**N° 204**
**AUGUST 2016**

## EDITORIAL

## Double principle of subsidiarity: Keeping the child's individual needs at the centre of decisions

*The implementation of international standards of children's rights in adoption has always been a delicate balance of competing interests – the principle of double subsidiarity is no exception.*

Since 1997, the ISS/IRC has been actively developing and implementing international standards relating to the alternative care of children deprived of their family or at risk of being so and adoption. With regards to intercountry adoption, its position is elaborated in its [Manifesto for Ethical Intercountry Adoption](#) (hereinafter 'Manifesto'), published in 2015.

  Concerning the '*respect of the double principle of subsidiarity*', the Manifesto notes that '*the first level of the principle of subsidiarity requires that priority be given to keeping the child in his or her environment of origin. In practice, this involves the implementation of a system based on the development of domestic family-type solutions for children separated from the family, making it possible to decrease the need for intercountry adoption. Specifically, such a system should set out family support programs so that they can raise their children, family reintegration programs for situations involving temporary separation, and alternative family placement in cases of permanent* separation[1] *(see pp. 3, 7 and 10). The second level of the principle of subsidiarity focuses on the subsidiarity of intercountry adoption with regard to family-type domestic protection measures. Consequently, intercountry adoption should only take place after a long term family solution has been actively sought in the child's country of origin, particularly with domestic prospective adoptive parents*'.

### Double principle of subsidiarity and international standards

  This position is grounded in Article 21(b) of the Convention on the Rights of the Child, which recognises '*that intercountry adoption may be considered as an alternative means of child's care, if the child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared for in the child's country of origin*'. Likewise, this position is based on Article 4.b of the 1993 Hague Convention, which states that an intercountry adoption shall only take place '*after possibilities for placement of the child within the State of origin have been given due consideration, that an intercountry adoption is in the child's best interests*'.

**Seeking individualised approaches for each child to determine suitability**

Over time, the ISS/IRC has continually noted the importance of not interpreting the principle of subsidiarity embedded in these international standards as universally meaning that intercountry adoption is a measure of last resort. Effectively implementing the principle of subsidiarity is not solely about ensuring on paper that all domestic laws and policies are respected prior to intercountry adoption being considered. Rigid approaches steer away from challenging realities, for example, what real efforts were made to search for the family of origin in cases of abandonment, what support was provided to the parents to enable them to care for the child, systemic failures in a child protection system, etc. Such an approach more importantly discourages an individualised approach for each child and identifying the measure of best resort for them.

**Determining suitability following the double principle of subsidiarity**

Intercountry adoption may be considered when there is evidence that a child cannot be cared for 'suitably' in their country of origin. Intercountry adoption may be one child protection measure among many to be offered to the child. Determining suitability, in principle, starts from examining care with the family of origin to options that are family-based, and should continue if necessary, until the most adequate solution is found for the child. This examination process will require a very thorough comparison of benefits and disadvantages, in particular where the only two realistic options are offered only in large residential care facilities[2] and intercountry adoption. Such an examination must include for instance, a detailed evaluation of the prospective adoptive parents' capacity to care for the child's unique needs, including evidence of their adequate preparation and support (see pp. 5 and 9). Moreover, intercountry country adoption may be considered and given priority over national solutions, as may be the case in relative adoptions and/or when the child has an urgent medical need, when deemed in the best interests of the child.

**The ISS/IRC therefore believes that it is important, when giving the principle of subsidiarity due regard in practice, that this depends on each child's individualised needs, with their best interests being the paramount consideration. Discussions should move away from last resort towards finding the solution that is in the best interests for each individual child.**

The ISS/IRC team
August 2016

**References:**
[1] United Nations Guidelines for the Alternative Care of Children (2009), Para. 49.
[2] *Ibid*, Para. 23.

## ACTORS

- **Kyrgyzstan:** On 25 July 2016, the country deposited its instrument of accession to the 1993 Hague Convention.

*Source*: Hague Conference on Private International Law,
https://www.hcch.net/en/latest-updates1.

## BRIEF NEWS

## PRACTICE

# Italy: A programme of intervention to prevent institutionalisation

*In this article, Paola Milani, a Professor at the Laboratory of Research and Intervention in Family Education[1], at the University of Padova, introduces us to the programme of social innovation P.I.P.P.I., which has operated in Italy since 2011 upon an initiative of the Ministry of Social Policy in partnership with Padova University.*

The acronym 'P.I.P.P.I.' is also the Italian first name 'Pippi' from Pippi Longstocking, an irreverent and resilient young girl. Her resilience reflects some fundamental aspects of the approach of the programme, such as the focus on the abilities and resources of children and parents, the development of informal resources (support from members of the extended family or from peers, etc.) as well as a focus on the needs of the children. P.I.P.P.I. represents a unique investment in the history of social policy in Italy: from 2011 to 2014, it has been introduced into 10 metropolitan towns, and has benefited 259 families, of which 89 have been integrated into a monitoring group provided through the experimental methodology of the project. During 2014-2015, it was extended to include new regions of Italy, and has benefited 453 families and 600 children in 47 towns. In total, 18 regions have enrolled in the programme. Today, the programme continues to expand with new facilities from early 2015 and 2016, thereby benefiting 1,500 families.

**The legal basis of reference and focus on family neglect**

The programme is based on the Convention on the Rights of the Child and European legislation, which recognises that all children have the right to grow up in their family, and underlines the importance of support being provided to parents and of strategies to break the cycle of social discrimination in order to ensure children have a good start in life[2].

This programme focuses, in particular, on the issue of family neglect defined as 'a significant deficiency, or even an absence, of response to the needs of a child, recognised as fundamental based on current scientific knowledge and in the absence of this, or a consensus about this, then relating to the social values adopted by the community, which the child belongs to'[3]. The hypothesis, based on research and the intervention proposed by the programme, is that, faced with such challenges, placing the child into care is not the most appropriate form of intervention[4]. Thus, in order to offer an alternative to placement in care for such situations, P.I.P.P.I. offers to try a 'social response', which is capable of:

- fostering a global and integrated understanding of the needs of children and not just the risks and difficulties;
- organising the intervention in a manner that is coherent and relevant to individual needs while taking into account the resources and obstacles within the family and environment;

3

• following a project system based on the participation of children and parents at each stage;

• intervening in a phase of family life when specific needs are identified and extending the action in a more intensive manner for a defined period.

## Theoretical framework

This programme is part of a theoretical framework based on the model 'The World of the Child' – an Italian adaptation of the British Assessment Framework. This model – based on the Bronfenbrenner eco-systems theory approach developed in the United Kingdom at the end of the 1980s[5] and revised by professionals and researchers from Scotland[6] and Quebec, Canada[7] – includes different systems that interact in the life of the child. The 'World of the Child' is used in an assessment approach that is participative and transformative for each family. Two main aspects characterise this process:

• parent involvement in the assessment process of their child: the parent, as a stakeholder in 'the team supporting the child', assumes the status of co-evaluator, which helps to improve the quality of information available within the interdisciplinary team;

• special attention is given to the articulation between, on one hand, the initial process and analysis, which follow the needs and resources of the child and their environment, and secondly, the development project for their current family situation. The main challenge is to analyse the situation in order to transform it through an approach of co-building a precise life project that can be evaluated and extended over time. Through this approach, it is possible to transform the types of behaviour generating family neglect, and thereby improve family relationships and responses to the needs of the child.

Furthermore, the assessment appraoch is based on several forms of intervention (home-based, parent groups, involvement of the school and related professionals, etc.), which are aimed at different stages of the ecosystem[8], and included in a unique plan of action, built jointly for and with each child and each family.

The ISS/IRC is very pleased to disseminate this project undertaken by the Italian Government and Padova University, which is entirely consistent with the objectives of international standards, such as the Guidelines for the Alternative Care of Children, which underline that '*efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members. The State should ensure that families have access to forms of support in the caregiving role*' (Para. 3).

**References:**

[1] For further information, see: http://labrief.fisppa.unipd.it.

[2] European Commission (2006). *Towards a EU Strategy on the Rights of the Child*. Communication from the Commission, COM (2006) 367 final; and European Commission (2013). *Commission Recommendation of 20.2.2013 – Investing in Children: Breaking the Cycle of Disadvantage*, C (2013) 778 Final.

[3] Lacharité, C, Ethier, L and Nolin, P (2006). 'Vers une théorie écosystémique de la négligence envers les enfants'. In *Bulletin de psychologie*, 59, 4, pp. 381 – 394.

[4] Sellenet, C (2007). *La parentalité décryptée. Pertinence et dérives d'un concept*. Paris, France: L'Harmattan, 2007.

[5] Department of Health (2000). *Framework for the Assessment of Children in Need and their Families. The Family Pack Questionnaires and Scales*. London, United Kingdom: The Stationery Office.

[6] The Scottish Government (2008). *A Guide to Getting It Right for Every Child*. Edinburgh, United Kingdom: Scottish Government.

[7] Chamberland, C *et al*. (2012). *Recherche évaluative de l'initiative AIDES, Rapport final d'évaluation*. Montreal, Canada: University of Montreal.

[8] Bronfenbrenner, U (2005). *Making Human Beings Human. Bioecological Perspectives on Human Development*. London, United Kingdom: Sage Publications.

# Three winning situations to encourage learning for the adopted child with attachment difficulties

*Marie-Josée Lambert – a professional in psycho-education and specialist educationalist in private practice – reminds us of the importance of working with parents and teachers in order to help children with attachment difficulties to overcome potential problems and to succeed in their school life. She stresses the importance of family-school collaboration.*

One of the riches of John Bowlby's theory of attachment is that it introduced us to the concept of a 'secure base' through the work of Mary Ainsworth. The parent should be a secure base for the child. The teacher should also invest in this role with their pupil. However, how can this be achieved on a daily basis and why is it so important? Various solutions are proposed in two recent publications[1], and a preview is provided below.

**1. The parent should become a teacher of resilience for their child. Furthermore, in order to have a better impact on the child's school life, they should also feel competent in their role as a parent.**

We know that anxiety and stress impede the ability to learn. We also know that, within the framework of adoption, anxiety is often generated by an attachment style that developed in the early years of the child's life, and which influences the way they form relationships. To be a secure base implies bringing consistency and predictability to the life of the child while being sensitive to their needs. Thus, the child feels secure and will be open and ready to discover rather than feel threatened. The child will be motivated to explore and learn because they feel more in control of their environment. They can anticipate what is coming and, as such, regulate their behaviour to better adapt to the school environment. Thus, being a secure base for the child allows a reduction of stress and anxiety and creates a learning environment where they can study efficiently.

However, to enable the parent to be a solid basis of security for their child, in addition to consistency and predictability, they must also feel effective in their parenting. Indeed, research shows that such beliefs within the parent significantly influence the educational abilities of

their child[2]. In addition, the child manifests less emotional reaction and adopts behaviour that is better adapted to the school environment[3].

It is therefore pertinent to ask how to help promote the sense of competence within the parent. The response is undoubtedly in the family-school connection. Indeed, the school can, and must, do much more to cooperate with the parent, in order to engage them in the success of their child, and, particularly, to avoid judging the dysfunctional behaviour of the child. On the contrary, in these difficult times, the teacher must join forces with the parent to better understand and address the need hidden behind the behaviour of the child. The parent can better develop their own feelings of efficiency through being acknowledged in their role by both, teacher and school. This is important because some observers[4] assert that parents, who see themselves in a positive manner, have the potential to become valuable partners for the teachers[5].

**2. The teacher should provide a figure of attachment for the child and, to achieve this, the teacher must sometimes change their way of perceiving the pupil and their behaviour.**

The teacher, for their part, should be regarded as a figure of attachment by their pupil. In order to do this, the teacher should demonstrate consistency and predictability, and offer a reassuring presence to the student, by taking an interest in the child and taking the time to be with him: *'Hello! How are you this morning?', 'Are you feeling upset? I'm here if you want to talk'*. Thus, a bond of trust is created between student and teacher. At the heart of this relationship, we find the key to success for the child with attachment difficulties.

Once again, it is pertinent to question how to help teachers achieve this result. Some will get there spontaneously while others will need to

work at it in a more specific manner. Despite their efforts, some teachers will have trouble creating such a relationship with the child while others will simply refuse to preoccupy themselves with this essential dimension of the child's learning.

Whatever the case, in order to help them, it is important to raise awareness of attachment styles and the role of behaviour – knowing that the child is not their behaviour and that we have to interpret the needs hidden behind these manifestations. In order to do this, the school has a role to play in changing the teacher's perspective. The teacher, who thinks that 'the child is the problem or that they cause the problem' should be made aware and supported in changing their perspective and realising that 'the child is experiencing a problem and I can help them to feel better'. With this attitude, the teacher can create a secure environment for the child and open the doors to learning.

**3. To overcome the educational difficulties of the adopted child, the family and the school should cooperate in order to offer a context based on consistency, coherence and predictability.**

The school in general, and teachers in particular, should work with parents by informing, equipping and supporting them so they can feel they are partners in the education of their child. Together, they will be able to help the child to assume a behaviour, which is more appropriate in a school context in order to encourage interest, flexibility, reflection and learning.

For their part, parents should do everything possible to make the different stakeholders aware of attachment difficulties experienced by the child and of the impact these can have on the behaviour and learning of the child. They must collaborate in order to maximise constancy and a sense of security in the child, and, above all, to believe in the importance of their role as a parent.

**When working with children, who have attachment difficulties, we cannot ignore the work on ourselves to help them feel secure, because as well as the subjects to be taught, they are vulnerable children to reassure. This is part of the teacher's role who, in collaboration with the parents, enhances the child's learning.**

**References:**

[1] Lambert, M J (2015). *L'enfant adopté en difficulté d'apprentissage*. Editions De Boeck Université; Lambert, M J (2015). *L'attachement et l'apprentissage*. Edition SAJE; available in French at: http://www.adomisco.com/livres.html/. Facebook: Adoption. Attachement. Apprentissage.

[2] Pelletier, J and Brent, J (2002). 'Parent participation in children' school readiness: The effects of parental self-efficacy, cultural diversity and teacher strategies'. In *International Journal of Early Childhood*, 34 (1), pp. 45 - 60.

[3] Coleman, P K and Karraker, K H (2000). 'Parenting Self-Efficacy Among Mothers of School-Age Children: Conceptualization, Measurement, and Correlates'. In *Family Relations*, Vol. 49, Issue 1, pp. 13 – 24.

[4] Chung, L-C, Marvin, C and Churchill, S (2005). 'Teacher Factors Associated with Preschool Teacher–Child Relationships: Teaching E cacy and Parent–Teacher Relationships'. Special Education and Communication Disorders Faculty Publications, Paper 86. http://digitalcommons.unl.edu/specedfacpub/86.

[5] Seefeldt, C, Denton, K, Galper, A and Younoszai, T (1999). 'The relation between Head Start parents' participation in a Transition Demonstration, education, efficacy and their children's academic abilities'. In *Early Childhood Research Quarterly*, Vol. 14(1), pp. 99 - 109.

## Compendium of promising practices to ensure that children under the age of three grow up in a safe and supportive family environment

*This UNICEF publication[1] of May 2015 is a compilation of the most encouraging initiatives to prevent child abandonment and relinquishment that have been implemented in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS).*

The report highlights the fact that it is scientifically proven that early childhood (under the age of three) is an essential period for development, and that the institutionalisation of children in the early years delays development and has harmful and permanent consequences for the child. The abandonment of children on grounds of poverty and due to a lack of social protection services is one of the first reasons for placing a child under three in an institution. Only a very small proportion of children in the CEE/CIS region are placed in residential care due to domestic violence in the family, or are separated from their parents because it is in their best interests. This situation contravenes the Guidelines for the Alternative Care of Children (hereinafter, the Guidelines), which state that families should never be separated because of poverty, and that it is essential to support families to prevent abandonment and relinquishment. Some of the practices developed in this regard – as compiled in UNICEF's recent report – are presented below.

> *'The total number of children who grow up in formal care in the CEE/CIS region is estimated at 1.3 million, of which 650,000 live in residential care. Of these children, some 200,000 have disabilities, and 27,000 are under the age of three, whereas only 2 to 5 per cent of these children are orphans'[2].*

### Policy, legal and social reforms fostering the children's right to live in a family environment

Bulgaria, which had the highest percentage of children in institutions, adopted the national strategy 'Vision for Deinstitutionalisation of Children in the Republic of Bulgaria' on 24 February 2010. An Action Plan was adopted in November 2010 to implement the Vision in order to achieve higher quality care, prevent the placement of children outside their families, and create new services responding to the individual needs of each child and their family at community level. Professionals were trained, as well as foster carers. The implementation of the Vision entailed cooperation between national and local authorities, civil society representatives and international organisations.

The Action Plan was developed, in particular, through professional and comprehensive assessments of the needs of children in institutional care, as well as regular reviews and successful gatekeeping to prevent the entry of children into infant homes. The creation of infrastructure and workforce preparation to provide community-based services was a very important element. Very quickly, the number of children in institutions declined and the number of children in community-based family-type care and foster care increased. The financial support from the European Commission was fundamental and the financial sustainability should be ensured thanks to the transfer of the cost of running institutions to other care mechanisms.

In 2005, the Government of Turkey launched the initiatives 'Reuniting Children with their Families' and 'Support within the Family' to reduce the number of children living in institutional care and reunite them with their families, with particular emphasis on children under the age of three. The reasons for placing children in formal care were mainly socio-economic conditions and single parenthood. This support is reflected in socio-economic support and social welfare services for children living with their family and through socio-economic support and social protection services for children living in institutional care in order to reunite them with their families or relatives. Families benefit from financial assistance and preventive support services and undergo periodic monitoring. The report mentions that in less than a year (2012–2013), the number of children under the age of three in institutions decreased by over 200. In addition, out of the 21,000 children in residential care in 2005, 10,079 children had been reunited with their families by March 2014. At present, 46,638 children are obtaining services in their family environment. Other measures – such as

5% of vacancies in private nursery schools and day-care centres being offered free of charge to children aged 0-5 years from low-income families, parenting training, and home care services for children with disabilities – have also contributed to the decrease in institutionalisation.

## Healthcare programmes supporting mother and child wellbeing and bonding

In Ukraine, an integrated care model (ICM) for supporting HIV-positive and drug-dependant pregnant women to keep their children was established in 2011. Initially, the model focused on offering medical services for women. It was only at a second stage that the ICM started providing social services as well. Integrated services for drug-dependent pregnant women have now been established in Centers for the Integrated Care of Pregnant Women and in maternity hospitals. The incorporation of the ICM into major government strategies and HIV/AIDS programmes secures its sustainability. However, the report mentions that work is still necessary to establish laws that regulate the basic package of integrated care services and to guarantee appropriate structure, staffing, care pathways and treatment guidelines and protocols.

Furthermore, Romania – which had one of the highest rates of children placed in large institutions – put in place the Maternal-Child Shelter (MCS). This service prevents mother-child separation, by helping mothers at risk of abandoning their babies in maternity wards by providing protection, counselling, and social (re)integration support for a limited period,

giving the mother enough time to bond with her newborn baby or young child. It also offers support for the socio-economic (re)integration of the mother-child couple. According to the compendium, the six shelters created with World Vision Romania's support helped more than 350 mother-child couples, and were very successful in preventing infant abandonment, with a success rate exceeding 85%. All MCSs initially created by World Vision Romania are now operated by the County Specialised Child Protection Departments. The service has expanded significantly at national level: 52 shelters are currently operated by the public service and another four by NGOs. They have contributed to reducing the number of abandoned babies from over 5,000 in 2003 to less than 1,500 in 2009. This model is fully sustainable in six locations and now part of the child protection system.

## Family support and alternative care services

In Kosovo, foster care services for children under the age of three were successfully promoted. In 2002, the Ministry of Labour and Social Welfare included foster care allowances in Kosovo's national budget. These have since been increased by approximately 65%. The report states that, between May 2001 and March 2014, the child care system has placed around 300 children in foster care, and has established 50 foster care families across Kosovo. During the last decade, 150 social workers across Kosovo have been trained in foster care by international organisations, and national experts have been recruited by the Ministry of Labour and Social Welfare.

**This publication shows that, in the absence of governmental responses to prevent institutionalisation, the initiatives of international, regional and civil society human rights organisations have accelerated the reform processes towards the creation of child protection systems that respect the right of the child to grow up in a family environment. It is also encouraging to see that these civil society initiatives have been subsequently followed by the governments and that they are sustainable. The prevention of the separation of families seems finally to be possible in many cases with reasonable means.**

**References:**
[1] UNICEF (2015). *Compendium of promising practices to ensure that children under the age of three grow up in a safe and supportive family environment*, Geneva, Switzerland: UNICEF Regional Office for CEE/CIS, http://www.unicef.org/ceecis/UNICEF_Compendium_of_promising_practices_Web.pdf.
[2] UNICEF Regional Office for CEE/CIS (2012). TransMonEE 2012 Database, http://www.transmonee.org. *Ibid*, p. 5.

## France: Experience in post-adoption follow-up

*In this interview, Sandrine Stoeffler shares the experience developed by the Departmental Council of the Haut-Rhin in France with regards to the post-adoption follow-up available to adoptive families in the medium and long term.*

### 1. What follow-up procedures do you offer to adoptive families once the child arrives in their home?

Following the matching, the availability of a social worker and/or a psychologist from the adoption department is offered to prospective parents, who wish to prepare themselves for the arrival of their child. The information already collected provides a working hypothesis for the follow-up.

Upon the child's arrival, after having congratulated the parents, the service compiles general information on the child and the parents in relation to their initial days of life together. Subsequently, irrespective of the requirements of the country, the service offers a home visit within 15 days (at the latest). During the first six months – a delicate period of mutual attachment, it seems important to meet the family regularly with a schedule of, at least, monthly visits. The child does not need to be present at each interview. On the contrary, an exchange only with the parents allows for free discussion and will not make the child feel insecure.

It is necessary to make families aware of the need to submit reports to the country of origin within the time limits that they have undertaken to comply with. A 'follow-up' document is given to them at the time of the arrival of the child in order to raise their awareness and remind them of the schedule of reports to complete.

### 2.     What is the profile and the number of professionals involved in the follow-up?

The service focuses on continuity, knowledge and the bond of trust that has been established between the applicants and the professional, who assumes a position of supporter rather than of 'the one, who assesses'. It is therefore the specialised professional from the adoption team, who knows the family, who then continues with the follow-up. This is either a social worker (social assistant or specialised educator) or a

**Name:** Sandrine Stoeffler
**Position:** Social Worker, Adoption Department
**Place:** Departmental Council of the Haut-Rhin, France

psychologist, who supports adoptive parenting and accompanies the child's story with the parents.

For children under the age of six years, the specialist intervenes in tandem with a paediatric nurse from the Maternal and Child Protection Service. Four nursery nurses work voluntarily, in addition to their usual tasks in relation to adoption. They specifically support the development of the child and advise the parents on certain matters (rhythm and needs of the child, development, feeding, etc.). In order to observe the child in the most impartial way possible, they are not informed of the child's background which is, moreover, their own and personal information.

The professional from the adoption team is responsible for with the stages of attachment, which the parents and the child have to go through: the impact of meeting, adjustments, the first stages of life together, adaptation, attachment and interaction between the parents and the child, separation, adoptive parenthood…

The first visit, at least, is held jointly, and a personalised follow-up is then offered, with new joint visits, but also individual time with each professional. Liaison work is carried out between the professionals based on mutual observations and support.

### 3.     Is the follow-up of families adapted to the particularities of adopted children?

A specific follow-up is offered in accordance with the needs of the child. Systematically, two professionals intervene, either a representative of the adoption team and a nursery nurse for children under the age of six years, or two professionals from the adoption service for older children, siblings and/or children with health problems. The presence of two professionals has the benefit of being able to support more comprehensively the specifics of adoptive parenting for both, the parents and the child.

**4.    What feedback do you receive from families? Do they ask for your support beyond the planned follow-up?**

Families are very cooperative following the matching. They embrace the provision of the service and request a follow-up. It also allows them to compare how they perceive the child with what is observed by the professional(s), who are present. This balance enables them to push the relationship forward. Once the obligatory follow-up is complete, they express the wish to continue the rhythm of meetings and it remains regular though with longer intervals (three times a year on average), particularly when new questions arise.

The psychologist also offers some 'post-adoption' time which is often used, sometimes years after the arrival, for precise questions (history, sleeping, integration…). If a follow-up is recommended, the families are referred to general professionals.

**5.    What developments have you noticed in relation to adoptive families and the potential difficulties that they encounter?**

The difficulties encountered by adoptive parents do not seem to us any different in recent years, perhaps they are more visible and better known given the development of the profiles of children. The additional difficulty lies more in terms of the approval, the process whereby couples give up in view of the time delay between their plan and the actuality of profiles of children. In stages and often early during the updating, we propose (social worker and/or psychologist) support interviews when they relinquish the project.

**6.    Do you have specific material that helps equip the families?**

Developed by the service, the guide on the preparation and the arrival of the child is provided following the matching. It includes information on:
- the reception (meeting and mutual adaptation);
- social benefits (holidays, etc.);
- supporting the child (follow-up, wellbeing and health, school);
- the judgement (domestic or abroad);
- the transfer, specialised adoption services, social, medical and legal bodies…).

Advice sheets are available based on the requests and needs of the families (guidance for supporting attachment, return to work, schooling, etc.).

Beforehand, during the approval process, resources (library, videos, etc.) are offered according to the specific needs (multiple adoption, older child, health issues).

## ISS ACTION WORLDWIDE

## Ecuador: A care model with important challenges for family life and deinstitutionalisation

*Danielle Childrens Fund (DCF)[1] is an international NGO and a member of ISS, which offers therapeutic and social services to children and families at risk in Ecuador. For the past two years, DCF has developed a pilot project for foster care in the province of Tungurahua.*

Since 2004, Ecuador has had a legal framework that promotes family life and prevents the institutionalisation of children. Despite these tools, reality is very different: we find ourselves in a context of relationship, in which Ecuadorian society, based on its cultural beliefs, has entrusted the State, and its institutions of care and protection, with the 'problem of children at risk'[2], which has left too many children and adolescents behind in these institutions, thereby placing the family and its resources into the background.

### The prevention of institutionalisation

The lack of sufficient (psychological and social) family support services aimed at families at risk has resulted in bodies charged with the protection of rights[3] being overburdened. Often, they entrust the emergency guardianship to the residential care home, without carrying out adequate research, assessment and planning proceedings.

## Deinstitutionalisation policy

Ecuador has had impressive outcomes, as it has reduced the number of institutionalised children from 10,943 in 2009[4] to approximately 3,300 in 2013[5]. The focus has been mainly on the quantitative aspect. In 2013, Ministerial Agreement No. 194 was published; the latter states that family reintegration must be undertaken within a period of six months. If this is not possible, the child is declared adoptable. This Ministerial Agreement was drafted by the National Adoption Directorate, a unit of the Ministry for Economic and Social Inclusion (MIES). Of the approximately 3,000 institutionalised children in 2014[6], 40% had no determined life project. Amongst those, who had such projects, 23% had been declared adoptable; this percentage was even higher in some areas (two with over 40%).

For years, many reintegration processes have failed. The State and the professionals consider that the main cause for the latter is the reluctance to change amongst the biological families. Research undertaken by DCF Ecuador in 2010-2011 demonstrated that the reality was more complex. Not only does the judge issue an opinion about these families, but the whole social services system does. There remains stigmatisation about these families as 'bad parents', thereby initiating a vicious circle of self-undermining, which hinders the process of successful reintegration. The professional's lack of trust in the capacity of the family to make changes in their life style, as well as the highly-regarded opinion of the professional as an expert, contribute to the creation of a system without any exit.

In 2010, DCF Ecuador started promoting the concept of family involvement in family reintegration proceedings, in which the family is the main actor in all decisions made, goals set and expected outcomes. The concept actively intends to expand support networks and to determine clear responsibilities: the family in charge of the change, and the professional as a facilitator and leading the provision of support during the process. As a result, DCF Ecuador ended its programme of institutionalisation in 2015.

## Pilot foster care project

As part of its professional responsibility, DCF Ecuador submitted a proposal to MIES for a pilot project relating to foster care, which initiated its implementation in 2014 in the province of Tungurahua. In 2015, two more entities were involved. Within two years, many outcomes have been achieved, including: the development of a foster care methodology (in partnership with the organisation Buckner Peru), the publication of a Foster Care Handbook, the draft Technical Standards and the development of networks. Furthermore, the first foster families now exist. In December 2015, workshops with UNICEF, the Latin American Foster Care Network (RELAF) and MIES recognised the great value of the progress achieved.

Despite the latter, critical challenges exist. To date, the Ecuadorian government still has not set the issue of foster care as a priority for children at risk. In addition, political issues also seem to affect the positive development of this measure. Indeed, in March 2016, the project was suspended until the approval of the technical regulations. Furthermore, the project was criticised given the costs generated by foster care for each child, which are higher than institutional care, according to the Ecuadorian government.

Thus, Ecuador still faces some major challenges, which hinder the implementation of the principle of subsidiarity. Indeed, given the absence of adequate support for families of origin by sensitised and trained professionals, and of a well-established foster care programme, the rights of Ecuadorian children are in jeopardy. In addition, children may be proposed for adoption when they could be cared for by their own parents.

**We believe that it is the shared responsibility of all – of the State, the national and international NGOs, the potential foster and adoptive families, and even the donors – to search together for correct means to protect the rights of Ecuadorian children, by supporting their families, with professionalism, in order for the latter to responsibly care for their own children, and by strengthening projects, such as the one by DCF Euador, aimed at preventing institutionalisation and developing family-type alternative care measures.**

**References:**

[1] For further information, see: www.daniellechildrensfund.org.

[2] These are children at risk of a violation of their rights, such as a risk of abandonment, neglect, maltreatment, abuse, trafficking, etc.

[3] The Cantonal Councils for the Protection of the Rights of Children and Adolescents may issue administrative measures, and the Judicial Units for Families, Women, Children and Adolescents may issue administrative and judicial measures.

[4] Fourth Periodic Report of Ecuador to the Committee on the Rights of the Child, CRC/C/ECU/4, 10 July 2009.

[5] UNICEF (2013). *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*; http://www.unicef.org/lac/La_situacion_de_NNA_en_instituciones_en_LAC_-_Sept_2013.pdf.

[6] Tercer Congreso de Adopciones MIES, July 2014, PPT Estadísticas de niños, niñas y adolescentes en acogimiento institucional al nivel nacional, enero-marzo.

## FORTHCOMING CONFERENCES AND TRAININGS

- **Belgium:** *Pe/anser les blessures du lien*, L'Envol, La Marlagne, 6 October 2016. For further information, see: http://www.lenvol-adoption.be/colloque-2016inscriptions/colloque-2016/.

- **Ethiopia:** *Our Hidden Shame: Crimes and Extreme Violence against Children in Africa, International Policy Conference on the African Child (IPC)*, Addis Ababa, 7 – 8 November 2016. For further information, see: http://www.africanchildforum.org/ipc.

- **France:** *a) Comment préserver le sentiment de continuité pour l'enfant*, Pikler Loczy, Cagnes-sur-Mer, 15 October 2016; *b) L'accueil d'un enfant attaint d'un handicap en structure d'accueil collective*, Pikler Loczy, Paris, 20 September 2016; *c) Cet enfant qui nous "déborde"*, Pikler Loczy, Paris, 22 – 23 September, 13 – 14 October 2016. For further information, see: http://pikler.fr/Formation; *d) Children's Rights in Alternative Care, Walk the talk!*, Ministry for Families, Children and Women's Rights, Paris, 8 – 9 November 2016. For further information, see: http://eurochild.org/events/upcoming-eurochild-events/.

- **Lithuania:** *Early Childhood in Times of Rapid Change*, International Step by Step Association, Vilnius, 11 October 2016. For further information, see: http://www.bettercarenetwork.org/news-updates/events.

- **Switzerland:** *a) Accueillir un enfant requérant d'asile mineur non accompagné*, An evening of testimonies, EspaceA, Geneva, 22 September 2016. For further information, see: http://www.espace-a.org/; *b) Building on the Momentum: International Alternative Care Conference*, ISS and IDE, Geneva, 3 – 5 October 2016. For further information, see: http://www.alternativecaregeneva2016.com/index.php/en/.

- **United Kingdom:** *a) Life Story Work: Its importance in building identity*, CoramBAAF, Birmingham and London, 21 September 2016 and 31 January 2017; *b) Ensuring good transition into adoption – Preparing and supporting children, their foster carers and prospective adopters*, CoramBAAF, London, 20 October 2016; *c) Learning from Disruptions in Adoption and Fostering*, CoramBAAF, Birmingham, 11 October 2016. For further information, see: http://corambaaf.org.uk/training.

- **United States of America:** *From Helping to Healing, Tomorrow's Children in Today's World of Adoption and Family Formation*, Academy of Adoption Attorneys/American Academy of Reproductive Technology Attorneys and National Council for Adoption, New Orleans (LA), 22 – 24 September 2016. For further information, see: http://www.adoptioninstitute.org/event/from-helping-to-healing-tomorrows-children-in-todays-world-of-adoption-and-family-formation/?instance_id=1536.