

BEST PRACTICES in INTERNATIONAL ADOPTION

PROPOSED FRAMEWORK

In the United States, international adoption has provided loving, permanent families for over 250,000 children since the 1970's. During that time, academic and medical research, adoptive parents, and the clinical medical and mental health professionals who have treated these children have learned a great deal about the long term effects on children of poor nutrition, pre-natal exposure to drugs and alcohol, the trauma of abandonment, and systematic deprivation in institutional care. Armed with this knowledge, the adoption community has the opportunity to take steps to improve the current system of pre and post placement support and evaluation, improving the lives of the children so desperately in need of care, and the families who adopt them.

Background

Over time, international adoption placements have evolved from relatively healthy infants and babies placed within the first year of life, to what is now largely a population of older children and children described as "special needs". The latter category ranges from children with minor, correctible physical deformities to serious mental and physical disabilities that will prevent these individuals from ever being able to live independently.

The evolution in the population of children in international adoptive placements can be traced to ideologically based policies that relegate international adoption as an option of "last resort", to be explored only when all other domestic alternatives have been tried and deemed to fail. Too often, realistic domestic alternatives are woefully insufficient. Consequently, children can spend years with families unable to care for them, or warehoused in institutions, often without access to any nurturing care or education.

As a result, these children have different, special needs, over and above the normal needs of any child. Recent academic studies have also shown that children over the age of three who have been institutionalized for most of their young life will generally have physical, intellectual and emotional deficits that are irreversible. Older children will have difficulties with language and education; due to the deprived institutional environment, many will lack fluency in their native language and have never attended school. Some children with physical problems have medical and therapeutic needs which can be very difficult to diagnose and treat, can be costly and difficult to access, and are often an emotional drain on all family members. Our society has accepted the moral responsibility of making proper public accommodations for the differently-abled in general; we must extend these benefits openly and knowingly to the population of children adopted internationally.

Recommendations

DIPLOMACY

We support efforts to promote permanent parental care for children as early in life as possible. Acceptance of the principle of subsidiarity in the UN Convention on the Rights of the Child must not be allowed to block concurrent planning. A multi-track process, combining reasonable efforts to preserve and reunify families, or pursue domestic adoption with international adoption outreach should be launched at the time the child is identified. Concurrent planning allows for all in country options to be vigorously pursued at the same time that a pool of potential international adoptive parents is established. If time-limited domestic efforts are not successful, the child can be placed for international adoption. Early removal from situations of abuse and neglect will mitigate harmful effects and make it more likely that children will be able to recover and lead the lives to which they are entitled.

REGULATION

Because only the most qualified agencies should be allowed the privilege of working in the field of international adoption, universal standards for agencies should be set to match accreditation standards established in accordance with The Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption (HCIA, or Hague Convention).

The most significant effort at regulation of international adoption is the HCIA, which was signed by the US in 1993 and given Congressional Approval through the Intercountry Adoption Act of 2000 (IAA). However, the HCIA only applies to adoptions where both countries involved are members of the Convention; 80 countries are members of the Hague Convention today.

The Convention sets forth requirements for suitability of children and proper procedures for adoption. It has ethical goals designed to combat baby selling and kidnapping, and also attempts to streamline the adoption process. The HCIA relies on the creation and on-going supervision of a Central Authority (in the U.S. the Department of State (DOS) to oversee international adoptions. In fulfilling its obligations under the Convention, DOS relies upon State licensing boards which license private agencies, as well as the Council on Accreditation which accredits agencies in 49 states, and the state of Colorado for Colorado agencies.

Accreditation is intended to be the “gold standard” for agencies. There is copious regulation regarding the conduct of agencies addressing such procedures as the home study process and training. Despite observations that there was a significant weakening of regulation from what was first envisioned in the IAA, particularly with regard to limitations on general liability for performance, and elimination of liability for foreign

contractors and agents, **Hague accreditation standards , universally and properly applied, represent an important first step in defining best practices for international adoption.**

Experience since the implementation of the Hague Convention suggests that the following amendments to the regulations or to the IAA would improve the process:

AGENCY PRACTICE

Agencies must be prepared to screen potential adoptive parents and to turn down applicants who will not be able to cope with some of the children who are available for adoption. It is vital for potential adoptive parents to hear that successful parenting of older and special needs children presents real challenges, but ones that can be overcome with appropriate planning and resources.

Home-study must be subject to the same kinds of rules and regulations applicable to Hague – accredited agencies. Accredited adoption agencies should be required to actively supervise the work of, and be liable for, the work of independent agencies.

Home studies should assess families for their ability to care for children with special needs. This should include an identification and assessment of services and support networks available in the local community. Prospective parents should be required to create a Post-Adoption Plan. This Plan will outline the educational, emotional, psychological and medical treatment plan for the new child and for the existing family, and require potential adoptive parents to commit to its implementation.

Agencies should be required to do on-site pre and post-placement visits for all adoptions.

Ten hours of training for potential adoptive parents are currently required by the Hague Convention on Intercountry Adoption. More extensive training devoted to the likely medical and psychological needs of post-institutionalized children should be included. Hague requirements for cultural sensitivity training do not address these issues. Webinar training, if offered, should be supplemented by establishment of buddy relationships or required participation in face-to-face adoptive parent forums. Having parents discuss actual issues that they have confronted is invaluable for prospective parents.

Agencies should provide intensive support services after placement. These services should include continued relationships with their buddy families, support for the obtaining of educational and therapeutic services, emergency aid and provisions for respite care. The first few months are always challenging with a new baby or new child—new parents should not be left on their own, unaided and unsupported. The services could be funded by a fee paid by potential adoptive parents prior to the

adoption trip. If every family contributed \$500 to the post-placement support network, much could be accomplished.

Agencies must develop a protocol regarding adoption disruptions or dissolutions, to be filed with COA. A required acknowledgement of such protocol, which should, as a first step include notification by the client to the agency of any intention in this regards, should be part of the agency contract.

Accreditation fees should be regularly reviewed to ensure that they strike the proper balance between being reasonable but also sufficient to ensure that all aspects of an agency's operations can be subjected to effective scrutiny by the accrediting bodies.

DISCLOSURE

Agencies and prospective adoptive parents must deal with each other honestly and transparently.

All fees and contributions required throughout the process should be clearly disclosed in the agency contract. This contract, along with the expected disbursement of fees to agents, contractors, orphanage and medical personnel should be posted on the agency's website.

Agencies should be required to promptly advise all clients any DOS or other US government updates concerning adoption in general and the country program involved in specific.

The Hague complaints registry should be made public. False complaints by competitor agencies are cited as a risk, but if the financial and products safety regulatory bodies can live with this risk, we as a community should be able to do so as well.

Center for Adoption Policy

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The Center for Adoption Policy is a 501(c) 3 institute dedicated to ensuring that ethical, honest, transparent adoption remains a method of family creation for children living without parental care. We are not involved in the placement of children. For more information please contact Executive Director Diane Kunz at dianekunz8@gmail.com or Executive Director Ann Reese at annreese@aol.com.