Published by the International Reference Center for the Rights of Children Deprived of their Family

Monthly Review

№ 190
APRIL 2015

EDITORIAL

Practical defies of remembering that the child is an individual

Each child's individual rights are often forgotten despite universal "recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family (including the child) [being] the foundation of freedom, justice and peace in the world' (Preamble of the Universal Declaration of Human Rights).

When a child is in need of alternative care or a permanent solution, such as adoption, an assessment of his individual needs is required to find the most suitable solution. Whilst there is wide consensus with this principle embedded in international standards, reiterated by the Committee on the Rights of the Child in its General Comment № 14 on the Best Interests of the Child, implementation in practice can be challenging.

Individual history

Each child has a unique history that can influence his development. Yet, there is an expectation that each child meets certain milestones – physical and emotional – irrespective of his past, with the consequence that most services are geared towards this goal. Such an approach can be misguided, especially for children deprived of their family, suffering from significant losses, disruptions and trauma. Children in this situation often face additional behavioural and relational challenges, so the timing of, or even conventional milestones themselves, may be less applicable. It is therefore encouraging to see that attachment informed courses for '*parenting children with additional emotional, social and behavioural needs*' exist (see p. 5). One hopes that such courses will become 'mainstream', perhaps even compulsory for all involved in alternative care.

Individual needs

Not only does each child have an individual history, each child has individual needs – some even special needs. By ignoring this reality, and perhaps with the premise of treating everyone equally to avoid discrimination, there is often little success with traditional approaches. For example, the difficulty of finding families to care for children with special needs is well known – rarely do carers sign up as a first preference for a child with special needs. This is why the ISS/IRC is pleased with the lessons learnt from the United Kingdom and supports creative approaches, as, ultimately, what we are looking for are 'alternative' care responses (see p. 8).

Likewise, a mechanical application of laws, especially tempting when comprehensive legislation is in place, can lead to unrealistic outcomes when individual needs are overlooked. To illustrate, a law might state that adoption is to be considered following attempts of family reintegration and other family-based solutions, such as foster care – encouraging professionals to automatically propose adoption for each child after each box has been ticked. By disregarding the individual needs of the child (*e.g.* psychosocial needs, capacity to form attachments, etc.), it is difficult to assess whether he will truly benefit

from an adoption or any other child protection measure for that matter.

Individual resources

There are at least eight million children living in care institutions according to UN estimates – all with individual histories and needs. Exact numbers in informal care and in other alternative care settings are unknown but certainly likewise in the millions. The individual resources required to cater for the needs of such numbers can be overwhelming. However an early investment can allay greater problems. What can help potential carers or prospective adopters is direct support for the caregiving role. For instance, adoption leave is one way of promoting domestic adoptions, particularly in countries where there are long waiting lists of adoptable children (see p. 4).

However, the ISS/IRC would go even further to argue that perhaps there should be some type of leave granted to informal carers (*e.g.* wider family or kinship carers) and foster carers. At the very least, respite services for carers should be encouraged, especially in cases where the child has special needs (see p. 9).

The building of healthy attachment ties is not automatic in any family setting. Surely by accounting for individual histories and needs, as well as by providing for individual resources, this can only improve the situation of the child and his carers. Irrespective of the approach, the ISS/IRC reiterates the need to remember that each child is an individual and to proceed accordingly.

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April 2015