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Special Issue:
The adoption of chidren with so-called 'special needs'

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

The ISS/IRC team
February-March 2012

EDITORIAL

Views on the adoption of children with so-called 'special needs'

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

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

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suitability of the receiving countries' psychosocial, paediatric and educational infrastructures are questioned, as these are now more or less used to 'classic' adoptions. The concept's very definition and its consequences are the true issue.

The relativity of the concept of 'special needs'

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

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

Different levels of needs

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

- *First level*: Regardless of whether or not their children have 'special needs', like all parents, adoptive parents will have to fulfil their fundamental needs (food, care, love, education, etc).
- *Second level*: Adopted children, like all children, are individuals with their own characteristics (varying health status, more or less demanding temperaments, etc). The parents will have to learn about them and take them into account, as they would do with a child, who has not been adopted. The majority of biological parents will only have to meet these first two levels of needs.
- *Third level*: The adoptive parents will also have to learn about their children's specific needs – normal needs and those expected in an adoption – but which already require 'more sophisticated care'. Injured, insecure, a victim of several breakups, the adopted child has his own share of specific issues. To accept, understand and even celebrate this adoptive normality is not inherent, hence the importance of pre-adoption training and assessments. Many research or clinical medicine articles report a positive development for the majority of adopted children – a good news – but also a prevalence of paediatric problems that are all the easier to deal with as they are fully expected (uterine growth restriction, delayed height and weight, early puberty, post-traumatic syndromes, attention disorders and attachment difficulties, etc). The revelation of adoption, the fear of being abandoned again and the search for identity also add up to the latter. All adoptive parents will have to fulfil at least these three levels of needs.
- *Fourth level*: Adopted children will have more medical or psychological needs than average compared to their adoptive peers. The challenge is then to address these needs beyond the normal expectations of new parents, for whom the adoptive normality is still poorly taught or accepted. It is worth mentioning that only a minority of adoptive parents will be able to competently and happily fulfil this level of needs.

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

Pre-adoption psychosocial preparation

Based on the HC-1993 and years of experience, it seems urgent to establish pre-adoption training, which may provide systematic tools to parents on the differences in adoption. Otherwise, what would be the use of predicting specific needs if the protection factors necessary for the medical and emotional success of the said adoption are not set up? Unfortunately, establishing compulsory training for applicants – a part of which should also address the issue of 'special needs' – is a long time coming in many receiving countries. It would make it possible to learn, for

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example, that an older child is not ready to start school before months of family adjustment, adaptation and attachment; that Hepatitis C is potentially more of a burden than Hepatitis B; that foetal alcohol syndrome (FAS) is a lasting and trying condition to be cared for by suitably assessed parents; that siblings are more at risk from an attachment perspective than two consecutive adoptions. Our educational initiatives with adoptive parents evidence that additional knowledge and meaningful exchanges lead them to better adapt to the difficulties of a particular plan, even distancing themselves freely, or gaining well-informed strength and skills.

Pre-adoption medical assessment

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

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

Preventative post-adoption monitoring

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

For having put it into practice, personalised interdisciplinary work allows to enrich the dialogue between all the actors involved. It is the only ethical work possible in order to really understand the uniqueness of these children, to assess the realities of their adoptive families and to return to giving a meaning to the term of children with 'special needs'. Without this prior and subsequent work, promoting the adoption of children identified as 'non-standard' is, in our opinion, only a cruel promise. Families and children are entitled to something better than that. Pointing it out is not enough, not anymore.

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