophisticated care, and so, educational methods also need to be sophisticated. Parents must have access to the best tools in order to take care of the wounds from the past, especially relationship traumas which could prevent the child from creating a new bond with his or her parents.

Some examples of tools for parents

For examples of preventive tools for parents we suggest consulting the three pedagogical worksheets²³⁶ in *Appendix Z*, concerning the fostering of parent-child bonding.

- **Letter to future grandparents** (first pedagogical letter)
- **12 objects which foster bonding** (second pedagogical letter)
 1. A rocking chair
 2. A baby sling
 3. Bandana type scarves
 4. Silk ribbons of all colours
 5. Pictograms
 6. Backpack
 7. Objects with the name of the child
 8. A small den
 9. A suggestion box of emotional nourishment
 10. T-shirts with a photo of the whole family
 11. A protection blanket
 12. The bad mood corner

- **12 games and activities to foster bonding** (third pedagogical letter)

1. Play the baby
2. The hammock game
3. The tunnel game
4. The predator game
5. Reciprocal making-up
6. Alternative tam-tam
7. Emotions on cards
8. Magic remote control
9. Gratitude table
10. Baby meerkat is lost
11. Clapboard
12. Very important rendezvous

²³⁶ More than 80 pedagogical worksheets are grouped in volumes 1 and 2 of the *Adopteparentalité* collection.

Recommendations/strategies: what to do, concretely, to avoid breakdown?

The prevention of breakdown is multi-faceted. It is preferable to act before adoption and at the time of matching through:

- ongoing training for all professionals involved in pre- and post-adoption services, including volunteers or adoption agency professionals, on the physical, emotional and developmental issues specific to adoptive normality.
- psychosocial evaluations which are better adapted to the new profiles of children for adoption (see *Fronek, P.* and *Musatova, V.*, Section 3.2).
- assessments (approvals) that focus on finding applicants with the most secure attachment profiles possible. This implies that those who carry out the evaluations have and/or are able to obtain precise expertise (see *Lemieux, J.*, Section 3.2).
- OBLIGATORY training in adoption normality and adoptive parenthood during pre-adoption, for all candidates (see *Dore, M.* and *Dulanjani Dygaard, I. and Danish CA*, Section 3.3).
- improved 'matching' between the specific needs of the child and the profile of his or her prospective adoptive parents (see *T. Sawadogo, A.* and *Hoseth, B.*, Section 3.2).

3. From risk factors to protective factors

Preventing the risk of breakdown by increasing the capacity of families

By Sandi Petersen

Regardless of whether a family has struggled for years or if challenges began in adolescence, there are opportunities for implementation of support that may impact the outcome.

Opportunities for implementation of support

It is important that post adoption services provide a range of individual and group therapeutic and educational supports that are accessible to adoptive parents and adopted children, teens and adults across the lifespan. People respond differently to the difficulties they experience with some reaching out for support, while others withdraw from peers and services.

Lack of accessibility to adequate support can become an additional source of distress.²³⁷

Although not focused on adoption, Australian research on the relinquishment of children with disabilities into state care found that, "it is primarily unmet need for services that drives relinquishment; not the disability or nature of the family" and "feelings of being ignored and unheard are both a predictor of relinquishment and a consequence."²³⁸ The breakdown of intercountry adoptive families may be more likely an outcome of underlying complexities related to attachment and trauma than identified disabilities^{239, 240, 241}, but the unmet needs for services and feelings of being ignored and unheard are similarly significant.

At the very least, engagement with a family at risk of breakdown or following breakdown may help them to make sense of the inevitable pain and confusion they experience, and provide an opportunity to link the young person in with social, economic, educational and mental health assistance to lessen their vulnerability.

Post-adoption focus shifts to increasing the capacity of the adoptive parents

The process of adoption is a purposeful act toward parenting. Adoptive parents generally start their journey with a high level of motivation to parent and a belief that they have the capacity to love and nurture

a child. In the Australian context, this capacity, as well as the psychological and financial capacity to do so, is assessed prior to the approval to proceed with an adoption process. Yet regardless of the quality of the pre-adoptive assessment and education, parents may find their expectations quite different to the reality and feel bewildered and overwhelmed by the significant needs of a child who has experienced loss and trauma. Children come with the natural outcomes of this history, and expecting them to be capable of functioning at a certain emotional or behavioural level for the family to be maintained is unrealistic and unreasonable. In post adoption, the focus on minimising vulnerability to family breakdown shifts from assessment and preparation to increasing the capacity of the parents.

ASAP [Adoption Support and Preservation] must be an integral, essential part of adoption. Just as the complex process of treating a significant and on-going health issue requires on-going care and specialists who understand the complications that can arise and how to best address them, the adoption of a child with complex special needs requires distinctive services to address the challenges that arise over time. No one would conceive of sending a heart transplant patient home with no follow-up, aftercare or access to expert treatment if difficulties develop. In the same vein, ASAP services are just as vital to an adoptive family's success in integrating and effectively parenting a child who had early experiences of maltreatment and loss.²⁴²

The parenting relationship is normally one where there is a reciprocal interactive relationship. Parents anticipate loving their child and being loved back in return. The child's positive response to nurturing 'feeds' this reciprocity of the relationship. However, children

²³⁷ Selwyn, J., Wijedasa, D. & Meakings, S. (2014). *Op. Cit.*, n°57, p. 180.

²³⁸ Victorian Equal Opportunity and Human Rights Commission (2012). *Desperate measures: The relinquishment of children with disability into state care in Victoria*. p. 8.

²³⁹ Macrae, S. (Ed.) (2004). *Disruption & Dissolution: Unspoken Losses*. p. 5.

²⁴⁰ Australian Institute of Health and Welfare (AIH&W) (2013). *Adoptions Australia 2012-13*. Child Welfare Series 57. Canberra: AIHW, pp. 8-10.

²⁴¹ Selwyn, J., Wijedasa, D. & Meakings, S. (2014). *Op. Cit.*, n°57, p.18.

²⁴² Smith, S.L. (2014). *Supporting and Preserving Adoptive Families: Profiles of Publicly Funded Post-Adoption Services*. Donaldson Adoption Institute, funded by The Dave Thomas Foundation for Adoption p.5.

3. From risk factors to protective factors

affected by loss, abuse and neglect may not be able to reciprocate in a positive way.²⁴³ When unaware that their child's behaviours and responses are normal outcomes of their history, parents may interpret them personally. This may lead the parent to also become reactive, confused, frustrated and ashamed, therefore losing the ability for the empathy, responsiveness and emotional safety that the child needs. Family functioning may be improved by supporting parents to re-frame their parenting expectations and to increase their therapeutic skills, knowledge and attributes.²⁴⁴ Support and information is necessary to facilitate this process and enable a sense of fulfilment and self-esteem in a changed parenting identity and purpose.

The Therapeutic Parenting with Relationship and Regulation Program^{245, 246}

In South Australia, the state government funded Post Adoption Support Service, a program of Relationships Australia, developed a trauma and attachment informed parenting program in 2007 in response to the needs of adoptive parents. The foundation for the *Therapeutic Parenting with Relationship and Regulation program* (TP:R&R) is a belief that in order to effectively support children, it is necessary to support parents to provide a therapeutic relationship and environment for their child. Essentially, a child-centred approach requires taking the focus off 'fixing the child', and instead placing it on capacitating and supporting the parents. TP:R&R works to achieve this through facilitating new understandings of parents about themselves and about their children, their and their children's perceptions of relationships and safety, and teaching new parenting attitudes and skills which focus on safety in relationships as opposed to managing behaviour. There are three main components of the six-week therapeutic group program:

- information about the core-challenges;
- normalising, restoring and self-reflection;
- building skills and therapeutic attributes.

There is growing knowledge around the impact of developmental trauma on a child's perception and behaviour, and of the need for them to experience therapeutic relationships to help them feel safe and to heal. However, this knowledge was not reliably transferring to parents in ways which guided them in their expectations and knowing how to help their children. Additionally, even with this knowledge, the reality of parenting a child with emotional, social and behavioural challenges can be enormously challenging and the need for support should be anticipated. TP:R&R explores early brain development and core-challenges which commonly exist for children with complex histories. This reframes 'abnormal' behaviour into behaviour which makes sense given the context of the child's experience. This helps parents let go of unrealistic expectations and personalising of behaviour, and provides insight to why a child might not respond positively to 'behaviour management' parenting. Behaviour management rewards positive behaviour and ignores or gives a consequence (including anger, frustration or disappointment shown in the parent's eye contact, voice tone and body language) for undesired behaviour. The program explores therapeutic attitudes with a focus on safety in relationships, as opposed to managing behaviour. An important component of TP:R&R is building the parents ability to regulate, recognising that having the knowledge, tools and desire to be therapeutic is not enough.

Therapeutic parenting requires a significant capacity to regulate and when faced with the behavioural and emotional challenges arising in relationships with hurt children, this can be difficult to maintain. Changes in parenting following participation in the program frequently brings positive changes in the child's behaviour. However, perhaps the most significant outcome is parents' reframing of their role and expectations, which brings an increased sense of fulfilment and enjoyment in their parenting. This in turn impacts the child's sense of acceptance and well-being.

²⁴³ Macrae, S., *Op. Cit.* n°239, p. 14.

²⁴⁴ Spark, C., Cuthbert, D., Cregan, K. & Murphy, K. (2008). *Review of Research Literature (1990 to the present) Special Needs and Older Children in Intercountry Adoption*. Final Amended Report July 2008, p. 12.

²⁴⁵ Petersen, S. (2012). *Therapeutic Parenting: information, skills and support for parents of children with additional emotional and behavioural needs*. Australian Journal of Adoption, 6 (1), Papers of the 10th Australian Adoption Conference, Melbourne 22nd and 23rd October 2012.

²⁴⁶ Petersen, S. (2015). *Therapeutic Parenting: Relationship and Regulation – A trauma and attachment informed course for parenting children with additional emotional, social and behavioural needs*. Monthly review of the ISS/IRC n°190, April 2015.

3. From risk factors to protective factors

The continuum of breakdown and potential for reconciliation

Family breakdown sits along a continuum. In some situations, breakdown results in a total severing of the relationship, and at times re-adoption into another family. However, in other situations a tenuous connection may continue or a relationship be rekindled later on.²⁴⁷ Although childhood ends, parenting is a lifelong journey. Post-adoption support may enable the capacity for re-establishment of relationships between adoptive

parents, siblings and adoptees in later years. It is also important to support families in crisis where breakdown has not occurred, where adoptees and/or parents are struggling due to challenges related to a complex history and interpersonal challenges within the family (see *Pérouse de Montclos, M-O.* and *Rodriguez Gonzalez, A.*, Section 4.2). Appropriate support may make an important difference to the mental health, well-being and functioning for the adoptee, as well as the parents, in such situations.²⁴⁸

Recommendations/strategies:

- Post-adoption support should provide a range of individual and group therapeutic and educational supports that are accessible to those affected by adoption across the life span.
- A child-centred approach requires taking the focus off 'fixing the child', and instead be on capacitating and supporting parents to re-frame their expectations about their parenting experience and increase their therapeutic skills, knowledge and attributes.
- Parenting to be viewed as a life long journey, and family breakdown as a continuum, providing opportunities for the potential for reconciliation.
- Appropriate and empathetic support provides the opportunity to link a young person in to social, economic, educational and mental health assistance during or following family breakdown, and lessen their vulnerability.

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²⁴⁷ Selwyn, J., Wijedasa, D. & Meakings, S. (2014). *Op. Cit.*, n°57, p. 190.

²⁴⁸ Carter, M. & Associates (2015). *Background Paper: The Potential of Permanent Care, Prepared for Permanent Care and Adoptive Families.* Available at: https://www.pcafamilies.org.au/uploaded-files/20151021_PCA-Families-Background-Paper--The-Potential-of-Permanent-Care-2015_web_1445475043.pdf (last visited 9 June 2017), p. 19.

Agreements and disagreements: intercultural aspects of intercountry adoption

By *Claudia Cabral*

Between 1987 and 1992, I mediated approximately 60 cases involving Brazilian children adopted in Switzerland. Today, 30 years later, I am still in contact with some of these children. I watched them grow. I am a friend with their parents.

Talking about adoption means talking about abandonment. Talking about abandonment for children separated from their biological family cannot be done without reference to the child welfare system.

Evolution of the Brazilian child care system

Historically, ‘internment’²⁴⁹ was the term used for the placement of children in large institutions, which Brazilians called *Educandários*. Until 1990, grounds for ‘internment’ in Brazil were not solely linked to domestic violence, many situations that justified the admission of a child, or even a whole set of siblings were tied to the parents’ difficulty in caring for their children due to poverty. In numerous Brazilian states, children were placed in *Educandários* that could house on average 150 children, based on their gender and age group. Often, a mother with several children often had to visit several *Educandários* to see all her children. Indeed, her children may have been placed, according to their age and gender in disparate and remote locations and regions of the same state. In many cases, visits were only authorised every 15 days and, as a result, the system itself caused children and adolescents to be abandoned at the government’s boarding facilities.

Since the 1950s, numerous studies have been conducted on the placement of children in large institutions. J. Bowlby, R. Spitz, M. Lemay, D. Winnicott and many other psychiatrists have shown the negative impact of institutional placements on an individual’s emotional, cognitive and psychomotor development.²⁵⁰ The Brazilian system in particular was the subject of much review.

Questions relating to intercountry adoptions of children placed in institutions

When I began working on intercountry adoptions of children placed in institutions in Brazil, a number of questions arose. What expectations might a Swiss person have in choosing Brazil as the country of origin of their future child? Do the Swiss understand that, besides a

more animated and extroverted Latino temperament, these are children who have been placed in institutions? That these are children who might have difficulty forming attachments and respecting rules, as well likely experience a delay in academic learning?

These adoptions involved older children and interracial adoptions, children older than five years and with different skin colours. These factors made matters more difficult, particularly in the period before interracial adoption became widespread. What was the Swiss perspective on families being able to deal with outside pressures – pressures, which have always had an impact on preexisting family difficulties?

In time, I was able to answer these questions, as illustrated in the accounts below:

Testimony of an adoptive mother asked to meet with the elementary school teacher from the Swiss school who was having difficulties with her daughter, adopted from Brazil

“Our family didn’t receive any specific instructions on how to educate a child or how to overcome the difficulties that would arise over the course of our adoptive daughter’s adjustment period. I hope that, thanks to your studies in this field, you’ll resolve the difficulties that you’re dealing with at school with my daughter.”

In this case, we note the mother’s ‘determination’ in dealing with outside pressures. This adoption was very successful.

Testimony of adoptive parents of older children

“My children were older when they arrived. They were over eight years old. They had major difficulties at school. Even if they don’t go any further with school, it would be good for them to be able to find work. We can’t ask any more of them.”

The parents’ ‘flexibility’ in terms of their initial and/or cultural expectations helped the child integrate. ‘Patience’ in finding answers over time

²⁴⁹ The terms “internment” and “*Educandários*” have disappeared since the early 1990s with the new legislation on children and adolescents.

²⁵⁰ Since 2006, Brazil has been successfully working toward the deinstitutionalization of children. It is surprising to note that, today in 2017, certain countries still have large institutions that manage over 500 children, for example in Guatemala and Peru, in Latin America.

3. From risk factors to protective factors

and 'perseverance' in looking for the solutions that are the best fit for the situation are also part of the integration process.

Testimony of an adoptive mother who is not familiar with her adoptive daughter's roots

"I didn't travel to Brazil to collect my daughter. As a result, I know very little about the reality of the country. I imagine that there are no issues. My daughter's life starts with me in Switzerland because she will live here."

In this case, the adoption was a true success. Sometimes, there are good surprises. The meetings between parents and children are like a twoway street. This woman's daughter needed this mother at this particular moment. Nevertheless, a person's story begins during gestation. It is important to accept the child as a whole and to support the child in the process of building their identity without robbing them of a part of their biography.

Adoption breakdown and the child's return to the country of origin

"My child has a lot of difficulty with relationships but I refuse to seek the help of a psychologist. Here, in Switzerland, psychologists are consulted only in the most serious situations, and that is not the case here."

It is important to recognise integration difficulties between parents and children and to be 'open' to asking for help when necessary. Dialogue at home and admitting the need for outside help can be useful and even necessary. Persistence in the face of obstacles is a sign of patience and determination. In this case, the adoption failed.

Adoption: a meeting marked by great contrasts

When meetings are held and differences are highlighted as part of an adoption, a set of factors come into play. There are not only internal determiners relating to the family group and its rules, values and beliefs, but also outside pressures in line with the culture of the receiving country. Therefore, it is a meeting marked by great contrasts.

Ideally, the adoptive family will welcome the child, all his or her previous relationships, his or her story, his or her culture, his or her roots. In doing so, parents must be well informed and as realistic as possible, without any value judgments. This means simply accepting reality. This knowledge and acceptance allows for greater flexibility during the difficult time known as the 'cohabitation step'.

Intercountry adoption always requires the work of numerous professionals. This includes teams of psychologists and social workers from the two countries involved, as well as legal teams. Everyone's mission is to intervene and to support these meetings in an attempt to avoid painful disagreements. Cooperation between the teams from both countries can be a great support in the process. The more a team understands the reality of the other and exchanges information, the better the child will integrate into the new family and society. This professional cooperation is not limited to exchanging documents, reports and photographs; it also includes understanding the other party's work. There are many people who perceive and analyse what they read, hear and see solely on the basis of *their* context and *their* truths. The effects of the resonance²⁵¹ of the beliefs and values of each professional involved must be taken into account. The attitude of the professional, their approach to monitoring each case, the relationship he or she establishes with each family, as well as his or her openness, flexibility, tenacity, patience, understanding and support influence the smooth development of the adoption process.

²⁵¹ Term borrowed from physics relating to the phenomena that reflect the shared elements in the various systems of interaction. Used in social sciences and mainly in systems theory: the professional feels and is connected not only to their personal story, but also to the system where this feeling arises.

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Recommendations/strategies:

- Professionals must be attentive to the spoken words of adoption candidates not only over the course of the assessment process, but also over the entire length of the process. Attention must be paid to *attitudes* and identifying nonverbal cues to better understand dynamics within the family.
- The connection between the professional teams from the two countries – country of origin and receiving country – is critical. It is difficult for the professionals from both countries to listen to the other party, and to look at things from their perspective, while centred in one's own reality.
- All professionals must develop the ability to selfanalyse, meaning that they must be able to identify their own resonances. Many beliefs and values come into play as part of this type of work.
- It is critical for professionals in this field, including judges and lawyers, to have technical knowledge on systems and attachment theories.
- There must be recognition that everything is connected: as the professionals 'interpret' the attitudes of the parents based on their knowledge, beliefs and values, these parents, in turn, might also 'interpret' the attitudes of the children. Certain key behaviours warrant a particular approach, both for the professionals in relation to the families and for the parents in relation to the child:
 - Openness to the unexpected, flexibility and patience can be great facilitators.
 - Too many strict rules may cause difficulties for everyone.
 - Determination and perseverance by having a clear objective and a positive/affirmative vision make it possible to overcome the main barriers in this process.
 - Dialogue and unity among all the parties involved helps in overcoming difficulties.

Claudia Cabral earned a degree in psychology in Brazil, has a PhD in education from *the Institut Catholique de Paris* and is a specialist in family therapy. She works with children and adolescents who have been separated or who are at risk of being separated from their family. She has experience in the fields of family reintegration, foster family and institutional placements, and adoption. As a consultant in public policy development, she participated in preparing the Guidelines on alternative care for children. She is also a member of and an advisor on the Brazilian movement promoting family and community cohabitation, the Director General of the Brazilian association *Terra dos Homens*, and a consultant to and member of numerous international organisations.

3. From risk factors to protective factors

A model for intervening in situations of risk and the strengthening of group intervention

By Alberto Rodriguez Gonzalez & Javier Múgica Flores

Since 2008, many cases of adoptees diagnosed with serious mental health concerns who face both family conflict and sometimes breakdowns have arisen. Around this time, Agintzar²⁵² started its work on compiling these cases, and attempting to meet the need for a model of specialised intervention in cases of breakdown. As a result two courses of actions were developed in parallel, which have demonstrated a high level of efficacy:

- The development and implementation of a variety of group intervention methodologies, with the objective of preventing breakdowns in family life. This is done through structuring systems with increasing professional intervention aimed at containing crises, helping families and adoptees through any crisis, managing suffering, and ensuring the continuity of the relationship.
- The structuring of the Casas Conectadas en Red initiative, an innovative programme of intervention aimed at helping to manage unavoidable separations (see *Rodriguez Gonzalez, A., Section 4.2*).

Towards a model of intervention in situations of risk in adoption

Based on S. Vanistendael's proposed model of resilience called *La Casita* (see *Appendix 8*), we have designed a model of pragmatic intervention focused on the keys to repairing harm, and maintaining the family bond between adoptees and their adoptive family when a separation occurs. In this regard, repairing traumatic experiences requires the following key stages which must be addressed incrementally:

To be present does not mean ignoring what the child(ren) has done. Preserving the relationship is key to helping them feel that, despite a fear of abandonment, their family remains present.

- Responding to basic needs at a physical level (food, health, stimulation, etc.) **THE FOUNDATION**. When these are not covered, in particular in cases of problematic separations, adoptees tend to cover them by themselves. This creates potential situations of risk that make it difficult and/or block the process of recovery. Addressing this entails adoptive families ensuring that their children have a suitable place to sleep, can eat on a daily basis, and that any health needs they may have are addressed.
- Confirming the existence of an environment or significant person(s) who are able to convey a feeling of unconditional support, and therefore the fundamental acceptance of the person, not his or her behaviour. **THE SUBSOIL**. Achieving unconditional support is difficult in families that have a past experience of their children inadequately entrusting them with their suffering – through violence, threats, etc. The forms of generating this 'subsoil' are different: maintaining communication through WhatsApp, when limits have been overstepped; inviting the child for dinner; and asking after his or her well-being – even if they have run away from home, and/or have stolen money or other things from their adoptive parents, etc. To be present at those times does not mean ignoring what the child(ren) have done. Preserving the relationship is key to helping them feel that, despite a fear of abandonment, their family remains present.
- Recognising the importance for adopted children to make sense of their lives, drawing on their past, present, or future direction (when they have a project adapted to their reality, etc.). This is the **FIRST FLOOR**. This stage is key insofar as feeling the family's unconditional support despite the separation may make it possible to confront unresolved grief, fears, and their own story.
- Once all these have been addressed, on the SECOND FLOOR, there are three key aspects:
 - The importance of developing good self-esteem is highlighted. A low level of self-esteem may be counteracted through the simple possibility of feeling a positive level self-esteem. This is not achieved through positive reinforcement, but through the person's own assessment of the impact of his or her actions on others.

²⁵² A cooperative of professionals in social intervention, which has undertaken specialised actions for the foster care and adoption programmes of the Regional Council of Biskaia and Araba, as well as for the support of associations of adoptive families. Throughout these 18 years, the ADOPTIA service – as a private initiative of intervention in cases, in particular, of adoption – has undertaken psychological and psychotherapeutic interventions, training for professionals and adoptive families, research and publications.

3. From risk factors to protective factors

Caring for vulnerable persons (in particular the elderly or very young children) and volunteering are strategies that have demonstrated great efficiency.

- Appreciating personal skills and competences. We consider this to be the possibility of being able to rely social skills, which help to maintain functional relationships with others.
- Finally, as the last component of the second floor, a sense of humour is needed helping to minimise both the impact of experiences, and the harm and grief that have not been overcome. Participating in groups with others in similar situations, and acting out these situations through humour is a factor of success for many adopted children, who in general, have difficulty understanding irony, and have little sense of humour.

The strengthening of informal networks aimed at reducing social isolation

Group intervention has made it possible to build spaces where participants can go from a generally passive listening attitude to an active position of mutual support. The experiences and types of groups mentioned are based on the need to incorporate new intervention methodologies aimed at containing crises, and at minimising the risk of breakdown. Each alternative acts as a different strategy that has been implemented with the following objectives:

- Psycho-educational groups of adoptive families: The initial objective is to promote better understanding of the functioning and needs of adopted children, and to subsequently become therapeutic groups, particularly in adolescence. Adolescence, as a period when young people deeply feel their experiences and it requires that the families get closer to the hearts of their children through remembering their own childhood, their own grievances such as the mourning linked to infertility. These groups have become the first line of defence in preventing breakdowns through exchange of feelings and the sharing of experiences.

- Groups of adopted adolescents: These groups move forward progressively through various stages, with the aim of becoming over time, a group of mutual support. In the first phase (between 12 and 15 years old), the objective is to generate unity within the group. During the second phase, exchange of experiences should increase, in order for these groups – at about the age of 17 – to become groups of mutual support. Despite the benefits of such groups, they are, however, not a sufficient resource to contain these crises by themselves. Crises, which have brought about new solutions for how to work with and support families and children, and prevent breakdowns.

Offering hope is a key strategy in supporting efforts that lead to change in psychologically fragile persons who have a low self-esteem.

- Family's peers as a respite resource facilitating temporary separation in serious situations: This methodology envisages that in situations of crises families with serious problems could rely on the support of another family in the group, who could assume the care of the child with difficulties in their own family for a few days with constant professional support. This makes it possible to buffer the conflict by minimising feelings of abandonment, and allows adoptees to recover the feeling of missing their families, rather than being too present. It also enables agreements to be reached thanks to the support of the other families in similar situations.
- Reference groups for crisis management: These groups (of three to five adoptees) have been specifically created to respond to serious situations (running away from home, aggression, difficulties in accessing mental health resources, etc.). Their role has been vital in offering a voice to the experiences of those who have overcome similar situations, by providing a space for a shared reflection on breakdown risk factors and an analysis of their own experience and story.

3. From risk factors to protective factors

Recommendations/strategies:

The basis of the prevention and intervention in situations of breakdown at *Agintzari* are:

- To provide maximum emotional connection between families and their adopted children.
- To separate the person from the behaviour, and in doing so enable unconditional support.
- To promote self-esteem, praises, and experimentation in how to praise.
- To make children and parents take responsibility, be able to request help, and to understand their functioning and their turmoil.
- To identify the root of the problem, such as the expression of pain linked to their life story.
- To offer hope, as a key strategy in supporting the effort to make the change itself, among persons with psychological fragility and low self-esteem.

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The importance of family mediation in preventing and managing adoption breakdowns

By Jaime Ledesma del Busto

Mediation is an alternative conflict resolution method and a tool that families – and professionals – should consider turning to when necessary. As a neutral, impartial professional who is bound to confidentiality, a mediator is the perfect resource for solving problems that arise in family relationships, including those that appear to be merely minor conflicts.

Mediation in the event of an adoption breakdown

Family mediation can be beneficial in many failed adoption cases. It can help parties reach an agreement regarding visits between adopted children and adoptive parents – even if the parties no longer live together, it does not mean they have lost all contact. In fact, when possible and both parties consent to it, contact can even be established with the biological family.

Even when there are serious difficulties in family relations, the ties may not be completely severed. After all, parents do not lose interest in their children and largely desire to reach an agreement. This can be achieved through mediation sessions. For example, a financial arrangement can be reached in which each party agrees to compromise, including children who have reached the age of majority, for example: “we will pay for your studies as long as you take your university courses seriously”. However, it is important to note that mediation can also be used in the early stages of conflict to prevent such extreme scenarios from occurring.

Preventive mediation

The presence of a mediator for families who are starting to experience difficulties or conflicts, as insignificant as they may appear, is critical and will mitigate the risk of an eventual breakdown in family relationships. In other words, mediation is a preventive measure.

It is worrying to witness the growing number of cases today in which adopted adolescents suffer from serious problems related to violence, drugs, alcohol, eating disorders and other more alarming issues (see [Rodríguez Gonzalez, A., Section 1.1](#)). These situations are undoubtedly observed in all family models, not just adoptive/foster families. Such a situation should receive our full attention, as it is evident that a combination of certain factors makes these families more susceptible to situations of risk.

However, in extreme cases where problems have escalated dramatically, mediation is rarely the best solution. Once a relationship deteriorates to that point, the parties have generally lost any willingness to repair it, which is an essential prerequisite for starting a mediation process.

It is important to differentiate between *family mediation* and *family therapy*, and note that the two are not mutually exclusive, particularly in cases where one or more family members are opposed to going to therapy as they feel it's inappropriate or unnecessary for their situation. In such cases, mediation can become an intermediary means of communication, enabling the parties to agree to attend therapy together, for example after other agreements have been reached during mediation.

It is therefore a first step in which everyone has their own space to express themselves, to learn to listen to each other, and to feel that each member of the family is treated equally and respectfully. This is the ‘magic’ that happens. In some cases, mediation can de-escalate a conflict that has been growing within the family, practically on its own.

Let us look at a real-life case in order to better understand the role of a family mediator for a family that finds itself in a delicate situation or a fragile state:

André and communication difficulties in intercountry adoptions

André is a 12-year-old pre-teen. He was adopted from Hungary by a Spanish family at the age of six. When he arrived in Spain, everything seemed to go smoothly. He immediately learned the new language (at a functional level) and bonded with his older brothers (biological children from the marriage), respectively five years and seven years older than him, which helped him integrate into the family.

3. From risk factors to protective factors

However, a distance gradually set in and conflicts emerged, first between the brothers, and then within the entire family. The situation became too much for André. He began to tell lies (which were later discovered) to get attention from others. He stopped paying attention to certain subjects in middle school and became the focus of discussions at home. No one could say why he had changed so dramatically.

André's parents sought individual psychological help from various professionals. When a professional gave *them* an appointment, the couple refused to come, saying that the problem was not due to their parenting skills. They thought the 'problem' was exclusively André's and had to be resolved outside the home. They saw other therapists (although these therapists were not specialised in adoption) and the process was not successful.

The conflict continued to worsen without the appropriate professional support. André grew older and stopped making an effort to keep up at school or to get along with his family. The middle school advised André's parents to use a free family mediation service. Although they were hesitant and uncomfortable doing this, André and his parents went to the information session.

When she sat down across from the mediator, the mother broke the ice: "We're desperate. This child has been fighting us since day one. He doesn't love us." André remained silent and straight-faced while his parents spoke. The parents took turns describing scenes at home while trying to hide their discomfort. They compared André's behaviour to that of their other two children when they were the same age. The mediator then stopped them in order to redirect the attention to André and give him a chance to speak. However, André was not comfortable communicating. He had learned enough of the language to hold a conversation, but it was not as developed as other children his age. Unlike his parents, he was relatively inexpressive and his silence made them uncomfortable. The parents answered the questions aimed at their son. The mediator had to balance out the amount of speaking time so that André had a chance to talk.

Eventually, André's parents learned how their son felt about his difficulties and demotivation, his low self-esteem, and the anxiety he had become accustomed to due to being considered an 'enemy' of his family, which was not his intention. In the end, they understood the reasons for some of André's behaviour, and, after much effort, he was able to communicate.

The two adults learned to listen to their child and André discovered that he could be heard. He then began using this opportunity. The family learned how to talk, and in the true sense of the word, i.e., to communicate. None of them had experienced this before.

The whole family attended several more sessions. Each family member admitted that they needed this space to be able to start communicating effectively and to reach agreements. They acknowledged that the mediator's presence made them feel more involved in the process.

The parents eventually sought other professionals specialised in post-adoption follow-up. André and the rest of the family agreed to follow the recommendations of educational psychologists in order to build healthier relationships and help improve André's home and school life.

André's mother expressed how grateful she was for these professionals and, through tears of relief, she regretfully admitted that because of the anxiety she was feeling, she had even considered 'sending back' her son to social services in order to rid herself of the burden that was weighing her down. Today she can't imagine her life without André in it.

Recommendations/strategies:

- From a **preventive** point of view, family mediation can play a key role in certain cases in which relationships – and tensions – within an adoptive family are on a knife's edge.
- Likewise, family mediation can help **uncover** the hidden cracks in certain relationships, making it possible to work toward resolving family difficulties.
- In the event of an **adoption breakdown**, mediation is an effective tool in preventing 'throwing in the towel', and for developing solutions at different levels that will have a future impact on each party during the adoption process.

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3. From risk factors to protective factors

Using school to foster resilience in times of crisis in adoptive families

By Anna Guerrieri

*Adoptive families with teenage children who turn to family associations for support in times of crisis are not exceptions. Much more must be done to control and understand the scope of this phenomenon.²⁵³ Indeed, without an accurate quantitative assessment it is impossible to understand the characteristics of this phenomenon, an understanding which would enable the identification of effective support strategies. Italian family associations have long attempted to meet these needs by building a network around families experiencing difficulty and by combining outreach work with the creation of support groups (see also [Giraud, C. and Pierron, J.](#); [Rodriguez Gonzalez, A. and Múgica Flores, J.](#); [Parent, N.](#), Sections 1.4, 3.4 and 4.2). For example, in 2016, the *Genitori si diventa Onlus* association monitored 30 post-adoption groups in 14 Italian cities. Such groups are mentored by adoption and family professionals and assisted by volunteers, providing services to between 12 and 14 sets of parents. Each group meets seven to ten times a year, over several years if necessary. At each meeting, a report is drawn up and used as a source of reflection for the group and for follow-ups. Periodic meetings between adoption professionals and the association take place to discuss the various issues raised.*

These activities, which are now well tested, demonstrate the following:

- 1) In times of crisis actions taken by the network are effective. They support families who are experiencing long and repeated crises and prevent their isolation.
- 2) Professional interventions must be multidisciplinary and address psychological, academic, psychiatric and legal issues.
- 3) School is a central point of an adopted child's network as well as that of the adoptive family, which it either enables or hinders the child's resilience.

Guidelines for adopted students' right to education

The *Linee di indirizzo per il diritto allo studio degli alunni adottati* (Guidelines for adopted students' right to education) focuses on the schooling of adopted adolescents with a view to implementing targeted education directly in schools. Many people talk about the difficulties of school integration for adopted children, but rarely discuss the potential academic challenges faced by young adolescents with a history of adoption. We notice a higher proportion of primary school teachers at teacher training sessions than secondary school teachers. The experiences of several adoptive families demonstrate that many – even too many – problems begin precisely at the end of middle school and even more often in high school. This is the case even for children adopted at a very young age. It is therefore important to ask the question: to what extent can the difficulties encountered be attributed to the child's adoption and life experience; and to what extent

are they entirely independent. It is dangerous to think that being adopted automatically leads to problems. Indeed, this would result in labelling a category of people as fragile and protecting them based solely on their history, without taking into account the fact that it has been demonstrated that many adopted children do very well in school (or at least fall within the range of average students). This is, of course, a mystifying oversimplification of a situation that instead would benefit from an accurate analyses of the specific conditions that could promote positive change. Nevertheless, family association volunteers and adoption professionals are aware that, in general, adoptive families request help and referrals due to the child's academic difficulties, which are often significant. To avoid a painful disrupted attachment, students in difficulty (several repeated grades, learning and behavioural difficulties, students with a criminal record or who have been placed with a foster family) and their families are entitled to receive support. It should be noted that these students represent a minority of adopted girls and boys.

Important points for an in-depth reflection on 'adoption, adolescence and school'

It is very important to involve schools in this outreach and mutual support process. As such, the academic success of adopted children often requires significant and special effort by the children themselves, as well as by their parents in terms of time, and human and financial investment. Inevitably, it is not uncommon for problems encountered at school to accumulate with those experienced at home negatively, and for these problems

²⁵³ The book *Una scuola aperta all'adozione*, by A. Guerrieri and M. Nobile, with the participation of R. Lombardi takes an in-depth look at adoption in middle school and high school.

3. From risk factors to protective factors

to lead to disinvestment and dropping out of school in the absence of effective alternative solutions. Therefore, now is the time to take an in-depth look at 'adoption, adolescence and school', and it seems worthwhile to focus on the three following points:

1. Know as much as possible about the child's school curriculum and educational program prior to their adoption, and be aware of the difficulties arising from the loss of the mother tongue in favour of the language spoken in the country of adoption²⁵⁴

The adoption of a high number of children aged six and older from abroad requires an in-depth understanding of the learning methods used in their education up until their adoption and the long-term consequences of their first language giving way to their adoptive language. This factor could potentially be critical for the child's academic future when it comes to understanding, rephrasing and summarising complex texts.

2. Understand that the child's sensitivities resulting from both the experience of being separated from his or her biological mother and from possible stays in an institution can continue

It is critical to understand the potential (and sometimes ignored) effects of prenatal, perinatal and postnatal damage, of attachment disorders; how post-traumatic symptoms may persevere over time, and the impact of both on learning. This understanding is necessary to both understand the multiple problems, but also, and above all, to develop productive solutions. Recently, in light of findings in the field of neuroscience, pedagogical reflections²⁵⁵ regarding children and youths with a history of adoption, loss, trauma and attachment difficulty is increasingly common.

3. Accept having to 'deal with the past'

At this age, boys and girls are faced with a new personal and social definition of themselves. They must cope with their memories and unknown parts of their past. They see in their growing bodies the image of their birth parents and are confronted with their past. The impact of this complex process that adopted girls and boys must face is not yet fully understood, but it is nevertheless important for teachers to be aware of these various phases in order to be able, if necessary, to support them in the event of a crisis.

School support in times of crisis: an opportunity to foster resilience

In Italy, secondary school begins with a three-year cycle (*scuola media*, or middle school), followed by a five-year cycle. This is a long period during which many youths change schools or their academic orientation and are obligated to interrupt their schooling or switch from a public to a private school and must therefore make up for lost years. These difficult paths mean that youths are at risk of marginalisation if they do not succeed in meeting the numerous expectations imposed by schools, at a time when they are searching for their own identity and a definitive place to call their home. Adolescence goes hand in hand with the question "who am I?" It is when we define ourselves socially, and we often succeed by 'acting', even when we shut ourselves away in our rooms. In the post-adoption groups for the parents of adolescents, topics of discussion vary enormously and the events and stories told by parents reflect the children's experiences. These can range from basic situations to turmoil for the entire family (theft, violence in the home, drug trafficking, irresponsible sexual behaviour, alcohol use, negative peer associations, running away, psychiatric crises, mandatory health treatments and community placements).

For this reason, we need schools able to reward youth for their 'development', without basing assessments on acquired skills; we need schools able to recognise what they had to accomplish to obtain these skills, taking into account the level at which they started.

When a child starts a period of crisis, the presence of adults as an alternative to their parents who are able to see, listen and offer youths the possibility of taking a break can be meaningful, particularly given their role as teachers. Youths are more sensitive than we think to art, real art, the kind that speaks directly to the subconscious. Art can take the form of a song, film, painting, book or statue. Anything can prove to be opportune in giving a boy or girl the time to reflect on themselves. All it takes is to be a passionate teacher, to be aware that we can only give what we ourselves are relentlessly striving to achieve, to be more like our students or children than what we expect. The past is filled with stories of characters, philosophers, poets, men and women whose spirit and purpose in their complex lives are dedicated entirely to seeking a place of belonging. A teacher able to give meaning to poetry, able to bring law, philosophy, pedagogy or psychology

²⁵⁴ We would like to draw your attention to recent studies on this subject. Among others, see: *Acquisizione della Lingua Italiana e Adozione Internazionale. Una prospettiva linguistica*, Egidio Fraddi, Ca'Foscari University of Venice, Italy.

²⁵⁵ Bomber, M. & Vadilonga, F. (2012). *Feriti dentro. Strumenti di sostegno dei bambini con difficoltà di attaccamento a scuola*. Milan: Franco-Angeli.

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to life, able to make students feel the profound agony depicted in a tragedy or theatrical piece as if they were actually there, able to revive past moments and to do so while taking into account the development of his or her students has the tremendous opportunity to humbly offer them a lifeline.

The difficulties of adopted adolescents are not much different from those of children who were not adopted. In Italy, school dropout rates are a serious problem. In 2014, the percentage of youth between the ages of 18 and 24 who left school early, without obtaining a secondary school diploma or professional qualification was 15% (lower than the 19.2% in 2009).²⁵⁶ Generally speaking, school retention issues affect the children of families who are more economically vulnerable and less educated.

During periods of 'crisis', schools can, as always, either be of help or provide the umpteenth backdrop for failure. Being on the side of youths means finding a way to get them to stay in school, to identify each student's 'internal trigger' that allows for the creation of dialogue through which knowledge and culture may circulate. There are families who venture through storms in which keeping their broken boat afloat is an inhuman feat. The plight of these families must be considered by offering youths the possibility of finding a sense of belonging in their class and throughout their academic path, by looking at their sensitivities and bursts of creativity with affection, not pity. For this reason, we need schools that are able to reward youths for their 'development', without basing assessments on acquired skills. Schools able to recognise what students had to accomplish to obtain these skills, taking into account the level at which they started.

Recommendations/strategies:

- Identify a referring teacher at the school for adoption issues who will act as a reference person for families and a support person for staff, and facilitate the creation of a solid school-family relationship.
- Promote the training of referring teachers (as well as all teachers, particularly in special cases such as the arrival of an adopted pre-teen student or a student with special needs) on adoption in general and on the impact that attachment difficulties and traumatic experiences have on learning.
- Promote *Cooperative Learning*, a specific learning method that allows students to learn in small groups in which they mutually help each other and feel jointly responsible for each other's academic path.
- In the 'results assessment' phases, be able to reward youth for their 'development' while always taking into account their starting point rather than their finishing point.

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²⁵⁶ The issue of "early leavers" is discussed in the latest edition of the collection *I Quaderni di Eurydice* in the article *La lotta all'abbandono precoce dei percorsi d'istruzione e formazione: strategie, politiche e misure*. The publication by Eurydice Italia is the Italian version of a former study conducted by the European network.

4. Crisis and breakdown management

As seen above, the management of breakdowns has a legal and a practical dimension. Several stakeholders are involved and they have to work together to find – on a case-by-case basis – the solution which is most likely to protect the child and to cater to his or her range of complex needs. A high level of support must be provided to a child dealing with another instance of abandonment and the grief associated with it.

This chapter invites you to explore the criteria for intervention by professionals in the event of a crisis, and to reflect on their attitude towards the adoptive parents and the adopted person dealing with this crisis situation. The attitude of the professionals involved is a key factor in both the management of crises and in the changes the crises will cause in the life of every person concerned.

In the event of unavoidable breakdown and further abandonment of the child, adequate and deeply empathetic professional support for the child is required. This support must address the child's mourning for their adoptive family and also the path towards a new life project, potentially within a new adoptive family.



It is often the adults working with the child who decide about the breakdown. However, past experiences affect a future child's behaviour and how they interact with people on a daily basis. The child must be supported and taught that they will sometimes have to deal with hurt and insecurity. Due to their own personal limitations, parents may have difficulty managing these situations.

4. Crisis and breakdown management



4.1 The perspective of professionals

Another fundamental link between a family faced with a crisis situation and professionals is explored below. As S. Marinopoulos notes, this relationship must be sufficiently strong that it allows the parent(s) to consider the professional as a caring partner.

Clues are shared that enable the professional over time to respond to both the adoptive parents' needs, and the needs of the child(ren) to be listened to. Listening enables an understanding of, and empathy with, the family history; allows work to occur with each family member that gives meaning to the crisis; a renewal of discussions and consequently the ability to take action.

Let us explore together the criterion for professional intervention which allows the establishment of a 'therapeutic dialogue' – an essential aspect in managing a crisis, whatever the outcome.



I don't believe that a child can reject his or her family. A child who is shaken by the events he or she has to deal with, will not possess the psychological capacity to forge strong ties without being reminded of his or her traumatic past. This can lead to the child becoming isolated, and parents may perceive it as rejection.

Understanding and managing an acute adoption crisis and developing a future project: some criteria for intervention

By Marco Chistolini

The aim of this contribution is to provide some indications, based on the author's clinical experience in private and public contexts relating to psychological, social and educational intervention in situations where there is a risk of breakdown of the adoption,²⁵⁷ or when an interruption of the family coexistence has been observed. Intervening as fairly as possible in these situations is extremely important. This is true even if the percentage of breakdowns in adoption is in itself low, and it is rare that adoption ends in a dramatic experience for the parents, and even more so, for the adopted child. The rupture of the bond is not limited to the family nucleus, it also encompasses other members of the family, the network of friendships, and other family connections. It is a 'bereavement' that changes the course of life for all members of the family, and therefore requires the implementation of support measures and adapted care – aimed primarily at preventing or reducing the damage suffered, and secondarily at the possibility of restoring the broken family unity.

Intervention in the case of breakdown

In recent years many studies in respect of adoption breakdowns²⁵⁸ have been carried out. They have led to a significant increase in the understanding of the phenomena, particularly regarding risk factors and the protective factors that influence it.²⁵⁹ Without going into greater detail on these points, certain criteria can be useful in identifying what to do and what not to do, and thus to intervene effectively.

Understanding the crisis

A first important criterion for intervention in acute crisis is an attempt to give full meaning to the crisis itself. In other words, it is fundamental that relationship difficulties, conflicts, tensions, reciprocal disappointments and all characteristics of the family's relationship dynamics, are identified and understood by those primarily concerned. In the end, it is necessary to consider the complex, ecosystem and multifactorial perspective in developing the personal stories of each person in the parental couple, but also the couple together. Their choice of having a child and

adopting a child, their way of dealing with a potential infertility, the connection between their expectations and the final resolution proposed, and the perception of the difficulties and resources of the child must be considered. Similarly it will be necessary to reconstruct, in as much detail as possible, the life of the child before his or her adoption: the environment in which he or she grew up in, possible traumatic experiences, the cultural and educative models experienced, and the presence of specific personal problems. Finally, but no less important, it is necessary to reconstruct in detail the development of family relationships, the quality of attachment and the sense of belonging between the parents and the child, the role of the extended family and the institutions involved in the education of the child, and the insights, feelings and emotions of all involved. Clarifying the key parts of the family journey and the role that each family member has played, as well as that of other institutional stakeholders, helps to understand the variables underlying the development of each family story and identify individual complexities. Giving meaning to the crisis enables a shared narrative of the history of the family nucleus to be built, which can facilitate mutual understanding and alignment with the other's perspective so that opposition, deception and rage are tempered.

Support for parents and the adopted child

An important part in the intervention process must be the provision of emotional support to each member of the family nucleus. In fact, it is fundamental that people feel their emotions are understood and that they can find an emphatic and non-judgmental reception from professionals. To do this, individual meetings should be arranged during which each member of the family will be supported in expressing their own thoughts and their own experience of the situation. Maintaining a neutral position and taking care not to exclude any members of the family is a prerequisite. Naturally, support procedures have the aim of reducing tensions in the family relationships and preventing escalation. They must not only be psychological, but also of a healthcare and socio-

²⁵⁷ The term "adoption breakdown" is used to designate cases in which familial cohabitation between adoptive parents and the adopted child has definitively been disrupted due to severe relational difficulties which have made the continuance of the relationship impossible, this is unlike cases where the interruption is temporary. In those latter case, it is inappropriate to talk about breakdown.

²⁵⁸ Berrick J. D. & Coakley J. F. (2008). *Op. Cit.*, n°8 ; Elmund A., Lindblad F., Vinnerljung B. & Hjern A. (2007). *Intercountry adoptees in out-of-home care: a national cohort study*. *Acta Paediatrica*, 96, pp. 437-442; Salvaggio, I., Ragaini C. & Rosnati R. (2013). *Op. Cit.*, n°58, pp. 154-165; Selwyn, J., Wijedasa, D. & Meakings, S. (2014). *Op. Cit.*, n°57.

²⁵⁹ This relates to cases where the breakdown in family cohabitation has already been identified, but the breakdown is not the result of deep and pervasive relationship difficulties.

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educational nature (home-based education, insertion into structures integrated in the school environment, educational support, a period of 'detachment' for the child and/or the parent, pharmacological therapy, etc.). It is important to act to contain the situation, and prevent it becoming unmanageable. Indeed, it is only in a sufficiently contained reality that it is possible to reflect and understand.

The prognosis and the project for the future

Among the main objectives of intervention in acute crisis is the need to evaluate the necessity of removing the young person from his or her family nucleus and, if this option is appropriate or has already been established, to understand if conditions for overcoming the causes that led to the estrangement exist. In order to evaluate this important aspect, it is useful to consider the following issues:

- the likelihood of detrimental behaviour by the parents towards their child;
- the possibility that the young person will behave in a detrimental way towards him or herself and others;
- the level of tension, suffering and conflicts in the family nucleus, and the day to day impact this has on the possibility of regaining the relationship and reflecting in a clear and constructive manner on the family dynamics.

In each of these cases, it is advisable to consider very seriously the separation of the young person from the family nucleus. Separation is often felt, in the world of adoption, as an option to be avoided at almost at any cost because the adopted child has already encountered this experience in a dramatic, and often repetitive manner. There is no doubt that separating from the family nucleus is an extremely stressful experience for any child, and particularly for an adopted child. It is therefore necessary to be very careful and attentive when faced with a decision of this nature. All the same, this option should not be ruled out or considered only as the last card to play when you no longer know what to do. When it is well managed, explained and integrated into a more comprehensive project aimed at overcoming the family difficulties, separation does not necessarily represent the adoption breakdown or recall a traumatic experience for the young person (see *Rodriguez Gonzalez A., Section 4.2*).

At the same time, it is important to identify the possible margins for renewing the relationship, independent of any possible interruption of family cohabitation. In clinical experience we can observe that in cases of separation of young people from their adoptive family, less attention is given by the professionals to the reintegration of the child into the family nucleus. The search for other permanent solutions seems more obvious for the professionals, as if

implicitly, the relationship between the young person and the family was less significant and therefore less valuable to be preserved. In fact, even if it is impossible to return to the family, efforts must be made to try to keep alive the – precious – bond between the parents and the child. Therefore it is essential, except in extreme cases where adoptive parents have been engaged in seriously harmful behaviour towards their child, to always seek to maintain relations between family members, even when cohabitation becomes impossible. Establishing whether or not the adoption breakdown can be avoided is not an easy task. Several significant indicators can be taken into account when considering a possible evolution of the situation:

- *Length of the crisis*

The length of time during which the family experiences a difficult situation represents one of the variables in evaluating the margins for resolving the crisis. We know that adoption breakdowns generally occur due to crises that linger over time, probably due to heartache and frustration, which is linked, to a problematic situation in the relationship that has continued for years.

- *Significance attributed to the crisis by members of the family*

To understand the possibilities of overcoming the problems that have arisen, it needs to be seen how the family members themselves perceive them. Sometimes parents consider their child as solely responsible for the difficult relations that exist between them, and they perceive him or her as egocentric, threatening and ungrateful towards them. In other cases they come to understand the suffering at the root of the child's behaviour, and are deeply concerned about his or her well-being. At the same time, in some situations, the child is angry with his or her parents and considers them unjust and rigid in their views. There are also some children who recognise, at least partially, their share of responsibility. It is obvious that these different positions, cognitive and emotional, leave different margins of intervention to the professionals called on to assist in times of crisis.

- *Availability to accept help*

The explicit availability of each member of the family to accept help and to self-examine must be added to the above considerations. It may be that only one parent is inclined to initiate change, in which case the professionals must value this availability, while being careful not to divide the couple. It is clear that the adults are the ones who must be involved in finding a solution to the problems. The child, especially in adolescence, may encounter difficulties in self-examination and in accepting confrontation.

4. Crisis and breakdown management

- *Sensitive themes in adoption*

It must be understood how these sensitive themes of adoption have been addressed. Here are targeted the significant areas that characterise the whole adoption history.²⁶⁰ For instance, particular attention must be given to the thoughts and feelings of the adoptive parents and the child regarding his or her biological family. Also important in intercountry adoptions is the theme of ethnic identity and how the relationship has been maintained with the country of origin. These themes, and indeed many others, are central to the adoptive family's existence and it is not uncommon that their mis-management is one of the reasons for the crisis.

- *The presence of a reciprocal sense of belonging*

Another essential aspect is the sense of belonging that is created within the family nucleus. Do the parents and children feel this? Do the adults consider and perceive this child/adolescent as their child, regardless of any problems that they face in their relationship with him or her? Does the

child/adolescent feel the existence of a bond, of whatever nature, with the adoptive parents? It is clear that the replies to these questions will only partially be expressed verbally and clearly. To a large extent the professionals would have to deduce this from the behaviour, attitudes, non-verbal communication and all the indicators that make it possible to understand whether, and to what extent, a bond between the different members of the family has been created.

- *The expertise and resources of the institutional system*

Finally, another variable in evaluating the possibility of renewing the relationship lies in the resources and the competences of the various services called on to support the family nucleus. It should be remembered that the role played by these institutions in determining the development plan of the adoptive family is extremely significant.

It is on the basis of the analysis of received information that the implementation of a desirable project can be identified.

Recommendations/strategies:

Intervening in crisis situations is extremely complex and laborious. For this reason it is essential that the professionals who take charge of these situations have **appropriate training in the field of adoption** (see *Cravens, J., Section 4.1*) and that they **know how to manage, in a balanced manner, highly emotive relationship dynamics**. Further, it is essential that the responsibility for, and the care of these cases, is referred to a **multidisciplinary team** to integrate expertise and a varied intervention methodology.

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²⁶⁰ Chistolini M. (2010). *La famiglia adottiva. Come accompagnarla e sostenerla*. Milano: Franco-Angeli.

4. Crisis and breakdown management

Attentive listening: guiding parents towards and discovering together the personal (psychic) needs of the child

By Sophie Marinopoulos

"It is by abandoning oneself that adoption gradually puts a human face on the wishes of the child. Abandonment is not necessarily what one believes it is! The outcome of the adoptive act tests the deprivation of the initiative. To loose one's footing. Not to be set adrift but to be carried away by a wave that is safer than our assurances, this is the adoptive experience. The urgency is in the expectation, the act is a hardship, the answer is a question (J.-P. Pierron²⁶¹)."

Family questions – questions to 'make a family'

Many questions arise when we become parents! What a complex universe! How to make a family? What is a family? Are there any recipes for becoming a 'good family', a 'good mother', a 'good father'? The questions come faster for a family constructed through adoption, each future parent fears not being legitimate in his or her place and role. At the heart of their secret thoughts, they whisper to themselves that their desire is sincere, but it is stronger than them and a thin thread of doubt says silently, "Is it enough?", "Is the future child going to love us?", "Is it as if we had conceived the child?", "Will we know how to love him or her?", "How far can love go?".

"If I had known I would not have embarked on such an adventure... when I think today how we had wished, hoped, expected to experience all this...what a mess!" It is impossible to stop the sobbing from Jeremy's mother, an adorable little boy who arrived 8 years ago at 20 months old, and who, since his first day with the family, has not stopped worrying his parents. Nervous, irritable, aggressive, bullying, destructive, he does not stop demonstrating his unease, transforming his parents into inflexible caregivers, able to apply a form of '*an eye for an eye and a tooth for a tooth*', transforming their educational will into a little daily revenge. When Jeremy hits them, they hit back. When he refuses to please them, they deprive him of the things he loves. Deep down they know that this one-upmanship is inappropriate and feel more ashamed every day. With this low self-esteem they isolate themselves, not daring to confide in anyone.

Full of hope, they had imagined that once they arrived home this little boy who had been deprived of parents would nestle in the love that they would both lavish on him. This is what they did, every day, despite the immediate

realisation that Jeremy did not appear receptive to their affection. As if the words, the cuddles (which he hated) could not reach him. Their incomprehension faced with Jeremy's inability to blend into the family happiness was total. Sometimes when happiness seemed just on the horizon, when calm infiltrated into the family relationship, out of the blue Jeremy provoked a confrontation and the crisis erupted again, destroying everything in its path: his loving mother, his devoted father, their mutual generosity, and their belief in peacefully overcoming what they ended up calling the 'inner demons' of their child. After each crisis they came away completely drained and in the face of their unspeakable suffering tears took the place of words. It was very late when Jeremy's parents decided to meet with a professional. A final, reluctant step. They were desperate and felt on the brink of a disaster.

Final steps towards a professional

It is legitimate for parents to want to 'manage' alone, to try to build the family without outside help. It is certainly wishful thinking, but is it really achievable? What parent has never experienced a family cloud? No parent is prepared for this role, which is basically from the school of humility. There is no shame in taking the time to ask what is happening with the child. The built-up of misunderstandings in daily life provides a strong impetus for asking questions and seeking a level of understanding. There is incomprehension when faced with the behaviour of the child, or when the parent is faced with his or her own behaviour: "*he makes me fly off the handle and I don't recognise myself. I am usually calm but with him it is always the same, I end up exploding*". Julien's father recounts years of conflict with his son, who arrived at the age of four years, and who, after a period that he describes as a honeymoon, became a child who refused everything, became tyrannical with his young sister, who had arrived at the same time as him, and did increasingly 'silly things'.

²⁶¹ Pierron, J.-P. (2013). *Où va la famille ?* Éditions LLL Les Liens qui Libèrent.

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The birth or welcome of a child 'the family, it is not enough to be there in order to be'²⁶²: from upheaval to recognition

Did all these adoptive parents know, that becoming a parent is a unique adventure? Regardless of the number of children, each birth, each new child is unprecedented? Even if becoming a parent by adoption does not cover the same issues as becoming a parent by procreation, in both cases it is an upheaval for each member of the family. To adopt is a 'movement of recognition' that all parents must be able to make to transform the child into the 'son of' or 'daughter of' the family.

Undoubtedly, a 'natural' birth encourages this view and provides a basis for recognising the child as part of the family. The biological dimension does its work, and supports the psychic parental commitment. The search for the child's characteristics as a child belonging to the descendants is a well-known exercise for the staff of the maternity ward as they witness family disputes over the cradle when father and mother, not to mention grandparents, are looking to see if baby has 'Aunt Justine's nose' or 'Uncle Albert's chin'. You will say this is just a detail. Yes. But it is a detail with strong meaning. Now, is a 'common feature' enough to give a place to one who although expected, is unexpected? Can we humans be content with a biological resemblance in making a family? To be born a girl instead of a boy, daring to be premature when we expected a full term baby, presenting a difficult baby when a calm new born was hoped for ... many unexpected situations can undermine the adoption of a child born to his or her own parents. The child is, and will in essence stay, an unpredictable arrival. The challenge is therefore significant in this journey of recognition when the first test is 'accepting the difference' ... a challenge of otherness, the first major work for a psychic family birth. This child is different from you, he or she is not a piece of you, and in adoption, this child is not born of you.

Thus, we can borrow from P.-C. Racamier the image of the identity crisis in the maternity ward to describe the upheaval that every family construction calls for. These are times of crisis, where building new bonds with a new arrival are in itself a test. A test of the individual and of the collective, asking: how will the family grow together and meet the challenge of the dialectical need to be oneself (individuation); and of the necessity of the other (socialisation)? How can we recognise each other and emancipate each other, without alienating each other? Or love each other without hating each other?

In this ordinary social space, the family will try to balance their ties, to give them the strength to build, with or without a biological link, a family resemblance. An adventure

where the unknown is ensured but where creativity leaves an unlimited field to 'make a family'. The hardest and the most beautiful adventure of life, provided you accept the challenges. "*It is not enough to be there in order to be*", J.-P. Pierron teaches us wisely and encourages us not to deny that complex psychic part of ourselves that knows how to construct, but also how to deconstruct if we amputate it from the very essence of its being: this reciprocal movement of recognition.

From the legal mechanism of the preparation of future parents for adoption to the psychic availability of the professional

It is an error to think that only the administrative and legal stages create the adoption. Imagining that all will be established smoothly once the child arrives, goes back to idealising the bonds of love. Many parents come to testify for me, like Jeremy's mother, their incomprehension in the face of the harshness of the family challenge.

This is the whole challenge of accreditation (assessment of the aptitude of adoptive candidates) and in identifying the preparation that offers the best support. Both from the real perspective of the arrival of the child, and in engaging psychologically in the history of those who make the choice to become a parent of this child who has come from elsewhere. Thus professional caring begins from this time of preparation. It is a psychic maturing, a metaphor for waiting for a child. The symbolic dimension of this pathway must be cared for, so that the professional bond is of sufficient quality for the parent to consider it a caring partnership.

The ethic of conviction: the guarantee of professional caring

To be able to say "I don't know, but tell me your story" in today's environment asks the professional to resist a frantic society that wants concrete answers about everything, immediately.

Once the child has arrived, there are many situations where the parents feel disconcerted because they are discovering the reality of life with the child. Sometimes their idealisation has assumed such proportions that they will try, by any means, to make their daily life match it. Therefore, they will withstand the difficulties '*grit their teeth*' and '*stand united*', a warlike vocabulary testifying to the open conflict on the family terrain.

For the family professional, there is a strong desire to pretend having the knowledge and adequate answer to solve the distressing family situation. Certainly we have

4. Crisis and breakdown management

knowledge about the development of the child, about the psychic issues of family bonds, consequences of abandonment in the construction of future loving bonds, and the functioning of the psyche itself. This expertise is indispensable. It is a compass, a guide for participation with parents, but by no means is it a standardised response to their questions.

Parents most often come to us and ask “what should we do?”. This is an ordinary question that requires a rapid and effective response in our modern and rational culture. A dialogue that, like a ready-made formula, could be applied to each parental suffering without the need to use the story of this family. To be able to say “I don’t know, but tell me your story” in today’s environment asks the professional to resist a frantic society that wants concrete answers about everything, immediately. Yet, to question the family is agreeing to give the necessary time to this questioning. It supports ‘a dimension of inner self to be explored.’ It is to set aside rational words and details of all kinds, to head towards the search for an inner transformation of the parent, to guide him or her towards ‘parental creativity’. In order that he or she dares to be the parent he or she deems fit, by having access to the complexity of his or her story, for his or her family construction with the child. So that he or she can take into account the journey of his or her child and he or she can access his or her psychic construction, and make sense of his or her behaviour. Make sense! Understand! This is the remedy against guilt and the feeling of doing wrong and failing at everything.

‘To speak family’ is to address these successive meetings: the arrival of the child, his or her adjustment into the family, his or her behaviour (often exemplary at the beginning), and then the start of his or her unpredictable and incomprehensible reactions. Personal moments, symbolic carriers of (never neutral) baggage. All this is far from simple for the modern man/woman who has rationalised his or her conscience in an exaggerated way with the arrogant idea that he or she can control his or her psychic life. Hence the search for quick external answers to the detriment of his or her neglected internal life. Now, the family needs to gather around an idea that accepts being connected to the unconscious consequences of their existence. To put it more simply, it is to recognise that sometimes we miss things. That we are not all-powerful. That yes, a child will express a part of him or herself that we do not know. That sometimes what he or she went through in the past will play a role in the present, despite all the love that has been given to him or her.

Love is not a sufficient ingredient to care for the abandoned child who has become the adopted child. A terrible affirmation, but a necessary one, in understanding and achieving the fundamental psychic needs of the child and accepting that they are not reduced to a gift of love.

If loving one another consists simply of giving affection and receiving it in return, then there is a considerable risk that the slightest slip will be experienced as a loss of love. If parental affection is what is needed for the child to recognise in the adult an exceptional bond towards him or her, it is the ‘relationship of loving’ that forms intimate bonds of love. A relationship that demands presence, distance, recognition, difference, authority (and not authoritarianism), symbolic commitments (respecting one’s place), a narcissistic basis, an inner security and an ability to connect to his or her own childhood.

The caring of the professional will emerge as ‘an ethic of conviction’. Recognising ‘the family enigma’ as the central axis of any story. *‘Everything is construction’*, each family has its part to play, and as A. Freud says, “as long as one is not checkmate, there are still some very nice moves to play.” With this in mind ‘the professional’ will hypothesise and raise questions to gather an idea of family characteristics. Characteristics that will only make sense when put to the test of the ties of events between them.

The beautiful testimony of J. Norman²⁶³ shows how each drama with her daughter confronted her with a lack of meaning. Judith felt lost and disconcerted. She felt herself literally pierced, physically attacked like experiencing a raw ordeal that translates into a staggering emotional state and affects any ability to reason. *‘She is stunned’* and does not know what to do or think. If we deconstruct the story, and what is not said but manifested in violence, we could deduce how this state of being transforms her unwittingly into *‘a mum who has given up.’* Deprived then of a mother, the child’s anguish intensifies, together with the violence, manifesting as a defence mechanism.

This is a story without words that needs to be spoken so that everyone hears what the other person is going through, and cancels out the pressures. To help Judith we need, as a first step, to listen to her and hear what triggered the crisis. When the child is present in the consultation we need to develop an **observant listening** that connects all of the psychic issues. Our listening contains them, supports them, and therefore reassures them. The emergence of meaning comes through the back and forth exchanges between the parent and the professional. Reflection returns and with it the parent regains his or her ability to think. **Therapeutic dialogue is a dialogue that builds meaning together**, that allows one to restart reflection, where only emotion was left. It is a little like coming to senses. ‘To say’ is not chatter nor sharing confidences with a friend or colleague, but it is a speaking exercise that relies on the skills of the listener. Explaining to a professional what he or she is experiencing allows the parent the benefit of distance. It is a look at oneself. To give a description in detail forces one to depict the past event, and therefore to put it into a temporality that can give meaning to the conflict.

²⁶³ Norman, J. (2016). *Mauvaise mère*. Editions LLL les Liens qui Libèrent.

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Recommendations/strategies:

This professional ethic of conviction creates a therapeutic dialogue that makes the parent a stakeholder in parental decisions, giving him or her back dignity and self-esteem. Thus the parent regains *his or her creative parenting*, his or her ability to act by thinking of his or her child in all his or her complexity. The interrupted family journey can more calmly resume after the parent has experienced the presence of another who is able to listen, guide, and if necessary, simply be there.

Sophie Marinopoulos is a psychologist, psychoanalyst, founder of the associative service PPSP²⁶⁴ in Nantes and her reception centre *Les Pâtes au Beurre*²⁶⁵. She is known for her work in maternity care since 1984 where she developed a care protocol for mothers who gave up their baby at birth, and for abandoned new-born babies. At the same time, from 1989, in a children's medico-psycho centre, she developed therapies for children and adolescents. She is a trainer and speaker for professionals in the social, psychological, medical and legal fields on questions of abandonment, adoption, affiliation, procreation, family bonds, emotional deprivation and prevention. Committed to the health and rights of women, she is also the author of numerous publications.

²⁶⁴ Prevention Promotion of Physic Health.

²⁶⁵ Reception centre parents/children/adolescents free, anonymous and no appointment needed.

4. Crisis and breakdown management

Adoption disruptions and breakdowns in the era of special needs: the role of the paediatrician

By Laurie C. Miller & Frédéric Sorge

More than 700,000 children have been placed through intercountry adoptions (ICA) between 1990 and 2014.²⁶⁶ Most of these adoptions are judged as 'successful' in that the children remain a part of their adoptive families. However, some of them have ended in breakdowns. Although the number of breakdowns is small, such events are extremely traumatic for the children and families concerned. Most of the social science research examining the causes of adoption breakdowns has focused on domestic adoptions from foster care, particularly in the U.S. A number of risk factors have been identified which contribute to the breakdowns of these placements. Some of these factors are likely apply to ICA, but surprisingly little research has specifically addressed risk and protective factors related to the breakdown of these adoptions (see [Section 1.3](#)).

In the last decade, major changes have occurred in the characteristics of children placed in ICA.²⁶⁷ As the total number of adoptions has decreased, the proportion of children with identified 'special needs' has increased. Concurrently, the waiting time for placement of a child has lengthened considerably, with some countries of origin (Cos) having waiting times as long as 5 or more.²⁶⁸

For example, between 2005 and 2009, the proportion of Chinese children adopted with identified special needs rose from 14% to 66% in the U.S. and from 6% to 34% in France.²⁶⁹ These special needs may include physical disabilities, congenital anomalies, an age > five years, being part of a sibling group, etc. Special needs adoptions are particularly vulnerable to breakdown. In a review of 11 studies of 4 443 special-needs (domestic) adoptions in the U.S., disruption rates²⁷⁰ ranged from 6% to 45% (overall rate of 11%).²⁷¹

Essential role of the paediatrician throughout the whole process

The increase in special needs adoptions has expanded the role of the paediatrician as a family consultant. The paediatrician, especially the adoption medicine specialist, has an essential role in preparing individuals to adopt internationally. The paediatrician also conducts a medical evaluation of the newly arrived child, and is responsible for on-going medical follow-up of the children after placement in their new families. Thus, the paediatrician

has special opportunities and obligations both before and after arrival of the child. This review will highlight the role of the paediatrician in preventing or intervening in adoption breakdowns, particularly in this era of 'special needs' adoptions.

Contribution of the paediatrician to the assessment, preparation and anticipatory guidance of prospective adoptive parents

Because of the likelihood that a child will have special needs, prospective adoptive parents (PAPs) are usually advised to consult a paediatrician (preferably a specialist in adoption medicine) early in the process. The PAPs may meet with the specialist several times to review potential health issues. For some, these meetings may occur over a time span of several months or even years. At each of these visits, the paediatrician has the opportunity to get acquainted with the PAPs, and to develop a sense of their coping strategies, resilience, and personalities. These visits also give the adoption medicine paediatrician the chance to discuss hypothetical possibilities with the parents, giving them the chance to reflect and prepare²⁷² (see [Appendix 9](#)).

The paediatrician can assess the parents' emotional readiness and the reality of their expectations. At these visits, parents are asked to come to terms with their capacity to raise a child with physical disabilities,

²⁶⁶ Selman, P. (2016). *The Global Decline in Intercountry Adoption 2004-2014*. Document presented to the 5th international Conference on adoption research (ICAR 5) 2 May 2016. Available at: https://www.academia.edu/24121586/The_Global_Decline_in_Intercountry_Adoption_2004-2014_key-note_presentation_at_5th_International_Conference_on_Adoption_Research_New_Zealand_January_2016?auto=download (last visited 8 June 2017).

²⁶⁷ Miller, L. C., Pérouse de Montclos, M. O. & Sorge, F. A. (2016). *Adoption d'enfants à besoins spécifiques en France et aux Etats-Unis en 2016 : Comment pouvons-nous mieux préparer et soutenir les familles ?* *Neuropsychiatrie de l'enfance et de l'adolescence*, 64 (5), pp. 308-316.

²⁶⁸ Selman, P. (2016). *Op. Cit.*, n°266.

²⁶⁹ *Ibidem*.

²⁷⁰ Adoptions are disrupted or dissolved, that is, the legal relationship between the adoptive parents and the child is terminated (Child Welfare Information Gateway, 2012).

²⁷¹ Groze, V. K. & Rosenthal, J. A. (1994). *A longitudinal study of special-needs adoptive families*. *Child Welfare*, 73(6), pp. 689-706.

²⁷² Miller, L. C. (2005). *The handbook of international adoption medicine: a guide for physicians, parents, and providers*. New York: Oxford University Press.

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sequelae of early malnutrition and neglect, adverse prenatal exposures, or other possible risk factors. They must prepare themselves for the possible 'double stigma' of adoption and disability parenting,²⁷³ as well as for transcultural/transracial issues (see *Cabral, C., Section 3.4*).²⁷⁴ They must learn the basic steps in the process of attachment, as many parents have unrealistic expectations about the speed with which this occurs. They must also become aware of the frequency of problems in eating, sleeping, and self-comfort in new arrivals. The paediatrician can serve as a resource in all of these areas; anticipatory guidance can be helpful in preventing future problems. Recent surveys have shown that most families wish that they had been better prepared for the realities of adoptive parenting.²⁷⁵ Studies cite as many as 58% of adoptive families who report not receiving enough information about their adopted child; similar statistics indicate inadequate information, preparation, and services for adoptive parents.²⁷⁶

After the arrival of the child: assessment of the child health status and adjustment of the new family

After the child arrives, the paediatrician is usually the first professional seen. At the initial medical visit, the paediatrician has the opportunity not only to assess the health status of the child, but to assess the initial adjustment of the new family. Screening the parents for post-adoption depression is mandatory at this time. This problem is estimated to occur in 15-30% of new adoptive parents,²⁷⁷ especially among those who have an increased expectation of problems and perceived lack of social support prior to adoptive placement.²⁷⁸ Post-adoption depression is widely under-recognised; new adoptive parents are often ashamed to reveal symptoms of depression after the arrival of their long-awaited child.

At the same visit, the paediatrician can gently inquire if the child meets parental expectations, or if unforeseen issues (usually behavioural) have arisen. In examining the child, the paediatrician has the opportunity to observe the parent-child interactions. Does the parent appropriately comfort the child? Does the parent seem depressed? Anxious? Exhausted? Overwhelmed? Does

the child look to the parents for reassurance? Does the child exhibit aggressive or disruptive behaviours? How do the parents respond to the child's behaviour? At this initial visit, an important picture of family adjustment begins to emerge. The paediatrician should carefully inquire into the child's behaviour. In some cases, the parents may misinterpret a typical 'orphanage behaviour' (such as refusal of certain food textures, reluctance to be bathed, the presence of self-stimulatory habits such as rocking) as personal rejections or failures.²⁷⁹ This can set-up an unfortunate cycle of responses to the child's behaviour that is not therapeutic for the child, and also negatively impacts the emerging parent-child relationship (see *Petersen, S., Section 3.4*). If the paediatrician has concerns at this visit, close follow-up and/or immediate referral is mandated. Referrals to suitable professionals (physical/occupational/feeding/behavioural therapists, child psychologists/psychiatrists) may resolve many incipient problems. It should be emphasised that referrals should be to adoption-friendly professionals who have understanding and experience with children who may have had difficult challenges in early life.

Medical evaluation and frequency of new diagnoses

The paediatrician must also conduct a complete medical evaluation. It is important to recognise that new diagnoses (in some cases in addition to special needs diagnoses made in the CO) after arrival are relatively common. In a recent web-based survey of 1034 (mostly American) adoptive parents,²⁸⁰ 25% of respondents stated that they expected to adopt a child with special needs, but an additional 25% stated that their child was found to have special needs after placement. Of this latter group, nearly 70% had a psychiatric diagnosis. In addition, 42% of the children with known special needs at the time of adoption had an additional significant diagnosis after placement. In 53%, this was a psychiatric diagnosis.-

²⁷³ Good, G. & Gibbs, A. (2016). *Adoption of children with special needs: issues and challenges*, Document presented to the 5th international Conference on adoption research.

²⁷⁴ Miller, L. C. (2005). *Op. Cit.*, n° 272.

²⁷⁵ Pérouse de Montclos, M. O. & Poggionovo, M. P. (2016). *Adoption Internationale : de la rencontre à la filiation*. Paris: Editions Lavoisier.

²⁷⁶ Hartinger-Saunders, R. M., Trouteaud, A. & Matos Johnson, J. (2015). *Op. Cit.*, n°83.

²⁷⁷ Fields, E. S., Meuchel, J. M., Jaffe, C. J., Jha, M. & Payne, J. L. (2010). *Post adoption depression*. Arch. Womens Ment Health, 13(2), pp. 147-151; Senecky, Y., Agassi, H., Inbar, D., Horesh, N., Diamond, G., Bergman, Y. S. & al. (2009). *Post-adoption depression among adoptive mothers*. J Affect Disord, 115(1-2), pp. 62-68.

²⁷⁸ Viana, A. G. & Welsh, J. A. (2010). *Correlates and predictors of parenting stress among internationally adopting mothers: A longitudinal investigation*. Int. J. Behav. Dev., 34(4), pp. 363-373.

²⁷⁹ Tirella, L. G. & Miller, L. C. (2011). *Self-regulation in newly arrived international adoptees*. Phys Occup Ther Pediatr, 31(3), pp. 301-314; Tirella, L. G., Tickle-Degnen, L., Miller, L. C. & Bedell, G. (2011). *Parent strategies for addressing the needs of their newly adopted child*. Phys. Occup. Ther. Pediatr, 32(1), pp. 97-110.

²⁸⁰ Pinderhughes, E., Matthews, J., Deoudes, G. & Pertman, A. (2013). *A changing world: Shaping best practices through understanding the new realities of intercountry adoption*. New York: Donaldson Adoption Institute.

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Support of the paediatrician over time: essential to prevent adoption breakdowns

Matching a family in need with the right practitioner can reduce the likelihood of breakdown of the adoption.

Some concerns emerge more clearly over time. As the paediatrician follows the child, behavioural problems may become more evident. As these issues are commonly cited as a reason for adoption breakdown, their occurrence should be a 'red flag' to the paediatrician to carefully assess the family's coping skills. Serious externalising behaviours (aggression, violence, opposition) merit an urgent reaction. It is a disservice to the child and family to minimise parental concerns at this stage ("he'll probably grow out of it", "lots of boys behave like this"). If the family sees it as a problem, it is a problem. The discrepancy between the imagined and actual parenting experiences can be extremely stressful.²⁸¹ Parent support groups may be very helpful at this juncture (see *Parent, N., Section 4.2*). Parents who are exhausted, anxious, or depressed should be referred for counselling (see *Marinopoulos, S., Section 4.1*). In the U.S., a recent survey found that 87% of adoptive families used post-adoption mental health services; 57% had to find these for themselves (without assistance from the adoption agency).²⁸² In a study of 234 special needs adoptions from foster care in the U.K., one-third of adoptive parents experienced major difficulties and most endorsed the statement that "More medical/psychiatric input would have prevented breakdown"²⁸³. Referral to adoption-friendly mental health providers can be of enormous value to the family. These individuals have the background to understand the context of the family, and the requisite skills to manage what are sometimes complex and difficult issues. Matching a family in need with the right practitioner can reduce the likelihood of breakdown of the adoption²⁸⁴ (see *Pérouse de Montclos, M. O., Section 4.2*).

A compelling recent study based on data from the 2012 National Adoptive Families Study (NAFS) in the U.S. examined the relationship between need and utilisation of post-adoption support (PAS) and adoption dissolution.²⁸⁵ The study found that needing and accessing PAS predicted 26% of the variance in dissolution. Accessing substance abuse treatment, educational advocacy as well as parent support groups decreased the likelihood of adoption dissolution (see Sections [3.3](#) and [3.4](#)).

²⁸¹ Smith, S. R. & Ingoldsby, B. B. (2009). *Exploring family theories* (2nd edition). New York: Oxford University Press.

²⁸² Pinderhughes, E., Matthews, J., Deoudes, G. & Pertman, A. (2013). *Op. Cit.*, n° 280.

²⁸³ Holloway, J. S. (1997). *Foster and adoptive mothers' assessment of permanent family placements*. *Arch Dis Child*, 76(3), pp. 231-235.

²⁸⁴ Berrick, J. D. & Coakley, J. F. (2008). *Op. Cit.*, n°8; Hartinger-Saunders, R. M., Trouteaud, A. R. & Matos Johnson, J. (2015). *Op. Cit.*, n° 83.

²⁸⁵ Hartinger-Saunders, R. M., Trouteaud, A. R. & Matos Johnson, J. (2015). *Op. Cit.* n° 83.

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Recommendations/strategies:

- To reduce or prevent adoption breakdowns, adequate parent preparation before the arrival of the child and post-placement support are both critical components of the adoption process. With the rise in special needs adoptions, this support has become even more crucial and should include the consultation at the earliest stage of the process with a paediatrician.
- The paediatrician has a special role and responsibility before and after the arrival of the child. Working together with other professionals, the paediatrician can support the stability of the new adoptive family and prevent breakdowns.
- A paediatric adoption medicine specialist can serve as an important resource to families and children, both before and after the adoption.

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Frédéric Sorge is a paediatrician and infectious disease specialist. He concentrates on the care of migrant children and internationally adopted children in France. He has worked as a consultant in orphanages in Benin, Cameroun, China, Ivory Coast, and Vietnam to improve the conditions for the children. His work is based in public hospitals in France, and with various international non-governmental organisations, including *Médecins du Monde* and *Médecins sans Frontières*.

4. Crisis and breakdown management

Training areas for professionals facing adoption disruptions and dissolutions

By Janie Cravens

Having the rather unique privilege of working in adoption and other children-without-parents matters since 1979, and that long, long view encompassing more than 5,000 out-of-home placements, I find I have developed an expertise in the sad business of disruption and dissolution. With this many families, over this much time, I am gratified that disruption is such a small portion of adoption-built clans (and although I'm saying 'adoption' all the following principles would hold true in foster care and other non-legal arrangements). Over the past fifteen years I have focused a great deal of attention on India, developing domestic adoption programs, providing clinical consultation on institutional life and de-institutional programs, attachment enhancement and positive discipline. In that context, I have developed the simple disruption prevention tools I'll mention briefly in this paper, and the Disruption Facilitation Skills that I'll write about more fully. In India the numbers of disruptions are growing concomitantly with that country's focus on domestic adoption, often involving older children from orphanages. My disruption work in the USA most often involves children from the foster care system who are placed domestically, but of course in the US we see a significant number of disruptions (or more likely dissolutions) of ICA children.

Before I speak to the four areas of training professionals need for Disruption Facilitation (see [Appendix 10](#)), I must state the obvious. Preventing disruptions/dissolutions starts long before the placement. It is my experience that even more important than the home study and screening is the education, counselling and support given to prospective adoptive parents, and a close-second is the peer and professional support offered in the early placement months.²⁸⁶ Of course, that ship has sailed by the time professionals and clients are discussing disruption.

The first thing I wish to impart as we enter our lesson on Disruption Facilitation skills is this: be sure professionals and stake holders are defining this problem correctly (see [Chistolini, M., Section 4.1](#)). Adoptions break down for many reasons,²⁸⁷ but the bottom line is that *this* child and *these* parents cannot navigate the very difficult passage of making a family out of strangers. Let's give the parents the benefit of the doubt – they probably started out with proper motivation and hearts full of love, but that changed to fear as things were not as they expected.

AREA ONE: TRIAGE

By the time a family speaks to you about disrupting, they are usually far down the road into their decision not to keep the child in the home. Still, a well-trained professional must look at whether this placement can, or should be, salvaged. The fact that negative feelings and experiences have been going on for some time is key. Triage means the worker must quickly assess whether the child is safe in this home, and/or whether others in the home are safe. Referrals to child protective services may be in order. In any case, assessment and interviewing skills will be needed, along with a true compassion for what the parents are suffering. Skills in supportive counselling, with a knowledge base of why adoptions disrupt, will help the worker gain rapport and trust with these adults. They are in a position to help the child in the transition process, plus in almost all cases they deserve care rather than judgement and condemnation.

Workers should provide immediate relief to the family and child for presenting issues. Respite care, relief for overburdened adults, counselling referrals and other community services must be well known to the worker. This relief may allow enough equilibrium to return so everyone can work together, empowering the parents and safeguarding the child. In this early phase, create a short term Plan of Service that includes reassessment points.

²⁸⁶ See different studies on this issue by Nelson in 1985; McRoy in 1999; Smith et al. in 2006; George et al. in 1997.

²⁸⁷ Child Welfare Information Gateway. (2012). *Adoption disruption and dissolution*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

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AREA TWO: THERAPY AND SUPPORT FOR THE CHILD

“This is not your fault, even though you fear that it is.”

The child needs a framework and language to describe what’s happening. Workers and counsellors should teach the idea of ‘family fit’ – this placement was not a good fit. The child may think it was a good fit, so gentle work, repeated as necessary, using marriage as an analogy will help. For example: *When people marry they want to love each other and be always happy, but the truth is they have to learn to live together peacefully, they have to learn how to get along, and how to disagree. When a child enters the family, by birth OR adoption, a similar process occurs. If the child and parents don’t fit well together, they eventually may separate.* The skills needed for this work are only basic knowledge of children’s cognitive development, and how to communicate with children at various ages.

Immediate help for the child should also include teaching the child language for explaining to other people what is happening if the child is over age six (that being the age, more or less, at which children are interacting with the outside world of adults and other children). The worker should adapt the skills/content from *The W.I.S.E. Up Powerbook* (published by and available from The Center for Adoption Support and Education),²⁸⁸ and teach these to the child and adults.

Longer term counselling with the child should include attachment assessment, behaviour modification, grief work, self-esteem building and helping the child define expectations of family life. Helping the child talk about their dashed wishes, exploring what they hoped for in the placement, what was disappointing, what was ‘good’, what was ‘bad’ – can eventually lead to work with the child on self-regulation (and what behaviours they have that were incompatible with family life). This kind of work requires a highly trained counsellor or social worker with child therapy skills, coupled with the specialised knowledge of LifeBook, Memory Books and Transition Plans/Books²⁸⁹ (see *Jenny, M. for the ISS, Section 3.2* and *Estrada Jaramillo, L.M., Section 3.3*).

AREA THREE: COUNSELLING AND SUPPORT FOR ADOPTIVE PARENTS/ FOSTER PARENTS

As stated, these parents (and other family members) deserve services, plus parents who disrupt/dissolve a placement may be able to adopt later with success. In early interviews with them, solicit a full description of what they are finding untenable or unacceptable. Many clues will be found in what they disclose. The worker will need skills in interviewing and in accepting without harsh judgements. Acknowledge that this is hard for them. As time and trust build, explore what their expectations were/are for children.

The short-term Plan of Service must address their primary concerns. Referrals to support groups should occur, even if only virtual groups are available. At this juncture, it is practical to reduce or redefine family expectations until final plans for the child can be made.

The worker should ask current carers to write out the child’s schedule, likes and dislikes, and significant events for their time together. This is useful information, but also empowers these adults to make a positive contribution to the child’s future life. Helping the parents and child work together on a Memory Book is ideal.

If, indeed, the plan becomes to move the child, then consider a ritualised Goodbye. The worker will need skills for this event, but an explanation may help: it should be brief, scripted, and as positive as can be achieved, with a wish (and thus permission) that the child be happy in the future. Sorrow that the placement did not work out is also appropriate. A child’s clothing and personal possessions should move along with him or her. This paper will not speak to the next very significant activities – Transition Visiting and Preparing the Receiving Home, but those are certainly areas the worker will need to study (see *Grilo, G., Section 4.2*).

²⁸⁸ The *W.I.S.E. Up Powerbook* can be purchased at <http://adoptionsupport.org/store/wise-up-sm-powerbook/> (last visited 8 August 2017).

²⁸⁹ *LifeBook making resources*, available at: <https://www.thespruce.com/lifebook-for-adoptive-foster-child-27440> (last visited 17 July 2017). See also: <https://www.childwelfare.gov/topics/adoption/adopt-parenting/lifebooks/> (last visited 17 July 2017).

4. Crisis and breakdown management

AREA FOUR: CARE FOR THE PROFESSIONALS

The social workers, supervisors, house parents and anyone else involved in a placement process that breaks down usually feel many strong emotions, guilt, self-blame and culpability being the most painful. Anger,

disappointment, fear and finger pointing will also usually make an appearance. Please create a safe environment and support for the workers to share constructively, and to learn through this hard process. Self-care, good leadership/guidance and supervision help us all in our challenging work.

Strategies/recommendations:

- Provide PAPs with pre-placement education, counselling and support along with a home study screening that addresses attachment and expectations for children.
- Provide special training in identified areas to workers overseeing disruptions/dissolutions. For any adoption matter, and in particular on disruptions/dissolutions issues, including workshop submissions, you can contact Janie Cravens: janie.e.cravens@gmail.com.
- Define and redefine the crucial issues when a placement breaks down. Understand the subtle issues and let that inform the interventions.

Janie Cravens holds an MSW and Advanced Clinical Status in the USA and has worked in Child Welfare since 1979. Areas of concentration include the development of Open Adoption Practices; Training of professionals in Best Practices; Attachment; Training for PAPs; Institutional Life and De-institutional Transitions; Mental health for children in Institutions; and Development of foster care and domestic adoption programs for India. Cravens has a private consultation practice and serves as Director of Education for Adoption Advocates, Inc., and Director of Child Services for the Board of Advisors to The Miracle Foundation.



4.2 The perspective of the adoptee and the adoptive parents

If fair, caring, and humble support is provided during a crisis, the apparent sense of hopelessness felt by the adoptive parents and the adoptee can actually become transformative. Recognition of respective skills and the creation of emotional and sometimes physical distance for a limited time (as suggested in the *Casas Conectadas en Red* program) can make it possible to transform the crisis into an opportunity. This enables the parties to better understand themselves, the other party and their respective skills and reactions. Sometimes, it may also enable the rebuilding of the relationship as the following testimonials show. If the bond remains broken, this enables an understanding of how support can help in progressing towards a new life project.

If the adopted person and adoptive parents are in agreement, they can move towards a new life chapter that is built on respect for each other's time, and support from professionals and their peers. The family must be mourned and potential conflicts of loyalty overcome so that all parties can learn how to live with this new wound. This wound becomes part of the life story of the adopted person and the adoptive parents. This chapter guides us on how to help the adoptee and adoptive parents to rebound and continue with their lives with strength and confidence.



I don't think that such a wound can ever be 'healed'. This is not possible. Many people are resilient, but resilience doesn't bring about healing. You simply have to live with it. Some wounds heal, but they all leave a scar. The scar is something very real. Depending on what happens later in life, the scar can become painful or even reopen.

4. Crisis and breakdown management

The Saint Anne Hospital Centre's intercountry adoption consultation: dealing with crises and shaping approaches around breakdowns

By Dr. Marie Odile Pérouse de Montclos

The creation of a child psychiatric consultation ('CAI'), specialised in intercountry adoption and provided by skilled professionals, aims to offer guidance to adoptive parents in helping them to understand and better support their child through their pain and/or behavioural difficulties, and to facilitate his or her connection with his or her adoptive family. The advantage of support with a preventative and/or therapeutic aim has been fully demonstrated in an anonymised study, where parents clearly recognised its very positive and necessary contribution.

The Child and Adolescent Psychology and Psychiatric service at the CHSA²⁹⁰ is specialised in areas of childhood, in particular, early childhood and adolescence, learning, transcultural, psychological trauma and parenting. It provides experience and skills, together with diagnostic and therapeutic tools that are particularly suitable in caring for children and parents in the context of intercountry adoption. Falling within a psychodynamic perspective and contextualising disorders through different theoretical axes (psychoanalysis, attachment, transcultural and psychological trauma), our service has fostered the development of this CAI. This contribution shares the clinical perspective of the CAI as to interpersonal, relational and parenting issues encountered in intercountry adoption.

The CHSA's intercountry adoption consultation

The CHSA's functioning is based on a broad theoretical focus which is considered essential in meeting the diversity of experiences and the psychopathological complexity of clinical situations. This choice is based on the observation that failed follow-ups with these children are quite often due to overly dogmatic and mono-theoretical positions taken by non-specialist professionals faced with the difficulties encountered by children and their families. These families have to deal with professionals who either, normalise the effects of adoption and deny the specificities of this kind of affiliation, or only consider their approach through a single-thought pattern. However, experience shows that these children challenge us in all our theoretic references. Families have the right to receive the most comprehensive assessment and assistance possible, adapted to their different needs. It is for this reason that we have developed a counselling model and a second

line consultation (complementary and not a substitute for local consultation) that utilises the full potential of the service and has a dual purpose: family guidance and expert diagnostic advice.

The risks of post-adoption rejection and/or breakdown of the adoption

Some adoptive families request a consultation with a feeling of imminent peril, requiring an urgent response: they feel faced with a conundrum. The child does not correspond in any way to their emotional and interpersonal expectations. Very often behavioural troubles are at the forefront – a testament to the child's anxieties and problems in adhering to a socio-family context that is completely new and strange. Far from interpreting these demonstrations as signs of the child's life journey, the parents experience them as attacks and violent rejections of their expressions of affection. The misunderstandings are highlighted daily, increasing parental guilt and even giving rise to a feeling of persecution. The risk of rejecting the child is significant and the importance of a specialised consultation becomes obvious. Such consultation often facilitates an immediate easing, offering a space to understand and expand on the affects and behaviours of both the child and the parents in response to their respective journeys.

The child's age at the time of his or her adoption, the importance of the previous traumas suffered and/or the child having lived on the street, increase the risk.

For younger children, it is often institutional experiences and major emotional deprivation that is an obstacle to forming a bond. This manifests in problems in sleeping and physiological functioning and even in very disconcerting oppositional disorders – undermining a parent's calming and caring role.

4. Crisis and breakdown management

Faced with situations of high-risk affiliation failure, professionals must match their clinical analysis with the context presented by the child and parents. This is the role of the CAI at the CHSA.

Family guidance

The CAI is organised as parent-child family guidance aimed at preventative (both before and after the arrival of the child) and therapeutic responses (in case of parent-child relational symptomatology/child symptomatology). It is a second-line diagnostic expert consultation requiring specialised assessment mostly carried out in the service. It also means the establishment of contacts with local care structures providing treatment for recognised symptoms and a specialised follow-up for the child. Likewise, the CAI is not intended to replace the role of local Medico-Psychological Centres (CMP) and Medico-Psycho-Pedagogical Centres (CMPP).

A certain number of operational elements characterise family support within the CAI:

- The **group consultation system** involves two professionals (usually a psychiatrist and psychologist) chosen according to the particular need. For example the following professionals might intervene: psychologist of UPPEA²⁹¹ for educational learning difficulties, child psychiatrist, adolescent counselling psychologist, child psychiatrist from UPJE²⁹² for a young child, etc. The two professionals are assisted by a child psychiatrist or psychologist undergoing training, who pays special attention to the child and takes notes.

The objective during the consultation is to evaluate the relational barriers to adoptive affiliation by putting into perspective the various elements that can be sources of vulnerability and confusion: patterns of attachment, cultural and linguistic misunderstandings, lack of awareness of the developmental characteristics of their child and his or her needs, the gulf between the idealised and the real child and difficulties in supporting the behavioural and emotional demonstrations of the child.

- **The dynamic of the consultation is centred around narrative work** on the respective backgrounds of the child, the parents and their adoption journey. In order to communicate the fragile aspects of these journeys, the work of therapeutic guidance consists of accompanying the expressive aspects of vulnerability with appropriate emotional support.

- **Observation of the child interacting** allows a dynamic interaction 'in the here and now' to help the parents find the right responses in accordance with the developmental and emotional needs of the child.

Very often a 'red thread' is chosen by the consultants according to the identified problem and/or the difficulties observed or verbalised during the interview. This is unique for each family and could concern issues, such as: the attachment of the child, his or her traumatic journey, the effects of institutionalisation, his/her heterogeneous development, mourning of the biological child by the adoptive parents, etc. This red thread allows for more active work which is centred on understanding and adjusting to the needs of the child in terms of attachment and development. Sometimes such work might lead to a psychodramatic experience, initiated by the child for example in a situation of traumatic history.

Clinical vignettes

Mr. and Mrs. X.

Mr. and Mrs. X. presented for consultation with two adolescent girls – siblings recently adopted from Brazil. The parents had raised four biological children, now independent adults, and they were therefore quite certain of their parental abilities.

Unfortunately, their charitable motivations were very quickly confronted with the limits of such an adoption process. The younger of the girls, Lucia aged 12, demonstrated opposition and huge intolerance to family and school constraints, as well as an unhealthy jealousy towards the other members of the sibling group, resulting in daily behavioural problems and considerable aggression. Very quickly, despite the support given to them, Mr. X. reacted in a somatic and depressive way, which he considered his daughter to be responsible for and demanded her placement in care. The CAI provided support for the parents and therapeutic guidance for Lucia and her father. This was a real turning point for the family. The CAI avoided placement of Lucia into care, remained a place for telephone support outside local consultations when the family was in difficulty, and put them in contact with different care teams. Very recently the expression of gratitude from the parents confirmed the benefit of this support – they are parents who are now experiencing and sharing enjoyable times with the children.

²⁹¹ Psychopathology Unit for Children and Teenagers.

²⁹² Early and Young Childhood Unit.

4. Crisis and breakdown management

Unfortunately, some adoptions can result in breakdown with the parents making the child experience a second abandonment. It is sometimes the adopted child, who on reaching adulthood, decides to sever all ties with his or her adoptive parents – thereby expressing a failure of his or her affiliation. The consultation does not facilitate a ‘repair’ of the bond, but helps the parents and/or the young adult to comprehend the breakdown.

Mr. and Mrs. Y.

Mr. and Mrs. Y. sought an emergency consultation concerning their son Paulo, aged 7, adopted in Colombia together with a younger brother and sister. The parents were ready to consider re-abandoning the child as they were destabilised by his sexualised and auto- and hetero-destructive behaviour, especially as they had refused to accept a child who had been abused. Paulo’s journey reveals a childhood marked by neglect and abuse, as well as successive abandonments and returns by a birth mother with an addiction pathology. The CAI made it possible for the parents to understand that the violence and deviant behaviour of Paulo was not directed against them, but related to a multi-traumatic personal history requiring close support of the parents in taking care of the child.

This clinical history also raised the issue of the limits of adoptability for certain children, in view of their life journey.

The behavioural repercussions of some traumatic experiences of the child – such as sexual abuse – can frighten parents and provoke reactions of rejection.

Mr. and Mrs. Z.

Mr. and Mrs. Z. were received on an urgent basis, under threat of ending the adoption process for their son Maxime. The child was six years old when he arrived in the family home two months earlier. Removed from his biological parents at the age of three years, he had to endure three years of institutionalisation before meeting with his adoptive parents. The meeting and the first weeks went by in a ‘honeymoon’ climate and Maxime seemed very compliant. Undoubtedly, with a hyper vigilant wariness that was not noticed by the adoptive parents. It was during a moment of tenderness between the mother and Maxime that the boy stunned his mother by suddenly mimicking with her a clearly sexualised behaviour. Mrs. Z. was offended and traumatised and then adopted a wary attitude of distance, avoiding any physical closeness with her son. Both parents suddenly seemed to consider him as a young sexual delinquent whom they no longer wanted.

This traumatic situation was then brought up in consultation, and the CAI made it possible to put this behaviour in perspective with regards to the life journey of Maxime and his parents. Maxime’s acting out was then valued as “proof of Maxime’s confidence in his parents by showing them what he had suffered, and that they would be able to help him”.

This change of perspective completely changed the parents’ view of Maxime and allowed them to experience empathy that was previously impossible. It provided the means to implement, over the following months, a real family guidance and professional assistance for Maxime. Now four years later Maxime has developed very well in his family!

Recommendations/strategies:

All these experiences of rejection and even breakdowns must benefit from enlightened support as soon as possible. These illustrations corroborate the conviction of clinicians that a **prior systematic family support system should be implemented in an intercountry adoption context.**

Dr. M.O. Pérouse de Montclos heads the Child and Adolescent Psychology and Psychiatric Service/St Anne Hospital Centre. Head of service for 30 years, she combines innovative clinical practices, institutional reflection on specific societal and cultural contexts, construction and/or restructuring of child psychiatric services. Her practice is structured around complementary and intricate theoretical orientations: psychoanalysis, attachment and anthropology. She has created CAREPCI (*Centre d'Accueil, Recherche et Evaluation de l'Enfance et des Parentalités Complexes et Internationales/ Centre for Reception, Research and Evaluation of Complex and International Childhood and Parenthood*), the CAI (*Consultation Adoption Internationale/Intercountry Adoption Consultation*) and is the former President of the CHSA International Relations Commission from 2013 to 2016.

4. Crisis and breakdown management

From trauma to resilience for the child: making it through against all odds

By Dr. Fanny Cohen Herlem

The text below is based on the following scenario: an adopted child, following an initial abandonment by his or her biological parents; and a significant time in a temporary placement in an institution and/or a foster family, is again abandoned by his or her adoptive parents (sometimes more than once, see [Sackville Northcott, F. and Chu, S. for ISS United States, Section 1.4](#)). This child therefore repeatedly experiences trauma. Later, the professionals in charge of the child think they must/may find him or her another family who is likely to adopt him or her. Therefore, from the child's point of view questions are related to: how can he or she live with and understand what is happening; and how he or she can or cannot confront this and 'make it through'. Put simply, how can this child recover the ability to trust and develop sufficient self-esteem to enable him or her to re-establish strong bonds and trust with other adults?

What seems necessary and what makes the analysis complex is the diversity of situations: a young child or an older child, a child in a sibling group (biological or adoptive) or an only child; a short or a long period of living in a family; the existence or not of inter-family violence; and so on. All these elements are going to impact on the psychic life of this child, on his or her experience, and on his or her development and future life. This contribution attempts to identify and to present the common elements of adoption breakdowns, regardless of the individual situation.

The trauma and guilt of a new abandonment and its expression in the child

By joining a family who are adopting him or her, the child tests his or her own ability to re-establish secure bonds with adults after having been abandoned. This bonding is progressive and sometimes put to the test by the child who replays his or her own scenario of abandonment. When his or her family group 'resists' his or her 'attacks' the child gradually regains emotional security and good self-esteem. This new family group is the matrix of his future relationships, the one to which he or she can always return to in case of difficulty, and in which he or she finds identity reference points. He or she can finally let go without having the impression of 'surviving', and as a consequence, can develop his or her own creativity.

Being re-abandoned is a trauma that sends the child back to the first abandonment. All resilience that has been acquired collapses: reference points are lost; self-esteem is diminished; and the impression of a being a 'bad person' impossible to love and care for returns.

This occurs, even if in the past the family experience was dysfunctional. A child clings to what they know, and to those people in whom they have 'believed'. He or she must **mourn a family**²⁹³ and what he or she believed he or she was – namely a child of that family. The narcissistic wound is deep. There is a risk of feeling 'dehumanised' like a 'discarded object/rubbish'. The child feels guilty about this new abandonment perhaps just when he or she has finally succeeded in not feeling guilty about the first abandonment. This second guilt is then accompanied by morose deliberations. He or she tries to find in his or her own conduct, interactions and personality the reasons/causes for this abandonment.

Subsequently, a more marked period of aggression and anger against the parents who abandoned him may materialise, accompanied by a sense of idealisation – a denial of the inherent problematic nature of family relationships. There seems to be a desire to preserve and hold on to the positive aspects of the past. The child finds him or herself locked in a struggle of alternating between believing "it's me"/"it's them", which they cannot escape.

Finally, faced with the reality of this new abandonment the child can become depressed. The feeling of loss becomes the dominant emotion. The loss of a loved object, the loss of a positive self-image, the loss of being lovable, the loss of trust towards other adults and finally the feeling of being unable to repair his or her wound. This psychological invasion has an effect on the psychic growth of the child. Depending on the context of the abandonment, the placement and the support, the child may prefer to avoid reflection – because thinking becomes too painful – to cut him or herself off from others so as to avoid the risk of another separation. The child may regress, in an unconscious attempt to regain his or her previous state.

²⁹³ Glorion, F. (2003). *Accompagner l'enfant en deuil*. Centre Laennec.

4. Crisis and breakdown management

Special case of siblings

The separation of siblings is a particular case: either the child is adopted before or after biological siblings, or siblings are adopted together. A child who is adopted with siblings and subsequently abandoned experiences a double separation, both from his or her parents, and from the siblings who have more or less the same background as him or her, and with whom he or she could easily identify. Separated from this biological sibling group, he or she is reminded even more strongly of his or her singularity and his or her inability to include him or herself in a family group.

In both cases, the sibling identity thus broken returns the child to his or her origins. The child loses the image that has been constructed/mirrored in their brother or sister. The ongoing maintenance of the bond will depend on the willingness of the children themselves and, above all, on the circumstances of the separation. Again, time must be taken to carefully analyse the situation, and to understand the particular needs and desires of the child.

To help the child understand that he or she is an actor of his or her life

In the intervening period following this separation, psychosocial teams are responsible for caring for the child and must put in place appropriate supports which will enable him or her to find a way through this painful period. Time should be given to the child for this purpose.

Professionals must help the child to understand what has happened to him or her, to develop his or her sense of loss and to make connections between the different phases of his or her story. He or she must be able to 'replay' his or her experiences and it should be interpreted in an acceptable and understandable way by the mother. That is to say in a manner of the 'good enough' mother as from D. Winnicott²⁹⁴ or the mother with the 'ability to daydream' as described by W. Bion.²⁹⁵ What can be traumatic for the child is the repetition of this event, whose effects have been suppressed or superficially assimilated. The child should be able to proceed with this breakdown alone in order to be able to 'move on', without fearing a repetition. Until then he or she has only suffered, without ever feeling the 'master of the game'. For once he or she will choose to 'abandon' those parents who no longer want him or her, abandon them without hatred or fear, just like those people with whom he or she has experienced positive and negative effects, and who he or she no longer 'needs'. He or she is no longer psychologically dependent on them.

Such essential support must also allow this child to avoid developing a 'fake-self' according to the terminology of D. Winnicott, that is completely subject to environmental requirements (real or perceived) by avoiding the links with his or her deep emotions and thus protecting his or her 'real self' to avoid confrontation with a reality that might not suit him or her.

Each human being possesses the ability to develop and to recover from trauma. What makes it a trauma is the unspoken, the unthinkable thing that preceded the act and the return of the subject to an earlier history which had not been developed until then, had been carefully suppressed and that arises in a re-actualisation. It should be remembered that the earlier the trauma the more impact it has on the development of the personality. More often there remains a personal fragility in identity and a narcissism that can make life more difficult to live. Careful and secure support, that does not identify the subject as a victim, is needed. Empathy that is not overshadowed by a fascination with the trauma of the other, a way out of the trap of a personal history that does not provide sufficient answers.

These children who survive despite everything

The **concept of resilience** may be appropriately applied to those children who emerge from this despite all the barriers, remembering that this ability to acknowledge the trauma suffered is based on the personal psychic qualities of the child and those of their environment. The child must be able to "be faced with an object containing enough good that it allows an identification with the traumatic past aggressor."²⁹⁶ In other words, the suffering of these children will make them repeat the scenario of abandonment in all its facets and put the prospective adoptive parents (and the key players) in difficult situations that will require them to be both flexible and firm, empathic and clairvoyant in order to avoid being caught up in these various scenarios.

²⁹⁴ Winnicott, D. (1975). *L'enfant et sa famille*. Editions Payot; Winnicott, D. (1989). *Processus de maturation chez l'enfant*. Editions Payot.

²⁹⁵ Bion, W. (1962). *Aux sources de l'expérience*. Editions PUF.

²⁹⁶ Guignard, F. (2015). *Quelle psychanalyse pour le XXIème siècle*. Editions Ithaque.

4. Crisis and breakdown management

Recommendations/strategies:

It is essential that the key players and the prospective adoptive parents renounce any personal satisfaction (feeling they have succeeded where others failed and doing better than them), as if they could easily replace those who have failed. They must be able to simply consider themselves as others at another moment in the life of this child, accommodate all his or her psychic movements so that the child can create bonds of a different quality with them and avoid repeating what he or she has suffered. *This is the cost of these children regaining confidence in themselves and in others and be again in a dynamic that will enable them, one day, to find adults who will be their parents.*

Fanny Cohen Herlem, psychotherapist, psychiatrist and child psychiatrist, and Expert at the Paris Court of Appeal, works with children and families in the field of prevention, care and support. She contributes to the assessment, preparation and support of adoptive families in France and Switzerland. She trains childcare professionals and works with ISS as consultant psychiatrist. In this context she has participated in various assessment and training missions. She is the author of several publications and regularly appears in the media on issues related to intercountry adoption.

When a new psychic adoptability takes shape: supporting the child in a new adoption project after following an adoption breakdown

By Gaëlle Grilo

Not all children who have experienced a breakdown in adoption are psychologically able to form a bond with new parents, but others, driven by an appetite for affiliation, will find the strength to go down this path again. For them, after a necessary stage of support through the grieving process of losing this first adoptive family as the *forever family*, a new psychic adoptability will gradually take shape.

This contribution is based on an experience of adoption breakdown by a child following a domestic adoption. In the case of intercountry adoption, it is often adolescents who return to child protection services due to an adoption breakdown. In these cases, as an adoption project is no longer suitable for them, the work carried out concentrates more on projects of autonomy.

Trust of the child in the intermediary²⁹⁷ and the professionals

A new desire to be adopted will only emerge if the child perceives that the key players at his or her side can revive 'their dream machine' and believe an adoption is possible. The trust that the child establishes with the intermediary and the professionals participating in the realisation of his or her new life project is the best indicator of his or her ability to trust in parents once again. Little by little, shyly, the indicators of a new hope are set out, **a new wish for affiliation**. Progressively, the child will be motivated a second time by this momentum towards a new family. He or she will again become psychically adoptable. It is at this point, that the work of supporting the child in his or her project of adoption can start again. Once again the child will need to revisit his or her story, the failure of the matching will be part of this, together with his or her arrival in his or her new care structure. On the psychic side there will be numerous movements back and forth, testifying to the child's fear of seeing him or herself again confronted with a situation of breakdown and abandonment. This completely legitimate fear will accompany him or her throughout the realisation of this second project. Nevertheless, thanks to the collective shouldering of his or her new project, and to the presence of the intermediary at his or her side, the child will find sufficient security and strength to avoid feeling overwhelmed and immobilised by this fear.

"Repeat it for me," Arthur asked me.

"Today if we ask Mr. and Mrs. G. how many children they have, they say one. If we ask them if you are their son, they will say no, that they have only one: Martin. If we ask Martin if he has a brother he will say no. It is over now. Your place is here Arthur. Tell your heart that it can let them go. It is a long time since they let you go."

"Repeat it for me again," he asks me one more time.

Listening to what I said, Arthur, six years, is lying on a bench, closing his eyes. He has been with his new family for several months: his second adoptive family. Indeed, Arthur experienced an adoption breakdown a year and a half before with Mr. and Mrs. G.

Since his arrival in his new family, he has shaken his parents enormously. He is very afraid of experiencing a new abandonment and a loyalty to Mr. and Mrs. G. has seemed to emerge.

In order to empower him to fully commit to a bond with his new parents, he needs to hear my words – that he makes me utter over and over. Arthur trusts me and I have accompanied him closely since his return to child welfare.

After having heard my words several times Arthur takes a breath and gets up. He runs with all his force to re-join his parents and throws himself gently into the arms of his mother "Mummy you know Mr. and Mrs. G., it's over." Arthur has a big smile on his face, he bursts out laughing, he seems to be relieved. His mother is moved. There it is! Arthur has found his place and it is now with his parents forever!

(It has been 3 years since Arthur and his parents formed a forever family).

²⁹⁷ The person who will support the child throughout the difficult mental process that he or she will go through. The intermediary's role is also important in determining the child's capacity to create new links. It is, most often, professionals (i.e. a psychologist or social worker) who support the child in his or her preparation.

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Finding a new family for the child

At the same time as providing support for the child, the search for a new family for him or her will begin. A search for a family that can meet his or her needs, accept his or her unique story, and be ready to face up to some strong manifestations of anxiety. Once the family has been found, they can begin providing support for their child. Gradually, the parents will be able to become closer with the child through the recognition of those events which have marked his or her journey through life. Increasingly, they will begin to understand his or her **specific security and reassurance needs** and will be called upon to reflect on the manifestations these needs can take on a daily basis, and on the answers they can provide.

For the child the way towards his or her new parents takes shape gradually, supported by the intermediary. Little by little he or she will go from the imaginary to the reality of his or her future family. The back and forth movements may still be present, and he or she will often be in need of reassurance about the reliability of his or her future parents, about their desire to become his or her parents *forever*, and about **the permanence of their commitment to be by his or her side**.

At the crossroads: the meeting between the child and his or her family

Eventually, the time will arrive for the first highly emotional meeting between the child and his or her new family. Both the fear of a new breakdown and the hope of a new and better outcome will be there. The anxieties linked to the breakdown of the first matching will be reactivated. The child could demonstrate a significant need for security manifested through the search for intense affection, and/or through his or her real need to be assured from the outset about the reliability of his or her new parents. Any bond that has developed will likely be tested. The manifestations of the child's anxiety could be extremely destabilising for the parents.

Through the **resurgence of distressing behaviours** established through the first adoption, the child will look to his or her parents for answers that differ from those which he or she was previously confronted with, and which did not enable an attachment bond to be established. This is a tough task for the new parents, who can feel

extremely harassed by this behaviour. Sometimes, the shadow of the breakdown of the first matching looms over them, generating an unconscious fear of not being up to the job. Entering new parenthood is undoubtedly accompanied by a sense of mental fragility, and the parents can be confronted by the worry of not succeeding where others have already failed. The presence and support of the team are paramount during **this extremely fraught period**. Any work which has gone into constructing an attachment bond, and the fruits of this work, must be maintained.

The parents need to be reassured of their ability to cope, and be helped to understand the child's behaviour in enabling them to find appropriate solutions of their own. From the child's side it is about putting words to the emotions he or she is feeling and reassuring him or her of the **reliability of his or her new parents and their ability to accept him or her as he or she is**. This first stage in establishing the bond between the child and his or her parents is very demanding, but it is necessary and fruitful.

Gradual construction of attachment bonds

Once this first stage is over, there is a reduction in the child's controlling behaviour. The child gradually allows him or herself to trust his or her parents and agrees to engage in this new bond, even if during periods of insecurity the manifestations of anxiety re-emerge. The attachment bond between the child and his or her parents is built a little more each day. At this stage of the relationship **the parent and child will be more attuned to each other**. The parents will be able to finely sense the changes within their child and adapt their responses according to his or her needs. Before being able to fully integrate at a psychic level in the new family, the child may sometimes feel guilty towards the first adoptive family with whom the bond could not be created. The child will then need to hear that this first family 'symbolically' authorises him or her to find his or her place with this new family.

When a solid attachment is established, the child detaches from the intermediary that they have invested in as a secure base up until that time. His or her trust in his or her parents appears established, and he or she now dares to rely on them. The parents, for their part, feel fully invested in their parental role and the family continues, at their own pace, to build the family bond.

4. Crisis and breakdown management

Recommendations/strategies:

- A breakdown of matching is a very difficult experience for the child to live through, as it can reactivate his or her experience of abandonment. Such a situation generates considerable suffering for the child and a strong sense of guilt for the teams. **Supporting the child in the here and now, in the suffering linked to this new loss, is an indispensable stage.** It is because the child has been allowed to develop this loss and carry out the necessary work of mourning that he or she can perhaps let him or herself be projected in an 'elsewhere', and again dream of his or her place within his or her *forever family*.
- **The child's trust in his or her intermediary and the different professionals who contribute to the realisation of his or her new life project** seems to be the best indicator of his or her ability to once more trust in his or her future parents. It is thanks to this trust that he or she can let him or herself redeploy his or her wings to try a new flight.
- Implementing a new adoption project after an attachment breakdown is a risky undertaking for the professionals faced with the anxiety of making the child live through another abandonment. This is done by **accompanying the child** in the different stages of emotions that he or she will go through; **accompanying the parents** in the difficulties that they encounter; and in **believing in their common ability** to go through the different stages in the creation of an attachment bond which could gradually lay the foundations for a solid attachment: the foundation of this family as a *forever family*.

Gaëlle Grilo has been a psychologist within the child protection service of the Department of Saone and Loire for 10 years. She takes part in reflections around questions of parental neglect, and accompanies children who are State Wards of Court in their change of status, the assessment of their psychic adoptability, the development of their life plan and, if applicable, the realisation of their adoption project. She supports adoptive families and children in building their attachment bond. She also raises awareness in professional teams of the psychic needs of children, and takes part in the recruitment and support of foster families.

4. Crisis and breakdown management

Casas Conectadas en Red: an intensive support programme for children coming of age who have experienced an adoption breakdown

By Alberto Rodriguez Gonzalez

This programme originated from the need to provide support in cases of adoption breakdown as children come of age, taking into account that when breakdown occurs with minors they can at least avail themselves of the resources and support provided by the child protection system.

The name of the programme, *Casas Conectadas en Red* intends to reflect the philosophy behind it. Separation entails stopping cohabitation but not the relationship. Thus, the adopted person who takes part in the programme and his or her family have to maintain a mutual connection, allowing the apartment where they reside for a period of up to three months (managed by *Agintzari*) to become a bedroom, away from but also linked to his or her home.

Programme objectives

The objective of the programme is to assist in **re-attachment, through the improvement of the relationship and the cohabitation environment** between the adopted youth and his or her adoptive family. By temporarily living in a home semi-autonomously, the aim is to facilitate the emotional reconnection of the family, a structural and functional emancipation and family reunification.

The specific objectives of the programme are as follows:

- To recognise the importance of strengthening the sense of family;
- To prevent the family and the adopted person from making hasty decisions; and
- To offer support in improving the behaviour management capabilities of all involved.

Principles of the programme

The programme is based on the following principles:

- **Creating physical distance where emotional distance is not possible: missing someone vs. being fed up**

Taking Schopenhauer's porcupines' parable²⁹⁸ as a basis, as well as the need for a minimum distance for security, separation is intended to achieve this distance as maintaining the relationship sometimes causes more harm than putting in place a secure distance. Families tend to run into difficulties when they are too close together – members are unable to think or miss each other. Where emotional distance is inevitable, physical distance may contribute to redefining boundaries and maintaining the relationship.

- **Achieving emancipation while staying home: repairing the relationship as a priority for the intervention**

The objective is not to favour autonomy nor to work towards functional emancipation. Rather, the intervention is primarily focused on repairing the relationship, a strategy aimed at deactivating the fear of abandonment, although this may trigger risky behaviour. This is the reason why the main intervention strategy is directed, paradoxically, at encouraging attachment and fostering an environment where the adopted person would be able to return home. Where return is not possible, agreement with the family is encouraged to support emancipation.

²⁹⁸ "A number of porcupines huddled together for warmth on a cold day in winter; but, as they began to prick one another with their quills, they were obliged to disperse. However, the cold drove them together again, when just the same thing happened. At last, after many turns of huddling and dispersing, they discovered that they would be best off by remaining at a little distance from one another. In the same way the need of society drives the human porcupines together, only to be mutually repelled by the many prickly and disagreeable qualities of their nature. The moderate distance which they at last discovered to be the only tolerable condition of co-existence, is the code of politeness and fine manners; and those who transgress it are roughly told—in the English phrase—to keep their distance. By this arrangement the mutual need of warmth is only very moderately satisfied; however, people do not get pricked. A man who has some warmth within himself prefers to remain outside, where he will neither prick other people nor get pricked himself." Schopenhauer, A. (1851). *Parerga und Paralipomena – Aphorismen zur Lebensweisheit*.

4. Crisis and breakdown management

- **Experiencing the feeling of loss and solitude... a way of connecting with reality**

Separation intensifies these feelings and therefore helps the adopted person and the adoptive family to connect with the attachment and the mutual feeling built throughout the years of the relationship. Short periods of separation, by mutual agreement, allow for connecting with these feelings, while separation for indefinite periods may create greater insecurity and pose difficulties in achieving the objective of strengthening attachment and the sense of family.
- **Delaying decision making in the face of grave risks and planning separation with structured support to avoid exclusion**

The idea behind the programme is to simulate separation for a flexible period of up to three months. The duration of separation should be determined by the time period that both parties need to decide whether they are in a position to resume cohabitation. If a resumption of cohabitation is not possible, the focus is then placed on structuring emancipation with both parents' consent and subject to conditions.
- **Favouring external control: delegating management and control of daily life to other professionals and to the youth**

Parental responsibilities of families are dual: on the one hand, providing affection and support and, on the other controlling daily life. Adopted persons who have experienced traumatic events are prone to perceive their parents' limits and refusals as a threat. This can be explained by a mental dissociation mechanism that renders it impossible to perceive the same persons as having simultaneously both an affective and a normative function. Separating these functions so that the normative function is conducted by other people (the practitioners of the social service), and keeping the affective function with the parents, serves to assist adopted persons to become aware of the causes underpinning their difficulties and as a way of training families in risk management.
- **A brief intensive, comprehensive and unpredictable programme**

This programme is not predictable, in that it makes use of strategies and techniques that are unexpected in order to trigger change (the use of the paradox is highly effective). To illustrate this, a game is organised at a certain point, such as an outing in the city or following a path as a group, pointing out that if the goal is not achieved they will have to attend several hours of therapy. Having a common enemy fosters a sense of unity and attachment.

The image below presents, by way of example, the stages, objectives and methodology of intervention during each of the three months of agreed separation. It points out that intervention responds to a structured programme with specific contents.
- **Maintaining a close relationship of family care and dependency**

This is achieved by the fact that leaving the home is supported by the family's means. Daily food and needs are still covered by the family since the apartment only provides the minimum infrastructure and no cooking, cleaning, or other services are included. The aim is to help reinforce an understanding of the continuity of the relationship and for the adopted person to perceive the family relationship as unconditional.

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STAGES OF THE PROGRAMME WHERE COHABITATION IS INTERRUPTED – *Agintzari*

FIRST MONTH

Crisis intervention

- Gaining awareness of the separation.
- Managing complaints, malaise and fear of abandonment.
- Connecting with the causes that trigger conflict and behaviour.
- Anticipating the absence of change.

SECOND MONTH

Finding strategies to manage and repair conflicts

- Managing uncertainty.
- Confronting episodes of suffering and the pain experienced.
- Fostering mutual understanding within the family.
- Managing new behaviours and ways to face conflict.

THIRD MONTH

Planning the future

- Predicting conflict upon return home.
- Conditions to prevent conflict.
- Joint decision making about the future of the relationship.
- Intensification of leisure and attachment activities within the family.
- Definition of mechanisms to solve conflicts and crises.

The contents and results of the programme's intervention are based on the observations made on the intervention model in cases of adoption breakdown, as presented in *Chapter 3, Section 3.4 of this handbook*, taking into account that one of the keys of the programme with the greatest impact is the intensity of the intervention and its short time period (see *Appendix 1I*). This contributes to avoiding an extended duration that can make the situation chronic and increase the feelings of despair, in particular for the adopted person.

Recommendations for conducting effective work:

- The programme should be **INTENSIVE**, in that it should last around three months. It must entail the daily intervention of a programme educator in all matters pertaining to the organisation, training, habits, etc. The adopted person and his or her parents should obtain psychological therapy three times a week (alternating individual therapy of the adopted person, couple's or parents' psychotherapy and family psychotherapy). This prevents an 'easing off' which could give the impression that the experience is respite, while it is a therapeutic separation.
- **A COMPREHENSIVE INTERVENTION**, that it is focused both on parents and the adopted person, offers a multidisciplinary approach (by social educators, psychologists and psychotherapists), and management of all areas of the adopted person's life (training, professional integration, physical health, social relations, etc.).
- **A FLEXIBLE MODEL** with guiding principles that may provide for other forms of intervention (i.e. not those supported by our entity) and a diverse range of scenarios of cohabitation outside the house that may be implemented with the same philosophy.

4. Crisis and breakdown management

Casas Conectadas En Red: personal experiences of the programme

All persons who participated in our programme have a point in common: they have all gone through deep family conflicts from adolescence onwards, including situations and instances where they have been exposed to high risk behaviour. Desperation and exhaustion, added to the risk that the relationship could be terminated, caused the ADOPTIA service from Agintzari to suggest a temporary three-month interruption of cohabitation and involvement with an intensive intervention programme.

Iván first got involved in the program when he was 19 years old. He was adopted when he was 1 and a half years old in Romania. At 17, he had to leave his family to complete his studies away from home, and this affected him deeply. "The suffering and loneliness drove me 'crazy' somehow, and I dropped out of school and came back home." After returning home, things became worse and Luis and Amelia, Iván's parents, stated that "as from that moment, Iván's behaviour became more aggressive, leading to situations that disrupted family life. It was a period of aggressiveness, turmoil and estrangement... We generated a dynamic of confrontation and we were not capable of controlling this, so we were at risk. We understood that Iván was suffering, but we were overwhelmed."

Participation in the programme entailed the following:

The decision had to be ours as well as Iván's.

It was about having physical space, but without losing contact, which would help break the negative dynamic we were living in and would help us reflect on the family relationships we needed to rebuild.

The decision was not dramatic, it was not a termination of the relationship and it offered us what we needed, a bit of distance, just the right amount, to ease the situations that upset us.

This programme was a turning point in the struggle we were going through. As parents, it has helped us to see Iván and understand him. The interventions have helped us think, acknowledge mistakes and wrong decisions and we have found new ways of interacting.

We believe that after this experience Iván is more aware of his own weaknesses, but also of his strengths. This helped him acquire self-esteem. He had a chance to reflect on what family means to him. As a family, everything has been positive throughout this experience. As parents, we are profoundly grateful for the opportunity we were given.

Iván explains: I lived in a shared apartment with a female roommate for three months, and there were many moments when I felt lonely and sad. But it helps to have someone to talk to about anything and who understands you in most cases. After the intervention, I feel that everything flowed in the right direction, everything made sense, and I am not afraid of being alone or of feeling alone, even if my family or whoever I miss is far away. This experience has been worthwhile, and it has helped me find myself without the 'needed pressure' of parents.

But it has also helped me realise and reflect on what I had done. I started missing my house, my friends, even my studies. I missed everything.

Jon, another participant, Colombian, adopted when he was 6, said that at the beginning he had a rough time because nobody likes being alone. And when you are alone and you feel alone you start thinking differently... you think about coming back home. The experience helped me realise I was not alone and I was able to resume cohabitation with my parents.

We have assisted plenty of boys and girls with the philosophy and methodology approach used by the programme Casas Conectadas en Red, and we can conclude that creating a physical distance when an emotional distance is not possible provides the necessary space to think about things, and allow the relationship to be restored. The affectionate bond which has been silently generated throughout the years, since the beginning of the adoption, is always there.

We wish to thank all the adoptive families and adoptees who have shared their pain and struggles with our service. Together, we have walked the path of learning to adapt and do things differently, relying on the fact that there is always a bond on which to rebuild a relationship that seems lost.

4. Crisis and breakdown management

An adoption breakdown during the probationary cohabitation period: supporting prospective adoptive parent

By Ruth Schürbüscher

The desire to start a family and raise children is a profoundly human trait. The decision to fulfil this wish by opting for foreign adoption generally comes after a painful process that involves several stages of mourning and letting go. The hope and expectation of living with a child grows during the adoption process. Imagine the pain of those who, full of joyous optimism and anticipation, travel abroad to meet a child proposed to them after a long wait—and ultimately decide to leave without him or her.

Supporting adoptive parents in the event of an adoption breakdown

There are many reasons not to go through with an adoption. Although the mediation process may proceed with the utmost professionalism, some issues can unfortunately not always be remedied. Some reasons are buried deep within the child and/or the adoptive candidate. Prospective adoptive parents (PAPs) are prepared for the possibility that there might not be a magic spark when they meet the child, and they have to be able to recognise when the fit is just not right. Thus, they need to be supported in their decision not to adopt the child and throughout the remainder of their journey.

For adoption professionals, we might wonder if there are factors and configurations that from the outset can predict breakdown during the probationary cohabitation period. Experience has clearly shown that the answer is yes. This leads us to another question: how can intercountry adoption (ICA) professionals work with authorities/services in the country of origin (CO) and receiving country (RC) to minimise the risk of breakdown for adoption candidates? What support can they provide if, despite everything, the adoption fails? A breakdown can be a very trying and emotional experience for adopters, and is often perceived as a crisis.

Sharing information in the most transparent and detailed manner possible

Here are two examples.²⁹⁹ They illustrate the situation experienced with countries that are signatories to the 1993 Hague Convention.³⁰⁰

In the first case, the adoptive candidates were proposed siblings: a one-year-old girl and a two-year-old boy. Although the brother and sister had lived in the same

home, they had been placed in two different age groups and therefore did not know each other. The initial contact and probationary cohabitation period went well for the adopters and the little girl—however, the boy acted strangely from the outset. He was aggressive toward his little sister and toward animals, and also demonstrated auto-aggressive behaviours. The situation deteriorated one weekend when the prospective adoptive mother was alone with both children.

She later described her feelings and needs thusly: she felt overcome by the situation, doubted her ability to become a mother and considered halting the adoption process. Even though no on-site support was available, it would have been extremely helpful for her to at least be able to reach a qualified person by telephone—from the competent/central authorities of the CO or the competent Central Adoption Authority of the RC.³⁰¹ In this specific situation, she needed someone to listen to and comfort her until additional support and assistance could be provided once the weekend was over.

Another crucial element was added. In a subsequent interview conducted by the competent authority in the CO, the adoptive couple learned that some information had been deliberately omitted from the child's report that had been provided to them. The boy had lived for some time with a foster family where he had suffered serious abuse. It is possible that the abuse may have resulted in psychological damage. The authorities justified their actions by stating that they had wanted to give the child another chance to grow up as part of a family. When the child was matched with the PAPs, it was clear that certain facts—i.e., that the child was likely unsuited to being placed in a family due to his earlier trauma and that the PAPs had made it clear in their application that they did not wish to adopt a child with (potential) mental issues—had not been taken into consideration.

²⁹⁹ According to the German adoption placement act and ban on the placement of surrogate motherhood (*Adoptionsvermittlungsgesetz – AdVermiG*), adoption organisations certified and approved by the government as well as adoption offices within the Central Adoption offices at the federated level are authorised to handle intercountry adoptions. In the examples presented here, the procedures undertaken by adoptive couples have been implemented and guided by the adoption office at the federated level (Land).

³⁰⁰ The countries in question will not be named in order to avoid discrediting them.

³⁰¹ This is the *Zentrale Adoptionsstelle des Landesjugendamtes* empowered by the law for all adoption procedures. Some Länder have established a joint Central Authority.

4. Crisis and breakdown management

Support for the emotional impact of a failed adoption

The PAPs, who had already experienced a wide range of emotions, found themselves in an extremely difficult situation. First was the exhausting preparation and evaluation phase. This was followed by concerns as to whether they would be offered a child for adoption. Then came the joy of being chosen to be the parents of not one but two children, followed by doubts about their ability to deal with the eldest child's behavioural problems. And lastly, the decision not to adopt the boy even though it meant giving up the little girl. Emotionally, it was as if their entire world was falling apart.

The competent adoption authorities and the court in the CO of the two children decided that the couple would be allowed to adopt the little girl only.

The brother has remained a part of family discussions, and continues to be so today (12 years later). The adoptive parents wanted their daughter to know her full history from the outset; this experience is part of her past, even if she has no conscious recollection of it. One question has never completely gone away: "what would have happened if we had decided to adopt both children?"

In the second case, a bi-national couple that had applied for adoption in the wife's CO went through a similar experience. The Central Adoption Authorities in the CO sent them a complete report on the proposed child: a healthy little girl just barely a year old. During the probationary cohabitation period, the PAPs observed behaviours that indicated the child might have potential physical deficiencies—or even mental disorders—possibly caused by a lack of affection during infancy. Here too, the PAPs' social report clearly indicated that they were not willing to adopt a child with psychological issues. With a heavy heart, they decided to halt the adoption process and return to Germany.

The wife likened the sense of loss to that which can occur following the death of a child. This added to her own doubts about her abilities and the fear of having made the wrong decision. Should they have still adopted this sick child who needed parents? What affected her the most was the fact that she went through this experience in her CO, where she had complete trust in its structures and professionals.

How to provide support after an adoption breakdown – means and competent persons

In Germany, the adoption offices of the local child protection agencies³⁰² or adoption accredited bodies (AABs)³⁰³ are generally responsible for providing advice on all aspects and questions regarding adoption.³⁰⁴ In this area, child protective services must ensure that an offer similar to the one made by the AABs is put forth by the public organisations.³⁰⁵ In the case of an ICA, the stakeholders—whether public or private—are obliged to provide advice, particularly when a child is proposed to the candidates.³⁰⁶ Ideally, the AAB and the adoption office in charge of the adopters' file will work together if there is a breakdown during the probationary cohabitation period or in the adoption process, to see whether they can jointly offer solutions or help the adopters find support (by whom, what type and how much). In all cases, the needs of the adoptive parents should be taken into consideration.

In the above cases, both couples received support and accompaniment when they returned to Germany from professionals at the adoption office of the local child protection services and by an associate at the Central Authority (CA) of the competent child protection services at the federal level.³⁰⁷

The interested parties must be invited to talk, while at the same time given the freedom to choose whether these discussions are hosted by them or by the competent organisation. It is also preferable to let the interested parties choose whether the support will be provided by a man or a woman. If psychological support or therapy is needed to help overcome emotional trauma, it is helpful for the support worker to refer individuals to psychologists/therapists they already know personally and prefer, and who are thoroughly familiar with adoption and the potential breakdown involved. It is also strongly recommended that telephone contact be maintained.

The two women in the situations above explained that accompaniment and support were important as this allowed them to feel that they did not have to face the situation alone. The fact that their decision was respected, that they were made to understand that this was not a failure and that they were not responsible, has been a great comfort to them. At a later stage of the psychological intervention, it may be useful to put people who have gone through a similar experience in contact with each other via the support worker.

³⁰² The *Adoptionsvermittlungsstelle des Jugendamtes*.

³⁰³ Organisations called *Anerkannte Auslandsvermittlungsstellen der freien Träger*.

³⁰⁴ Cf. Para. 9 of the German adoption placement act and ban on the placement of surrogate motherhood (*Adoptionsvermittlungsgesetz – AdVerMiG*).

³⁰⁵ Cf. Para. 9a *AdVerMiG*.

³⁰⁶ Cf. Para. 5 paragraphs 2 and 3 of the Act implementing the 1993 Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption (*Adoptionsübereinkommens – Ausführungsgesetz – AdÜbAG*).

³⁰⁷ This is the *Zentrale Adoptionsstelle des Landesjugendamtes* empowered by the law for all adoption procedures. Some Länder have established a Joint Central Authority.

4. Crisis and breakdown management

Life after an adoption breakdown

The couple in the second example did not remain childless either. Back home in Germany, they took in two children on a permanent placement, and the family continues to grow with children assigned with them on a temporary placement.

Contact with both families is on-going. In an August 2016 telephone interview, the two adoptive mothers were able to look back on their respective experiences and explain how

they felt about the support and accompaniment they received from the adoption office of the competent child protection services at the local level and from the CA. This also allowed them to express what had gone wrong for them.

Although everything turned out well for these two families, after all these years they are still tormented and concerned about the fate of the children they had to leave behind in their own native countries. Those children will always be part of these families' histories.

Recommendations/strategies:

- **Mutual responsibility of the CO and the RC regarding matching:**
 - Prepare relevant social reports by adoption professionals in the CO, clearly indicating the candidates' potentials and limitations that must be taken into consideration when matching candidates in the CO.
 - Prepare a relevant report that reflects the reality of the child proposed for adoption by the competent authorities in the CO.
 - Ensure transparent and consistent decision-making by all the professionals involved in making a concrete matching, in order to allow appropriate follow-up in accordance with the child's needs and to avoid the risk of breakdown after the meeting.
- **Presence of professionals in the event of a crisis during the probationary period in the CO:**
 - Professionals that can be reached every day (or during specific times) during the probationary period in both the CO and the RC;
 - Assistance from a professional who has all the information about the child's past, who accompanies the child during contact with prospective adopters, and who can answer their questions;
 - Have an interpreter available, as required.
- **Provide coordinated assistance and support in the event of an adoption breakdown process.**

Ruth Schürbüscher has a postgraduate degree in education. Since March 2000, she has worked as a consultant specialising in technical and legal issues regarding intercountry and domestic adoption at the Central Authority of the Westphalia Land child protection services in Münster, Germany. ICA is one of the many and far-reaching missions of the CA. She also created a support group in Münster for adults adopted in the 1990s.

Providing peer support in case of difficulties

By *Nathalie Parent*

Through its 64 years of existence, supported by a network of 92 departmental (local) associations, Enfance & Familles d'Adoption (Children and Families of Adoption) (EFA) welcomes all those who adopt or who are adopted through: domestic or intercountry adoption; independent adoption / adoption through an accredited private or public adoption body; adoption of very young or older children; siblings or a single child; children with or without medical problems, and all regardless of family composition.

The support of applicants, families and adoptees has always been one of EFA's missions, and for many years has been at the heart of its work.

Peer support: addressing the specific needs of adoptive parents

Peer support does not come with an objective of making a diagnosis, assessing a situation, or proposing a therapy – even if this support can have a therapeutic effect. Adoptive parenthood is first and foremost fully-fledged parenthood. However, added to it there is a specific know-how, a knowledge that can be shared and exchanged between peers. The potentially difficult journey (tainted by infertility, taking the route of assisted medical reproduction, approval, waiting periods, etc.), combined with difficulties with their children turns adoptive parents into special needs parents.

The initial period of time after the child arrives can be complicated and the problems encountered incomprehensible for an adoptive parent's immediate support network of family and friends. How can they explain that they are not completely happy when they have waited for this child for several years? How can they say that they feel sad and physically and psychologically exhausted, while others experience post-adoption depression that is practically ignored? How can they share doubts, worries and difficulties? It is impossible to complain. Impossible to express a feeling other than perfect happiness. Impossible to show an image other than that of an 'ideal family'. The advice given by the immediate support network is not always appropriate: an adopted child will not react in the same way and will not necessarily have the same needs as a child who has always been a part of the family unit. Sleep, diet, angry behaviour, regression – all are incomprehensible for the uninitiated. It is therefore reassuring to be able to confront these practices, worries, and questions with other parents in the same situation.

Peer support: diverse forms of support

Discussions groups between peers promote the expression of difficulties, unease, feelings, questions, etc. A caring, competent and judgement free outside view (the EFA administrators are trained to listen and support) helps to support a sometimes shaken parent. Discussions groups encourage and support the discussion of behaviour that is strange for the inner circle but commonplace within the adoption environment, allowing for the sharing of different questions, and bolstering the need to seek help from professionals. Discussion groups, meetings, parent coffee meetings, library meetings, conferences, writing workshops, workshops in sophrology, sensory awareness, micro-physiotherapy – all methods which can allow everyone to express themselves according to their own needs and communication style.

Adolescence is always, more or less, a tumultuous time for all. It is a time of crisis not only for the child, but also for the whole family group. Young people can put themselves in danger through their risky behaviour, become violent and reject their family and the society in which they live. The family balance can be shattered, and some parents may even question the adoption. Besides consulting with professionals – who are indispensable in these specific cases – peer association is a key resource. In many departmental associations, discussion groups for parents of adolescents, led jointly by a professional and an ETA volunteer, enable participants to talk about their daily life. Sharing difficulties, or what is perceived as such, sometimes helps to de-dramatise what is, after all, a known difficult period. These groups can also provide a place of refuge and an outlet to express emotions. Supporting parents in turn supports the child, and allows the child to feel better.

At the national level, online discussion groups, forums, national help lines, pre-adoption reflection courses, and parenting workshops on themes such as "Becoming a parent: a daily apprenticeship", "Bringing up and understanding your child better", complement the support offered by the network's departmental associations.

4. Crisis and breakdown management

Peer support: essential in the current context of intercountry adoption

Today, all the key adoption players in France are calling for a true reform of adoption: better integrating information on adoptable children; better preparation for adoptive parenthood; and the development and support of key resources (such as adoption consultations, i.e. health consultations), to help candidates to understand their limits, to point out their weaknesses, cultivate their qualities, and raise awareness of where to find the help they need after the arrival of the child.

In a context where the projects of adoption candidates do not necessarily respond to the needs of children awaiting parents; where approval is a recognition of the ability to care for a theoretical child and not necessarily the child in reality; where support can be non-existent or insufficient before, during or after the adoption; where the parents are sometimes undermined by societies perceptions and need to be legitimised in their parenthood, the support from EFA departmental associations allows families to talk and share their daily life without shame, fear, judgement or taboo.

Recommendations/strategies:

- Support families as closely as possible in the field, through supports that are geographically close to them.
- Encourage meetings with peers from the beginning of the project to learn about the reality of adoption, the specifics of adoptive parenthood, to reflect on their project and its limits, and to manage the waiting period after approval has been obtained.
- After the arrival of the child, facilitate experience sharing between peers to consolidate (or not) their educational choices and to put in perspective/share their difficulties in a caring and competent listening space where even 'the unspeakable' can be said.

An adoptive mother of three children born in Madagascar, holder of a Master's degree in private law and a State diploma in family mediation, Nathalie Parent, has been President of *Enfance & Familles d'Adoption* since 2012 and has worked for many years on issues relating to intercountry adoption. She is a member of the National Council of Access to Personal Origins (CNAOP) and the National Council for Child Protection (CNPE). She was President of the Family Counsel for her Department for a period of 12 years, and was Assessor at the Children's Court for 6 years.

An unstructured identity

Interview by Sitara Chamot

In the early 80s, Sunti was adopted in Sri Lanka, through a Swiss adoption accredited organism. He was thought to be about 5 when he arrived in Switzerland. His adoptive parents already had two biological children. Sunti remembers how happy he was to be part of a family and to be able to say he had parents. The orphanage had been like a prison for him. He remembers that to begin with his family made every effort to integrate him. However, with hindsight and bearing in mind the events which ensued, he now realises that he was like "a new purchase which everyone came to see."

Early years and initial upheavals

Sunti says that during the first six years of his life in this new family, he was like a model child. He certainly had a few problems in school, but nothing to really worry about. To begin with he was the 'favourite' in the family. Then his parents adopted another child, a nine-year-old girl who had lived on the streets in Brazil. This girl was two years older than him when she came into the family. He thinks that this was the first event which disrupted his stability and development within the family. According to him, his parents were not aware that something had changed in him, and that the problems which arose were the visible signs of this lack of awareness. Sunti points out that it was not the adoption of his sister which caused a problem, but the fact that she was older than him. The 'order of birth' among siblings had been upset. He felt that his place had been usurped, as if he were left behind in a race.

At the beginning the siblings got on well together. However, Sunti believes he had a different education from his biological siblings, even though his parents kept telling him that he was now Swiss, and that he would not be treated differently. Sunti felt that a difference did exist, and he began to construct a protective bubble around himself. He says, "my parents are professional photographers and I remember a day when they wanted to take a family photo. I do not remember why I was crying that day, but they decided I could not be in the photo. They wanted to show a happy family. Even if I was smiling, my unhappiness was obvious, so it was not possible to be in the photo".

The family situation worsens

The situation at home began to deteriorate rapidly after the arrival of the new adopted sister. She reacted violently when the father rebuked her. Sunti thinks his parents were unable to call into question their own attitude when faced with the outbursts of violence between father and adopted daughter. These outbursts frightened him. According to him, his parents did not attempt to adapt their ideas of discipline to the behaviour of their new daughter and her life story. They persisted in believing that the education of their children should be the same for all, and for Sunti this was one of their first mistakes as parents. Two years after the arrival of his sister in the family, a dramatic event led to her being placed in an institution. One evening the father asked her to join them at the table. He had to force her to come downstairs and put her hands on the table. She grabbed a knife and jumped on her father, they fought and the knife caught in a shirt button and broke. She threw the handle at her father and left the house violently.

When Sunti was 14 his parents took him out of compulsory schooling because they considered him to be incapable of finishing his education. They found him an apprenticeship in a bakery, with a bedsit over the shop. However, this did not stop the conflicts. After yet another dispute, Sunti ran away, and this was the beginning of the family breakdown. With hindsight, Sunti realises that this allowed him to live out his emotions and to forge his personality.

4. Crisis and breakdown management

A few weeks later Sunti ran away for a second time. It was his friends who informed the school mediator that he had been sleeping out for a week. The Youth Protection Service (YPS) intervened because his parents had not reported his disappearance. His parents were held responsible before the law. Sunti realises that this was very difficult for his parents. For years they had been convinced they could deal with these problems, and so being called before the Youth Protection Service was a real hardship. Sunti in fact remembers that they were unable to understand what they had done wrong at the time, and they designated their son and the YPS as being responsible for what had happened.

Separation and placement

Sunti was placed in an institution. One day his mother came to get him and take some things home. She blackmailed him: "either you come home or you give me back the keys." Sunti remembers he did not hesitate for a second and gave back the keys. For him the breakdown was clear. At the time he was not aware that this breakdown would be final, but he knew that it was a real decision on his part. He realised he would no longer see his family. In the institution, the others went out for holidays or weekends with their families, he stayed in. Guardianship and parental authority had been withdrawn from his parents. His educator explained to him what this involved. At the time he was relieved, "it was a moment of truth concerning what had happened in the family. I was at last understood and seen as someone who was suffering. I did not want to relive what I had been through". Sunti stayed nine months in the institution and was able to complete his schooling. He went through some extremely difficult periods, full of bitterness and confusion. Why had he been adopted when he now found himself in an environment similar to an orphanage? These events made an imprint on his development as an adult. When he turned 18 he had to leave the institution overnight, but he received help to find work as a nursing auxiliary. However, he did not know how to manage his finances or simple administrative tasks. Slowly he became influenced by the company he kept and his life was difficult. He continued to hear his parents repeating what they used to say when he was little, "you won't manage."

A rebirth

When his first child was born he felt he was living a new life, a second birth for him at the age of 20. He realised that he had a chaotic foundation for his life, but that little by little he had constructed his personality, achieved something and had the capacity to succeed. He knows this 'structure' can collapse, that the base is still fragile. Sunti is now 42. He does not know what his adoptive parents mean to him. They were part of his life for 11 years, but for him it is as if those years did not exist. He would like to change his surname and take that of his new maternal figure, but it is impossible to 'un-adopt'. He points out that his children do not have his family name because he absolutely refuses to give his wife and children the name of his adoptive parents. That would be like 'peddling' his previous life.

A breakdown which could have been avoided?

Sunti has had no contact with his parents since adulthood. A few years ago he renewed contact with his adopted sister. He emphasises that his parents and him should have had support, and that it is important to prepare for adoption. He would like to see priority given to parents who do not already have children. He also points out that when children are older humanitarian adoption is not really suitable, and he would rather these children were fostered in their own country. **For him, professionals should give support to families without judging or making accusations, this help should take the form of giving them adequate tools to accompany their children.** Parents would be able to ask the right questions and not end up with a breakdown. He wonders "what do parents feel when they have to make such a decision?"

Sunti believes this breakdown could have been avoided. The situation was dealt with quickly, without taking time to realise that the decisions made at the time were going to affect his whole life. He feels that the professionals should have the sensitivity and training necessary for handling these problematic situations, because, "maybe one is not old enough to understand, but one is old enough to suffer."

Having taken around 10 years to explore many professional fields, Sunti now has a job which suits him perfectly. He works with young people of all ages. In addition, he is very keen on computing and has taught himself. His time is divided between education and computing services. Now, after 15 years of experience in education and working with young people, Sunti feels fulfilled in his professional and his private life.



In conclusion

It is impossible to speak of adoption without mentioning abandonment. We must address the issue of breakdowns in order to prevent further breakdowns, to manage them and to move forward. In light of the development of intercountry adoption and its intercultural dimension, adoptive parenting requires specific skills and tailored preparation. The aim is to find *special* parents for *special* children. We must always bear in mind that one of the key elements of a successful adoption is the creation of a lasting and deep mutual attachment bond between the adopted child and their parents. The parents of an adopted child, of any age, must take on the child's history and be aware of the importance of overcoming suffering, a feeling of being uprooted, and of the child's need to integrate into an entirely new society. Each adoption case is specific and the time it takes to build this bond is different for everyone. The child must be able to feel safe, feel capable of trusting, and enjoy a sense of permanence. To this end, it is important that both the child and parents feel that this is achievable and that the parents are aware that this attachment can be challenging. This manual shows how important it is to equip parents with the tools and knowledge necessary for adoptive parenthood on a practical level, and to prepare children so that crises can be managed as effectively as possible and relationship breakdowns can be prevented. In this respect, S. Peterson teaches us how to improve the quality of the relationship between adoptive parents and adopted persons, rather than focussing on managing behaviours, which can create a roadblock for certain parents. This manual also provides solutions for when a relationship breakdown is unavoidable.

In conclusion

As we can see in the testimonies within this document, difficulties can arise during an adoption – especially in adolescence (**crises, distance or relationship breakdown**, for example). The ‘definitive’ breakdown refers to a situation where the child is entrusted to social services and has to face a second abandonment.

However, many intermediate situations exist that do not lead to a definitive breakdown of the relationship and that allow the child and their parents to rebuild bridges. Some of these situations are more difficult to detect when attachment bonds are weak and the family is not yet sufficiently cohesive.

The success of adoption is not guaranteed by preparation and skills alone. Preparation and skills are vital factors, but events before, during, or after adoption can occur and create a situation where a meeting does not go as well as expected. The proper treatment model has proven successful in Spain, and *Casas Conectadas in Red* is a very good example. Adopted adolescents are faced with a number of daunting challenges: developing as an adopted child; accepting the feeling of being different from their adoptive family; and being able to express their pain and face the fear of abandonment. This model views conflict as part of an adaptation process. Temporary breakdown is seen as a way to help the adolescent better understand what they are feeling and to become aware of the bond that links them with their adoptive parents. Over the years, the child will realise that these bonds may not be visible, but they are unconditional.

The prevention and management of failures are the **result of collaboration** between receiving countries (RC) and countries of origin (CO), between professionals (social workers, psychologists, doctors, lawyers, mediators, etc.) within each country and within the family. In order to reach a consensus each case requires close dialogue, and the taking into account cultural particularities, and the clear responsibilities of stakeholders.

These collaborations are successful if they are complemented by **concrete measures**, such as parent and child preparation and assessment, a probationary period, pre-adoption and post-adoption support and the possibility for access to the child’s origins.

Justice also plays a key role in protecting children in the event of a breakdown. Justice takes the voice of the child into account, alleviates the effects of the breakdown, and guarantees the child’s rights. However, revoking an adoption should only be an exception and always be in the best interests of the child. For example, it should be limited to cases of abuse, or in response to a request by the adopted person when bonds could not be created. In certain situations, the courts have recognised that obligations of support must be upheld in the event of a breakdown – both before or after an adoption has been finalised.

This manual reminds us that the aim is clear: to provide an optimal family environment for an adopted child, the needs of the child must always come first and there must be an understanding of the specific risks and challenges associated with adoptive parenting, as opposed to trying to liken the process to biological parenting.

The process of **comprehensively assessing a child’s adoptability is essential**. Each child is different and a range of criteria (legal, psychological, social and medical) in conjunction with an assessment of the child’s individual characteristics will determine if the child is able to integrate into a new family. This key step requires the involvement of qualified professionals. Parents should be provided with an accurate and realistic portrait of the child they plan on welcoming. Accordingly, the child’s file is a tool that must be up to date, detailed and complete. Once again, there must be collaboration between the COs and the RCs.

The assessment of prospective adoptive parents (PAPs) is also a vital protective factor. Evaluators must be trained and qualified to determine the ability of PAPs to provide for the child’s social, emotional, psychological, physical, educational and health needs.

The **probationary period** is invaluable and allows for insurmountable difficulties and obstacles to be detected and any adoption processes that are destined to fail can be ended. For example, in Romania as in many countries, PAPs visit the country to meet the child during a sufficiently lengthy probationary period which is supervised by competent professionals. This process allows parents to meet with the child’s caregivers and allows the child to maintain contact with the people they have bonded with. Thus, if no bond forms between the child and their PAPs, the child is able to remain with their caretakers who can support and console them.

Several countries have **adapted the stages of the adoption process to accommodate special needs**, both those of the children and the parents. For example, the Norwegian Professional Board for Adoptions was set up to approve the adoption of children with special needs. Swedish AAB *Adoptionscentrum* stresses the need to travel regularly to the CO in order to create a bond, to build a better understanding of cultural differences, and to be quick to clarify any unclear medical information. New Zealand has developed a Parenting Plan that encourages candidates to take time for reflection. This results in sound evaluation and helps determine if the proposed match is adapted to their profile.

The importance of an adopted person **knowing about his or her origins** is now universally recognised. This is essential for the child and his or her parents. Any secrecy or doubts about a child’s past will prevent them from developing and prevent their parents from understanding

them. The ability to access details about your origins and be supported in this process is also a factor in preventing breakdowns. Silence, lies, and a lack of knowledge about the child's background are not conducive to the development of an open relationship and the creation of a lasting attachment bond.

The knowledge that certain families will be strengthened as a result of effective crisis management is reassuring. In the event of a definitive breakdown, some children and parents will find the strength to begin another life project.

Bonds and **meaning**, two words borrowed from B. Cyrulnik, serve as both an introduction and an epilogue to this manual. They evoke the human dimension of adoption – a dimension which affects both the people and the processes involved.

Every person needs a secure **bond** to develop the self-esteem that fuels their full potential and allows them to grow and change throughout their lifetime. We can create an internal bond with ourselves, and bonds with others.

We speak of **meaning** because it is difficult to move from survival mode to fully enjoying life. The adopted person must, just like everyone else, know his or her background and story even if the reality is painful. Their past gives meaning to their present and makes a future possible. Each crisis can be an opportunity for a profound change which is often necessary, provided that the parties involved receive effective support as early as possible, and for as long as is needed.

Added to the concept of bonds and meaning is **time**: time to listen, to leave room for questions and to embark on the quest for change. In these times of profound change, let us combine our efforts so that adoption as a political, legal, family and social system can evolve toward an ever-greater respect for people, and provide support in achieving in success in that which is nothing more or less than just the success of their lives.



The criterion of a 'successful life' is profoundly sociocultural. I find reflection on this theme within the context of adoption, particularly intercountry adoption, very interesting. Adopted persons like myself who came from a less economically developed country all too often hear that they are lucky to have been welcomed into a country with better economic conditions. But how are they luckier? If I had remained in my home country, I might not have enjoyed a Western standard of living, but I would have had a life too. I might have grown up in the orphanage and had a little job, children and friends. Alternatively, I might have had a difficult and miserable life... I will never know. I think that luck, and judgment on what constitutes a successful life, must be called into question so that we can consider each life course as valid and unique.

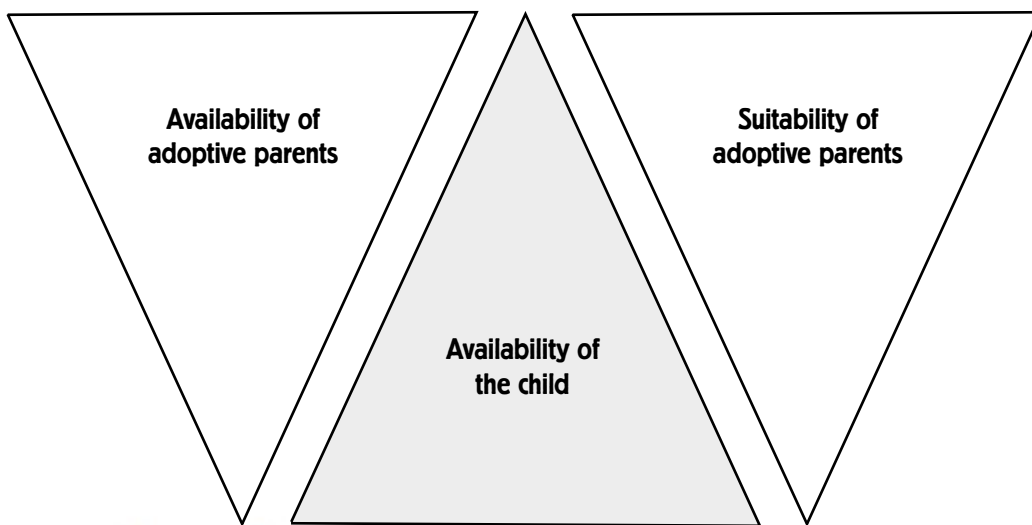
Would you also like to share your thoughts? Feel free to contact Cécile Jeannin, cecile.jeannin@iss-ssi.org.

Appendixes

Appendix 1

The inverse relation between adoptability, suitability and availability

(Relación inversa entre adoptabilidad, idoneidad y disponibilidad)



Source: Berastegui Pedro-Viejo, A., Gomez-Bengochea, B. & Adroher Biosca, S. (2015). *Se busca familia para un niño: Perspectivas psico-jurídicas sobre la adaptabilidad*. España: Universidad Pontificia Comillas.

Appendix 2

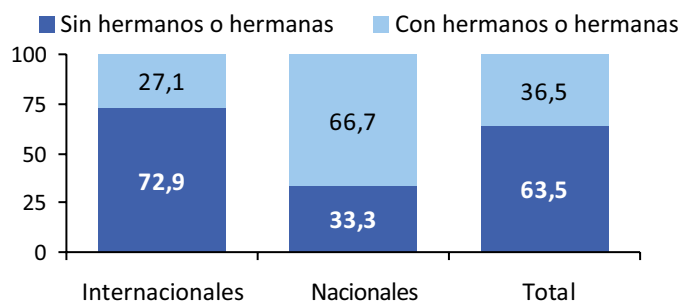
Statistics from the Emilia-Romagna Region – Italy

Table 1) The impact of removals having occurred in the Region of Emilia-Romagna between 2006 and 2015, in relation to the total number of adoptions (including domestic and intercountry pre-adoptive matching undertaken during that same period).

Data on adoptions in the Region of Emilia-Romagna	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total
Domestic and intercountry pre-adoptive matching	78	87	48	71	60	69	56	69	53	67	658
Intercountry adoptions	204	175	249	193	213	163	231	135	141	138	1,842
Total number of domestic and intercountry adoptions	282	262	297	264	273	232	287	204	194	205	2,500
Removals having occurred during the first year	0	1	0	0	0	0	1	1	5	2	10
Removals having occurred after the first year	5	2	1	5	7	5	11	13	9	9	67
Total number of removals	5	3	1	5	7	5	12	14	14	11	77
Calculation of the impact of adoption breakdowns, irrespective of the number of years since the adoption in relation to the total number of adoptions	1.8	1.1	0.3	1.9	2.6	2.2	4.2	6.9	7.2	5.4	3.1
Impact of removals having occurred during the first year	0.0	0.4	0.0	0.0	0.0	0.0	0.3	0.5	2.6	1.0	0.4

Source: Ministry of Justice and Social Services of the Region of Emilia-Romagna (prepared by the Service for Policies on Family, Childhood and Adolescence)

Chart 1) Children subject to a removal in the Region of Emilia-Romagna between 2010 and 2015, with a sibling present at time of removal.



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Chart 2) Age at the time of the adoption and at the time of the removal, for children subject to a removal between 2010 and 2015

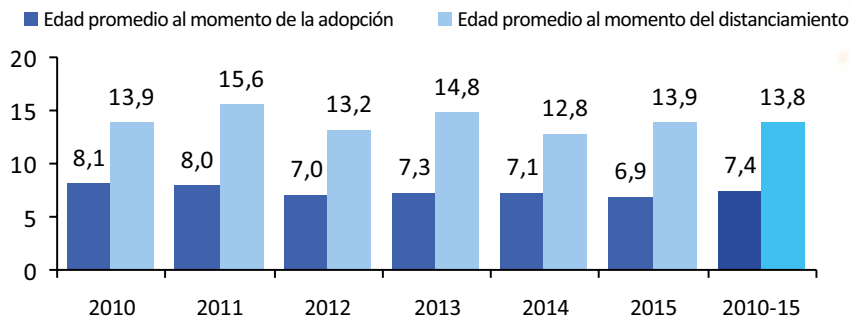
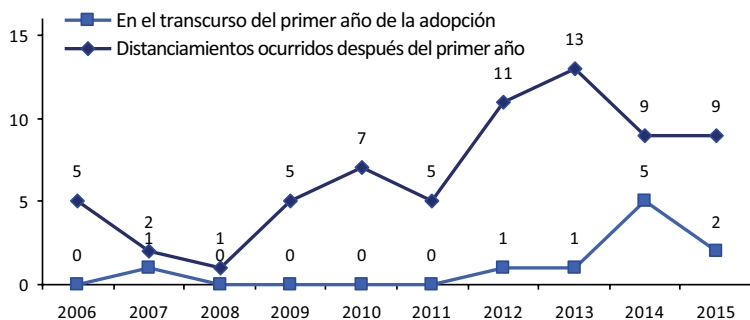


Chart 3) Removals between 2006 and 2015 according to permanency in the family: during the first year or after the first year



Appendix 2.a

Model for the compilation of data in the Emilia-Romagna Region – Italy

Date 1/4/2016_____

SURVEY (DATA) ON REMOVALS FROM THE ADOPTIVE FAMILY: YEAR 2015
TERRITORIAL SOCIAL SERVICE/ADOPTION TEAM/DISTRICT

Please complete factsheet and send: _____ by(29/04/2016).

Thank you for your cooperation!

Please inform on the cases of children/young people adopted or matched during the pre-adoptive stage (domestic or intercountry) subject to any of the following measures during the year 2015:

- 1) Intervention aimed at a removal from the adoptive family following the first year of the adoption and the completion of the adoption;
- 2) Removal from the adoptive family during the first year of permanency with the family and/or the revocation of the pre-adoptive matching, in cases of domestic adoption.

N.B.: For this compilation of data, in cases of joint management of a situation by several territorial services, please prepare a report for the service in charge of the post-adoption intervention.

1. TOTAL number of children/young people removed from their adoptive family during the year 2015 <u>irrespective of the year, in which the adoption took place</u>	n.
2. Including the number of children/young people removed from their adoptive family during the first year of the adoption	n.

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Appendix 2.b

Draft model for the compilation of statistics on adoption crises and breakdowns

Year of the survey _____

Name and surname of the evaluator _____

Professional role _____ E-mail _____

Service/Territory/State _____

Characteristics of the post-adoption SERVICES (duration and type of intervention, professional profiles)

Data on adoptions completed during the same period as the survey and sources of data

Number of pre-adoptive placements (domestic or intercountry, if provided for in domestic/international regulations):
No.: _____ / Source _____

Number of domestic adoptions undertaken during the year (in the jurisdiction/service undertaking the survey): No.:
_____ / Source _____

Number of intercountry adoptions undertaken during the year: No.: _____ / Source _____

N	Definition of the problem	Type of adoption: domestic or intercountry	Country of origin (in cases of intercountry adoptions)	Sex M/F	Age of the child at the time of the adoption	Age of the child at the time of the crisis or removal	Presence of siblings. Please specify whether it is a second adoption, a multiple adoption, an adoptive group of siblings (biological children) (Y/N) ⁵	Characteristics of the child (e.g. 'special needs', diagnosis, behaviour)	Specific interventions to address adoption issues (type of interventions, duration (in those provided compulsorily in post-adoption follow-up))	Evidence of predominant issues	Potential assessment of the outcomes of the interventions and/or forecast of the adopted child's well-being/autonomy
1	A : 'Crisis' without removal										
2	B : Adoption breakdown with temporary removal (under two years) with preservation of child-parents relationship after reaching the age of majority										
3	C : Adoption breakdown with removal during the first year or before the completion of the adoption										
4	D : Adoption breakdown with removal after the first year and legal termination of the adoption										

⁵ If the removed child has other siblings, please reply YES, and specify whether the removal refers to that child only or to all siblings, and whether the siblings have also been adopted (multiple or second adoption), or whether they are the adoptive couple's biological children.

Appendixes

Appendix 3

Peru: statistical data from the last 10 years

From 2009 until today, 10 adoption breakdowns have been reported, which are mentioned in the following tables (see tables N°1, N°2, N°3, N°4 and N°5).

Table N°1

Intercountry adoptions breakdowns between 2007 and 2015 according to the receiving country. Total = 10

Receiving country	f	%
United States	8	80 %
France	1	10 %
Spain	1	10 %

Table N°1 outlines the incidences and percentages of intercountry breakdowns between 2007 and 2015, according to the receiving country. We see a maximum of eight cases in United States adoptions, representing 80% of the total, and one case each in the adoptions in France and in Spain, each respectively representing 10% of the total.

Table N°2

Intercountry adoptions breakdowns between 2007 and 2015 according to the family type. Total = 10

Family type	f	%
Two-parent families	7	70 %
Single-parent families	3	30 %

Table N°2 outlines the incidences and percentages of intercountry breakdowns between 2007 and 2015, according to family type. We see a maximum of seven cases for adoptions by two-parent families, representing 70% of the total, and three cases in adoptions by single-parent families, representing 30% of the total.

Table N°3

Intercountry adoptions breakdowns between 2007 and 2015 according to the adopted child's gender. Total = 10

Adopted child's gender	f	%
Male	7	70 %
Female	3	30 %

Table N°3 outlines incidences and percentages of intercountry adoptions breakdowns between 2007 and 2015, according to the adopted child's gender. We see a maximum of seven cases for male adopted children, representing 70% of the total, and three cases for female adopted children, representing 30% of the total.

Table N°4

Intercountry adoptions breakdowns between 2007 and 2015,

According to the adopted child's age. Total = 10

Adopted children's age	f	%
5 years	1	10 %
7 years	1	10 %
8 years	1	10 %
9 years	1	10 %
10 years	2	20 %
11 years	3	30 %
12 years	1	10 %

Table N°4 outlines incidences and percentages of intercountry adoptions breakdowns between 2007 and 2015, according to the adopted children's age. For adopted children of 5,7,8,9 and 12 years we see for each age group a minimum of one case, each respectively representing 10% of the total, for adopted children aged 10 years we see two cases, representing 20% of the total, and a maximum frequency of three cases in the adopted children of 11 years, representing 30% of the total.

Table N°5

Intercountry adoptions breakdowns between 2007 and 2015 according to the year of the adoption. Total = 10

Receiving country	f	%
2007	1	10 %
2009	1	10 %
2010	3	30 %
2011	1	10 %
2012	3	30 %
2015	1	10 %

Table N°5, outlines the incidences and percentages of intercountry adoptions breakdowns between 2007 and 2015, according to the year of the adoption. For 2007, 2009, 2011 and 2015 we see one case respectively in each year, respectively representing 10% of the total, and a frequency of three cases in 2010 and 2012, respectively representing 30% of the total.

Appendixes

Appendix 4

Table 1

Standardised experience of the National Service for Minors on the procedure to be followed when intervening in adoptive family crises in intercountry adoption cases (SENAME, 2011)

Aspects to be considered in the diagnostic intervention with the child	
Purpose	Interventions
a) To have the child interviewed, preferably by a psychologist, with the aim of obtaining the necessary information for the diagnosis, taking the following aspects into consideration:	<ul style="list-style-type: none"> • Determine the child's emotional state. • Monitor indicators of the child's emotional state (anxiety, irritability, depression). • Get to know the child's perception of the reasons for the separation from his or her birth family and the current circumstances surrounding institutionalisation. • Assess the level of attachment with the birth family. • Consider the child's background, including history, personality traits, and form of attachment. • Look into siblings, their internal dynamics and roles. • Assess the child's attitude, willingness and openness to establish an attachment bond with an adoptive family.
b) To be informed in the field about the child's pre-school or school performance, adjustment to the school system and any special support requirements in this regard.	<ul style="list-style-type: none"> • Coordinate with the practitioners directly involved with the child, in the schooling system and/or in the sub-programmes of the system in which the child will participate. • Monitor classroom and recreational activities directly, while the child interacts with other children.
c) If the child reports a prior medical history, information must be obtained on, the morbidity treatment received, the need for special attention and care, for the purpose of reaching an accurate diagnosis and/or a prognosis of potential pathologies a child could present with.	<ul style="list-style-type: none"> • Examine the reason for the diagnosis. • Implement plans for taking any necessary actions with the child. • Monitor if the behaviour linked to the symptoms of the child's disease is duplicated in the different environments in which he or she interacts, or if the symptoms are reduced or do not exist in certain situations, to obtain accurate information on the child's characteristics. • Interview the healthcare professionals working directly with the child.
d) Interview practitioners not involved with the foster family or the institution who have a direct relationship with the child (teacher, doctor, therapist, psychiatrist, etc.), and who may contribute information or support the professional intervention.	<ul style="list-style-type: none"> • Identify the child's current support networks, with the aim of learning about him or her from all possible contexts.
e) To have the practitioner responsible for the diagnosis conduct an on-going personal examination regarding the feelings and thoughts arising at the time of the intervention, and/or monitor the child.	<ul style="list-style-type: none"> • On-going supervision of the case by experienced practitioners. • On-going supervision of the practitioner's emotional expression regarding opinions and/or expressions he or she might have generated within the session or while observing the child, providing information about the relationship between the child and the practitioner.

Table 2

Interventions to be considered with adoptive families	
a) To have sessions aimed at fostering conversations about adoption, during the assessment.	<ul style="list-style-type: none"> • Introduce cultural and educational guidelines during adoption sessions, in order to foster a relationship that encourages conversation about/questioning of the family's perception of any particular matter. • A flexible approach to the diagnosis. There is no one family model, each family has its own history. In this sense, the practitioner aims to detach him or herself from his or her own family structure and be open to the particular reality of the family under assessment.
b) To address personal experiences of neglect and their own emotional expression.	<ul style="list-style-type: none"> • During the sessions, foster conversations that evoke experiences from their life history, including neglect experiences, which might help them to sympathise with the experiences of their future child. • Support the family in the process of identifying their own emotional expression, enabling them to identify which daily and past experience aspects evoke emotions, such as joy, sadness, anger, disgust and fear.
c) To hold group and individual encounters with the families during the preparation process following the suitability determination, to facilitate the sharing of adoptive families' stories regarding their children.	<ul style="list-style-type: none"> • Raising the families' awareness during group workshops enables the integration of experiences and helps them develop their own resources, with their personal capabilities, to create an assertive and affective bond with their child. • Encourage the notion that when it comes to adoption 'there are no recipes', there are many protective experiences for comforting and supporting a child when addressing his or her origins, as well as when expressing feelings. • Create workshops related to self-care in a couple and the expression of feelings of annoyance/anger, for the purpose of finding ways suitable for each family to channel emotions and to think how to deal with this in the future relationship with their children.
d) To support families in the post-adoption stage and enhance the capabilities of each adoptive parent.	<ul style="list-style-type: none"> • Create a caring framework in each session, which may begin with the following premise: "I am here to help you, not to assess you",³⁰⁹ so as to promote an intervention that is useful to the family at this point.
e) To grow the adoptive community.	<ul style="list-style-type: none"> • There comes a time after all legal procedures have been concluded, when families need to gain insights from the direct experience of their peers, regarding what they went through. In this context, creating support groups where these experiences can be shared acts as a protective resource, where families can consider their own experience as adoptive families and their relationship with their child(ren).

309 Foundation *Mi Casa*, FADOP, H&B, RELAC-ADOP, 2016.

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Table 3

Practitioners' self-care	
a) Interventions supervision	<ul style="list-style-type: none"> • Assist the practitioner to visualise his or her own opinions of the family or the child, so that these do not interfere with the final diagnosis. • Address the emotions and ideas arising out of the assessment as well as from the clinical intervention. As the practitioner is able to identify the aspects he or she imports to the intervention with the children and families, he or she can be more open when listening and have a deeper understanding of both the adoptive family and the child's situation.
b) Practitioner training	<ul style="list-style-type: none"> • Training in specific and global adoption matters. The intervening practitioner must have deep knowledge of his or her area of intervention, as well as of other aspects, thereby achieving a responsible and a sensible approach to each stage of the child's and family's life within the adoption process.
c) Fostering a comprehensive methodology	<ul style="list-style-type: none"> • Incorporate the importance of a multi-parent approach intervention. • Detach from own opinions regarding family models. • Encourage the reduction of instructions given when approaching families and children, and encouraging a joint construction of reality in each stage of the intervention.
d) Leisure activities with practitioners	<ul style="list-style-type: none"> • Fosters a caring and sensitive work environment among practitioners, thereby minimising the chance of them passing their own stress onto the families (burnout).

Appendix 5

Areas for expansion in comprehensive professional assessment of prospective adoptive parents

Domain	Factors to be assessed	Indicators of strengths	Indicators of vulnerabilities and risk
Motivations of parents to adopt	<p>The journey to intercountry adoption</p> <p>Choices surrounding the country of origin and the child(ren) they may adopt</p> <p>PAPs' individual motivation to adopt</p> <p>Engagement in adoption preparation and education</p> <p>Willingness to travel to the country of birth to meet the child(ren), allow the child(ren) to become familiar with them and to travel home</p>	<p>A thoughtful and insightful reflection on their personal journey to adoption</p> <p>Realistic understanding of the child they might adopt</p> <p>Displays growing understanding of adoption through education, own research and assessment process</p> <p>Realistic understanding of the country from which they hope to adopt and the social circumstances that lead to adoption</p> <p>Have considered their plans if they are unable to adopt</p> <p>Demonstrates a strong focus on the needs of the child</p> <p>Willing to travel to the country of birth to ensure a smooth transition for the child(ren)</p>	<p>Decision to adopt impulsive or ill-considered</p> <p>Idealised image of the child(ren) they might adopt or adopting to replace an idealised child</p> <p>Adopting as a companion for an existing child</p> <p>Rescue/ evangelical motivations</p> <p>Expectations of gratitude</p> <p>To resolve relationship conflict or revive a relationship</p> <p>PAPs not equally motivated to adopt e.g. to keep a partner happy</p> <p>Expectations that a child(ren) will provide love and closeness lacking or for companionship</p> <p>Not engaged in pre-adoption education</p> <p>Refuse to consider a scenario where adoption may not be possible</p> <p>Unwilling to travel to the country of birth to allow for a smooth transition for the child(ren)</p> <p>Travelling with the child(ren) before returning home</p>
Family of origin experiences	<p>The influence of family of origin experiences – positive and negative</p> <p>Influence on own child-rearing practices</p> <p>Adoption/ fostering</p> <p>Family relationships</p> <p>Abuse or neglect</p>	<p>No family is perfect. PAPs have recognised and sought to address on any negative issues from family of origin</p> <p>Have clear understandings of child rearing practices they would embrace or reject from family of origin experiences</p> <p>Comes to terms with any personal experiences of adoption, fostering, abuse or neglect</p> <p>Healthy relationships in family of origin</p>	<p>Display little insight into family of origin experiences and how they might impact negatively or positively on their own parenting capacity</p>

Appendixes

Health – physical, emotional and mental health	Current History Medication Substance use/ misuse/ experimentation Treatment by health professional Health beliefs Age of PAPs	Health allows for parenting a child to maturity Age of PAPs allows for parenting a child to maturity Health allows for the capacity to place an adopted child's needs before one's own Capacity to identify and seek professional help as needed and adequate self-management of health condition	Physical, mental illness or incapacity that would inhibit that capacity to meet the physical, emotional, psychological and social needs of an adopted child(ren) Child(ren)'s needs are secondary to a health condition Older age of PAPs or where health condition risks the re-orphaning of the adopted child(ren) before reaching adulthood Dependency on legal or illegal substances
Fit and proper persons	Criminal record – yes/ no, serious/ minor Conduct and demeanour in personal and private life Community involvement and concern for others	Capacity to learn from past mistakes Public and private demeanour above reproach Demonstrated concern for others and the community	A criminal record such as sex offences against children or family violence or prior child protection history Concerns over public or private demeanour
Physical environment	Standard of accommodation Access to health and education Safety e.g. pool fences	The physical environment provides a safe and suitable home in which to raise a child	The physical environment is unsafe for a child
Financial position	Current financial position and future planning	The capacity to financially support an adopted child(ren) to adulthood and meet all health, recreation and social needs Financial capacity to regularly return to country of birth	Financial position does not indicate the capacity to support an adopted child(ren) to adulthood and to provide for health and educational needs Unable to visit country of origin
Attributes and skills of each prospective parent	Interpersonal communication skills Problem solving skills Capacity to learn from experience and new knowledge Values/ philosophy of life/ Religion Education/ employment/ future plans Personality/ interests/ sport/ recreation	Observable communication and problem solving skills Demonstrated capacity to learn from experience and embrace new knowledge particularly about adoption Values/ philosophy of life are consistent with positive parenting	Poor communication and problem solving skills Inability to learn from experience or reject new knowledge that might conflict with established views particularly about adoption Rigid and inflexible attitudes Lifestyle/ values/ philosophy of life not conducive to child-rearing or positive parenting
Relationship	Quality of relationship Family roles What is valued in the relationship How decisions are made Communication and how feelings are expressed How conflicts are resolved Present and past crises in relationship How stress is managed	The relationship is stable and satisfying The relationship is mature, equal and positive Conflicts and stress are managed positively An absence of family violence A stable emotional environment can be provided for the child(ren) Decision-making is equal and all needs are considered	Conflictual relationship Poor communication and poor expression of feeling Family violence Stresses go unrecognised and poorly managed An unstable relationship Decisions are not made together Crises poorly managed Unequal or disrupted family roles

Previous relationships	On-going or past relationship Impact on present relationship Children from past relationship If on-going their attitude to the prospective adoption	On-going past relationships are workable and unlikely to impact negatively on the family Children from previous relationships are prepared for the introduction of adopted child(ren) into the family and extended family	Current conflictual relationships with previous partners with negative impact on family Rejection of adoption or resentment Children and partner from previous relationships not informed of intention to adopt Children who visit unprepared for adoption
Parental grief and loss	Infertility experience Miscarriage Death of a child Separation from a child Childlessness Disability How the grief and loss experience is understood and dealt with including support systems Impact on relationship	Coping with infertility and loss of potential biological parenthood Coping with grief over the death of a child, miscarriage or separation from a child Coping skills adaptable to parenting a child with a disability PAPs are coping with grief and loss together although ways of coping may differ these differences are understood Have had support from partner, extended family and/ or friends	Grief and loss unrecognised Not coping with grief or loss Unable to provide for a child with a disability and an adopted child Grief and loss has had a negative impact on the relationship which remains unresolved Idealising a deceased child Little support
Children in family	Adopted or biological Ages and birth order Child's perspective and expectations of adopted sibling Preparation for the introduction of an adopted child into family Disability/illness Balancing needs of all children Relationships between children and parents Sibling relationships	Well-placed to meet the needs of each child with the introduction of a new child Age appropriate preparedness of child(ren) Strategies to deal with potential adjustment issues for biological or adopted children identified Understanding the impact of introducing an adopted child into a family and strategies to meet challenges Positive parental-child relationships Parents mediate relationships between children encouraging positive sibling relationships Birth order in family unit considered when considering the age of the child to be adopted	Inadequately considering the needs of all children Unprepared for adjustments or disruptions to family life or impact on children Children unprepared for adoption or resistant Difficulties in existing parental-child relationships Child to be adopted of same age as an existing child Inability to manage sibling relationships or encourage positive sibling relationships Preparation for possible behavioural changes in existing children

Appendixes

<p>Parenting</p>	<p>Skills, experience and attitudes needed to parent an adopted child during the adjustment period and beyond Child rearing practices Disciplinary techniques Challenging behaviours Knowledge of child's developmental needs Understanding bonding, attachment and parenting someone else's child Plans for parental care giving in first 12 months and any intended child care arrangements Experience with children Perception of responsibilities of parenthood Practical steps taken to prepare for parenthood Perceptions and expectations of parenting an adoptive child How issues of race, racism and prejudice would be managed Issues associated with forming a mixed race family Attitude towards adverse information e.g. false information about adoption circumstances, discovery of child selling or trafficking Developing and using a Lifestory book</p>	<p>An understanding of the skills, experience and attitudes needed to parent an adopted child during the adjustment period and beyond Understanding the differences between biological and adoptive parenting Positive parenting Age appropriate disciplinary techniques Capacity to manage challenging behaviours or behaviour changes and to seek professional help where required Placement in the best interests of the child Capacity to place an adopted child's needs before one's own particularly during the integration period where a focus on bonding and attachment and security are paramount Consistent parental care giving in first 12 months Experience caring for children An understanding of positives and negatives of parenting an adoptive child Considers the child's experience prior to adoption A capacity to understand the impact of institutionalisation Understand the impact of the adoption itself and associated changes on the child A good understanding of issues of race, racism and prejudice and parenting strategies to deal with issues if they arise Awareness of issues associated with forming a mixed race family A thoughtful approach to managing adverse information Open to developing and using a Lifestory book</p>	<p>Not understanding the differences between biological and adoptive parenting Individual PAPs have conflicting views and approaches about parenting Negative parenting or physical discipline Rigid or chaotic parenting Limited capacity to manage challenging behaviours Immediately placing adopted child into child care Unrealistic expectations/idealistic view of adoptive parenthood No preparation for adoptive parenthood Does not consider the child's experiences prior to adoption Does not understand the impact of institutionalisation or separation from foster carer or loss of relationships with other children or family Does not understand the impact of the adoption itself and associated changes on the child Denial of or given limited thought to issues of race, racism and prejudice and how to manage them if they arise Lack of awareness of issues associated with forming a mixed race family Would not wish to address adverse information or communicate openly about adoption issues Not open to developing and using a Lifestory book</p>
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Family and other supports	<p>Extended family and other formal and informal supports</p> <p>Sources of emotional and practical support in times of crises</p> <p>Attitude to future professional supports/ interventions as needed</p> <p>The attitudes of family and friends to adoption – positive and negative</p> <p>Attitude to joining an adoptive parent group</p> <p>Guardianship arrangements</p>	<p>Social supports are positive and present particularly for single PAPs and PAPs adopting a child with a disability or health condition</p> <p>Family and members of close circle accepting of adoption and the child to be adopted</p> <p>Open to accessing qualified professionals as needed</p> <p>Open to peer support opportunities such as adoptive parent groups</p> <p>Has made financial and guardianship arrangements in the event of death or intends to make such arrangements equal to any biological children</p>	<p>Lack of family or social support</p> <p>Extended family or members of friendship circle not accepting of adoption and/or holds racist views</p> <p>Not open to accessing qualified, professional supports if required</p> <p>Not open to peer support opportunities such as adoptive parent groups</p> <p>Has not made financial and guardianship arrangements in the event of death and does not intend to make such arrangements equal to any biological children</p>
Family lifestyle	<p>Other residents of household</p> <p>Recreational activities</p> <p>Family rituals and celebrations</p> <p>Shared and separate interests</p> <p>Religious practices and attitude towards child if in the future the child develops different beliefs</p>	<p>Understands potential changes to family lifestyle</p> <p>Lifestyle appropriate for child-rearing</p> <p>Clarity and openness about the religion (or no religion) in which the child(ren) would be raised and accepting towards child if in the future the child develops different beliefs</p>	<p>Inflexible approach to potential changes in lifestyle or does not believe there will be any changes or adjustments needed</p> <p>Lifestyle not conducive to child rearing</p> <p>Would not accept a child's rejection of family's religion or adopting alternative beliefs</p>
Expectations of adopted child(ren)	<p>Understandings of the difference between adoptive families and biological families</p> <p>Expectations of child's gender, age, etc.</p> <p>Capacity to deal with unexpected health issue or disability</p> <p>Position of family unit to care for an adopted child(ren)</p> <p>Understandings of the changing needs of an adopted child across the lifespan particularly during adolescence</p> <p>Capacity to accept a child's future sexual orientation</p>	<p>Has a clear understanding of the needs of adopted children and the different needs compared to biological children</p> <p>Has a realistic understanding of a child(ren) to be adopted, their characteristics or talents or future achievements</p> <p>The capacity to manage expected or unexpected disability or health conditions</p> <p>Absence of gender preference</p> <p>Capacity to accept child's sexual orientation</p> <p>Family unit well-positioned to care for a child(ren) of expected age range</p> <p>Good understanding of the changing needs of an adopted child across the lifespan particularly during adolescence</p> <p>Understands the implications and additional responsibilities of adopting an older child, a sibling group or a child with a disability or health condition</p>	<p>Has an idealised image of a child to be adopted, their characteristics or talents or future achievements</p> <p>A strong preference for a particular gender</p> <p>Incapacity to accept a child's future sexual orientation</p> <p>Sensitivity to perceived rejection by the child(ren)</p> <p>Difficulties managing expected or unexpected disability or health conditions</p> <p>Ill-equipped to parent a child with a disability or illness and/ or inadequate support systems</p> <p>Poor understanding of the changing needs of an adopted child across the lifespan particularly during adolescence</p> <p>Has not considered the implications and additional responsibilities of adopting an older child, sibling group or a child with a disability or health condition</p>

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<p>First (birth) family</p>	<p>Capacity to understand a child's interest in first family and the need for accurate information Searching for family and reunion.</p>	<p>Openness towards child's interest in their first family Capacity to provide age appropriate adoption information and to initiate conversations Capacity to respond openly and honestly to child's interest in birth information and questions about family even when birth information is unavailable Openness to contact with first family The capacity to develop cultural understandings A non-judgemental attitude towards first family and adoption circumstances Capacity to have difficult conversations with an adopted child Capacity to manage own conflicting feelings or fears about first family</p>	<p>Not open to child's interest in birth family and circumstances of adoption Avoidance of difficult or unpleasant conversations Judgemental attitude towards first family and adoption circumstances Prefers to wait for the child to raise adoption questions or wait until the child is older to discuss adoption issues Not open to future contact with first family Unable to manage conflicting feelings or fears about first family Unwilling to support adopted child in future searches</p>
<p>Culture and identity</p>	<p>Attitude towards learning child's language and developing a deeper cultural understanding beyond artefacts such as food and ceremonies Attitude towards keeping a child's name Intentions towards maintaining contact with other adoptees How to assist a child in learning about culture after adoption</p>	<p>Preparedness to visit country of birth, learning the child's language and developing a deeper cultural understanding beyond artefacts such as food and ceremonies Demonstrates and understanding of the complexities of adoptee identity and the struggles adopted children may face as they get older Understands that identity does not begin with adoption and the importance of the child's name to his or her identity Is motivated to assist a child to learn about their culture of birth including visiting the country Understands the significance of contact with other adopted children</p>	<p>Unwillingness to visit country of birth, learn the child's language and/or develop a deeper cultural understanding beyond artefacts such as food and ceremonies Shows little understanding of the complexities of adoptee identity and the struggles adopted children may face as they get older Does not wish to retain the child's name Does not consider the child's culture as important as the child has a new culture Does not understand the significance of contact with other adopted children</p>

Appendix 6

Parenting Plan for intercountry adopted child(ren)

This form is a tool to help explore and evaluate the prospective adoptive parents' skills, experience and available supports to help meet the needs of the intercountry adopted child(ren).

It can be hard to have a realistic view about an unknown child from another country. However, this Parenting Plan offers the opportunity to demonstrate the intentions and hopes for the adopted child, and consider the unique needs and wishes from the child's perspective. When a placement proposal via an intercountry adoption programme is received, this Parenting Plan can be re-visited and reviewed with the specific child in mind.

Some useful resource reference links are included at the end of the form.

Name/s of Prospective Adoptive Parent/s:

Country of Adoption:

Gender, Age, Number of Children

Number of children you consider adopting

One Child

Sibling Group (state the number of siblings)

If siblings, explain why you would like to adopt a sibling group:

Would you be open to parent a child of either gender?

Yes

No

If no, state the gender preference

Male

Female

If only one gender, please explain why:

Indicate the age range of child(ren) you would consider:

Why would you like to parent a child of this age group?

Would you be open to adopting a child of any ethnic group and/or region within the specified country of adoption?

If no, indicate a child from what ethnic group/s/region/s you would not accept and explain why.

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CHILD CARE PLAN

Prospective adoptive parents are encouraged to discuss with their social worker how their child care plan might impact on attachment and bonding

1. Identify the key changes you may need to make in your lifestyle and family environment after the adoption. How will you adapt to these changes? Outline your self-care and respite plan, if you feel very tired or overwhelmed and need a break.
2. It is likely your child will speak, or will have been exposed to, a language other than English. What resources and support will you use to assist your child's communication when your child first arrives? What tools and resources will you use to assist your child with learning English?
3. Identify the key services/specialists that can assist you with your future child's care, if required, (i.e. doctor, psychologist with expertise in intercountry adoption/attachment/emotional vulnerability etc.). Have you had a discussion with the GP about a referral to a Paediatrician and other services that may be needed and the likely timings of this following your child's arrival in New Zealand? You may need to fund extra services beyond what is provided by the public system (i.e. treatment or therapy). What extra costs can you expect?
4. Outline your intended care plan for your child(ren) for the first 12 months. If you already have child(ren), how will you balance adapting the family environment to welcome a new child, but minimise the impact of changes on your existing children? How will you use the period prior to your child attending school to prepare your child to be ready for school and make school a positive experience for the child?
5. If the child is of school age or will be within the first year after adoption, who will care for the child before and after school, in the school holidays, or when the child is sick and cannot attend school?
6. Indicate here your educational plans for your child. Identify extra learning supports the child may need (e.g. English as Second Language, special education support etc.). Consider making enquiries with your local education providers including the Ministry of Education's special education team to understand how you can access these services. Consider availability and proximity to multicultural schools for your child.
7. What difficult behaviours may be hard for you to deal with (e.g. physical aggression, cruelty to animals, bedwetting, insomnia, tantrums, lying and stealing, sexualised behaviours)? How will you address the challenging behaviours the child may have? What support and advice will you be able to access?

8. What steps will you take to preserve your child's birth culture and language? How will your family and community environment help ensure that your child's culture, heritage and language are preserved and valued?

OLDER CHILDREN AND SIBLING GROUPS

1. In regard to a sibling group of 2 or more children, how are you planning to meet each child's need for physical affection, attention and one-on-one time?
2. The level of supervision required for an adopted sibling group is very high, as it needs to be constant and vigilant. Outside of school, the children will need parent's almost constant presence. How will you ensure that a significant adult is always available to supervise the children at all times outside of school?
3. Evaluate your support system. Who in your support system will be able to provide skilled, mature and willing help for child(ren) who are affected by an early trauma, have attachment issues and can be difficult to manage?
4. With difficult to manage older child(ren) who require constant attention and supervision, regular therapeutic respite can be critical to parents' preservation. Where and how will you access appropriate regular respite care that meets the needs of a sibling group of two or more intercountry adopted children?

CHILDREN WITH SPECIAL HEALTH/DEVELOPMENT NEEDS

Identify the types of special health/developmental needs which you believe you have the skills, support and knowledge to be able to meet the child's needs

- **Physical impairment** (e.g. mobility issues, motor/coordination issues, any diagnosed physical impairment)
- **Sensory impairment** (e.g. hearing impairment, visual impairment, other sensory issues)
- **Intellectual/learning impairments** (e.g. exposure to drugs/alcohol in utero, possible Foetal Alcohol Syndrome, head injury, not meeting usual learning milestones, possible or diagnosed autism, possible or diagnosed learning disability or difficulty):
- **Mental health issues** (e.g. Attention Deficit Disorder, emerging behavioural issues, attachment pattern, family history of mental health issues, anxiety or phobias, ability to engage and build relationships with peers and caregivers)
- **Medical issues** (i.e. medical health condition which requires treatment/medication):

Keep in mind that there are limitations to categorising special needs. A child who has one primary diagnosis may also have other associated needs. For example:

- a child with autism may also have sensory and/or mental health issues
- a child with Down Syndrome (usually categorised as a learning impairment) may also have associated physical impairment and medical needs
- a child with port wine stain birth marks may be viewed as primarily as having a medical issue but can also have his or her vision and learning affected.

Also, not all 'special needs' will necessarily be known at the time of adoption. Some needs only become known or fully expressed as children mature and grow up.

YOUR AWARENESS AND UNDERSTANDING OF SPECIAL HEALTH/ DEVELOPMENT NEEDS:

1. What was the rationale you used when you selected these specific types of 'special needs' in the country programme? Clearly explain your understanding, knowledge and experience of the types of special needs you wish to be considered for.
2. What is your ability to be flexible if things are not as you have imagined (e.g. it emerges that the child has additional needs which you did not expect)?
3. Who will you seek support and advice from if things get difficult? What is your plan with regards to your employment and child care? Indicate your ability to become a full time career for your child if needed.
4. Are there any physical changes that you will need to make to your home to make it a suitable environment for the adopted child (for example, ramps and grips for easy access for a child with a mobility impairment)? If so, what resources do you have to make these changes?
5. What is your vision for your child's future life if it turns out your child has high level special needs (whether or not this is known at the time of adoption)?
6. What will your response be to potential discrimination or exclusion of your child in the community on the basis of disability?
7. If your child is disabled, how will you support your child to develop a positive sense of identity as a disabled person?

Appendixes

RESOURCE LINKS:

Special education:

<https://parents.education.govt.nz/learning-support/learning-support-needs>

Challenging behaviour (supports):

<http://www.mhaid.health.nz/our-services/child-and-adolescent-mental-health-services/>

<http://www.youthorizons.org.nz/> is an example of an organisation that provides support to address challenging behaviour

Employment and Child Care:

<http://www.ird.govt.nz/yoursituation-ind/parents/parents-paid-parental-leave.html>

<http://www.cab.org.nz/vat/eb/leave/Pages/Parentalleave.aspx>

Special needs:

<http://www.health.govt.nz/your-health/services-and-support/health-care-services/visiting-doctor>

<http://www.health.govt.nz/your-health/services-and-support/disability-services/types-disability-support>

<http://www.health.govt.nz/your-health/services-and-support/disability-services/getting-support-disability/needs-assessment-and-service-coordination-services>

You can find a useful list of organisations at:

<https://parents.education.govt.nz/learning-support/learning-support-needs/groups-that-can-support-you/>

You can find out about financial support from:

<https://www.workandincome.govt.nz/eligibility/carers/care-child-with-a-disability.html>

(It is worth noting that if eligible you can claim Child Disability Allowance no matter what your other income or resources are (i.e. it is not means tested))

There are some programmes that help parents appropriately. For example:

http://www.autismnz.org.nz/training_programmes/earlybird

High level special needs:

<http://fastnz.org/>

<https://www.inclusionaotearoa.com>

<https://www.health.govt.nz/your-health/services-and-support/disability-services/types-disability-support/new-model-supporting-disabled-people>

<http://www.ihc.org.nz/idea-services>

Health and Disability Advocacy:

<https://ihc.org.nz/sites/default/files/documents/AdvocacyToolkit%20InformationSheet.pdf>

<http://www.ihc.org.nz/advocacy>

<https://www.ccsdisabilityaction.org.nz/services-and-advocacy/advocacy-and-support-tools/>

<http://www.hdc.org.nz/>

<https://www.hrc.co.nz/enquiries-and-complaints/>

Identity and disability:

This provides a short useful summary:

<http://www.apa.org/pi/disability/resources/publications/newsletter/2013/11/disability-identity.aspx>

This provides a short New Zealand perspective:

<http://www.dpa.org.nz/introduction/think-pieces/-disability-culture-robyn-hunt>

This provides links to a number of resources in New Zealand targeted at those with a learning disability:

<http://www.peoplefirst.org.nz/news-and-resources/resources/>

This is useful and relatively easy read that draws on research:

<http://dsq-sds.org/article/view/880/1055>

This provides relatively easy to read academic discussion about disability and forming a positive sense of identity as a disabled person:

This provides more information, it is academic in style:
<https://www.rienner.com/uploads/5123dbc9c4b23.pdf>

APPENDIX 7

Worksheets *Adopteparentalité*

WORKSHEET ADOPTEPARENTALITÉ N° 19
Letter to future grandparents

Objective: to raise awareness among the extended family of the specific issues concerning bonding in the context of adoption prior to the arrival of the child

Target audience: future grandparents, extended family and close friends

Required equipment: a copy of this letter, with the name of the child as mentioned in the proposition, or the name that the parents have decided to give the child

Letter to the grandparents

Hello grandfather, hello grandmother,

My name is _____ and I am _____ months old, and I live in _____ at the present time. We do not know one another yet, but I know that you have been hearing talk of me for a long time. You have suffered seeing my future father and my future mother suffer while waiting for my arrival for so long. You thought I would arrive in your life by a birth and we would have a biological filiation. Now you know that I am coming into your life by adoption, and that our bond will be one of the heart and of the soul.

You must be aware that, young as I am, I have already lived quite a life! If my life had been easy and normal, I would not have needed to find a new family at the ends of the earth. It is precisely because I have already experienced numerous traumas that I hope that everything will work out as well as possible when I arrive in the life of my new parents, and also in your life.

One thing is sure: my new parents will need you before, during and after my arrival, because it is a new, demanding role they will have to learn. I will need you for the rest of my life, but not during the first months. I know, it is strange. An adoption is not quite like a birth. Let me explain to you why.

When a baby is born he or she has not yet lived through negative experiences when he or she meets his or her parents. He or she has a sensorial knowledge of his or her biological mother, and then he or she is going to learn to know his or her father, and then you, gently, calmly, in stages. You would never dream of interfering and preventing the mother from breastfeeding, or giving the baby his or her bottle instead of the father. You are fully aware that during the first months the baby particularly needs care from both his or her parents, so as to create a solid bond with them, before doing so with you afterwards.

For all sorts of complex reasons which are not my fault, I never had the chance to stay close to my mother and father, physically, or emotionally and I suffered from sensory deprivation. They disappeared into the universe, leaving me in great danger because of the physical and emotional shock of their disappearance. Yes my tiny body remembers being frightened and sad to the point of not wanting to live anymore...to the point of thinking I must be a bad baby, a baby of little value or importance if all of a sudden there is no one to protect me anymore. I was too small to understand that being abandoned is the result of adult problems, and not the fault of the child himself. When I am bigger I will understand that it is never, and I repeat, never the fault of the babies when they are abandoned. It was an enormous trauma, but I survived. Because yes, I am a survivor, because, perhaps you do not know this, but many babies let themselves die when they are separated from their first mother. Not me! But I had no idea that the problems were not yet over...

Afterwards I had to survive for months (or years) in difficult conditions. The nannies in the orphanage (or the members of my foster family) were never able to give me the care I needed:

I did not eat when I was hungry. I often had to wait a long time with an empty stomach. The food was not always of good quality, and so my health became fragile.

My nappy was not changed when it was dirty. I had to wait with a sore, very uncomfortable bottom. This caused unnecessary stress to my body.

I was not rocked to sleep and no one sang me songs. I had to rock myself or fall asleep from exhaustion rather than in peace.

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I was not cuddled, complimented, tickled, encouraged to talk, move or walk. In fact I was very bored. I was alone in my bunk almost all day long. My brain had neither the sensorial, emotional nor cognitive food necessary for my neurons to connect rapidly. The development of my brain fell behind.

I was not looked after when I had colic, was in pain, had infections or the skin problems of all small babies. I had to cope alone, in silence, or cry until I was exhausted, or until sleep gave me some temporary respite.

As no one gave me enough protection, I over-used my emotions of survival (anger, sadness, fear) to the detriment of the other functions of my brain, which are there to know that life is beautiful (joy, desire, pleasure)!

I did not feel competent, because when I cried no one responded; when I wanted interaction with someone no one took any notice of me, I felt invisible. My self-esteem was therefore fragile. I am not sure there is a place for me in the universe.

I did not develop my language as no one took the time to speak to me, to give me the name of objects, or to give a name to my emotions.

No one looked into my eyes with love, admiration, tenderness and fascination, and so I never learnt to decipher the expressions on people's faces.

When writing all this, I am absolutely not asking for pity. What happened to me is sad and unjust, but I do not wish to be seen as a victim. I want to be seen as a survivor full of resources. I would like to be considered with compassion for all I will have to achieve in order to continue my development, and to have at last a happy life. I am resilient, but that will not be enough. I will need my parents and you. I want you to be my resilience mentors. Just as you stake a sunflower so that it will grow towards the sun, you will be my support so that I grow in beauty and in health.

Your compassion must be aware that I have never been precious, important and unique for anyone until now... This will be the most painful wound to heal, much more than the malnutrition and the neglect. I was part of a group of children, I was not a unique person. There were too many different nannies, too many different people in my life. I have never felt special, beautiful, interesting and lovable, because no one seemed to want to stay beside me.

Several adults took care of me, but without any bond growing between us. You must know that a bond has nothing to do with love. A bond is a strong link of trust and conviction, the conviction of being so special for someone that he or she will never leave you. When a child has a secure bond with his or her parent he or she knows and he or she feels that his or her parent will never abandon him or her, that his or her parent will provide all the care he or she needs and will always protect him or her from danger. For a child love enters his or her heart and his or her soul after this bond, like the icing on the cake.

And so I learnt that I was small, vulnerable, dependent, and that I needed an adult in order to survive... any adult. The task that will be the most difficult and the most important for my future is to learn to trust, and to feel secure with, my new father and my new mother. To begin with the hardest part will be to create a solid, permanent bond with them, as all the other bonds that I have known were weak and then were cut off. My whole being will be frightened at first that they will disappear, that they will not understand my needs and will not react to them rapidly, warmly and with foresight, that they will not see me as someone special, unique, deserving of love and worthwhile. How could it be any other way? Until my adoption I knew nothing else! I have learnt to use my courage to adapt, to adjust, but never to create a bond...

It will take time before I can feel trust, build up my strength, create a bond, and be attached to them. Only they must give me all the care I need – feed me, console me and look after me – for at least a month, or more if necessary, before I will really believe that it is true, possible, real and marvellous. This stage is essential for me so as to understand that I am really important for them and that they seem to really love looking after me. A bond is created when a child is in distress and his or her parent soothes this distress. This needs to happen thousands of times before it is imprinted in my brain for ever.

Once I am reassured, once I have felt and lived this soothing bond, I will entrust my life, my health and my security to my new parents. Then I will be ready to create other bonds with you, my grandparents, and then with all the members of my new family.

I know that what I ask of you is difficult and very different from what you were hoping for. I also know that for you the arrival of your other grandchildren was not like this. It will be hard for you not to be able to cuddle me immediately. It will be a big sacrifice for you. You will have to put your very legitimate needs aside for a time... but only to fulfil them all the more later, I promise you!

The best way to welcome me and to begin to love me is to respect the physical and emotional cocoon placed around me by my parents. The stronger the bond I am able to create with them, the easier it will be to build a bond with you. I would not have the strength to create four or five or six bonds at the same time. It would resemble my life before adoption and I would continue to have superficial, only utilitarian relationships for the rest of my life.

In fact there would be an even greater and very real risk. With all your experience as parents you will know very well how to console and feed me. You know, even more than my new parents, how to be with me. They are new to parenthood, nervous, hesitant, like all new parents. If, at the beginning, you are too present in taking care of me, I risk feeling more confident in your arms than in those of my new father and my new mother, and then I may create a stronger bond with you than with my parents. But as you will not always be there, I risk feeling abandoned yet again every time you leave after a visit! Then I would no longer want my new parents and would continue to have a utilitarian relationship with them, as if they were other nannies added to an already long list, nothing more, nothing less.

Just imagine the catastrophe: with all the best intentions in the world, with your desire to know me, love me, look after me, you could sabotage the bond that I must create with my new parents, and I would be in distress every time you left!

I know that is the last thing you want.

And so, how can you help me? How will you begin to play your role of grandpa and grandma as soon as I arrive? By taking care of my parents!

Providing them with concrete help: small dishes, some help for the groceries, the household, etc.

Listening to them attentively without judging, telling them it is normal to want to get everything right and to sometimes fail. In fact whether you adopted your children or not, you have already been through it!

Totally respecting our intimacy during the first days and then paying short visits, to play with me perhaps, but not straightaway to take care of me, feed me, rock me or babysit. I will get used to you, at first from a distance, like the Little Prince with his fox, but without relying on you for my survival, at least at the beginning.

Seeking news of my parents.

Showing an interest in adoptive normality.

Then a few months after the adoption when my parents see that the bond has strengthened, they will need a rest. HURRAY! That is the moment when I will show that I am ready to create a bond with you. You will be able to babysit for 30 minutes, then an hour, then two hours, and you will be able to rock me, feed me, tickle me, sing to me, play with me, put me to bed and console me.

You know, to grow up in beauty, in health, to learn to love myself and then to love life, I will need you and all the family. Not straightaway, a little later, but for always.

First of all give me the time to heal my wounds with my parents. You have been waiting for me for several years. Is it too much to ask to wait three or four months more? Our new relationship will be all the more beautiful, stronger and more useful for you and me.

Already I thank you because I know that you understand all this better now.

I rely on your hard-earned experience and wisdom to support my parents in their new role.

I cannot wait to know you. It seems that when one is ready, having grandparents who love you and spoil you is unique, very special and fabulous!

----- Your grandson

Appendixes

PEDAGOGICAL WORKSHEET ADOPTEPARENTALITÉ N° 69
12 objects to foster bonding
Objective: to foster the creation of bonding through symbolic objects
Target audience: for all ages
Necessary equipment: see worksheet
The most beneficial period during the CAAASÉ7: to prepare before the arrival of the child and during all the CAAASÉ and even afterwards

One of the most important roles of the new parent during the CAAASÉ is to foster the learning of a new language of bonding for the child, which is more secure. The objective is that at the end of the CAAASÉ the child feels in the depths of his or her being that a bond of confidence, security, permanence and reciprocity unite him or her invisibly to his or her parent. All possible means must be used to ensure that the child makes his or her parent his or her base camp.

This concept of an invisible, emotional bond is very abstract, especially for a child whose development has been delayed, and who does not yet understand the nuances of his or her new language. This is why the parent should use objects as visual and sensorial support to achieve his or her objective.

To acquire most of the objects, a visit to a sewing shop and a do-it-yourself shop is essential!

List of objects:

1. A rocking chair;
2. A baby sling;
3. Bandana type scarves;
4. Silk ribbons of all colours;
5. Pictograms;
6. A backpack;
7. Objects with the name of the child;
8. A little den;
9. A suggestion box of emotional nourishment;
10. T-shirts with a photo of the whole family;
11. A protection blanket;
12. The bad mood corner.

Object 1: A rocking chair

Whether the child is 6 weeks or 6 months old at the time of adoption, you will need a comfortable rocking chair in the house. It is an indispensable tool of sensorial, emotional and cognitive nourishment. You will need to compensate for numerous forms of malnutrition in post-adoption. Although the benefits of rocking a baby are universally acknowledged, rocking an older child might seem less useful. And yet it is very important.

- Vestibular stimulation, in other words, the fact of moving, carrying, rocking a child encourages the development of the emotional and sensorial parts of

the brain. The consequences of having been left lying down almost all day long are visible in many adopted children. Global and fine motor skills can be retarded. The perception of the limits and of the position of his or her own body can be approximate, making his movements clumsy;

- The rocking movement is regular, rhythmic, and is shared at the same time by the parent and the child. It can be accompanied by vocal exercises or songs. It is the opportunity to create a synchronised connection which will foster the neurological tuning between the right side of the brain of the parent and of the child, especially if there are long moments of enjoyable visual contact. These tuning moments reinforce the bond. Ideally they should have occurred during the first months of life together. But it is never too late;
- Rocking a child while singing also encourages the memorising of words, sentences, and language in general;
- Finally, and this is not the least important advantage, rocking a child is a means for the parent to fulfil the function of base camp. It is an opportunity to convince the child that his or her parent can, with the warmth of his or her body, the gentleness of his or her voice, soothe his or her stress, comfort him or her when he or she is sad, and calm his or her fears.

Object 2. Pictograms, then photos



Producing and installing pictograms before the arrival of a child over 12 months has proved to be extremely beneficial. They will avoid you having literally to draw on your physical and emotional reserves.

The familiarisation, adaptation and bonding of the

child will depend on the capacity that you have to communicate together. How do you respond to the needs of a child who does not dare express his or her needs clearly? How do you respond to the needs of a child who wants to express his or her needs, but is unable to do so, as he or she does not know his or her new language? How can the parent guarantee the security of a child if he or she does not have the means to understand his or her message clearly in case of danger?

ANSWER 1: TAKE INSPIRATION FROM SCIENTIFIC KNOWLEDGE CONCERNING THE ACQUISITION OF SPOKEN LANGUAGE

It is interesting to know that the human baby understands about 500 words and expressions, well before being able to articulate correctly a single word. Researchers have been able to verify this by asking babies to point to the image corresponding to the word spoken by the adult.

It is by associating words and images that humans learn their mother tongue, and all the second languages afterwards. Furthermore, the images can easily illustrate abstract concepts such as emotions, and of course certain pictures are universally recognisable (such as the pictograms for toilets for men and women, even if the design differs slightly in different parts of the world).

The human brain registers and understands the universe first of all through images, and then he associates them with words.

ANSWER 2: TAKE INSPIRATION FROM SCIENTIFIC KNOWLEDGE CONCERNING LEARNING GOOD BEHAVIOUR

Together with this neurological reality, there is an educational principle confirmed by numerous studies.³¹⁰ A child will feel more secure and obedient if his or her parent has positive expectations; it will be more efficient to explain **positive** behaviour rather than to make a list of **forbidden** behaviour.

Example of positive expressions of parental expectations:

We are going to go shopping at the supermarket. I want you to stay close to me and hold the basket. I would like you to touch only the objects that I am going to ask you to go and get and put in the basket. If all goes well, just before we arrive at the check-out, you will be able to choose a dessert for all the family.

Example of negative expressions of parental expectations:

OK, I must go to the supermarket. I don't want you to run all over the place. I forbid you to touch the food, and if you disobey you will be punished when we get back home.

You would be surprised and moved by the stories told by older adopted children, and who, decades after their arrival, speak out about their shock and total incomprehension when faced with the rules of their new family, nursery or school. They talk of the distress they felt when they could not understand what was expected

of them. They recollect their fear of the reactions of adults if they made a mistake.

We strongly recommend that you use pictograms in many situations, combining these two principles.

Use 1: prepare the house

Well before the child arrives, and bearing in mind his approximate developmental age, take the time to reflect on the different routines to be installed in the house. Divide these routines into small sequences corresponding to the room where they should ideally occur.

To guide you in your decisions, remember that you must be the captain. Decisions concerning health, security and the development of the child must be taken exclusively by the parents. It is of prime importance that you guide the child as to what is expected of him or her in his or her new environment, an environment that he or she does not know and does not understand. He or she absolutely must be accompanied both consciously and conscientiously.

Example: the routine for meals, to be displayed in the kitchen:

Picture 1: the child must go to the kitchen when his or her parent calls;

Picture 2: he or she must wash his or her hands;

Picture 3: he or she must sit on his or her chair;

Picture 4: he or she must eat without getting up from table;

Picture 5: he or she can happily talk with the others during the meal;

Picture 6: he or she must put his or her plate on the counter at the end of the meal.

Example: the bath routine, to be displayed in the bathroom:

Picture 1: take a little warm milk;

Picture 2: go up to the bathroom when Daddy or Mummy asks him or her to;

Picture 3: get undressed;

Picture 4: put his or her clothes in the dirty washing basket;

Picture 5: play in his or her bath;

Picture 6: accept that Daddy or Mummy helps him or her to wash;

Picture 7: get out of the bath and dry him or herself;

Picture 8: allow Daddy or Mummy to put cream on his or her hands and his or her feet;

Picture 9: put on his or her pyjama;

Picture 10: brush his or her teeth during 2 minutes.

And so on:

- The bedtime routine, to be displayed in the bedroom;

³¹⁰ Kazdin, A. (2009). *The kazdin method for parenting the defiant child*. Boston: Mariner Books, Paperback.

³¹¹ Logopede in certain French-speaking countries.

Appendixes

- The getting up routine;
- The daily routine;
- The routine for going to the nursery;
- The routine for returning from the nursery.

You can fabricate these routines yourself using images on internet. You can also easily find pictograms which have been adapted on internet or specialised psycho-pedagogical sites. Look for tools which have been designed for children suffering from dysphasia and autism spectrum disorders (ASD). Among the tools used by speech therapists³¹¹ and specialised educators there are pictograms together with pictures and felt images equipped with Velcro.

Use 2: transportable pictograms for the adoption journey

Once you have your pictograms for the house, make photocopies for the adoption journey. Put them in a book so that they are simple and easy to use.

- Think in particular of situations relative to security and health: being frightened, in pain, feeling sick, it is dangerous, a child does not hit an adult and an adult does not hit a child;
- Do not forget basic needs: being hungry, thirsty, wanting to go to the toilet, being sleepy, or I want to show you something;
- You can also include certain emotions: I am frightened, sad, angry, pleased, confused.

You can also explain to him or her the stages of the journey, showing the means of transport that you will use (with photos), the waiting times in stations and airports. Show him or her that you will be able to play and especially eat! Show him or her the hotel room, or rooms where you will stay together, and also photos or videos of his or her new environment (your home, his or her bedroom, his or her new brothers and sisters, etc.).

Laminate and bind all this material. Make a copy for you and an identical copy for the backpack of your child. This book will be of great help during the journey and the first few weeks after the arrival of the child.

Use 3: transportable pictograms for outings away from home

When the familiarising period becomes one of adaptation, you will have more and more activities 'exploring the universe'. In particular you will have to teach your child how to behave outside the home. Even if the child understands language more and more, it is not yet time to stop using pictograms. On the contrary, it is a way to enrich his or her vocabulary and make him or her feel more and more competent. We too learnt with picture books.

Now you can get him to participate in the fabrication of the book containing various situations, such as:

- How to behave in the car;

- How to behave in grandmother's house;
- How to behave in a restaurant;
- How to behave at the supermarket;
- How to behave in the park;
- How to behave in a shopping mall;
- How to behave in a swimming lesson.

Additional use: replace the drawings by photos

During the period of adaptation it can be amusing and useful to replace, slowly, the pictograms by photos of your child correctly performing the various tasks. One thing, which is excellent, is when the child understands what is expected of him or her, another is seeing him or herself behaving well; this provides an even stronger visual and cognitive reinforcement.

Be careful: it is not because your child can correctly carry out a routine during two or three consecutive days or perform various tasks that the parent should think that these activities are integrated for ever. This is why photos are useful as a pedagogical tool, to show him that he is capable of good behaviour.

Object 3: A bag or baby sling

For children who are not yet too old or too heavy, use a baby sling rather than always putting the baby in a stroller. This ancestral method for carrying babies has the same advantages as the rocking chair, and allows you to move around with your hands free. If you also use a stroller, choose one where you can modify the direction of the seat or bed. This will allow you to decide to place the child facing you and encourage visual contact, or to turn him or her towards the exterior if he or she is bored.

Object 4: Bandana type scarves

A child whose behaviour reveals a secure type of bond (piano) knows how to stay in the proximity of his or her parent, his or her base camp to which he or she can return when in need, while at the same time being able to explore the universe (without going too far away). A child with a secure bond has integrated the fact that the invisible link between him or her and his or her parent will never disappear.

- He or she does not:
- Need to hang on physically to his parent for fear that the bond will break, like the Velcro;
- Have a tendency to stay too far away and put himself in danger, like the solos;
- Navigate in an ambivalent manner between two areas, without seeming to be comfortable anywhere, like the sumos.

³¹² See the object 6 in this same worksheet.

A concrete way of helping an insecure child to integrate this notion of a secure base camp can be through the use of scarves. Ideally these scarves should be the same colour as the ribbon used in the handicraft activity *Each link is unique*.³¹² A scarf can also be left in the bedroom of the child, another in your pocket or even tied to a loop in your garment. It is used to make the physical space familiar, as you would do with a young baby, gradually.

FOR ALL CHILDREN

Explain to the child that if he had been in your tummy, he would have been linked to you by the umbilical cord for nine months. You can play by moving around in the house together. It helps to build up a relationship of proximity, allowing you to 'catch up' on a stage that you have not been able to live through together.

FOR THE VELCRO CHILDREN

With a small, Velcro child, the scarf can replace the arms he is always asking for. Tell him: *"I know that you are very agitated, you always want to be in my arms, but mummy has things to do with her two hands. So I am asking you to come and hold the other end of the scarf and to sit down close to me (or to follow me when I do what I have to do in the house). While you are holding the scarf, you do not speak, you stay very close to me. When you hold the scarf mummy can do all the things she needs to do (peel the carrots, pay the bills, talk on the telephone). When I see that you are calmer and ready to do things on your own, I will tell you what to do and you can let go of the scarf."*

It is very surprising, but the majority of children will not protest for very long. In fact this is what they needed, without knowing it. The scarf, unlike the hand, enables the adult not to be held hostage.

FOR THE SOLO OR SUMO CHILDREN WHO RUN AWAY, DISOBEY

It is not always easy, desirable or even practical to give your hand to a child when you are outside the home, especially a child who has an insecure bond. You can therefore use the scarf during a walk or in a shopping mall.

You can do some little training sessions in the neighbourhood beforehand, for example going to get a litre of milk in the corner shop. Tell him that if he lets go of the scarf without having asked permission, you will immediately go home. If he obeys, give him a little reward.³¹³

The fact that the child MUST hold the scarf is highly symbolic. The child is not passive, a victim, acting silly with a weak hand, lying on the ground and taking control of the situation. The child must consciously hold the scarf which links him or her to his or her parent. He or she is therefore active in his or her apprenticeship of a more secure bonding language, and so the parent does not do all the work!

Object 5: A little den

As explained in Chapter 1, the new adoptive parents must accompany the child during the initial period of shock, and then become the source of care, and help the child to adapt to family life in his or her new home, well before hoping to move into a more intimate emotional zone and creating a bond.

It is like a kind of dance, with moments of warmth coming from the parents and moments when they must respect the physical and emotional shell of the child. During the period when the connection between the child and the parent has not yet been calibrated, deciphering when the child needs to be close or distant from his or her parent will be very approximate.

One of the most interesting means of giving the child a certain control in this bonding dance is to make a little den.

This area must be a safe place, where the child is allowed to go and hide, away from everyone and to calm down whenever he or she feels the need. You should not install this den in the bedroom of the child. It could be in a corner of the dining room or the sitting room. It is important that it should be in a communal room where the parent can always keep an eye on the child.

You can buy a little house or tent in the shops, or simply hook up some blankets, leaving an entrance that the child can close up whenever he or she wants to. It must be very accessible and cosy. Put in cushions and some comfort toys. A source of LED-type light which changes colour is a useful way of calming certain children. You can even put in a small music player with earphones.

The child must be able to go there whenever he or she wants to. The parent can also suggest that the child goes there when he or she is more agitated.

Be careful: you must never use the little den as a place of punishment. It must be different from the BMC (Bad mood corner³¹⁴), which does not have the same educational function.

Object 6: Ribbons of all colours

Be sure to have about fifteen rolls of different coloured ribbon. The ribbon will serve different purposes as well as for handicraft, to illustrate the notion of bonding.

FIRST POSSIBLE USE: EACH LINK IS UNIQUE!

The first use is the image of existing links between the members of the new family. It will serve to lessen the interruptive behaviour of the child and to consolidate visually the concept of bonding.

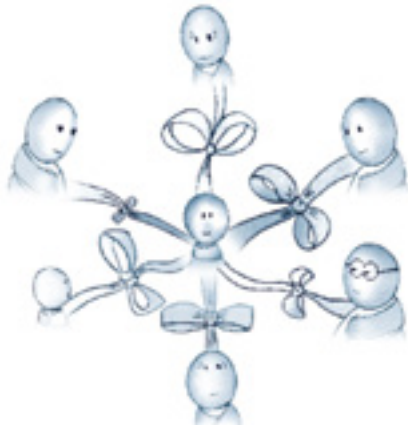
For a child recently adopted, it is difficult to understand that the links are not only permanent, but also unique, special. When the parent is not paying attention to him or her, he or she could think that the link has disappeared. Or even worse, he or she could be convinced that the link uniting him or her to his or her parent (the green ribbon for example) is being used to unite his or her parent to

³¹³ See the *Adopteparentalité* pedagogical worksheet No. 75: *20 hypotheses to explain difficult behaviour during the first year*.

³¹⁴ See the *Adopteparentalité* pedagogical worksheet No. 76 *The bad mood corner* in Volume 1 of the *Adopteparentalité* collection.

Appendixes

someone else. This explains the frequent, interruptive, monopolising behaviour of adopted children.



First of all, find ribbons of different colours. Then make a drawing representing your family: the child is in the centre, surrounded by the important people in his or her life; daddy, mummy, grandma, little brother Jerome, etc. You can add photos of each person.

Explain to the child that between two people who love each other a lot and for always, there is a solid, unique ribbon. Each ribbon has a special colour, but which is invisible in reality. You can play at seeing the ribbon.

Explain to your child that between you, mummy, and her, Juliette, the ribbon is green, whereas between Juliette and daddy, the ribbon is pink. Do the same thing with the other members of the family.

Also explain that between mummy and daddy there is also a ribbon: it is red. When mummy and daddy kiss, they use the red ribbon. NOT THE GREEN RIBBON AND NOT THE PINK RIBBON, which links each one to Juliette. When mummy and daddy kiss, the green ribbon and the pink ribbon are only put on pause, resting, they are not being used. They have not DISAPPEARED. They are not destroyed, cut or eaten by squirrels.³¹⁵

A few days after you have finished this family chart – that you can put on the wall so that it is easily visible – leave the coloured ribbons readily available. When, for example, you are going to make a phone call, go towards the child with a ribbon of the colour of your link with him or her, and another ribbon of the colour which represents your link with the person that you are going to contact (let's say your husband or wife).

Then explain to the child: "I am going to phone daddy at the office. So I am going to use the red ribbon between daddy and me: not your green ribbon. No, the RED ribbon. While mummy and daddy are using their red ribbon, the special ribbon between you and me, the green one, is going to continue existing, but it will be resting, put on pause. The fact that I will not be able to speak to you, nor play with you, nor take you in my arms during

this time, absolutely does not mean the ribbon has disappeared. So shut your eyes and try to see the green ribbon between mummy and you. Do you see it? Are you capable of keeping this image in your mind all the time that mummy and daddy are talking on the phone?"

You should repeat this exercise often, at different times of the day, and probably for weeks, before the child is able to integrate this concept.

SECOND USE: RIBBONS ATTACHED TO THE BELT

Creating a unique link with each sibling at the same time is an enormous challenge. It is also the case when a second or third child arrives by adoption (or by biological birth).

When the parent tries to change the nappy of the youngest child, the oldest child suddenly becomes demanding, even aggressive. It is a way of saying to the parent that he or she is frightened that the relationship is breaking up or that the parent is taking back the link to use it with his or her sister.

A suggestion for the parent is to knot as many ribbons as there are children in the family to his garment. To begin with, it is strategic to do this inside the home as well as for outings.

Be careful: It is imperative that the ribbons be the same colour as illustrated in the family chart. Each link is unique.

Here is an example: the adult is playing with the eldest child, but must go and get the little one who is waking up from her nap. She must take time to speak to the child with real eye contact, while saying: "OK, mummy is going to change Marilou's nappy. When I go to take care of her, I am going to take the orange ribbon, the one that links mummy to Marilou. I am not going to take OUR green ribbon. It is still there and it is solid. It is only going to be on pause for a few minutes. Choose an activity where I ask you to stay alone and calm while you wait. You can close your eyes and imagine a very long green ribbon which goes from the playroom to the bedroom of Marilou."

OTHER USES

Once the concept of the ribbon has been well integrated by the child, you can use your imagination for the years to come.

You can for example complete the first chart by linking a photo of the child with a photo of daddy or mummy at work, or on a business trip, or during the journey for a second adoption.

You can temporarily leave a ribbon going from your bedroom to the bed of the child for the night.

Object 7: A personalised backpack (for child aged around 2 or more)

Adopted children have rarely had clothes, toys or other objects, only for them. During the period of

³¹⁵ This is a lovely expression used by a young boy during a therapy: "Mrs Johanne, you told me that nothing can break this link. In my grandpa's maple grove, well the pipes between the maples have all been nibbled by the squirrels during the winter."

shock and familiarisation, they are frightened that we do not understand or that we are not going to meet their basic needs.

This is why we suggest giving the child a small, personalised backpack, at the first meeting, or in the social services office in the case of national adoption. You can sew his or her name on it or put a photo of him or her with his or her name. In the backpack you can put a re-usable bottle of water with his or her name on it. Depending on the age of the child you can also put in some little snacks. Attach with a hook on his or her backpack, his or her little book of laminated pictograms that the child can use to communicate with you. Include an article of underclothing, an attractive t-shirt to change into, also with his or her name on it, and a small, very soft blanket. As he or she will need to keep his or her mind busy so as not to be overcome by fear or sadness, it is useful to add a little picture book and some small, comfort toys. For children who are able to use one, it is possible to add an old MP3 player with earphones, so that he or she can listen to music or simply calming sounds.

It is a lovely welcome present. All children love to get a present. And even more important, it is a way of sending a strong message to the child: that you have anticipated his or her needs and that you know that he or she will have some difficulty in communicating at the beginning. You are giving him or her the possibility of feeling understood and safe.

Object 8: Objects with the name of the child

Whether arriving at the nursery, at school or even in a new work environment, having one's name and photo on a hook, a locker or office space is a simple, but powerful welcome message. It also fosters a feeling of belonging. At home, each member of the family has his or her hook and his or her chair, and now I am part of the family as my name is also there.

For older children, it is also an opportunity to introduce the concept that in a family there are of course objects for common use, and also personal objects. But there is no need to exaggerate. You do not need to identify all the personal objects of each member of the family. However, it can avoid conflict if certain strategic objects are identified.

Object 9: Suggestion box for emotional nourishment

As mentioned in Chapter 3, one of the most delicate tasks of a new, adoptive parent is to give a clear, coherent and solid parental framework, and at the same time to give the child a large quantity of emotional nourishment.³¹⁶ In other words it is of prime importance that the adopted child receives as much emotional nourishment as physical nourishment. No good parent would dare deprive a child of a meal to punish him or her for difficult behaviour. The same applies to emotional nourishment, one must not threaten to withdraw emotional nourishment from a child,

even if he or she disobeys or has a tantrum.

There are moments when the parent will find it emotionally difficult to give affection to his or her child who is in opposition. Several adoption specialists, including the psychologist Greg Keck,³¹⁷ recommend that the parent makes a list of essential emotional nourishment gestures. It will be of great help when your heart is not in it or you lack ideas.

Note: This emotional nourishment must be relational and not material. This does not exclude occasionally giving the child a reward, either a present or a little dessert. But as the objective is, above all, to teach the child to build up a more secure bond, it is preferable to give priority to moments of shared affection.

This can be:

- Having a candle-lit dinner with the child, simply because you love being with him or her;
- Making a list of words with reference to food, but which will become little loving words, (for example: my little toffee cake, my little pancake, my big sugary melon);
- Putting a little word of love in his or her lunch box or in his or her backpack for the nursery or school;
- In a flea market, buying a few old, beautiful plates and serve the meal in them for the child, from time to time;
- Inventing a song for the child, using a well-known melody, and with words of affection from the parent to the child;
- Taking a subscription to a magazine for the child, which he or she will receive by post. Always read it just with him or her, when he or she receives it;
- Leaving a piece of paper with a kiss on it, on the door of his or her bedroom or under his or her pillow;
- Asking him or her to tell a parent something that he or she does really well: constructing Lego, drawing, playing ball;
- Giving each other amusing passwords to have a secret language in public;
- Putting his or her pyjama in the drier just before he or she gets out of the bath so that it is lovely and warm;
- Making a family photo album with just pictures of happy moments, and look at it with him or her on days when he or she feels rejected or sad;
- Also putting photos of happy moments on a board in his or her bedroom, and look at them with him or her after a particularly harassing day;
- Buying identical pyjamas for all the family to watch a film together on a Friday evening.

When the child can express him or herself easily in his or her new language, ask him or her to put suggestions in the box.

³¹⁶ This is emotional nourishment, it is not a privilege, special permission or a present.

³¹⁷ Keck, G. (2002). *Parenting the Hurt Child*. Colorado Spring, EE.UU: Pinon Press.

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Object 10: T-shirts with a photo of the family

As soon as you have a lovely photo of all the family together, buy a white, cotton t-shirt for each member of the family. The t-shirt must be big enough to be worn over other clothes. Then transfer the photo onto the t-shirts. Add a short text: 'The Pelletier Family reunited at last!' or 'My family for ever' or 'We are now all in the same boat'.

The first few days you can all wear it proudly in the house. A few weeks later, you can wear it for outings to friends or family;

- When a day has been more harassing than usual, you can put your t-shirt on during the bedtime routine to show the child that, never mind his or her good or bad behaviour, you always have him or her in your heart;
- Certain national or intercountry adoption procedures imply a court hearing in order to finalise the adoption legally. This is an excellent occasion to put on the t-shirts, or to make new ones with a more recent family photo.

Object 11: A blanket to protect the body and the heart

It is not always possible to send sensorial ambassadors to the country of origin or the pre-adoption environment. It depends on the circumstances of the adoption and the availability of the caregivers. Whether you can do it or not, it is always useful to make a protection blanket even for post-adoption.

Make a blanket or quilt (or have one made), and sew on to it pieces of patterned material. Add photos of the family, the house, his or her bedroom, his or her future brothers and sisters or messages for the child. If you send it to the orphanage, you need to choose a light-weight material, soft and easy to look after. Light-weight fleece is ideal. The extended family and friends can add messages of welcome, protection or affection. Think of this creation as a symbol of the good fairies leaning over the cradle to give him or her gifts.

Symbolically this blanket represents the whole clan uniting to bring him or her warmth, protection and comfort before arriving in the country. It is one of the objects to leave with the child if the adoption procedure requires two visits to the country. It is also a way to show him or her that you are present for him or her and kind to him or her.

Use it often to remind the child that he or she is not alone, that he or she is important for all the people who are around him or her and love him or her. It is also an object to keep for a long time, and which can be added to or altered. You can add the photo of a new cousin, or the person who looked after him or her in a family environment during three years, or even a new pet.

Object 12: Install the bad mood corner

Some readers who are unaware of the bad mood corner will be surprised by this. It is made of a little carpet on the floor, against a wall in a communal room of the house, so that the parent can keep an eye on the child or supervise him or her. Above the carpet on the wall there is a picture of a person who is angry.

It might seem counter-intuitive to include a supervision method (or a punishment) among objects to foster bonding. One does not punish a child who has just arrived in the life of his or her new parents! The child will never love them! (This may even be more difficult for the mothers to integrate than for the fathers.)

However, it is rare nowadays for a baby to be adopted. The vast majority of children arrive mobile, or they become so very rapidly. This requires the rapid setting up of efficient parental authority. A young child must be able to obey a firm order from a parent. It can be a question of life or death. If authority is not established, or is incorrectly established, there is the risk of sending a destabilising message to an insecure child: "*They are letting me take all the decisions, I can do what I want. They are not strong and reliable captains. They cannot protect me from danger or from myself. So it is better that I take over control. They are perhaps kind, but I cannot trust them.*"

Do not forget that a bond is not just a bond of love and reciprocal tenderness. It is primarily a bond of security that a child creates with an adult who is stable and trustworthy, that the child can rely on to fulfil his or her needs and especially to protect him or her from dangerous situations.

Installing the bad mood corner even before the arrival of the child sends a clear message: "*It is I, the adult, who take the decisions concerning your health and security*". Installing the bad mood corner before the arrival of the child also sends a clear message to the parents! You must apply a healthy, parental authority for the well-being of the child. It will help to make the child feel more secure and enable him or her to grow up and develop in a harmonious manner.

You must present this corner during the first visit to the house, and explain the rules to the child. It is preferable that the bad mood corner is already part of the environment for you and the child. It is ready should you need it. All the better if it is never used.

ADOPTEPARENTALITÉ pedagogical worksheet N° 70**12 games and activities to foster bonding**

Objective: to present ideas to parents of games which foster bonding, and enable the child to restart his or her physical, sensorial, emotional, cognitive and social development

Target audience: the appropriate age for each activity will be mentioned in each section

Equipment required: the appropriate equipment for each activity will be mentioned in each section

The best period during the CAAASE: the most appropriate stage of the development of the child for each game will be indicated.

All the games you play in interaction with your child are valuable and important, and this is true for years to come. During the period of the CAAASE, why not choose games which foster bonding AND the re-adaptation of your child? In this worksheet you will find ideas that are easy to set up, which cost nothing and which have proved their worth.

Note: Put all the odds on your side. Before any play time, make sure that all the basic needs of your child are met. He or she is not hungry, sleepy, thirsty, nor does he or she need to go to the toilet. He or she must also feel safe. During the CAAASE the child may have trouble expressing his or her needs. You must be proactive and think for him or her for several months.

1: Playing at baby

The most appropriate time during the CAAASE: adaptation and bonding (phases 3 and 4)

Age: children aged more than 3-4

All children, whether adopted or not, sometimes need to regress, to go backwards in order to consolidate their achievements and be able to go forward. The basic model of child wants to re-live moments of intimacy and tenderness with his parent. The adopted child, however, needs to live it for the first time, because he or she has quite simply never lived it, or never lived it with his or her new parents. He or she needs to re-live with you the lost stages. These are constructive gestures which stimulate the most instinctive, primitive parts of the brain.

When the child manifests very regressive reactions, do not bother him. Go up to him or her and tell him or her that you understand his or her need to be smaller, but that it is not the right moment, that you will play baby with him or her at another moment, after having defined the time and the duration.

Plan moments to play the baby, even if the child is not manifesting regressive behaviour. This game fosters contact. Announce the game by showing him or her the timetable on the wall.

If the child reacts negatively to this intimacy, which is both desired and feared, do not insist. We suggest you begin by short periods of 5 minutes and do not go beyond 15 minutes.

Before beginning the game, assemble the equipment (for example: a bottle, a rattle, a bib, a nappy, a teething toy, etc.) which you already have, or ask people to lend you used objects. You can also go the shop with the child to buy what is missing. Allow the child to choose 2 or 3 objects.

You will need: a bottle, a nappy, a soft blanket with a child's design, a pacifier, a teething toy, a baby powder or cream with the distinctive smell of a range of baby products.

When the time comes:

- Go into a quiet place without any distraction;
- Have a chronometer which is as visible as possible, to show the child that there is a beginning and an end to this game. You must be clear about the fact that he or she will be a baby only during the game; before and immediately after the game, he or she must behave according to his or her age;³¹⁸
- Take out the necessary equipment: the bottle, the nappy, the soft blanket with a child's design, the pacifier, the teething toy, the baby powder or cream with the distinctive smell of a range of baby products;
- For very small children (under 24 months) propose a precise activity, giving the age and circumstances. For example: *"Mummy hears her 3-month-old baby crying very loudly in the night. She wakes up and goes quickly to him, takes him gently in her arms and sees that he is hungry because he is chewing on his fist. Then mummy gives him some warm milk and sings him a lullaby"*;

³¹⁸ In adoptive normality it is necessary to bear in mind his or her developmental age and not only his or her chronological age.

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- For small children (aged 2 to 4) and bigger ones (aged 5 and more), have to hand a book showing photos and descriptions of verbal, motor and emotional development for each age. Show your child each age, and discuss with him or her what normally happens between a parent and a baby at each stage. Then let him or her choose the age he or she will be during the game. It will be necessary to help the child to respect the real capacity of a baby or young child at that age. For example, if he or she wants to pretend to be 6 months, he or she will be able to babble, but not to speak;
- Remain really implicated in the game. Use real gestures, words and attitudes, as if the child was the age in question;
- Take advantage of the moment to transmit the bases of the response to needs, and tell the child that it is normal for a human baby to have needs and just as normal for the parent to respond to these needs: *"a good daddy never allows his baby to be hungry, a good mummy never leaves her baby to cry all night long, a good daddy is never angry if he has to get up in the night to change the nappy of his baby"*;
- Take advantage of this moment to transmit to the child the happiness and the pleasure of a parent who is taking care of his or her child, feeling useful, giving time and love and caresses to his or her child;
- Use lots of the diminutive words you would say to a baby: my poppet, my darling baby, my sweetie pie, etc.;
- Try and remember lullabies from your childhood and tell your child that your mummy, your daddy, your grandmother loved to rock you and sing you these songs when you were a baby;
- If the 4-month-old child gives you a tap on the face during the game, take his hand gently and say calmly *"NO, gently my baby. You must not hurt daddy or mummy. A mummy is precious and useful, you must never ever hurt her, just like a mummy must never hit her child"*;
- During this game try and use visual contact, without imposing it;
- Accept and acknowledge all the emotions of the child. For example, a father can say gently *"I see in your eyes that you are sad. Babies have the right to be sad, or frightened or even to be frustrated. A good daddy (or a good mummy) still loves his child whether he is sad, happy, angry or confused"*;
- Let the child know in advance when the game is about to end by telling him that he will have to play a little on his own afterwards, because you have something to do. Make sure in advance that you have washing to fold or the dishwasher to empty. Ending the game well is a kind of mini weaning, and this is what you will have to put in place towards the end of the period of adaptation (about 3 months) and during the period of bonding (about 3 seasons) (phases 3 and 4).

2. The hammock game

The most appropriate time during the CAAASE: adaptation and bonding (phases 3 and 4)

Age: for children over 6 months

One of the most efficient educational strategies for adoptive parents is to do everything in their power to create new memories for the child, where he or she is neither rejected nor in danger of being abandoned once again; a new, neurological archive where he or she is chosen, accepted and welcomed into your universe. The objective of this game is to build up memories which will become new resources for the child, to escape from the recollection of being abandoned and rejected, which is subconscious but very present in the child. The tunnel game and the hammock game are symbolic games which allow the child to re-visit his or her young childhood, accompanied by his or her new parents. They are also physical games, because all emotions and emotional relationships are lived not through the head, but through the body.

Furthermore, apart from the symbolic aspect of this exercise, rocking stimulates the vestibular system, which is responsible for the sense of balance and the perception of the body in space, and which is often lacking in the children who have lived in an orphanage and been left for too long in their bunk.

Invite the child to sit or lie in his or her large security blanket. Then the two parents lift the two extremities of the blanket and gently swing the child. The parent facing the child should stimulate eye contact while humming a lullaby. The child, who is enveloped in the blanket, is symbolically 'carried and rocked', as in the tummy of his or her biological mother, but this time by his or her adoptive parents. This technique is used in ergotherapy.

At the beginning an anxious child will panic and cry and ask to leave the hammock. He or she will pretend to want to go to the toilet, which has nothing to do with the context, or he or she will want to hold the blanket. The parents must stay firm and begin the game very gently, despite the state of panic of the child.

Both parents must insist with the words: *"trust us, you are safe, we will not let you FALL, you are worthy of our protection, we will not hurt you, we love taking care of you, you are welcome in our lives. You will not fall. We are trustworthy, solid, like iron and cement bridges, and our bridge will not fall down under your feet."*

3. The tunnel game

The most appropriate period during the CAAASE: Familiarisation, adaptation and bonding (phases 2 to 4)

Age: as soon as a baby can move by crawling

Invite the child to crawl through the tunnel. You can cover chairs with sheets or buy one made of parachute fabric. When the child comes out of the tunnel welcome your child warmly and tenderly and make him or her welcome:

"Welcome to our universe!"

"You are so adorable!"

"Well done, you were very brave!"

"We have been waiting for you for such a long time!"

"We are so happy to see you!"

"Come into our arms!"

"You are exactly how we wanted you to be!"

"We are so looking forward to knowing you, taking care of you, having fun with you!"

What is being played out here? The tunnel evokes the passage taken by the child, between the uterus and life outside the uterus, in other words the vagina of the biological mother. This game enables the child and his or her adoptive parents to re-live this moment together.

During this game, the children give important information about their previous life: some refuse to enter the tunnel, they cry; others want to stay there; others go in and out with pleasure; for some a verbal or physical accompaniment from the mother is necessary.

These reactions are distress signals and the new parent can and must respond with compassion, patience, empathy and delicacy. The parent must decipher these signals so as to reassure the child.

The parent can say:

"I understand that you are frightened, it maybe reminds you of bad things";

"You were too small to know what to do, but now I am here for you, because you are precious and important";

"Your emotions are strong and difficult, but I am not afraid of these emotions, I will stay here with you, you will no longer be alone";

"It does not upset me to console you, I am here for that, it is my work as a parent";

"We can take time, we are not in a hurry, I can even go and get you gently if you want, and then the next time you can do it alone, with me to encourage you";

"I know it is difficult, but you can do it, you are stronger than you think, and it is my job to prove this to you and to help you".

These new memories, which will be the counter weight of the moments of rejection, will gently print themselves in the mind of the child, they will dilute the recollection of abandonment and disappointment. The secure path of affection is mapped out. All it needs from now on is to take this path as often as possible, so that the child stores up as many positive resources as possible.

4. The predator game

The most appropriate period during the CAAASE: adaptation and bonding (phases 3 and 4)

Age: children over 18 months

The objective of this game is to establish the parent as base camp, where the child can take refuge when in danger. For children with solo, sumo or Velcro bonding behaviour, this is rarely well programmed. When the predator approaches, the solo will stay fixed to the spot or go and hide, the sumo will probably try and defend him or herself on his or her own, whereas the Velcro will not leave the base camp, which is perhaps good for his or her security, but catastrophic for his or her development!

For this game you can choose the version with or without water!

- If you have some water near you, it will be the story of mummy, daddy and baby dolphin against the nasty shark:
- Without water, it could be the African jungle version with mummy, daddy and baby chimpanzee against the nasty leopard.

You can ask another adult to play the role of the predator, or simply use a large soft toy or floating toy which looks like the fierce animal in question.

The game goes like this: daddy and mummy encourage their little one to play and explore in safety the universe, that

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is to say, play on the ground while they go about their business, in the branches if they are primates, or swimming if they are marine mammals. The parent will have explained to the little one that he or she will always keep an eye on him or her, but that it is also the job of the little one never to go too far away, and always to make sure he or she knows exactly the position of daddy and mummy.

Then suddenly the predator emerges and goes dangerously close to the little one. The little one must then verbally alert his or her two parents, making the characteristic cry of his or her species, but he or she must also go immediately in the direction of his or her parent who is closest. When the two parents hear the cry of their little one they go towards him or her. Mummy monkey takes the baby with her arm, and the little one grips on to her with both hands and both feet (or mummy dolphin takes baby dolphin under her fin), and she carries him far away to a safe place, while daddy attacks and puts to fight the predator and then joins mummy and baby.

The family stays in a safe place for a few minutes. The two parents reassure the little one and congratulate him or her for having had good bonding behaviour. They then persuade him or her to go back and play. The little monkey can go back and watch the insects and the dolphin perform antics in the water.

Often play the predator game, and use these occasions to remind your child of the rules of security which apply whenever you go out of the home: never go far away from the parent, always keep an eye on the parents and call them in case of danger.

5. Reciprocal making up

The most appropriate period during the CAAASE: adaptation and bonding (phases 3 and 4)

Age: children over 12 months

This game fosters collaboration, fine motor skills and patience, but especially improved eye contact and familiarisation with the parent's face.

Buy the materials for artistic make-up (hypoallergenic) in a do-it-yourself, creative arts or costume shop.

Put yourself in a comfortable position opposite your child. Suggest that you make each other up as an animal or character of his or her choice, with or without a model. Alternate at each stage or take turns. Take photographs or film this activity so as to be able to show the other parent or a friend.

Do not be reticent with compliments during the session. Tell the child that you appreciate his or her face and his or her body: *"I love to see your little white teeth when you smile"*, or *"I particularly love the colour of your hair when I see it close to"*, or *"I had never noticed how the colour turquoise is beautiful with the colour of your skin"*.

What is important in this game is not at all the quality of the result. The simple fact that the child accepts to be physically close to you, to participate in such an intimate activity as touching your face with his or her fingers or a paint brush, and letting you touch him or her in return, is in itself a victory.

6. The alternative tam-tam

The most appropriate period during the CAAASE: familiarisation, adaptation and bonding (phases 2 to 4)

Age: children over 9-12 months

The following are suggestions for games which foster fine tuning between parent and child. The fine tuning, or attunement, is what enables bonding to be built up little by little, day by day, through an infinite series of eye contacts, touch and human relations. The child looks at the person who takes care of him or her and the caregiver watches the child. They each look at one another. Little by little one picks up the rhythm of the other, and they alternate, like two metronomes beating the same music.

Improvise to make two tam-tams (for example two plastic or metal containers turned upside down). Sit opposite one another, INSISTING on eye contact, even if you or the child has to look how the hands of the other person are moving on the instrument.

Encourage the child to imitate a very short and simple rhythm that you will produce with your hands. Do not correct him or her, but adjust your improvisations so he or she can succeed. Then invert the roles. After a few successful sessions of alternative imitations, then try to play the rhythm together. If the game works well, you can after choose a rhythm and play it quickly, slowly or alternately.

When boredom sets in or stress, there is nothing better than a session of African tam-tam in the basement with daddy or mummy, to let off steam!

You can also foster attunement with other activities such as:

- Singing nursery rhymes or songs with a refrain;
- Playing ball, dancing together slowly or quickly.

7. Emotions on cards

The most appropriate period during the CAAASE: familiarisation, adaptation and bonding (phases 2 to 4)

Age: children over 2

Familiarisation with the correct expression of emotions is an important challenge during the CAAASE. Emotions on cards are concrete, ready to hand, and make it possible to transform an explanation into a game.

Make a large sun in cardboard, and a large grey cloud with rain and lightning, to personify a crisis of anger or immense sadness. Make other clouds in different sizes to express the intensity of the emotions that you observe.

Use these elements to explain to the child that disagreeable emotions, such as fear, sadness and anger are like big clouds which fall on us. But that, as in the sky, the clouds end up by going away and the sun comes out again. After a moment of unhappiness or anger, and once the child is calm again, show him or her photos of the family, and explain to him or her that the moments of anger which have just occurred will never wipe out the good memories of the past with him or her.

You can also make drawings together of situations under clouds, then under the sun, depending on the age of the child. Obtain books with characters who personify the emotions.

8. The magic remote control

The most appropriate period during the CAAASE: bonding (phase 4)

Age: children over 2

One of the forms of behaviour which a small child should ideally produce beside the person with whom he or she is bonding is to imitate while playing close by. For example you see a little girl watering real or imaginary plants while following her daddy in the garden, or a little boy pretending to do yoga while observing his mummy on her mat in the sitting room. Imitation is a wonderful learning motor, thanks to the use of mirror neurones. Like all kinds of neurones, they need to be used at the right moment and in the right way in order to fulfil their role. During the CAAASE it is important to foster this behaviour in the child and to stimulate the neurones which were not used during his or her pre-adoption life.

There are a multitude of occasions and daily activities which will encourage imitation. One of the best strategies to oblige the child to pay attention to the behaviour of the adult is to use a 'magic' remote control in order to:

- Slow down and accelerate your actions: stirring a cake mixture, walking, speaking, eating, brushing teeth, patting the dog, opening or shutting the door of the refrigerator. Be creative and make simple gestures into a game;
- Pretend that light objects are heavy: walk taking heavy steps or put a balloon in the toy chest as if it were a cannon ball.
- Make small light steps without any noise.
- Play at doing things upside down, backwards, to the left then to the right.

A good trick is for both of you to do this in front of a mirror so that the child sees him or herself, or to make little videos of his or her performance. What is important is to capture his or her attention, and make him or her follow you with his or her eyes and try and imitate you, even if his or her imitation is very approximate at the beginning.

9. The gratitude table

The most appropriate period during the CAAASE: adaptation and bonding (phases 3 and 4)

Age: children over 2

The objective of this activity is to make it a daily routine to find and emphasise the moments when you feel gratitude for having lived them together. Do not forget that it is your marvellous responsibility to give back to your child the taste for the large and small moments of happiness in life. In order to convince him or her that life is beautiful, you must begin by believing it too. Explain that happiness is made up of thousands of little things, and that one must take the trouble to notice and celebrate them. We recommend very strongly that you make this gratitude table or daily drawings, whatever the difficulties, setbacks, quibbles or discouragement that have occurred during the day. And remember this: the worse the day has been, the more useful this exercise will be for your child and yourself. It will be calming, and will build up memories of emotions concerning your child's life which is improving.

Never look for grandiose things! You can decide to be grateful for:

- The delicious sweet taste of the strawberries you have eaten together, even if the meal has been chaotic;
- The smell of your lavender soap;
- The magnificent, warm sun which was lighting up the breakfast table;

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- The good health which enables you to look after your child and to reassure him or her day and night;
- Being a family, with a roof to protect you and good quality food in abundance.

This is what you will need:

Obtain a large cork board to put up in a communal room. Make sure you have drawing and handicraft material, like crayons, glue, little pieces of cardboard of different colours, ribbon. Write on it 'Our gratitude table'.

At the end of the day (for example, at the beginning of the bedtime routine) think with your child of a moment of happiness during the day, draw it, or make some handicraft work to represent it, or simply write it on your 'gratitude table'.

You can refer to it to show your child that the difficult moments never erase the beautiful memories.

10. Baby meerkat is lost

The most appropriate period during the CAAASE: adaptation and bonding (phases 3 and 4)

Age: children 2 and over

Choose a particularly sweet little mammal which lives in colonies, in a burrow or lair. In Adopteparentalité we have a special weakness for meerkats. It is easy to look at excellent documentaries to prepare the game, and to show the child the principles you wish to transmit.

The game is a variation on the classic hide-and-seek game. Ask your child to go and hide in the house or the garden, and then to make a little call of distress that you have probably selected and practised together.

As soon as the parent hears the cry he or she must immediately drop what he or she was pretending to do and actively search for his or her little one.

Act like this:

- Dramatically: *"Oh my goodness, my baby is lost and he or she is calling me. He or she is perhaps in danger! Quick, I must find him or her, protect him or her and bring him or her back to safety in the terrier with all the other members of the family. Where are you my baby, keep calling mummy and daddy!"*
- Also reassuring: *"Don't be frightened, daddy is here, I can hear you calling, I recognise your voice, I am coming my little poppet. I won't let anything or anyone hurt you. I don't want you to be cold, hungry or frightened. I am coming! Be brave!"*

Once the lost baby is found, the parent must immediately take him or her into his or her arms and return quickly, saying with a relieved and firm voice: *"You are now in my arms, I've found you, don't be frightened any more. I am strong and quick to protect you and take you home to safety. All the animals in the colony must be worried about you. They will be so pleased to see that you are safe and sound".*

Finish the game by offering him a warm blanket, a little drink and especially lots of cuddles. Then add: *"Don't go far away from daddy and mummy. It is your job to always look and see where I am. I also always keep an eye on you. You are always in my thoughts. But you are small and the grasses in the savannah are so high! So we must be a team. OK my little baby meerkat?"*

Explain to the child that it is a game, and that he or she must never run away and hide in a public place or anywhere else, without having asked you first. Emphasise that he or she must never, and you mean never, do this without telling you and without you giving him or her permission to do so.

11. The clapboard

The most appropriate period during the CAAASE: bonding and weaning (phases 4 and 5)

Age: children over 3-4

This game is a very behavioural approach to behaviour modification. It is very efficient when you want to dedramatise a situation in which the child refuses to follow a rule and which is easy to change.

This is a typical situation when you could use this game:

You want to change certain bad habits of the child and to give him or her better ones. For example, your child forgets systematically to flush the toilet, or comes to breakfast in his or her pyjamas when the rule in the house is to get dressed before coming to table.

Re-enacting the scene in question correctly is a way to help your child integrate the proper gestures in a concrete manner, like an actor who rehearses a play or a tennis player practising his or her forehand.

Begin by doing it in the form of a game. You can invent little scenarios with the child and then act them out as if you were making a film. As the director, announce 'scene 1, take 8 (or 12)!' and use the clapboard as in the cinema! (You

could show examples to the child on the Internet). Keep doing the scene again until you, the film director, are satisfied. Explain to the child that in the film of your life and the life of your family, you are allowed to make mistakes, and you can redo the scene several times until it is satisfactory. (Filming the scene can also be amusing and is 'even more real'.) Doing numerous takes will help the child to accept the fact that he will have to redo actions correctly in real life.

First of all, make a clapboard with very thick black and white cardboard, with a little hinge so as to be able to slide the two parts of the clapboard, and a black crayon to write the word CLAPBOARD and the title of the film:

Here is an example:

It is 7 o'clock on a Tuesday morning. Felix comes casually downstairs and sits down at the breakfast table. The problem: he must be dressed for school BEFORE coming to breakfast. And here he is still in his pyjamas!

This is how to intervene:

Daddy asks Felix to look him straight in the eye and then shows him the clapboard and says: *"Yes well, Felix. You know I am the director for the film 'My family for ever!'. You are calm, you have a lovely smile and you are eating your cereals properly! But I must ask you to redo the scene in exactly the same way, EXCEPT for the costume. You know how you should be dressed for the breakfast scene in the morning. I know that you can do it very well, so go back upstairs to your bedroom and let me know when you are ready so that we can do another take."*

Daddy leads his son gently back to the bottom of the staircase, then goes back to what he was doing, until Felix shouts *"Scene 1, take 2!"* If Felix redoes the scene well you can shout *"Congratulations son, it's in the box!"*

You can give the child a third and last chance, before moving on to less amusing methods and punishments.

It is always important to find some good comments to make about the first 'scene', in other words, some positive reinforcement. Your request to redo the scene must also be clear. *"Redo that in a nice way (or calmer)."*

12. Very important rendezvous

The most appropriate period during the CAAASE: bonding and weaning (phases 4 and 5)

Age: children over 2-3

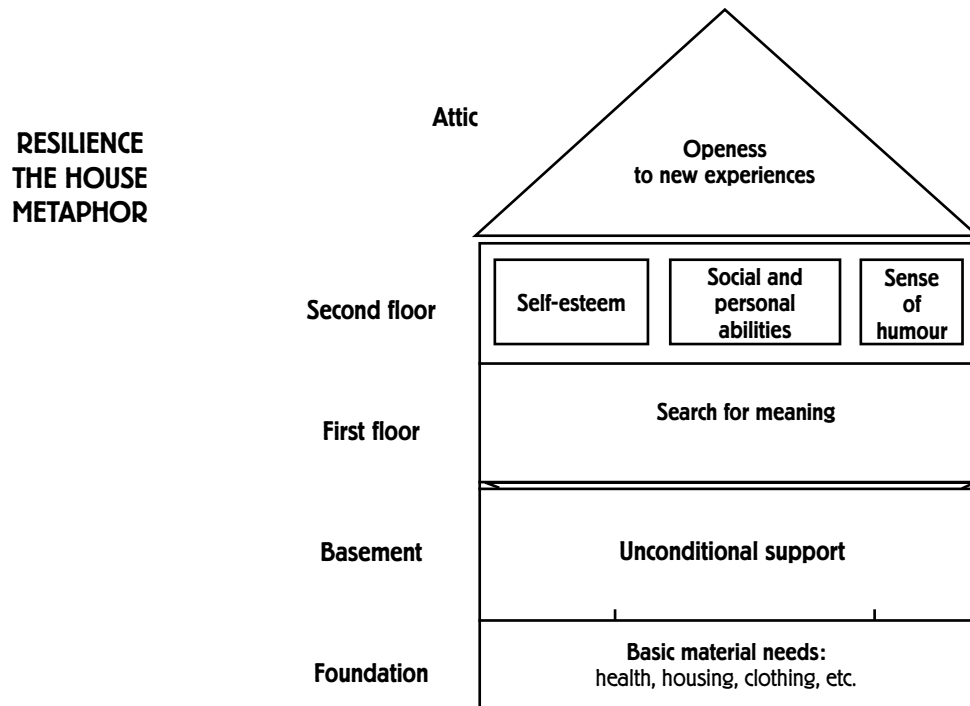
Take your diary and explain to the child that it is where you inscribe your activities and important rendezvous, having entered beforehand the rendezvous that you have with your child. For example: *read a story every evening with Julian; give Marie her breakfast every morning; give Lea 25 kisses a day.*

For older children (3-4 and more) show him or her your working hours, time for transport, time for sport, leaving two or three short periods free. Let him or her choose one of these periods to play a game (alone or with you). Write this into your diary and mark it VERY important, with a special pen. You can complete this exercise by also writing it onto the family diary on the refrigerator.

Appendix 8

Proposed Resilience model, *La Casita* (the Little House)

By Stefan Vanistendael



Appendix 9

Examples of questions to be asked by the paediatrician at different times over the adoption process

Before the child's arrival:

Have you spent much time with children? (if not, babysitting is good practice)

Do you plan to continue to work after the child comes? If so, what child care arrangements have you planned?

What are the characteristics of the child that are most important to you?

How long do you think it might take for a child to form an attachment to you?

How do you think you will feel if the child arrives with more serious problems than anticipated?

What is your style as a disciplinarian?

Is your family supportive? Your friends?

Is your work environment flexible if you need time off to care for your child's special health issues or to take your child to medical or other needed appointments?

Does your health insurance cover mental health or behavioural problems? (if not, suggest starting a savings fund for this eventuality)

If your child has serious special needs, is there someone who could serve as that child's guardian if you were unable to do so?

After the child's arrival:

Is your child what you expected? Are there things about your child that you did not expect?

Are things going as you expected? Is it easier or harder to parent this child than you expected?

How have other children in the household reacted to the new sibling?

How has your extended family (grandparents, aunts, uncles, etc.) and close friends responded to the new arrival?

Have people stepped up to help out?

Are you getting enough sleep? Some time to exercise? Are you eating right?

Quite a surprisingly large number of new adoptive parents report feelings of sadness, depression, or being overwhelmed. Have you felt this way at all?

On-going visits:

How are things going with your child?

What kinds of pleasurable things have you done together as a family?

Do you have some routines or rituals as a family that you enjoy?

Do you feel accepted as a parent by your child? Does your child respect you? Respond to your authority as a parent?

Has your child pleasantly surprised you by being like you in some way?

Does your child have some behaviours or characteristics that are hard to understand or manage?

Overall, how do you feel you are coping as a parent? As a family?

Is your child well integrated in his social life (crèche, kindergarten, day care, school, etc.)?

Are you satisfied with the adoption? Would you recommend this type of adoption to your close friends?

In what ways has your life changed since the adoption?

Do you feel you might benefit from some further support? (Provide resource list, referrals)

(If the doctor senses this might be the case, it is important to ask) Have you thought about ending this adoption?

Appendixes

Appendix 10

Training areas for professionals assisting with breakdowns

By Janie Cravens, ICSW, United States of America

KEY STEPS AND CONCERNS	WHAT THE HELPERS NEED TO KNOW/DO
<p>DEFINE CORRECTLY: this child and these parents cannot navigate the very difficult passage of making a family out of strangers. While the child is our primary concern, the parents are suffering as well from guilt, a blow to self-esteem, and lost dreams. They may, instead, display anger and blame, but feelings of sorrow are likely underneath.</p> <p>“How did we end up with a situation that was not as everyone expected?”</p> <p>Amass a thorough list of conditions that have brought the family to this point. This should include parental, child and agency issues.</p>	<p>Resist the urge to lay all blame on the parents. Rely on the ‘family fit’ theory and teach this to both the child and parents.</p> <p>Based on the list of conditions, provide immediate relief (respite care, peer support, assessments, etc.). Often the child can be spared multiple moves if the present family can be supported.</p> <p>Skills needed: Basic compassionate counselling; foundation in attachment theory/behaviours; mediation skills; (may be high marital and/or family stress at this point); knowledge of local resources for referrals and virtual support for parents.</p>
<p>TRIAGE:</p> <ul style="list-style-type: none"> – Is the child safe? Are other family members safe? – Can the placement be salvaged? – Can the child stay in this home till the next placement is ready? – Start/complete interim Plan of Service 	<p>Worker must know how to assess safety through observation and child interview skills.</p> <p>Parental interviews on expectations for children, personal attachment styles/wounds, and ability to assess their stamina.</p>
<p>THERAPY AND SUPPORT FOR THE CHILD</p> <ul style="list-style-type: none"> – “<i>This is not your fault, even though you fear that it is.</i>” – Give the child skills for communicating with others about the disruption 	<p>Teaching the ‘family fit’ theory to the child and reinforcing this over time. Use of regular counselling sessions, art, dolls, sand tray, and a LifeBook are crucial skills for long term work with the child.</p> <p>Teach and reinforce techniques from The W.I.S.E. Up Powerbook, changing content to fit disruption or dissolution of a placement.</p>
<p>COUNSELLING AND SUPPORT FOR DISRUPTING PARENTS AND RECEIVING HOME/PARENTS</p> <ul style="list-style-type: none"> – Know that parents who disrupt/dissolve a placement may be able to adopt later with success because Attachment is a two-way street, and because ‘family fit’ is a major factor. – The disrupting parents can make a contribution through Memory Book making, writing out schedules and habits, and talking to receiving parents. 	<p>Provide counsel or refer disrupting parents to appropriate resources, including virtual groups. Show understanding about how hard things are for them. Skills needed for making a Memory Book.</p> <p>Worker must know how children transition and move locations and make a plan based on Best Practices.</p> <p>Skill needed to help other children, in either home/ location. Use of Welcome Books, Memory Books and LifeBooks.</p> <p>Help clients to establish rituals in taking leave of and entering into a new home.</p>
<p>CARE FOR THE PROFESSIONALS</p> <ul style="list-style-type: none"> – Professionals who helped these clients in the past, and the ones helping with the disruption, have many difficult emotions. Don’t forget them in this process. 	<p>Self-care, support from colleagues/supervisors, and a willingness to change practices without undue guilt. “When we know better, we do better.”</p>

Appendix 11

Result of the Cohabitation Disruption Programme carried out by *Agintzari*, from its inception to 2014.

The results of the programme, since it was first implemented until 2014, are the following:

- 17 cases, 35% of which were of girls who came of age, and 65% boys.
- Regarding the type of adoptions, 35% corresponded to domestic adoptions and 65% to intercountry adoptions with an average adoption period of approximately nine years before disruption occurred.
- Among the reasons triggering separation in the family home, were aggression (65% of the cases) and theft (17.5% of the cases).
- Only one of the participating adoptees had been diagnosed prior to their involvement. However, taking part in the programme implied updating the diagnosis. This resulted in the finding of several new personality disorders.
- The average time spent in the facility was 4 months, most participated in the follow-up 6 months after leaving the facility.
- Global results show that separation did not lessen the disruption of the relationship in only one case (5%). In 65% of the cases, participants returned to their families and 29% managed to come to agreements to live outside the family home, with the support of the adoptive family.
- Risk of exclusion was not observed in any of the cases during the duration of the programme, this led to *Casas Conectadas en Red* being considered as an effective resource for containing crises and allowing families to face separation and avoid disruption of the relationship.

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