



Deutsches  
Jugendinstitut

Gera ter Meulen

# Adoption in the Netherlands

Preparation and post-care of adoptees, biological parents, adoption applicants and adoptive families in the Dutch adoption practice

**The German Youth Institute (Deutsches Jugendinstitut e.V., DJI) is one of Germany's largest social science institutes focusing on research and development around the topics of children, youth and families, as well as the political and practical areas related to them.**

The German Youth Institute is based in Munich with a branch office in Halle/Saale. Founded in 1963, its supporting organisation is a non-profit association whose members stem from the political and academic spheres, as well as from other associations and institutions dedicated to the support of children, youth and families. Its institutional budget is primarily funded by the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth (BMFSFJ), and, to a lesser degree, by the German federal states (Länder). Additional financial contributions are made by the Federal Ministry of Education and Research (BMBF) as part of the Ministry's project funding, and by various foundations, the European Commission and institutions for the promotion of research.

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# 1.

## The adoption system in the Netherlands

Adoption in the Netherlands<sup>1</sup> is mostly intercountry adoption. Domestic adoptions took place since the adoption law in the 1950s, leading to about 17,000 domestic adoptees in the Netherlands. Domestic adoptions peaked (with a total number of 1264 in 1974) and declined in the 1970s<sup>2</sup>. Nowadays, most children from unwanted pregnancies stay with their mothers, and solely about 15 to 20 children are adopted per year. In 2016, out of the total of 60 mothers considering to relinquish their child, 28 decided to take care of it, 17 children were adopted, and 8 were moved to foster families<sup>3</sup>.

Intercountry adoptions in the Netherlands started in the 1950s but grew in the 1970s to 500–1500 children a year. Until 2017, there have been 40,000 intercountry adoptions in the Netherlands. Intercountry adoptions declined in the Netherlands since 2005<sup>4</sup>. In 2017, 210 children arrived in their new family with 89% having special needs<sup>5</sup>.

All prospective adoptive parents wishing to adopt a child from abroad have to follow the guidelines of the adoption law Wobka (Law governing the taking in of children from abroad for adoption). In case of domestic adoption, the Dutch civil law applies. The law has no specific clause on relinquishment. The Dutch adoption procedure is based on the Hague Adoption Convention. Adoptions from non-Hague convention countries (about one fourth) are also subject to the principles and safeguards of the Hague Adoption Convention.

The intercountry adoption procedure is controlled by four institutions: The Ministry of Justice and Security (J&V), the Foundation Adoption Services (SAV), the Child Care and Protection Board and the adoption agencies (Accredited Bodies). These four institutions, the “Chain Partners”, meet on a regular basis. Additionally, other parties are involved in adoption matters, like medical specialists, experienced adoptive parents, support groups for adoptees, scientists, as well as private support groups.

1 The present paper only refers to adoptions of an unrelated child. However, children can also be adopted by their stepparents, by the partner in homosexual couples, or in surrogacy, when the parents are not genetically related to the child. Children in foster care can also be adopted by their foster parents. These adoptions are not covered in the present paper.

2 Hoksbergen, R.A.C. (2011). Kinderen die niet konden blijven. Zestig jaar adoptie in beeld.

3 <https://fiom.nl/sites/default/files/voornemens-afstand-ter-adoptie-in-2016-fiom-20062017.pdf>

4 A similar trend is observed in all other receiving countries (see Selman, 2015)

5 Ministry of Safety and Justice (2018). Adoptie, trends en analyse. Statistisch overzicht interlandelijke adoptie over de jaren 2013 tot en met 2017.

Domestic adoptions are controlled by the Child Care and Protection Board. The birth mothers are guided and supported by separate, specialized organizations (mostly by FIOM, Federation of Organizations for Care of Unmarried Mothers and their Child). For the care of the child and the adoption process the Child Care and Protection Board cooperates with Youth Welfare Offices and foster care organizations.

Domestic adoption procedures usually follow the procedures for intercountry adoptions. During the home study (conducted by the Child Care and Protection Board) the prospective adoptive parents can indicate whether they would like to be on the list for domestic adoptions as well. If this is the case, the home study is extended in terms of issues important for domestic adoptions (for instance proximity and contact with birth parents, dealing with uncertainty during the first year after placement). When the home study is approved, the prospective adoptive parents are placed on the list for domestic adoptions<sup>6</sup> while continuing the procedure for intercountry adoptions.

6 Raad van de Kinderbescherming (2016). Protocol Afstand, Screening, Adoptie en Afstandsvragen (ASAA).

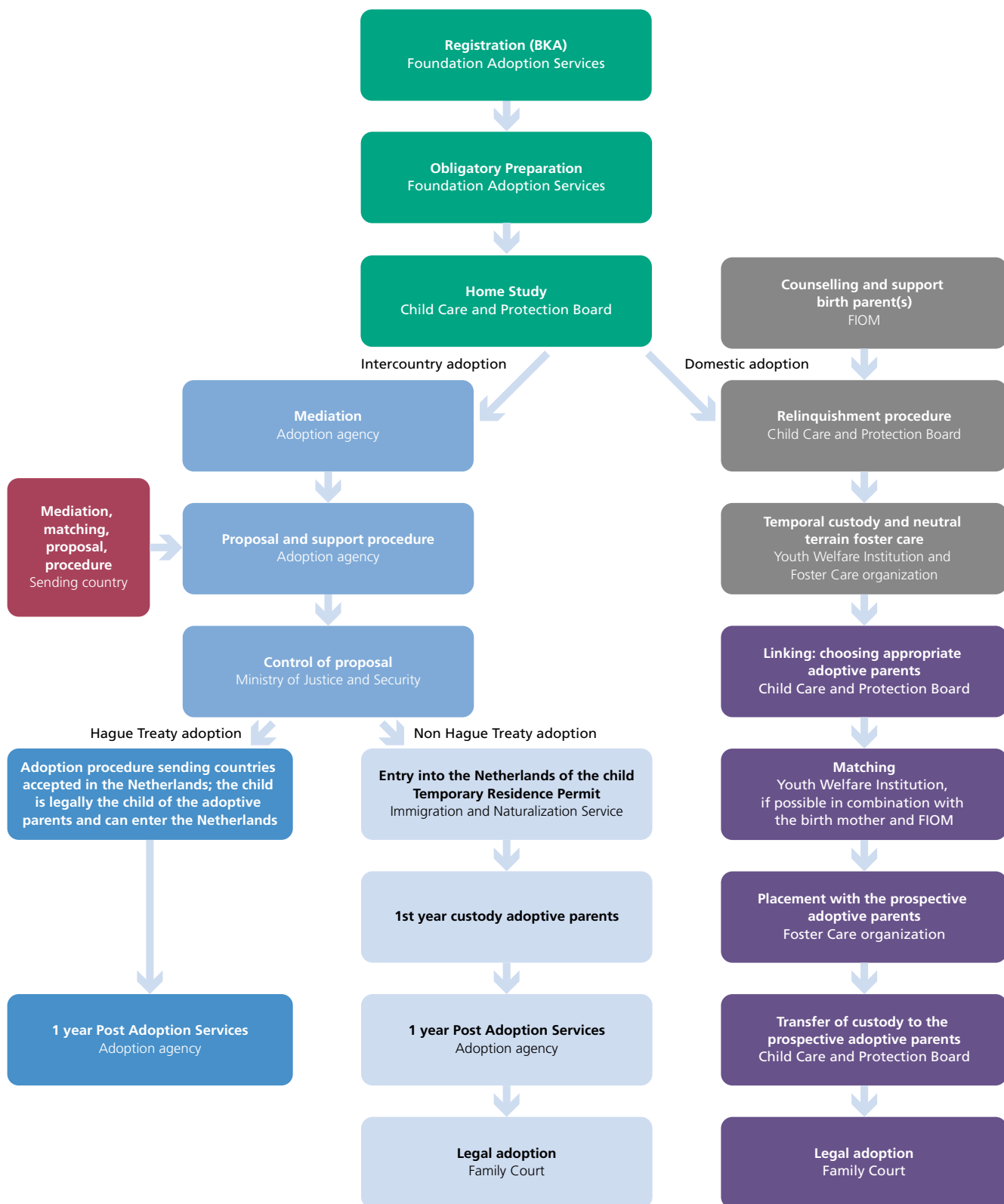


Figure 1 gives a schematic presentation of the Dutch intercountry and domestic adoption system. Green is both domestic and intercountry adoption, purple is domestic adoption, blue is intercountry adoption, grey is the relinquishment procedure and red is the procedure in the sending country.

# 1.1 Organizations involved in the adoption system

**1. Ministry of Justice and Security (J&V/Central Authority International Children's Issues (CA)):**<sup>7</sup> The Ministry has the formal responsibility for the whole adoption process. The Ministry decides whether an adoption agency gets a licence to mediate for intercountry adoptions. It issues the Permissions in Principle to adopt for prospective adoption parents, based on the advice of the Child Protection Board, both for the Dutch and the intercountry adoptions. The Ministry controls all proposed matches for intercountry adoptions. The Immigration and Naturalization Service (IND) grants permission to adopted children to enter the Netherlands.

**2. Foundation Adoption Services (SAV):**<sup>8</sup> By law, the Ministry delegates the task of preparing and training all prospective adoptive parents in the Netherlands to the Foundation Adoption Services (SAV). Foundation Adoption Services registers the applications and shares the applicants' data with the Child Protection Board. Foundation Adoption Services organizes the compulsory training programme and provides an Adoption Handbook for the prospective adoptive parents. The Foundation organizes Post Adoption Services for both intercountry and domestic adoptive parents and adoptees. The Foundation receives subsidies from the Ministry of Justice and Security.

**3. Child Care and Protection Board (Ministry of Justice and Security):**<sup>9</sup> The main task of the Board is to protect the child's interests. The Board has four specialized teams (ASAA-teams) on relinquishment, screening, adoption and roots. Based on the home study, the Board advises the Ministry of Justice and Security on the approval of prospective parents. The home study focuses on the suitability of the prospective family to raise and care for a foreign child. It also assesses the suitability of the prospective adopters to raise siblings or children with special needs. Later in the process, the adoption agencies send the home study report to the chosen sending country, to be used for the matching process, i.e. for matching suitable parents with a waiting child.

The Child Protection Board is responsible for the matching and the adoption process in case of domestic adoptions. The Board sends the application for the final decision on relinquishment and the custody of the child to the court. The Board is

7 <https://www.rijksoverheid.nl/contact/contactgids/centrale-autoriteit-internationale-kinderaangelegenheden>

8 <https://adoptie.nl/english/>

9 <https://www.kinderbescherming.nl/documenten/brochures/2015/01/01/brochure-about-the-child-care-and-protection-board-2015>

also called in when children search information on their birth parents or when birth parents want to know how their child is doing in their new adoptive family.

**4. Youth Welfare Offices:**<sup>10</sup> Youth Welfare Offices are certified through the Youth Law to carry out youth protection. The Youth Welfare Offices take temporary custody of relinquished children in the Netherlands. In cooperation with foster care agencies, Youth Welfare offices place children in a “neutral terrain” foster family for the first three months after relinquishment, the time period during which the mother can change her mind. Moreover, the Youth Welfare Office is responsible for the final match.

**5. Accredited Bodies/Licence holders/Adoption Agencies for intercountry adoptions:**<sup>11</sup> In the Netherlands, five private Adoption Agencies are formally licensed (Accredited Bodies according to the Hague Convention) to mediate in the intercountry adoption of children. The Ministry of Justice and Security issues three-year mediating permits. The adoption agencies mediate the adoption and support services throughout the adoption process. Specifically, the agencies are obliged by law to provide Post Adoption Services for one year after placement. They are also responsible that the adoptive parents write the obliged follow-up reports (often including photographs) required by the countries of origin and that the reports are sent to the countries of origin. The adoption agencies have drawn up the “Quality Framework License Holders Intercountry Adoption” together with the Ministry of Justice and Security<sup>16</sup>. The framework specifies situations in which the adoption law is not specific. The Quality framework regulates the role of the different partners in the adoption process chain, their corporation, quality requirements for the adoption agencies, both internal and in cooperation with the sending countries, sets standards for linking, matching and dossier formation. Three of the five agencies are members of EurAdopt<sup>12</sup>, an association of Accredited Bodies (licensed adoption agencies) in Western Europe, exchanging knowledge and ideas on adoption according to high ethical standards. The adoptive parents cover all costs of the adoption process (including the first-year post-adoption support); adoption agencies in the Netherlands are private organizations and receive no public funding. The work of the Ministry is not charged and the Ministry of Justice and Security funds part of the work of the Foundation Adoption Services and FIOM.

**6. The Ministry of Health, Welfare and Sports (VWS):**<sup>13</sup> This Ministry is responsible for youth care and the medical facilities open to all Dutch citizens. Most responsibilities have been transferred to local authorities (municipalities).

10 <https://vng.nl/themas/jeugd/jeugdhulp/gecertificeerde-instellingen-gis>

11 [www.wereldkinderen.nl](http://www.wereldkinderen.nl); [www.kindentoeekomst.nl](http://www.kindentoeekomst.nl); [www.meiling.nl](http://www.meiling.nl); [www.aneway.nl](http://www.aneway.nl); <http://www.nederlandseadoptiestichting.nl/>

12 [www.euradopt.com](http://www.euradopt.com)

13 <https://www.government.nl/ministries/ministry-of-health-welfare-and-sport>



**7. Netherlands' Municipalities:** Since 2015, the Law on Youth Care (psychiatric, psychosocial, behavioural and pedagogical care) has changed and transitioned youth care to the municipalities. The municipalities are responsible for prevention as well as for referral to and payment of the accorded support. The municipalities delegate the task of youth care to Youth Welfare Offices and cooperate with other care providers within their region.

**8. Family Court:** In case of Non-Hague Adoption Convention adoptions, the adoptions need to be formalized according to Dutch law. Additionally, all Dutch relinquishments and domestic adoptions have to be formalized by the Family Court.

**9. Controlling bodies:** Next to the yearly control of the Ministry of Justice and Security, several bodies control the adoption agencies in order to guarantee the quality of the adoption process. The Youth Inspectorate<sup>14</sup> examines and monitors the work of all professionals in the youth care and protection field, including the adoption agencies. The adoption agencies have to meet the ISO-requirements on the quality of the process. The ISO-requirements for the adoption agencies have been designed by the agencies themselves and have been approved and controlled by the Ministry of Justice and Security before getting a licence to mediate for adoption. The ISO-certification has to be renewed yearly<sup>15</sup>. The Council for the Administration of Criminal Justice and Protection of Juveniles<sup>16</sup> is an important government advisory council. They can advise the minister on the broad topic of adoption related issues and judge the cases of individual adopters who object to the refusal of a permission to adopt.

**10. FIOM** (originally the Federation of Organizations for Care of Unmarried Mothers and their Child):<sup>17</sup> FIOM is a public organization of social workers with expertise on the subjects of relinquishment and family finding. FIOM is involved in domestic adoptions, counselling and supporting the birth mother and supporting contact after adoption (on demand of adoptee or birth mother). Next to FIOM, there are other smaller organizations (for instance SIRIZ<sup>18</sup>) which support mothers when confronted with unwanted pregnancies. FIOM also provides services for adoptees to search for birth family members. For searching abroad, FIOM corporates with ISS (International Social Services). FIOM is subsidised by the Ministry of VWS. The independent FIOM Amsterdam and FIOM Utrecht are financed by their municipalities.

**11. Support groups and organizations of adoptees, birth mothers and adoptive parents:** The Dutch adoption field consists of a large number of social and supportive foundations and support groups. They are based on shared experiences

14 [www.igj.nl](http://www.igj.nl)

15 [https://adoptie.nl/wp-content/uploads/2017/03/2008\\_Kwaliteitskader\\_interlandelijke\\_adoptie1.pdf](https://adoptie.nl/wp-content/uploads/2017/03/2008_Kwaliteitskader_interlandelijke_adoptie1.pdf)

16 [www.rsj.nl](http://www.rsj.nl)

17 [www.FIOM.nl](http://www.FIOM.nl)

18 <https://www.siriz.nl/>

or interests, e.g. the adoptees' country of origin, problems occurring after placement and/or they may try to influence adoption policies (see chapter 4).

**12. Private organizations:** Several organizations provide paid services to provide post adoption services, supporting trips to birth countries etc. (see chapter 4).

**13. Specialized medical specialists:** Medical specialists specialized in medical check-ups of adopted children are organized in a group to facilitate the exchange of knowledge and expertise (see chapter 4 and 5).

**14. Science:** Universities in the Netherlands have done a lot of adoption research. Currently, Prof. Dr. Femmie Juffer at Leiden University holds the Chair on Adoption Studies. Additionally, until 2017, the Adoption Triad Research Centre (ADOC) held a databank with adoption and foster care related studies and made the results of adoption research available to the field (see chapter 4 and 5).

## 1.2 Costs<sup>19</sup>

### Intercountry adoptions

The fee for the information sessions by Foundation Adoption Services is €1,595 per application. The costs for mediation vary from €7,500 to €35,000 and have to be covered by the adoptive parents. The adoption organizations are not subsidized. Costs of adoption vary per country, per mediator, etc. They include the care for the child from the time of proposal; medical treatment when needed; travel expenses of the child, the parents and the accompanying person (when applicable); fees for the lawyer and the translator, and fees for mediation and administration by the agency involved. For non-Hague intercountry adoptions, extra costs accrue for the authorisation of a temporary stay (€ 950) and for the adoption declaration according to the Dutch law (between €600 and €1,000).

### Domestic adoptions

The costs of domestic adoptions consist of the information sessions of Foundation Adoption Services (see higher) and the adoption declaration according to the Dutch law (see higher). Prospective adoptive parents have to pay registry and lawyer costs.

<sup>19</sup> <https://adoptie.nl/adoptieprocedure/kosten-adopteren/>

# The Dutch Adoption Process Framework and its participants

The adoption procedure for intercountry adoptions and domestic adoptions in the Netherlands is depicted in figure 1 (page 6).

The adoption procedure in the Netherlands incorporates an obligatory pre-adoption training of prospective adoptive parents, post adoption services for the first year after placement and a service centre for post adoption services that can be utilized by all adoptive parents and adoptees. The implementation of obligatory post adoption services even after the first year after adoption has been discussed and is again under review as part of the new adoption law proposal. The Dutch adoption procedure consists of the following steps <sup>20,21</sup> (blue for intercountry, purple for domestic, green for both intercountry and domestic).

## STEP 1: SUBMITTING A REQUEST FOR A PERMIT IN PRINCIPLE

After the registration of the application by Foundation Adoption Services, prospective adoptive parents receive a Foreign Child for Adoption (BKA)-number.<sup>22</sup> When (exceptionally) prospective adoptive parents only apply for a domestic adoption, a BKA is not necessary.

## STEP 2: REVIEW OF THE APPLICATION

Foundation Adoption Services checks whether the legal requirements for entering the adoption procedure are met. Requirements include age (age differences between the adoptive parents and the adopted child, maximum age of the oldest partner), but also information on the health of the applicant, judicial records, and applicants' declaration to cover all costs for caring for the child and to provide the child the requisite medical care.

Adjusted from

<sup>20</sup> <https://adoptie.nl/english/>

<sup>21</sup> A. Vinke (2008). Intercountry non-relative adoption in the Netherlands, the Dutch contribution for the report on adoption in Europe, commissioned by 'Child on Europe'.

<sup>22</sup> A second or further application can only take place when the child who last arrived through adoption, foster care or birth has been in the family for at least one year.

### **STEP 3: THE INFORMATION SESSIONS**

The prospective adoptive parents are obliged to attend six information sessions organized by Foundation Adoption Services (see chapter 3). When adopting a second or further child, the information sessions do not need to be attended again.

### **STEP 4: THE HOME STUDY BY THE CHILD CARE AND PROTECTION BOARD**

The aim of the home study performed by a social worker of the Child Care and Protection Board is to gain insight into the prospective adoption parents' suitability to provide a permanent home for a foreign adopted child. The report is also used in the matching process in children's country of origin. The assessor is a licensed social worker who operates within a multidisciplinary team. In case of prospective adopters above 41 years of age, single-parent families or other serious concerns to approve the suitability as adoptive parents, a psychologist is asked an additional evaluation of the prospective adopters by means of psychological questionnaires. The home study comprises several elements. The social worker assesses the family background and circumstances, the daily life as well as the prospective adoptive parents' motives and wishes for adoption<sup>23</sup>. The prospective adoptive parents' ideas about the child profile preferences are discussed (age, gender, special needs, etc.). Furthermore, the suitability for the adoption of one or two children or a child with special needs will be assessed. Based on the home study report, the Board will advise the Ministry of Justice and Security whether to grant a "permit in principle" for adoption. When the prospective adoptive parents are interested in domestic adoption, the home study can be extended with an extra check for suitability for domestic adoption<sup>24</sup>.

### **STEP 5: PERMIT IN PRINCIPLE**

The Minister of Justice and Security decides whether to issue a "permit in principle". This permit allows prospective adoption parents to adopt a child from abroad. It is valid for four years and can be extended after an additional home study for another four years. Receiving a permit does not automatically give the right to be mediated for adoption. When the minister does not issue (an extension of) a permit, the applicants can lodge an objection to that decision in court. The Minister of Justice and Security submits the notice of objection to the Board of Application of Criminal Justice and Child Protection.

23 file:///C:/Users/Gera/Downloads/Protocol+ASAA+oktober+2016+def.pdf

24 Ministerie van Justitie, Raad van de Kinderbescherming Breda. Adoptie van een kind uit Nederland

*Between step 5 and step 7 the Child Care and Protection Board can propose a child for domestic adoption to the prospective adoptive parents. When the parents agree, the intercountry procedure stops, and the domestic procedure starts (STEP 10).*

## **STEP 6: MEDIATION**

Intercountry adoptions are mediated by five Dutch adoption agencies. The adoption agencies mediate for exclusively “claimed” countries. In case of a limited number of countries (e.g. China), adoptions are mediated by more than one Dutch adoption agency. After receiving the “permit in principle”, prospective adoption parents can apply for solely one adoption agency, and the Ministry will send the home study to this adoption agency. Prospective adoptive parents usually choose the adoption agency based on the countries they work with, on the culture of the agency (e.g. run by volunteers or paid employees) or on requirements of the adoption agency (e.g. only mediation if the prospective adoptive parents are willing to adopt a child with special needs). The adoption agencies are responsible for the mediation and the preparation of the documents. They are part of the matching procedure, judge the proposals and organize the adoption journey. Adoption agencies are obliged to provide Post Adoption Services (or referral to Post Adoption Services) during the first year after placement.

Usually matching takes place in the country of origin of the child. In the mediation process, the focus is on the needs of the child, but also the limits, possibilities, preferences, and wishes of the adoptive parents are taken into account. Adoption agencies differ in the ways they perform their tasks and can develop their own guidelines. In most adoptions, the adoption agency is involved in each step of the adoption process. During mediation, the adoption agency creates an adoption file that is saved for a minimum of fifty years.

## **STEP 7: PROPOSAL OF A CHILD FOR ADOPTION**

A child is proposed through the adoption agency or the contact abroad. Matches from countries that have ratified the Hague Adoption Convention need to be approved by the Dutch Central Authority (in the Ministry of Justice and Security) and the Central Authority of the sending country before being presented to the prospective adoptive parents. The Ministry of Justice and Security also controls the proposals from the non-Hague countries. When all official parties conclude that there is a good match, the prospective adoption parents receive an official proposal of the child with information about the age, the gender and the medical background of the child. The prospective adoption parents get some (limited) time to consider the proposal. When they accept, they receive more information about the child’s background. Afterwards, the adoption agency informs the Central Au-

thority and/or the contact in the country of origin of the child about the decision, organizes the travel to the country of origin and arranges the Dutch permission for the permanent residence in the Netherlands in case of non-Hague adoptions.

### **STEP 8: ARRIVAL OF THE CHILD IN THE FAMILY**

Usually the prospective adoptive parents travel to the child's country of origin to meet the child. Before the child can definitely enter the Netherlands, a last check of the requirements and documents is made. The length of the stay in the country of origin varies from seven days to six months (or even more). For children adopted from Hague countries the adoption in the country of origin is automatically recognised in the receiving country. The parents become the legal guardians, and the child becomes a Dutch citizen instantly. Children adopted from non-Hague countries need a visa to enter the Netherlands and a provisional residence permit. The Dutch diplomatic or consular representative in the country of origin issues the visa.

### **STEP 9: REGISTERING THE CHILD WITH THE AUTHORITIES AND MEDICAL CHECK-UP**

When an adopted child enters the Netherlands, the necessary formalities need to be attended to. Formalities depend on the country of origin and the legality of the pronouncement of adoption. With an adoption declaration of the Netherlands, the adoptive parent(s) obtain legal custody of the child and there is no legal difference between the adopted child and a birth child. Once the child arrives in the Netherlands, a control for tuberculosis is mandatory. Specialized medical consultations based on "intercountry adoption protocols" are available to check the child (like checks on parasites, immunization status, contagious diseases, medical checks of organs and brain).

### **STEP 10: PROPOSAL OF DOMESTIC ADOPTION**

When a mother wants to place her child for adoption after birth, the Board asks a Youth Welfare Office to provide temporary custody for the child. When the birth mother still wants to relinquish her child after three months, the Board chooses three families from the list for Netherlands' adoptions (selected from the intercountry adoption list including the "only domestic adoption prospective parents"). Here the child's needs and (if possible) the preferences of the birth parent(s) related to age of the adoptive parents, religion, single or married etc. are combined. The birth mother can express her preference for a family, and the Youth Welfare Office makes the final match. The Child Care and Protection Board usually proposes the child to the prospective adoptive parents.

## **STEP 11: FIRST YEAR OF ADOPTION**

After finishing the matching process, the prospective adoptive parents meet the child, and the child is placed as soon as possible (within two weeks). During the first year after placement in the family, the prospective adoptive parents foster the child and are guided by the guardian of the child. One year after placement, the Child Care and Protection Board sends a request to the court for the legal finalization of the adoption.

## **STEP 12: ADOPTION**

After one year of taking care of the child, the adoptive parents can apply for the legal finalization of the adoption at the family court. The birth parent(s) receive information about the application, and they finalize the relinquishment or withdraw it. However, if the birth parent(s) withdraw their consent, the judge will weigh the interest of the child and can decide not to return the child to the birth parent(s).

It is also possible that birth parents had originally decided for placing their child in foster care, but that in the course of time they decide that adoption is better for the child, or that the birth parent(s) disappear. In those cases, the judge can decide that the foster parents adopt the child.

# 3.

## Preparation in the Netherlands

### 3.1 Preparation of prospective adoptive parents

#### **Preparation by the Ministry of Justice and Security**

As adoption is a legal procedure, the Ministry of Justice and Security has the primary procedural responsibilities. The Ministry has assigned most of the pre-adoption services to the Foundation Adoption Services. The website of the Central Government provides information on the procedures, on the formal criteria the prospective adoptive parents have to meet, and the costs of the Dutch procedure to apply for adoption. It is also possible to get procedural information from the policy officers on adoption (mail or telephone).

#### **Preparation by Foundation Adoption Services**

In 1989, the Central Authority established the Foundation for Adoption Services to provide preparation and post adoption services for prospective adoptive parents. The Netherlands was the first country with an independent organization taking care of the preparation – and later the post adoption services (PAS) – for adoptive parents.

Foundation Adoption Services (SAV) provides general information about adoption and the adoption procedure, e.g. content, time, costs, application, planning and delay or termination of the procedure, by means of a website and a telephone information line, available five days a week. Further, Foundation Adoption Services provides information on adoption related aspects of child care, both for parents and professionals.

Information is also available in brochures like the English brochure “Adopting a child”.<sup>25</sup>

25 Ministerie van Justitie, Raad van de Kinderbescherming Breda. Adoptie van een kind uit Nederland



### Obligatory Preparation course

The preparation of prospective adoptive parents by Foundation Adoption Services is part of the legal adoption procedure and is therefore obligatory. The fact that the Foundation is independent is very important as it means that there is no judgement of the participants and everything that is discussed in meetings is secret. Therefore, the prospective adoptive parents can feel free to discuss their feelings without the risk of being judged as less appropriate parents. The advisors have a neutral position, give a realistic picture and help prospective adoptive parents to decide for themselves whether they wish to go on. The advisors regularly visit countries of origin of the child to keep their knowledge about the sending countries updated.

The first meeting gives information on the adoption procedure and the present situation in the field of adoption, like the countries' criteria, waiting lists, a description of children's profiles and special needs adoptions. The emphasis is on the fact that adoption is in the best interest of the child, not to fulfil needs of the prospective adoptive parents. After this meeting the prospective adoptive parents can decide whether they will continue with the procedure or not.

When the prospective adoptive parents decide to continue, they will be obliged to follow five more meetings, each taking about three hours. Each group comprises a maximum of eight couples. The prospective adoptive parents receive information on topics that are of special significance for adoptive families, like the background of the children, attachment, identity, loyalty and discrimination, loss and mourning, biological parents (the adoption triad) and special needs adoptions. The aim of the sessions is not only to provide information, but also to discuss adoption-related topics with prospective adoptive parents. Issues covered in the meetings include:

- **Attachment:** The prospective adoptive parents receive information on how insecure attachment might be repaired. Examples of topics being discussed are: "Can you explain the behaviour of the child when thinking of its history?" "What can you do to enhance secure attachment, what should you not do?"
- **Background of the child:** The prospective adoptive parents learn more about potential pre-adoptive experiences of the children and about effects of being raised up in orphanages. They also obtain information on how adoption may contribute to children's recovery.
- **Loss and mourning:** The prospective adoptive parents are encouraged to take the child's perspective. One exercise is to imagine being a young child in an orphanage. Suddenly, the prospective adoptive parents turn up and take the child to an unfamiliar environment. Video clips from video interactive counselling are used to show the couples what can happen in a family and how children can recover and relations can grow. They listen to stories from adult adoptees.

- **The birth parents and loyalty:** The prospective adoptive parents are made aware of the fact that they are part of an adoption triad instead of a parent-child relationship. The importance of the family of origin is emphasized and the role of loyalty is discussed.
- **Identity:** The prospective adoptive parents obtain information on ethnic and cultural identity, the balance between the new culture and the culture of the child's country of origin. They are advised on how they can support their adopted child. Issues of discrimination are discussed.
- **Preferences and possibilities:** Prospective adoptive parents will have to consider what kind of child would fit into their family in terms of child's country of origin, child's background, or special needs. In addition, questions from the participants can be addressed, like "Is adoption an option for my partner and me? When do I have to decide whether to adopt a child with special needs? What does it mean to adopt two children?"
- **Listening to experiences:** A highly valued part of the pre-adoption training is when an adoptive parent shares his or her personal experiences with the group.

#### Voluntary meetings

Next to obligatory sessions, the SAV provides voluntary meetings on specific topics, e.g.:

- Adopting a child with medical special needs
- HIV and Hepatitis
- The adopted child in the family (for family members and friends)

#### Brochures

Foundation Adoption Services provides brochures<sup>26</sup> that help prospective adoption parents to prepare for adoption, such as:

- Attachment
- Adoption of siblings
- A second adoption
- Information on adoption for family members, such as grandparents, uncles, aunts and friends

Before and during the adoption journey, the staff of the Foundation can support parents via telephone and/or email.

<sup>26</sup> The brochures are available here: <https://adoptie.nl/brochures/>

## **Preparation by the Child Care and Protection Board**

Formally, the task of the Child Care and Protection Board is to conduct a home study to advise the Ministry of Justice and Security on the prospective adoptive parents' permission to adopt. In the home study process, the social worker assesses the prospective adoptive parents' motives and intentions and discusses the appropriateness of their child profile preferences (like age, gender, special needs, siblings, etc.). Therefore, the home study forces the prospective adoptive parents to think carefully and to prepare themselves thoroughly, for instance with reference to medical disorders and treatments. They may consult their general practitioner or specialized medical teams (e.g. cleft lip teams) to help them in their decision process.

## **Preparation by adoption agencies**

Processes and content vary from agency to agency, and they are subject to change. The following description discusses the common elements.

### **General information**

All adoption agencies have websites with information on procedures, countries they mediate for and criteria for adoption both from the agency itself and from the sending countries. The websites usually provide an option for prospective adoptive parents to ask questions. Most adoption agencies provide telephone office hours with some agencies being daily accessible, whereas others are available solely once a week.

Three adoption agencies provide their own magazine for the (prospective) adoptive parents, usually with information on waiting lists, adoptive parents' stories, and information on specific issues (special needs, news from scientific research, help in raising adoptive children, roots, etc.). One adoption agency has a Facebook page, where parents can discuss matters, and provides flyers on the adoption procedure and specific topics like adoptions from the USA or same sex adoptions.

### **Meetings**

Most adoption agencies organize meetings with information on the countries they mediate for, criteria for prospective adoptive parents, procedures and waiting lists. Several of the adoption agencies combine this with expert presentations covering topics like trauma, birth family, school, puberty, etc.

Most adoption agencies provide meetings for both prospective adoptive parents and adoptive parents. During these meetings, they can meet, and prospective adoptive parents learn more about the experiences of other adoptive parents. Most adoption agencies also organize "family days" for adoptive families.

### **Intakes**

When prospective adoptive parents apply for mediation and comply with the conditions of the adoptive agency, they are invited for an intake session in which possibilities, preferences, and wishes are exchanged. First, the applicants choose a specific country. Afterwards they attend specific meetings (in groups or private) to receive further information on the adoption process.

Some adoption agencies provide special needs intakes by medical professionals or specific meetings on sibling adoptions.

### **While waiting**

Two adoption agencies organize informal meetings for prospective adoptive parents, as the waiting time may take very long (in some cases more than five years). One of the adoption agencies offers informal waiting groups organized by volunteering adoptive parents meeting up several times a year.

### **Before and while travelling**

All adoption agencies provide meetings with the prospective adoptive parents before the adoption journey.

In case of one adoption agency, professionals of a private therapeutic practice organization prepare the prospective adoptive parents for the meeting with their new child. The prospective adoptive parents receive a little suitcase, the StartKid, which helps to connect with their child by means of simple games, like soap bubbles, balls, etc. Prospective parents can film the interactions with their new child with their mobile camera and discuss the interaction with the professionals after returning home.

A second agency trained adoptive parents to support prospective adoptive parents during their adoption journey. These volunteers support and advise the parents during the first encounters and period together as family and support the adoptive parents in including and regulating the older siblings when they take part in the adoption journey.

### **Medical information**

Several adoption agencies use medical professionals to judge the medical reports they receive from the sending countries. The medical professionals interpret the reports and give indications of prognoses and treatment necessities, which can be used to prepare the prospective adoptive parents. Moreover, some agencies supply prospective adoptive parents with information on specific medical conditions (e.g. Hepatitis) in terms of their adoption journal.

## **Preparation before an adoption for a second time**

When adoptive parents apply for a second or third adoption, a shortened procedure is applied. The parents obtain the new licence to adopt, consisting of usually one follow-up visit from the Child Care and Protection Board, to check how the family functions, whether life events took place and what the wishes and possibilities are for a new adoption. With the new licence, the parents can apply for adoption at the adoption agency (mostly the same as for the former child), here they usually follow the full procedure as linking is a tailor-made process. Specific brochures and meetings are aimed at adopting for a second time, focussing for instance on the new interactions within the family and how to deal with the feelings of all children in the family.

## 3.2 Scientific information

The Netherlands has a relatively long and extensive tradition of adoption research, at Utrecht University, at Erasmus University Rotterdam and at Leiden University. Since 1984, Rene Hoksbergen held the first chair on Adoption Studies. When Dr. Hoksbergen received the emeritus status in 2000, Dr. Juffer took over this chair at Leiden University<sup>27</sup>. Many studies that are relevant for the adoption practice have been published in international scientific journals. In 2001, ADOC (the Adoption Triad Research Triangle) was founded under supervision of Professor Juffer to promote adoption research and to make the results of scientific research on adoption available to the field<sup>28</sup>. Specifically, the results of the studies are used to elaborate prospective adoptive parents' training and Post Adoption Services (PAS). Large meta-analytic studies were started. Unfortunately, the ADOC had to stop in 2017, but its former coordinator Gera ter Meulen in Knowledge Bureau ter Meulen continues the work<sup>29</sup>.

## 3.3 Preparation of birth mothers

### **Preparation of birth mothers in sending countries**

According to the Hague Adoption Treaty, preparation of birth mothers who consider relinquishing their children is the responsibility of the sending countries. The

27 <https://www.universiteitleiden.nl/en/staffmembers/femmie-juffer#tab-1>

28 <http://www.socialsciences.leiden.edu/educationandchildstudies/ADOC>

29 <http://www.kbtermeulen.nl/KnowledgeBureauTerMeulen>

organizations in the receiving countries usually have no contact with the birth mothers. The only exception is the open adoption from the USA, where birth mothers and prospective adoptive parents may have contact before the adoption journey.

### **Preparation of Dutch birth mothers**

When a Dutch mother wants to place her child for adoption, she may receive support from the organization FIOM<sup>30</sup>, or the smaller organization SIRIZ. Practitioners aim at incorporating the birth fathers in the process, but in practice, he is only involved in a minority of cases. FIOM is a well-known organization in the Netherlands for support in case of unwanted pregnancies. General practitioners and midwives refer the birth mothers to FIOM; FIOM can be reached by telephone or through their website (<http://www.FIOM.nl>). FIOM also publishes brochures, for instance on options for unwanted pregnancies or relinquishment for adoption.<sup>31</sup> FIOM assists and supports mothers (and fathers), and expectant mothers (and their partner) can approach FIOM itself or through the Board.

The social workers of FIOM inform the birth mother or birth parents on the options they have for their unwanted pregnancy. They support the decision-making process (raising the child, placing it in foster care or giving the child up for adoption). The social workers give social and emotional support to the birth mother/parents during pregnancy and birth and even after birth<sup>32</sup>.

30 When speaking of FIOM, it includes the small organization of SIRIZ. Since a couple of years the new organization "The Cradle" organizing baby hatches. This is rare and left out of this paper.

31 <https://fiom.nl/sites/default/files/leaflet-fiom-giving-up-a-child-for-adoption-def.pdf>

32 <https://fiom.nl/ongewenst-zwanger/afstand-ter-adoptie>

# Post Adoption Services

## 4.1 Introduction

Relinquishment and adoption are major life events in the life of adoptees. Adoption specialists emphasize the complexity of the issues, including neglect, early childhood trauma, intercultural aspects, identity and triadic family construction in which the birth parents may not be known. Relinquishment and adoption are lifelong issues in the life of the adoptees. This is why so many adoptees and adoptive families need post adoption services including preventive and curative help and searching for roots.

### **The Dutch system**

The present adoption law Wobka compels the adoption agencies to provide post adoption support during the first year after arrival of the child in the Netherlands. Furthermore, the involved Ministries (Justice and Health) established the Foundation Adoption Services to provide free or low cost post adoption services for the whole country. The Foundation provides services for all adoptive parents and informs professionals on adoption-related issues.

The Ministry of Health, Well-being and Sport is responsible for medical and psychological care. In 2015 in the new youth law's nationwide transformation process, the responsibility of youth care has been transferred to municipalities in 42 regions (including a major cut-down of financing). Each region makes an inventory of special regional needs and contracts the professionals accordingly. By placing youth care in the municipalities, the Dutch government hopes to centralize youth care around the family on a local level. However, this complicates specialized care, as therapists need to have a contract with each municipality where their clients live, and each municipality has its own rules. Psychological youth care is only covered by the insurances when the municipality has a contract with the therapist (or the supporting organization).

Necessary medical treatment is covered by the health insurances and is free for children until 18. Insurance of other medical care (e.g. physiotherapy, speech therapy, etc.) depends on the supplementary insurance of the adoptive parents. Above 18, the adoptees need to have their own health insurance. A lot of parents and adoptees pay treatment and therapies by themselves.

Specialization of care services is contrary to the current change in Dutch youth and adult care system, as all therapists increasingly need to be able to treat the whole

range of patients. However, adoptive parents, adoptees, birth mothers and many professionals advocate for specialized services for adoptees and adoptive families, if possible in joint venture with foster care. Precedent to the construction of the new law on intercountry adoption (due since the beginning of the 21<sup>st</sup> century) the necessity of adoption specialized care has been discussed. Several advisory reports have been published<sup>33</sup>, among others Blueprint Post Adoption Care (Blauwdruk Adoptienazorg, 2007)<sup>34</sup> specifically focused on post adoption services. At the beginning of 2018, the Minister of Justice and Security announced the draft of the new adoption law, and again the question arises whether post adoption services for adoptive parents and for adult adoptees should be included in the law.

## **Research on Adoption**

The Netherlands have a long tradition of adoption research. Several universities have done research on adoption, and the first Chair on Adoption Studies worldwide was in the Netherlands. Specifically, Professor Femmie Juffer and Professor Marinus van IJzendoorn from Leiden University are among the best scientists on adoption studies worldwide. Next to the scientific studies themselves, the transfer of scientific knowledge to practitioners in the field is of particular interest to Juffer and van IJzendoorn. ADOC – the knowledge centre on adoption and foster care – was specifically founded in order to make science available to the practice (5.2).

## **Intercountry and domestic post adoption services**

Most post adoption services are organized around intercountry adoption. Domestic adoption is not a specific issue in the advisory reports, as there are hardly any domestic adoptions in the Netherlands. Adoptive parents with domestic adoptions are not organized like intercountry adoptive parents. Domestic adoptive families are included in the post adoption services of the Foundation Adoption Services, but they are not involved in activities of adoption agencies or foster care organizations. Organizing the adult domestic adoptees has always been challenging, and the existing FIOM services have been cut down (4.3).

33 Commissie Kalsbeek (2008). Rapport interlandelijke adoptie, Alles van waarde is weerloos. Stichting Ambulante FIOM & Stichting Adoptievoorzieningen (2009). Plan van aanpak adoptie (na)zorg

34 Werkgroep Nazorg (2007). Blauwdruk adoptienazorg



## 4.2 Post Adoption Services for adoptive parents and their adopted children

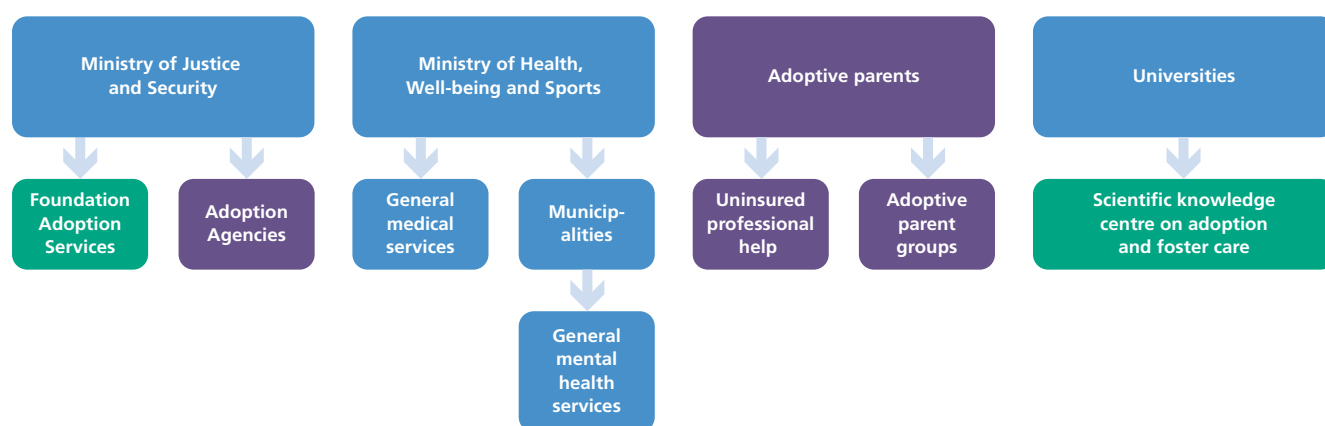


Figure 2. Organizations involved in Post Adoption Services for adoptive families. Organizations highlighted in blue are government-financed, purple ones are private-financed and green ones are both government and private financed.

### Adoption agencies

Adoption agencies are responsible for adoption dossiers, follow-up support during the first year after placement and follow-up reports for the country of origin.

The law states no minimal requirements related to the mandatory first year post adoption services, so the adoption agencies interpret the requirements themselves. Most adoption agencies have professionals (social workers, pedagogues) for Post Adoption Services; volunteering experienced adoptive parents may also be part of the services. The Post Adoption Services are fully financed by adoptive parents, both through the yearly fees and through contributions to the activities.

### Dossiers

The adoption organizations are responsible for the adoption mediation dossiers. According to the Quality Framework<sup>35</sup>, the dossier is supposed to contain information on adoptive parents, the adopted child, a matching report, the follow-up report and, if possible, formal adoption papers (like birth certificate, relinquishment papers, the court order). The adoption agencies have to keep the dossiers for at least 30 years (although Dutch adult adoptees do insist on a longer storage time). When an adoption agency shuts down, the dossiers are taken over by another agency or by FIOM. Adoptees can ask access to the dossiers after they reached the age of 12.

35 Accredited Bodies and Ministry of Justice and Safety (2008). Quality Framework Accredited Bodies Intercountry adoptions

### **First year after adoption**

During the adoption journey preparation meeting, adoption agencies provide information about the procedure after placement of the child. When in the country of origin, to get the child, the adoptive parents are usually guided by a local contact person for procedural and organizational aspects. This guide may also give emotional support. In one organization, a professional volunteer accompanies the adoptive parent(s) for emotional support. This volunteer will guide and help the parents when and after they receive their child.

The adoption services provided in the first year after placement vary slightly from agency to agency, but most organizations have limited services. The person who guided the adoptive parents through the adoption process or a staff member responsible for Post Adoption Services keeps in touch with the parents via telephone or email around three times during the first year after placement. About 3 weeks after the family arrived home they check whether the family experiences any problems. For more therapeutic advice, the family is referred to Foundation Adoption Services or other adoption-specialized professionals. In some organizations, volunteers (adoptive parents with experience in the field) or social workers visit the families a few months after the child arrived. Home visits are regular in one organization and/or on request in another organization.

All adoption organizations ask the adoptive parents to evaluate the adoption procedure. Some adoption agencies use the evaluation questionnaires or follow-up reports to see whether adoptive parents need advice or help.

### **Meetings**

Most adoption agencies organize information meetings for their (prospective) adoptive parents once or twice a year, in which they discuss adoption items (like attachment, language, sleep, roots travelling, etc.). Some adoption organizations combine this with the possibility to meet their post adoption service professionals. Most adoption organizations organize a meeting day for parents and children with the possibility to meet with contact persons from the countries of origin.

### **Magazines and websites**

Three of the five adoption organizations publish magazines, with information on adoption issues, state of the art, stories from adoptive parents and adoptees, and information on charitable projects in countries of origin. The websites provide limited information on post adoption services.

### **Follow-up reports to sending countries**

Most countries require follow-up reports after intercountry adoption. The follow-up report describes how the child is doing. Photographs may be included. The adoptive parents usually write the reports, but sometimes this is the task of a social worker. The frequency and duration of follow-up reports depends on the requirements of the sending country.

The sending countries hold adoption agency responsible for sending the follow-up reports although the adoption agencies have no empowerment to force the adoptive parents to send the follow-up report. The follow-up reports are sent to the agencies' partners in the country of origin by the agencies. Sometimes birth mothers can get access to the follow-up reports in the countries of origin.

## **Foundation Adoption Services (SAV)**

The Foundation organizes post adoption services, mostly services for adoptive parents and professionals aimed at creating alertness.

### **General services**

- The website [www.adoption.nl](http://www.adoption.nl) with information for adoptive parents, professionals and adoptees;
- A telephone helpdesk, available 4 days a week, and an email service with adoption-specialized SAV-social workers answering questions around the development and upbringing of the adopted child. For more complicated issues the SAV provides a map with adoption-specialized professionals (therapists, medical doctors, psychiatrists,...) in each region in the Netherlands;
- The Adoption Magazine for both adoptive families and professionals in the field;
- Informative brochures on specific subjects to provide information to parents or other carers of the child
  - Adoption and attachment as a process: information for parents
  - Adoption: the first year after arrival, information for (prospective) parents
  - Adopting siblings
  - An adopted child at primary school, information for parents
  - An adopted child at primary school, information for teachers
  - Self-esteem and identity development of adopted children
  - Adopted children during puberty
  - Adopting for the second time
  - Travelling to birth country during primary school age
  - Trauma and recovery for adopted children
  - An adopted child in the family: what is special for family and friends?
  - An adopted child in day care, information for the day care workers
  - Sleeping problems of adopted children

### **Services for adoptive parents**

- **The welcome box.** After the arrival of the adopted child in the Netherlands, the adoptive parents receive a “welcome box” with information on the first period of being an adoptive parent (how to get used to each other, attachment formation, where to get help) and some small presents.
- Consultation at home for adoptive parents with children under 13: A SAV-professional gives a consultation on issues like eating, mourning, sleeping, cuddling,

attachment etc. The professional informs the parents about typical and atypical behaviour of adopted children and advises how to deal with problematic behaviour (Costs: € 42.50 or € 19.95 during the first year).

- **VIB.** In order to build a positive relationship between adoptive parent and adoptive child, Video Interaction Guidance (VIB) is provided. The VIB is short term counselling for parents of adoptive children up to 12 years old, using video recordings to promote the positive interactions between the child and the parents. It helps parents to understand the signals of the child and to react in a sensitive way and thereby promotes the development of positive relationships. Parents are supported to improve the relationship with their child and to stimulate the development of the child. Sometimes the VIB is combined with Sherborne Developmental Movement, a method helping children to show more trust and self-confidence.
- **Consultation at primary schools or day care centres.** When the adopted child has problems with going to school or day care or shows behavioural problems at school or day-care centre, when the adoptive parents need help to find the appropriate school type, or when the teacher needs advise, a SAV-professional can check the social and emotional development of the child. The professional does a short video home study to evaluate the interaction between parents and child, communication and basic trust. After discussing this video with the parents and formulating questions for the school, the professional will make a school visit where the main issues will be discussed. A school video is used to support observations. Finally, the SAV-professional develops a child-led strategy together with the child, parents and teachers (Costs: € 85).
- **Meetings**
  - “A Good Start” (3 mornings). A meeting for adoptive parents whose children are less than 3 years in the family. The meetings discuss the process of getting used to each other, attachment formation, atypical child behaviour, how parents see whether their child feels safe or when a child is ready for school. In groups of 12 participants, adoptive parents can discuss their questions and share experiences with other adoptive parents (Costs: € 60).
  - “Taking care of traumatized children” (4 evenings) – for parents whose children (until about 12) regularly show extreme behaviour for more than a year. The parents learn more about trauma and how trauma can be exposed in emotions and behaviour. Parents are assisted in dealing with trauma and how to work together with their child towards recovery (Costs: € 80).
  - ”Adoption and puberty” (3 evenings). This meeting informs adoptive parents on upbringing during puberty in general and about the adoption-related topics like identity and loyalty, emotions around relinquishment, and roots. Parents learn how to deal with their adolescents and how to improve contact and communication (Costs: € 60).
- “Adoption parents online”. A closed forum for adoptive parents to exchange experiences and practical advice. SAV-professionals read the discussions and provide practical support.

- Personal telephone and email help for adoptive parents before and during the adoption journey.

### Professional Consultation

- Telephone service: information for professionals on adoption-related problems. Consults on specific questions or methods can be provided;
- Tailor-made professionalising: Professionals from the Foundation join team meetings or casuistry discussions, give presentations, workshops or trainings;
- The website contains information for professionals to help them assessing whether adoption issues are involved, and if so, to what extent. The website gives information on important adoption themes, adoption-specific anamnesis, casuistry, therapy methods for the most important adoption themes and options for referrals to adoption specialists;
- “Alert to adoption (adopted children)”<sup>36</sup>: an adoption guide commissioned by the Ministry of Health, Well-being and Sports for teachers, general practitioners, paediatricians, social workers and other professionals describing challenges adoptive parents are confronted with and the role of professionals. With this guide, the government tries to enhance the adoption alertness of professionals by giving basic information and guidance for adequate support, and referral to specialized help;
- Adoptie-Alert, a newsletter for professionals in youth care;
- A yearly meeting for professionals in the local youth care. This meeting is always organized around a specific topic usually with plenary presentations in the morning and workshops in the afternoon.

### Specialized medical adoption checks

When an internationally adopted child arrives in the Netherlands, there is a mandatory check on tuberculosis. Most intercountry adopted children bring diseases, mostly parasites and infections when arriving in their new country. Therefore, the adoption agencies refer prospective adoptive parents to the 20 adoption-specialized paediatricians for an “adoption consult”. These paediatricians use a protocol for medical evaluation, developed by the working group adoption of the section tropical paediatrics<sup>37</sup>. The protocol includes checks on organs, infectious diseases like hepatitis, parasites, and vaccination. For more information, see 5.3.

<sup>36</sup> <https://adoptie.nl/professionals/handreiking/>

<sup>37</sup> <https://www.nvk.nl/Portals/0/richtlijnen/adoptie/richtlijn%20Adoptie.pdf>

## Youth health care

Like all Dutch children, the adopted children have regular health and development checks at the Child Bureau (part of the local Centres for Youth and Families). The children are seen by a nurse, social worker and specialized medical doctor. Until the age of four, the checks take place several times a year; the frequency decreases to once every several years until the child is about 16. The Child Bureau checks the child's physical and emotional development, takes care of vaccination and helps parents with their parenthood. Youth health care workers are usually not specialized in adoption and with decreasing numbers, they are less confronted with the adoption practice, but they can obtain information on adoption-related issues from the Foundation Adoption Services.

Mental health services for children are covered by the youth law, and are the responsibility of the 42 municipal regions in the Netherlands. Each region individually concludes an agreement with local therapists/institutions. Some specialized care is organized on a national scale. For adoption this is arranged in "Basic Trust", a cooperation of independent therapists (psychologists and general education generalists). These therapists use the Basic Trust Method which represents an integrated attachment-based method including diagnosis, video feedback, and if necessary movement therapy (including Theraplay and Sherborne), and trauma therapy. Aims are to promote more secure attachment through increased sensibility in the adoptive parents, and better safe disciplining. The therapists work with the parents, but also with schools. Basic Trust has one specialized therapist in each region.

The Netherlands has a few private practices specialized in adoption. In the new youth welfare system, it is hard to work according to this specialization. Due to tremendous administrative work for reimbursements of costs, a number of therapists only offer services to families that pay privately. Another option for adoptive parents to get funding for therapy is through a "personalized budget" for arranging the care for the child him/herself. A few municipalities give non-contracted therapists a single contract just for this adoptee.

Adoption specialized therapists use specific methods to help the adoptive families, like VIB, phase therapy<sup>38</sup>, attachment and trauma based therapies like Theraplay, DDP, sensorimotor therapy, and trauma focussed therapies like EMDR and neuro-feedback (see 5.4).

<sup>38</sup> an attachment based therapy in which the experience of forms of closeness in different developmental phases is relived (Thoomes-Vreugdenhil, 1999); <https://www.kenniscentrum-kjp.nl/professionals/behandelmethode/fasetherapie/>

## **Adoptive parents**

### **Parental leave**

Dutch mothers are entitled to four months maternity leave and maternity care. Adoptive parents are entitled to four weeks adoption leave (including travelling time). The current government has the intention to extend the adoption leave to six weeks.

### **Adoptive parent groups**

Several adoptive parents have formed support groups for mutual exchange of experiences, support and information. The groups are organized around specific issues, like problems in raising a child, special needs, intellectual disability, religion or country of origin. Most organizations have a website, a magazine and organize informative meetings. Some aim at making changes in policy, others focus on connecting adoptive parents. Some groups specifically focus on improving Post Adoption Services.

LAVA is an independent national association by and for adoptive parents, advocating the interests of adoptive parents. Due to the experience that Post Adoption Services, especially for children with (major) behaviour problems, are dependent on regional organizations lacking specialized professional help, LAVA aims to improve post adoption services. LAVA publishes a magazine for members, organizes meetings with informative presentations and stimulates scientific research on adoption.

LOGA is a national association for families with adoption related problems. LOGA aims at more societal knowledge on adoption problems, and advocates better and more specialized post adoption services. They help families with adoption-related family problems. LOGA publishes a magazine and organizes meetings for members.

De Knoop (the Knot) is a foundation specialized in attachment problems; Overschatten is specialized in adopted children with an intellectual disability.

Adoptive parents also unite in closed internet groups, like groups on special needs adoptions in general, on specific special needs or on roots finding for their children.

Some parent groups founded “country groups” for their adopted children, to share activities typical for the country (like cooking, dancing, etc.) and to share thoughts and experiences. Two examples are WodeGuXiang for Taiwan and a teenage camping group for adoptees from India.

## **Research**

Both Dutch and international studies including the meta-analyses from Juffer and van Ijzendoorn showed that most adoptees show an amazing catch-up in develop-

ment and do well. However, adopted children show more internalizing and externalizing behaviour (Juffer et al, 2011; van den Dries et al. 2009; Bakermans-Kranenburg et al., 2008; van IJzendoorn et al., 2006; van IJzendoorn et al., 2005; Bimmel et al., 2003). Adoptive families use more professional help than other families and adopted children need more often specialized education than non-adopted peers. Attachment development was pinpointed as one of the most important issues for adoptees, and a randomized control trial on the attachment-based VIPP-SD showed the effect of the intervention (Juffer, 2009).

## 4.3 Post Adoption Services for adult adoptees

### Introduction

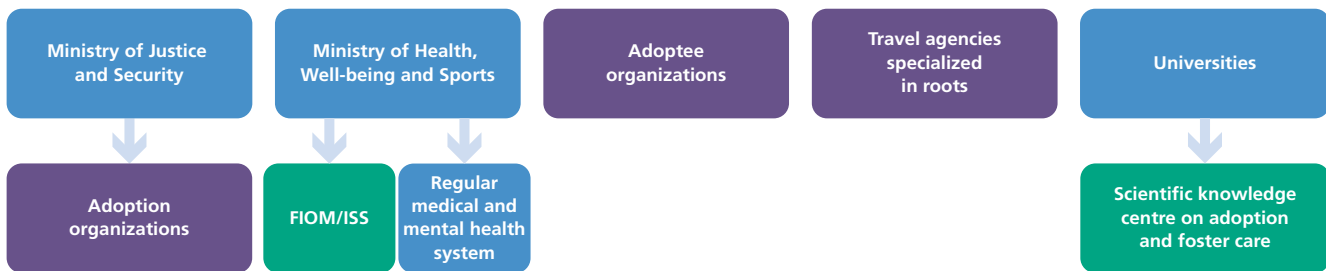


Figure 3. Organizations involved in PAS for adult adoptees. Blue is government-financed, purple is private-financed and green is both government and private-financed.

Although adoptees have to deal with adoption-related developmental issues (identity development, mourning, dealing with intimacy (attachment), place in family trees, roots) and advisory committees (e.g. Blauwdruk adoptie nazorg) stated that the specific nature of the adoption and the involvement of the State should guarantee adoptees specialized help during their lifetime, post adoption services for adoptees are poorly organized.

In the past, FIOM used to have a department for questions from adult adoptees, and social workers organized meetings for birth mothers, adoptive parents and adoptees, and combined meetings for the members of the adoption triad. However, in 2014, the subsidies were cut down and this type of support was stopped. Only family finding is still supported. In January 2018, the Minister of Justice and Security promised in his letter to the parliament that FIOM will get a subsidy for a helpdesk for adult adoptees and adoptive parents for searching and roots.



## **Foundation Adoption Services**

Foundation Adoption Services mainly aims at preventive help and curative help for children up to 12 years old, but the telephone and email helpdesk gives support to adoptees of all ages in case of emotional problems and they refer adoptees to adoption therapists in the region of the adoptee. This service accounts to both intercountry and domestic adoptees.

## **Adoption agencies**

Adoption agencies (all over Europe) feel responsible to help adult adoptees, but with declining adoption numbers they usually lack financial means to do this. Several adoption agencies have tried to keep in touch with adoptees in terms of organizing meetings, events or information evenings, but (young) adult adoptees hardly respond to the initiatives. One of the adoptee events attracting a substantial number of adoptees is the yearly WK adoptees football festival (750 participants in 2017).

Adult adoptees have permission for inspection of their adoption dossiers. The adoptees can see the dossiers at the office with a professional available for support. To date, the dossiers are sometimes digitally sent to the adoptee.

As the adoption agencies have the contacts in the countries of origin, several helped organizing roots travels in the past. To date, many families and adoptees wish to travel so that the agencies cannot cope with this anymore. They facilitate adoptees and adoptive families with information on roots travelling, and on the contacts in the country of origin, but they are no longer able to organize roots travelling themselves. Services for roots travelling have been transferred to FIOM/ISS and to (specialized) travel agencies.

## **FIOM/ISS**

FIOM preserves the dossiers of the Dutch relinquishments and adoptions that have been mediated by them. Moreover, they preserve adoption dossiers of organizations that are shut down.

FIOM/International Social Service (FIOM/ISS) is the organization in the Netherlands organizing searches for lost family members (up to 2nd grade). FIOM searches for people from 16 onwards (in some countries from 18), but exceptions can be made for children between 12 and 16 for domestic searches. Unfortunately, waiting lists are long. FIOM/ISS helps preparing and doing the search and gives support after searching. Searches can take place both in the Netherlands and abroad. Searching may include domestic and intercountry adoptees, but also children con-

ceived through artificial insemination. Being the Dutch branch of ISS, support of the large international ISS network can be used in searches in countries of origin. FIOM/ISS can search in many, but not in all countries. In case of countries they cannot help searching, they advise whom to contact.

When a family member has been found through a domestic search, FIOM as an independent third party will make the first contact. In an intercountry search, someone from ISS or a social worker from the country of origin will approach the person. When the person found also wishes to get in touch, the social worker or ISS-delegate may facilitate the contact. Alternatively, the family members can arrange it by themselves.

FIOM provides a contact register for family members who want to get in contact with first or second grade lost family members, without an actual search. Personal data are protected.

In October 2016, FIOM opened a register of illegal adoptions in the Netherlands. Birth parents who lost a child, people who suspect they have been illegally adopted, illegal adoptive parents who wish to open up and people who know about illegal adoptions can report illegal adoptions.

Until 2013, FIOM social workers could help adult adoptees having problems with being adopted (for instance attachment or identity problems). However, due to the cut down of subsidies, FIOM had to stop this service. On its website, FIOM still provides information on problems and feelings adult adoptees can experience. Legal information on changing names, problems with foreign birth certificates when getting married, information on inheriting, and revoking the adoption are provided. Finally, FIOM provides a social map of adoption specialized professionals.

## **Adoptee organizations**

Post adoption services for adult adoptees are mostly organized by adult adoptees themselves in companion groups. In the past, they were organized around the country of origin and they played the most important role in (preventive) adult adoptee post adoption care. The major topics were mostly related to countries of origin and adoption. The activities often had an informal character and were hardly recognized as a form of aftercare. The country groups of adoptees still exist and provide an important meeting point for exchanging emotions on relinquishment and adoption, experiences around travelling to the country of origin, and all kinds of other issues. The appreciation of the members for the existence of such associations is high (Blauwdruk Adoptie Nazorg, 2007). Some country groups organize roots travelling. Currently, adoptees are united in two large active adoptee organizations in the Netherlands:

### **Foundation Intercountry Adoptees (Stichting Interlandelijk Geadopteerden SIG)<sup>39</sup>**

“Foundation Intercountry Adoptees” is the largest independent platform in the Netherlands for and by adult adoptees, focussing on bringing together adoptees regardless of the country of origin. SIG was founded in 2012 and originated from several country groups. SIG is pro-adoption, as they believe that the interests of a child in need are best served when it grows up in a loving and permanent adoptive family. SIG aims to counterbalance unilateral and negative perceptions about adoption. The foundation has about 780 members in their private Facebook group.

SIG represents the interests of a large group of adoptees through

- opinion forming and information provision;
- advocacy on laws and regulations concerning adoption;
- tools to prepare travelling to the country of origin;
- a setting helping adoptees to meet up and support each other. This can be done both physically through low-threshold activities and via online facilities, such as Webblings (themed meetings), sporting events and get-togethers;
- asking for attention for an effective and qualitative treatment method for adoptees who need professional psycho-social support;
- advocating access to the adoption file on the basis of a careful balance of interests of adoptees and other parties involved;
- sharing knowledge and experience through websites, social media, publications in adoption-related magazines and by organizing events.

SIG functions as a social hub between government, partners in the professional field/adoption agencies, therapists, adoptive parents, and associations of adoptees. SIG writes statements for the political discussions and checks those statements with adoption specialized researchers.

### **United Adoptees International (UAI)**

United Adoptees International aims to stand up for the rights of the adoptees, socially, legal and in politics. The UAI is critical about intercountry adoption and is involved in the political and policy discussions. The UAI has a Facebook page with a private group of almost 400 members and has about 660 followers. The UAI is very concerned about irregularities around relinquishment and adoption, is involved in investigation and quest for the truth in intercountry dossiers and relinquishment stories. The UAI holds the Dutch government responsible for accepting false statements about relinquishments. The UAI is not only active in the Netherlands, but is involved in the international field.

<sup>39</sup> <https://www.geadopteerd.info/>

Next to policy influence, the UAI is involved in bringing together adoptees, they have meetings and they also try to help each other by sharing experiences by supporting travelling to the birth country and finding information on the backgrounds. They are now involved in creating an adoptee DNA databank.

### **Dutch domestic adoptee groups**

Adoptee organizations for Dutch adoptees do not flourish in the Netherlands. There have been a few organizations, like Stichting Möbius, Adoptieclub Nederland and the website “Adoption Meeting Point” (Adoptie Trefpunt). All organizations aimed at exchange of experiences and meeting, but in the course of time, the organizations get less active and disappear. The most recent organization is Foundation Post Adoption Services (Stichting adoptie Nazorg), founded by a Dutch domestic adoptee, specifically advocating adequate post adoption services, both for domestic and intercountry adoptions.

### **Roots travelling organizations**

Several (commercial) organizations offer roots travelling. Some organizations are fully specialized in roots travelling, others are general travel agencies with a specialization in roots travelling. Roots travels are organized for adult adoptees, but it is more and more an activity of the adoptive family while adoptees are still young. The roots travelling organization will arrange the journey to the place of origin, can arrange meetings with orphanages, the original carers in orphanages, foster parents and/or the birth family. In other cases, the meetings with orphanages and family are arranged by the adoption agency. An adoption-specialized tour guide will be involved. Usually families travel on their own or in small groups and much of the journey is used to see the beauties of the country of origin<sup>40</sup>.

### **Other roots-related activities**

Plan Angel aims at getting reliable relinquishment and adoption information in the countries of origin and bringing families together. Together with the UAI, they are setting up a DNA Database for adoptees.

Spoorloos (“Without a trace”) is a long lasting television program in which the reporter searches for lost family members – mostly from adoptees and mostly in countries of origin. When the family has been found, the adoptee travels with the television team, or the family is brought to the Netherlands. The program offers

<sup>40</sup> For instance <https://www.pangeatravel.nl/rootsreizen.html>

some post-meeting support and sometimes has a special episode on what happened after the meeting.

Since the end of the 20th century, several books appeared on the stories of (adult) Dutch adoptees. The books give information on what adoption means for the adult adoptee and present life stories.

## Research

Large longitudinal adoptee studies conducted at Erasmus University Rotterdam and Leiden University show that most young adult adoptees do well. They have adequate social contacts and show educational and professional outcomes comparable to their peers in the Netherlands. However, they have less intimate relationships (Tiemann et al., 2006) and show more internalizing and externalizing problems (Tiemann et al., 2005). About 32% of young adults search for their birth family. Moreover, 30% of the adoptees are interested in roots but do not search (Tiemann et al., 2008). Dutch domestic adoptees (small sample) show less problems than their intercountry adopted peers (Dekker et al., 2017). In all studies, adopted men show more problems than adopted women. Results of a survey on adoptees' life satisfaction show that most adoptees are satisfied with their adoption and with their life, but about 10% suffered<sup>41</sup>.

## 4.4 Post Adoption Services for birth parents

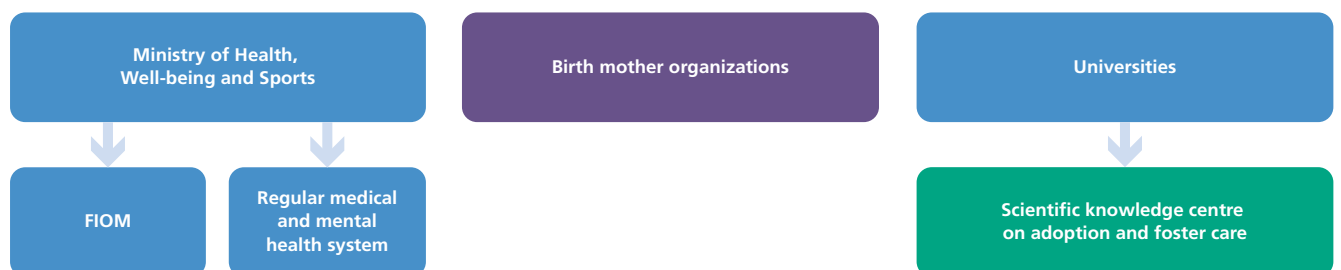


Figure 4. Organizations involved in Post Adoption Service for birth mothers (parents). Government-financed organizations are highlighted in blue, private-financed ones in purple and organizations that are government- and private-financed are highlighted in green.

41 <https://drive.google.com/drive/u/0/folders/0By8Dya3WYJgcS1RTkpHeXZyZEk>

#### **4.4.1 Birth families in intercountry adoption**

The countries of origin are responsible for the post adoption services for the birth mothers. When the birth family looks for the adopted child, adoption organizations usually have a mediating role between the original family and the adoption family – especially in the beginning. When both parties agree to have contact, the adoption organizations or the countries of origin provide the information. The families arrange the contact by themselves. Searching birth families are provided with information on the adopted child only if the adoptive family gives consent. Usually the adoption organizations also play a mediating role when the adoptee searches his or her birth parents. Depending on the country of origin, the birth parents can get access to the follow-up reports. Usually there is no emotional support for the birth family when the adoptees contact them.

#### **4.4.2 Birth families in Dutch domestic adoptions**

When a birth mother decided to relinquish the child for adoption with the help of FIO M or another organization, this organization also helps the birth mother after birth and adoption. FIO M gives information on the consequences the relinquishment of the child and the family searching may have for the birth parents. The service of family searching is directed both to the situation that the birth mother or father wishes to find her or his child, and the situation that the adoptee searches for his or her birth family. FIO M also provides a leaflet on relinquishing a child both in Dutch and in English<sup>42</sup>. During the three months for consideration after the relinquishment FIO M offers tailor-made support for birth mothers (and fathers) by means of sessions with a specialized social worker. If necessary, the birth parents are redirected to other professional organizations.

Probably due to the secrecy and shame, birth mothers and birth families do not organize easily. In 1994, a number of active Dutch birth mothers founded “Stichting Afstandsmoeders” (Foundation for birth mothers). They looked after the interests of birth mothers in the Netherlands for years and organized meetings where birth mothers could meet each other. They advised and supported birth mothers and women who considered relinquishment. Due to lack of active members, the group stopped in 2009. The website of the Foundation has been taken over by FIO M in order not to lose the knowledge and stories of birth mothers. The webpage is accessible from <https://fio m.nl/afstammingsvragen/afstandsmoeders/jouw-verhaal>. The birth mothers recently started a new group, called The Dutch Foundation Birth Mother (Stichting De Nederlandse Afstandsmoeder). They organize meetings with other birth parents to exchange experiences.

42 <https://fio m.nl/sites/default/files/leaflet-FIO M-giving-up-a-child-for-adoption-def.pdf>

In the past, FIOM offered the free service of companion groups, including birth mothers who relinquished their child long ago. Birth mothers could share experiences and feelings in a group. The number of participants varied, depending on the needs of the birth mothers, between 5 and 20 birth mothers and one or two social workers assisted the group. Many birth mothers highly appreciated the groups: the recognition, the feeling that they were not the only ones and that they did not have to explain anything. These groups took place about once or more times a month. FIOM also organized combined meetings “connected by adoption”, where adoptees, adoptive parents and birth parents met. Over 100 people often visited those meetings. Due to the major subsidy cuts in 2014 this service stopped.

Another service is the “contact list”: FIOM offers birth mothers the possibility to get in touch with another birth mother via a registration list. From this list, FIOM can “match” birth mothers. Birth mothers can apply for contact through the FIOM website: <https://fiom.nl/afstammingsvragen/afstandsmoeders/contact-andere-afstandsmoeders>. Next to this service at the end of 2017, FIOM started a “pool” of birth mothers, in order to create contact groups where they can meet in small groups, independent of FIOM.

FIOM and the Foundation of Dutch Birth Mothers work together to bring birth mothers together, to inventory the needs of the birth parents and to find birth mothers still in secrecy.

#### **Relinquishment and adoption dossiers**

The relinquishment files contain data on the birth mother (family), the decision of the mother to relinquish, the procedure and the reasons to relinquish. When a FIOM counsellor was involved in the relinquishment, the files are kept at FIOM. In addition, FIOM manages files from some other organizations and has an overview of other locations of relinquishment files.

The Board on Child Care and Protection takes care of the adoption dossier. This file is about the child and the adoptive parents and contains limited information on the birth parent. It is only available for the adopted child and not for the birth parents.

When a birth mother wishes to access the relinquishment file, it can be seen under guidance of a care provider. When a relinquished child desires access to the relinquishment file, this is possible when the birth mother gives consent. If she does not, FIOM will weigh the interests of the birth mother and the adoptee to come to a decision. The High Court decided that a child has the right to know parental data, but did not specify which data. FIOM specifies the accessible data as follows:

- Information, such as identity, place of stay of the biological mother and, if present, father.
- Medical data that may be important for the healthy development of the child.

- Data that give a picture of the biological parents, such as eye and hair colour, height, weight, skin colour, education and profession.
- Data on the considerations that led to the decision to free the child for adoption.
- Data of (half-) brothers and (half-) sisters.

### **Open adoptions**

When the birth mother has decided for an open adoption, there may be contact between her, the child and the adoptive family. Open domestic adoption in the Netherlands usually only means a yearly exchange of letters or photographs, mediated by FIOM. A survey on birth mothers in the Netherlands in the period 1998 to 2007 showed that 128 of the 197 relinquishment files contained information on the birth mother's wish to receive information about their child or not. 74 women did and 54 did not. Most mothers wanting to receive information opted for receiving a photograph annually and a letter from the adoptive parents about the child. FIOM's experience is that this correspondence often stops after a number of years.

### **Searching**

When a Dutch domestic birth parent does not know where the adopted child is, and the parent wishes to have contact, he or she can enter the FIOM contact register, in order to open the opportunity to be found. When a parent actually decides to search, a social worker will organize an intake and a meeting. The social worker will keep the birth parent informed of the search. When the child has been found and agrees with having contact with the birth parent, a meeting can take place. After the contact between the child and the birth mother or father, the birth mother or father can get some (max. 3) sessions with a FIOM social worker to talk about the contact. When this is not sufficient, the birth parent will be referred to a specialized therapist with a private practice.

### **4.4.3 Research**

There is not much scientific research published on birth mothers/birth parents. Ordered by the government in 2010 research was done on Dutch birth mothers (Bos et al., 2011), and a governmental research centre recently did research on policy, practice and experiences of Dutch birth mothers (WODC, 2017)<sup>43</sup>. Contact with Dutch birth mothers after finding is not always easy (Dekker, 2017).

<sup>43</sup> <https://fiom.nl/kenniscollectie/afstand-ter-adoptie/onderzoeken>



# Best Practices

## 5.1 Accessible free consulting

One of the best services in adoption that the Dutch government has established is Foundation Adoption Services. As this is a centralized organization, where all prospective adoptive parents mandatory will be in contact with, all adoptive parents know the Foundation.

Especially when population density of adoptees in the general population is low, it is hard to establish specialized services for adoptees. A service like a centralized national adoption service centre is a solution that works well.

The obligatory character of the preparatory meetings may raise some people's hackles, but most prospective adoptive parents value the meetings in the interest of their child and themselves. The first meeting of the preparatory adoption course gives the prospective adoptive parents up-to-date information on the whole adoption procedure.

As the discussions in the small groups are private and not shared with other partners in the adoption process, prospective adoptive parents feel safe to share their feelings and doubts. Doubts expressed in the discussions have no effects on the permission to adopt. This gives prospective adoptive parents the opportunity to explore their feelings, and the course always results in some prospective adoptive parents who decide not to continue the procedure.

A survey among 1200 adult intercountry adoptees in 2016 showed that adoptees were more satisfied with their adoption when they grew older, but the latest adopted adoptees (1992–1998) were more satisfied than the older ones. The researchers suggest that this may – next to the better regulation of adoption – be a result of the obligatory preparation, starting around 1992.<sup>44</sup>

Since recent years, the Foundation also invests in the family and friends of the prospective adoptive family. Four times a year highly appreciated meetings are organized to inform family and friends on what adoption means. The Foundation nowadays keeps the contact with adoptive parents alive during the waiting time and after the adoption in organizing special meetings, before and after the adoption, giving a telephone call to give the adoptive parents the opportunity to share their

44 <https://drive.google.com/drive/folders/0By8Dya3WYJlgcS1RTkpHeXZyZEK>

experiences and doubts after the child arrives. About one third uses the service of Video Interaction Guidance, consult at home, or the course “A good start”.

Children spend a major part of their childhood at school. In earlier times, the adoptive parents had to inform the school themselves on adoption issues, later the Foundation made a brochure. Nowadays the information and help at school is an integrated service to parents and schools and adoptive parents and school can work together to help the child to develop in a positive way. The home and school consults are highly appreciated.

Services for professionals are important for improving mental health care. It definitely helps the professionals in their work, especially now that adoptions decreased so the experience with adoption specific issues may decrease.

Drawbacks are that the services are mainly toward the adopted child, and there is a lack of support for adult adoptees.

## 5.2 Adoption Research

The Netherlands have a tradition of adoption research. Foundation Wereldkinderen, one of the adoption agencies, founded the first University Chair on Adoption Studies worldwide, first at Utrecht University and later on at Leiden University where Prof. Dr. F. Juffer currently holds it. Next to the Chair on Adoption Studies, a documentation and research “Adoption Centre” was founded. This centre moved with the Chair from Utrecht to Leiden where it was turned into the Foundation Adoption Triad Research Centre (ADOC). ADOC aimed at making scientific knowledge on adoption available for the field and answering questions from the field by science. ADOC collected relevant scientific articles in a free accessible database on the ADOC-website, published newsletters and newflashes on the articles most relevant for the field, and organized conferences and workshops for the field. ADOC also did research like meta-analyses on the development of adoptees, research on Dutch adoptees, on special needs adoptions, and on the well-being of adult intercountry adoptees. ADOC had to end its activities in 2017, but ADOCs coordinator Gera ter Meulen continues the work in her KnowledgeBureau ter Meulen, for Foster Care and Adoption. Most information from the ADOC website is now available on [www.kbtermeulen.nl](http://www.kbtermeulen.nl).

### **Influence of adoption research on the field**

When adoption started in the Netherlands, it was believed that love would cure all problems. However, when it became obvious that adoptees suffered and had prob-

lems, research showed that the pre-adoption experiences influenced the life of the adoptees. This was one of the incentives for the preparation courses of adoptive parents. Two longitudinal studies on a large group of adult intercountry adoptees, lasting already 30 years, show the influence of relinquishment and adoption on the life of intercountry adoptees. Diverse meta-analyses provided an extensive knowledge about adoptees' development in terms of growth, IQ, well-being (self-esteem), psychological problems, social development, searching, special needs, etc.

Due to the wealth of information obtained from the research, and the close connections between research and practitioners, the scientific evidence could be used for developing pre and post adoption services. It is also used in policy discussions.

### **Intercountry and domestic adoptions**

Leiden University, Erasmus University Rotterdam and Utrecht University are the Universities with most adoption research. With decreasing adoption numbers, research also decreases, but especially Leiden University still regularly publishes on adoption. Nijmegen University did research on cultural factors and together with FIOOM research on birth mothers.

Most research is on intercountry adoptees, as it is hard to reach the other parties. International research on domestic adoptees is not applicable for the Dutch situation, as Dutch domestic adoptees are mostly adopted at a very young age and have hardly been in a foster system, as it is the case for domestic adoptees in many countries. A major problem in research on adult domestic adoptees in the Netherlands is that they cannot be approached directly, as they may not know that they have been adopted and this would be breach of privacy. The ADOC study on domestic adoptees approached the adoptive parents for the addresses of their adopted children. Contrary to international literature the domestic adoptees in the Netherlands did very well, the women did as well as the general population. The men had slightly more problems, but less than intercountry adoptees (Dekker, 2017). There is only little research on Dutch birth mothers. Whether the WODC study in 2017 gives enough information is now under discussion in the parliament.

## **5.3 Cooperation with medical doctors**

Intercountry adoptees have many medical issues when arriving in their new country. Since 2005, when adoptions dropped and the trend grew that young, healthy children were adopted within the country of origin (subsidiarity principle in the

Hague Adoption Convention) a large percentage of the intercountry adoptions are special needs adoptions. In special needs adoptions, children have a medical issue, a risk for a medical or other disability, or a combination. In 2016, 80% of the children arriving in the Netherlands had one or more special needs<sup>45</sup>. According to international literature, many of intercountry adopted children have infections and/or parasites when arriving in their receiving country (Desoubeaux et al., 2016; Rigal et al., 2016). The vaccination status is often not correct (Obringer and Walsh, 2017).

Some adoption agencies have consulting paediatricians on a voluntary basis; one changed this into a general practitioner, a medical doctor specialized in mental disabilities and a pedagogue. As we know that success of a placement is reduced when the expectations of the prospective adoptive parents do not meet the reality, it is important that prospective adoptive parents get a good impression of what the child's special needs will mean for their life as a parent (Reilly and Platz, 2003). Special needs medical issues are often complicated and may include rare diseases, therefore interpretation is hard and paediatricians often have to discuss with colleagues, like cardiologists or clinical geneticists.<sup>46</sup> A pilot study in 2017 on the interpretation of the medical information in the proposals showed that added value was mainly with respect to interpretation of growth (including undernourishment), development, alertness for syndromes, specific medical adoption issues (like MRSA, hepatitis C), interpretation of laboratory tests and assessment of consequences of the special need for intensity of care.<sup>47</sup>

When parents receive the proposal of their child with a special need, they can also approach medical specialists or specific medical teams (e.g. for cleft lip, HIV) to get more information before they decide that they can manage the consequences of the special need.

Adoption specialized paediatricians inform (prospective) adoptive parents through informative articles on specific types of medical special needs in one adoption agency's magazine (for instance on hepatitis B, sex organ deformities, blood diseases, HIV, etc.). In workshops and meetings, they give presentations on implications of adopted children's special needs.

Foundation Adoption Services and all adoption agencies advise the adoptive parents to have their adopted children get a medical adoption consult after they arrived in the Netherlands. Contrary to adoption clinics in the US, those consults only check the medical issues, not the mental issues.

45 [https://issuu.com/adoptievoorzieningen/docs/jaarverslag\\_stichting\\_adoptievoorzi\\_5d5776f1b57c79](https://issuu.com/adoptievoorzieningen/docs/jaarverslag_stichting_adoptievoorzi_5d5776f1b57c79)

46 Personal information R. Pelleboer, paediatrician

47 From private report Central Authority, The Netherlands

During the last century, a few paediatricians specialized on adoption and tropical diseases offered adoption consultations to evaluate the health and development of intercountry adopted children after they arrived in the Netherlands. After 2000, too many children had special needs and a paediatric working group (about 6 paediatricians with experience with tropical diseases) was formed. They developed a general protocol for a medical evaluation of the adopted children. The adoption agencies have a list of about 20 paediatricians having experience in checking the adopted children according to this protocol. The protocol is regularly being updated according to present issues (e.g. melatonin in China). It includes issues like adoption-related anamnesis, skin, blood and faeces tests, vaccination controls, psycho-motoric development, signs of undernourishment, traumata, abuse and Fetal Alcohol Syndrome.<sup>48</sup> The paediatricians held score of the medical issues they found at their consults: over 70% of the children had abnormal findings at the screening (Bontemps, 2007; Hoogenboom, 2013). Unfortunately, so far the interpretation of the medical report in the adoption proposal is not obligatory – this is usually done by the paediatricians on a voluntary basis. Unfortunately, the check-up/medical evaluation of the child after entering the Netherlands is not reimbursed for the parents, as this is an evaluation outside the scope of the categories reimbursed by the medical insurance companies.

In domestic adoptions, where most children are very young when adopted, the health status of the children will usually not be threatened by adverse circumstances, except in the case of substance abuse. Neither will a special need be the reason for relinquishment.

## 5.4 Attachment and trauma based therapies

“While most adoptions work well, no adoption is simple”<sup>49</sup>. Adoption research has shown that adoptees have an amazing catch-up in development after they have been adopted. However, mental health problems in adoptive families are often more severe, long lasting and complex than problems in the general population. Both international and Dutch research show that adoptive parents and children and adult adoptees use more professional help than the general population (Bimmel et al., 2003; van IJzendoorn & Juffer, 2005; van IJzendoorn & Juffer, 2006; Tieman et al., 2006; Vinke, 2011). Adoptive families are by definition built on loss, the adopted

48 <https://www.nvk.nl/Portals/0/richtlijnen/adoptie/richtlijn%20Adoptie.pdf>

49 Douglas & Philpot, 2003

child may have experienced stress during pregnancy with separation loss of attachment figure(s), lack of attachment figures, traumatic situations, neglect, abuse and undernourishment.

In the Dutch system, stepped care is common. On arrival, families can rely on easy accessible therapies that have proven helpful for the first period after adoption. If other problems arise, Foundation Adoption Services has an overview of adoption specific therapeutic services aimed at attachment and trauma related problems, often provided by private practices. These therapists are alert not to just look at behavioural problems, but at underlying systems. Therapies start with a full adoptive family and child history anamnesis, taking adoption and its backgrounds into account (Vinke, 2011). The adoption anamnesis list of Willems is a helpful tool (Willems, 2006).

The primary aim in adoption-focussed therapies is on the development of attachment relations and basic trust in the adoptive family. The primarily used interventions are the Video Interaction Guidances (VIB), provided by Foundation Adoption Services and within the Basic Trust Method, enhancing the sensitivity of the adoptive parents and in that way promoting the attachment development. VIB has been developed on the basis of the strictly protocolled and evidence-based Video feedback Intervention to promote Positive Parenting and Sensitive Disciplining (VIPPSD) aims at preventing or reducing behavioural problems by strengthening the parenting skills, with special attention to positive interaction and sensitive disciplining strategies (Juffer et al., 2008; Juffer et al., 2016). In six home visits, feedback is given on videos of interactions between parents and children, thus providing parents with practical tools to become more sensitive to the needs of the newly placed child and adjust their parenting. The committee of the database has judged this method as effective youth intervention according to strong clues, the highest predicament. The VIB-methods developed by Foundation Adoption Services and by Basic Trust are less protocolled, but aim at the same goals as VIPPSD. They are often combined with the movement therapy Sherborne.

Other successful interventions aimed at strengthening or improving the attachment relationships between adopted children and their parents are the psychodynamically orientated Mentalization Based Treatments (Verheugt-Pleiter et al, 2005; Fonagy et al, 2002) and Symbol drama (Leuner, 1994). In Differentiation and Phase therapy (Thoomes-Vreugdenhil, 2006) parents and child rebuild attachment under therapeutic supervision by going through all attachment-based proximity stages from baby onward to calendar age.

Many clinicians are convinced that not only attachment issues are at stake but that many adopted children are struggling with Developmental Trauma Disorder (Van der Kolk, 2014), an effect of long-lasting toxic stress during childhood. Developmental trauma causes neurobiological changes, threatening healthy development up

to adulthood. This trauma–focus within attachment therapies is growing. Recent insights from affective neurobiology support this angle of looking at therapy for adoptees and their families (Siegel, 2010; Porges, 2011; Ogden, 2015).

Sometimes trauma overrules every other issue and specific trauma-focussed therapy is advised, like EMDR (Eye Movement Desensitization Reprocessing), which has also been adjusted for young children, or neurofeedback, in which the QEEG of the brain is re-regulated.

As trauma is interrelated with the availability of a trusted attachment figure, many trauma therapies need a trusted attachment figure, so the trauma can only be approached after investment in the attachment. Examples of attachment and trauma-focussed therapies are:

- Dyadic Developmental Psychotherapy (DDP, Hughes, 2007, 2009), focussing on intersubjectivity and attunement hence eliciting the Playful Accepting Curious Empathic (PACE) interactions between parent and child, where the calm brain of the parent and the pleasure of the interaction helps the child to experience the proximity and emotional dimension in contact.
- Theraplay, helping parents and children experience joy, structure, care and exploration and thus build an attachment relationship (Booth & Jernberg, 2010)
- Sensorimotor psychotherapy is a bottom-up approach to deal with trauma. In this body oriented talking therapy the trauma related patterns in movement, thought and emotion are targeted and processed (Ogden, 2015).

# 6.

## Summary and discussion

### **The adoption process**

The adoption process for intercountry adoption is well regulated in the Netherlands. Currently, the decreasing numbers of intercountry adoptions pose a challenge to continue quality, and the law on intercountry adoptions is waiting for a renewal. Foundation Adoption Services is the key element in preparation and post adoption services and gives adoptive families a lot of support. Adoption agencies try to provide some post adoption services, but due to increasing demand and decreasing incomes, they are not able to provide the support adoptive families need.<sup>50</sup> Companion groups are important in mutual support.

### **Domestic adoptions**

Procedures in domestic adoptions are less clear: they are interwoven between foster care and adoption. Prospective adoptive parents follow the preparation of the intercountry adoptions. This is a logic step, as many aspects of intercountry adoptions are similar in domestic adoptions (Dutch domestic adoptions are mostly interracial and intercultural).

A different approach towards open domestic adoptions might improve the consideration of Dutch birth mothers to choose for the more stable placements of open adoption in favour of the less stable and age-limited permanent foster care. More attention for open adoptions in the preparation course might better prepare the adoptive parents to the increasing openness in intercountry adoptions and to domestic open adoptions.

While intercountry adopted children are the full responsibility of their adoptive parents after they arrived in the Netherlands, domestic adopted children are at first in custody of Youth Welfare Offices, having a guardian outside the family, until the birth parent(s) officially relinquish the child. In the meantime, the adoptive family can use the services of Foundation Adoption Services. The relation with the Youth Welfare Offices fully stops after the official adoption of the child, contrarily to the relation intercountry adoptive families have with the adoption organizations. Adop-

<sup>50</sup> EurAdopt is momentarily doing a survey on post adoption services among its members.



tion organizations continue to organize meetings for the adoptive families, which also leads to exchange of experiences and bonding with other adoptive families. Domestic adoptive families receive less support than intercountry adoptive families and adoptees.

### **Post adoption services**

When overviewing the process, the major drawback is the lack of the continuation of care throughout the life of the adoptee. The underlying question, not yet answered by the Dutch Government is: Is adoption a matter of child protection or a matter of private family building? Dutch domestic adoptions are clearly a matter of child protection, with a major role of youth care institutes, but as intercountry adoptions started as private initiatives and are still mediated by private (although government regulated) organizations, the position is not so clear.

The effects of this discussion are mainly visible in post adoption services. The Ministry of Justice and Security is responsible for good legal procedures in intercountry adoptions, but this legal procedure is of great impact on the well-being of the triad. Foundation Adoption Services plays an important role. In facilitating and subsidizing the activities of the Foundation, including the mandatory preparation course for prospective adoptive parents, the government has laid down an excellent basis for preparation, but also a highly accessible support for adoptive families in the Netherlands.

When giving an overview of post adoption services in the Netherlands it is striking that they are mostly focussed on the adoptive families with adopted children until about 12 years old. Help and support for adult adoptees and birth mothers have been cut down during the last years.

### **Medical and mental health care**

Most intercountry adopted children carry tropical diseases when they arrive in receiving countries. Based on private initiatives paediatricians with knowledge on tropical diseases have been involved in checking medical reports (usually on voluntary basis) in adoption proposals and in evaluation of the health of the adopted children. Despite the obvious interest of these services, the insurance companies do not reimburse the costs the adoptive parents have to make.

The transformation of youth care to the municipalities threatens to break down much of the specialized adoption support for adopted children. The government set that support for adult adoptees should be covered by the regular mental health care.

## **Birth mothers**

The support of birth mothers is organized by FIOM/SIRIZ and is financed by the government. From literature we know that women suffer physical and psychological distress years after the relinquishment of a child. From extensive research we know that open adoptions usually work better for all parties involved and that birth mothers recover much faster. However, information for unwanted pregnant mothers suggest that fully open adoptions are not an obvious option and when the birth mother wishes to stay in contact with the child, permanent foster care is advised, or foster parents are proposed as prospective parents.

After birth, the social workers from FIOM/SIRIZ support the birth mother, but this is restricted to a couple of conversations during the relinquishment period or shortly after. Otherwise, she will be referred to health care. Until the economic cuts, there were well-attended groups for birth mothers and for the members of the triad – birth mothers, adoptees and adoptive parents. Birth mothers would also unite in groups FIOM facilitated, meeting about once every two weeks, and birth mothers who relinquished their child in the past could appeal on social help from FIOM. Although relinquishment – as adoption – is a lifelong event, the Netherlands have unfortunately severely decreased the support for the birth parents.

## **Adult adoptees**

Most services for adult adoptees are organized by adoptee groups themselves and some by adoption organizations. About 60% of the Dutch adoptees are interested in roots searching, 32% searches. FIOM/ISS helps in roots searching both in the Netherlands and abroad. As this is an important life event in the life of adoptees, the government recently showed the intention to form a helpdesk for search questions for adoptees and adoptive families. New developments will be caused by the DNA-banks that are more and more used by the adoptees.

## **Scientific research**

Scientific research and the accessibility of scientific research has been a major factor in adoption in the Netherlands. Especially in emotional topics such as adoption, scientific data are very important. Both longitudinal and meta-analytical research, surveys for the people involved, quantitative and qualitative data enable insight in what is important and evaluate the impact adoption has on the people concerned – the adoptees, the adoptive parents and the birth parents.

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