
Building New Intercountry Adoption Opportunities for
CHOICES Adoption & Counselling Services

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EXECUTIVE SUMMARY

INTRODUCTION

This research project provides an assessment on whether or not CHOICES Adoption & Counselling Services should develop a working relationship with Haiti and Thailand. CHOICES Adoption & Counselling Services is a licensed, non-profit, non-sectarian counselling and adoption agency located in Victoria, British Columbia (BC). The organization offers a wide range of adoption services to assist birth parents and adoptive parents across BC and the rest of Canada with international and domestic adoptions. This research will help inform and recommend to CHOICES on whether or not to start a Thailand adoption program and whether or not to recommence the Haiti program for their clients.

This research project stemmed from CHOICES' desire to obtain information about Haiti and Thailand because CHOICES has recently perceived a growing demand from families seeking to adopt children from these countries. Furthermore, with the growing demand from families seeking to adopt internationally, it is crucial for CHOICES to then learn about potential intercountry opportunities from which to build relationships and to negotiate intercountry protocols and agreements with such countries. Currently, CHOICES does not have enough current research to make an informed evidence-based decision to determine whether or not to proceed with opening adoption programs in Thailand and Haiti. As such, CHOICES engaged a graduate student to research into the feasibility of establishing an ongoing working relationship with Haiti and Thailand.

The purpose of this project is to recommend to CHOICES the feasibility of Haiti and Thailand becoming new countries for CHOICES to negotiate intercountry protocols and agreements for adopting children. The primary research question for this project is: Are Haiti and Thailand viable countries for intercountry adoption for CHOICES? For the purposes of this project, "viable" refers to whether it is possible for CHOICES to complete successful intercountry adoptions from Haiti and Thailand. Related, successful intercountry adoption is based on several factors. These factors include (1) a cooperative political climate in the sending country; (2) adherence to the principles of the *Hague Convention*; (3) fair and equitable financial costs for adoptive parents; (4) adequate and accurate medical information of the children; and, (5) adequate institutional care given to the children.. These factors that likely predict a successful adoption are based on initial feedback from the client and supervisor and did not change based on what was found in the literature review and indeed, the literature confirmed the above categorization of factors.

The secondary questions that support the ability to effectively answer the primary question include:

- Are the children truly orphans and free to be adopted out of Haiti and Thailand for inter-country adoption?
- What are the adoption procedures, customs, and concerns with respect to each country investigated?
- What is the range of health problems among adoptive children from Haiti and Thailand?

In relation to the above questions, this report has the following four objectives:

- To review and analyze adoption agencies within Canada and the United States that already have adoption programs in Haiti and Thailand to gather their experiences about the adoption process and to collect information on topics such as the health of the children and conditions of the orphanages.
- To inform CHOICES about the current adoption process with children from Thailand and Haiti who are being adopted into families from Canada (including information specific to and related to required documents, timeframe, number of trips required and cost), adoption eligibility requirements for the children to be adopted and for prospective parents (e.g., marital requirements).
- To review any problematic adoption practices or procedural flaws in the adoption process in Haiti and Thailand, which may include the risk of human rights violations in areas such as child trafficking and the forging of documents.
- To provide options and to recommend to CHOICES whether or not to start a Thailand adoption program and whether or not to recommence the Haiti program.

METHODOLOGY AND METHODS

This research project uses a qualitative case study research approach to answer the research questions. This approach is best suited for this project because it allows for an in-depth understanding of intercountry adoption from Haiti and Thailand and while there is a comparative analysis at the end of the report, the primary analysis is to assess the adoption process in each country in a manner that provides information on how the client can proceed with each country.

Related, a secondary methodology used was a current state analysis of each country to research into country specific information about the children and adoption processes in Haiti and Thailand. This was done by searching through adoption agency websites, peer-reviewed academic journals, in-depth country reports, web pages and government publications. The topics explored in the current state analysis include the circumstances behind why the children are available, the conditions in the orphanages and the health status of the children in Haiti and Thailand. In addition, the adoption requirements and process for each country are documented.

The two methods used to collect the data are a document review and key informant interviews. A document review was conducted to analyze and understand the current state of adopting children from Haiti and Thailand. For each country, the circumstances behind why the children are available, the conditions in the orphanages and the health status of the children are discussed in detail. In addition, the adoption requirements and process for each country are documented. Telephone interviews were conducted with social workers of licensed adoption agencies located in Canada and the United States authorized to facilitate adoptions of children from Thailand and Haiti. The intended purpose of these interviews was to gather information based on each of the participant's experiences in working with adoption programs in Haiti and Thailand.

FINDINGS

This findings section jointly compares the results from the interviews, the researched surveyed in the literature review, and the current state analysis. Based on these findings, several key discussion themes emerged for the Haiti and Thailand programs. For each theme, the analysis addresses consistencies between the interview results, the literature review and the current state analysis. Some of the key discussion themes for the Haiti adoption program are increased safeguards throughout the adoption process, children arriving with potential undiagnosed medical conditions and less restrictive adoption criteria. For Thailand's adoption program, some of the key discussion themes included poverty as the main reason why Thai children are available for adoption, children arriving with potential undiagnosed medical conditions and restrictive adoption criteria.

OPTIONS TO CONSIDER AND RECOMMENDATION

The final section of the project outlines three options and then provides one recommendation to CHOICES Adoption & Counselling Agency for their consideration. The feasibility of the options presented by CHOICES of Haiti and Thailand becoming new countries to negotiate intercountry protocols and agreements for adopting children are explored. For each option, the political, legal/legislation, financial, health and quality of care implications are discussed if applicable. This section also includes an implementation plan for the recommendation. The following options and recommendation are to be considered:

- Option One: CHOICES should maintain the status quo
 - The first option is to maintain the status quo and continue to provide adoption services to adoptive parents across BC in the existing intercountry adoption programs currently offered by CHOICES.
 - Under this option, CHOICES would not expand their intercountry adoption programs to include Haiti and Thailand.
- Option Two: CHOICES should recommence the Haiti adoption program
 - This option gives potential adoptive clients more countries to choose from at CHOICES. By adding Haiti to their list of intercountry adoption programs, this will enable CHOICES to now provide adoption services in 16 countries.
 - The new law adoption law has made the adoption requirements for prospective parents more flexible, which means more parents can qualify (Camille et al., 2014, p. 4).
- Option Three: CHOICES should commence a Thailand adoption program
 - Under this option, it is suggested that CHOICES commence a Thailand adoption program through the Thai Red Cross Children's Home (TRCCH) located at the Chulalongkorn Memorial Hospital in the heart of Bangkok.

- Some of the children under its care were born at the TRC hospital, so birth history and records may be available. In addition, the orphanage is clean, well-supplied and has a good child-to- caregiver ratio.
- Option Four CHOICES should commence a Thailand adoption program and recommence the Haiti adoption program
 - Both Haiti and Thailand have ratified the *Hague Convention* which ensures the child’s best interests are protected and to ensure that no criminal gain, fraud, child trafficking play any part in the adoption process.
 - This option would require CHOICES to apply to both the IBESR and the DSDW for licenses to complete adoptions in Haiti.
- Recommendation: CHOICES should recommence the Haiti adoption program but not the Thailand adoption program.

Given CHOICES has been successful with the Haiti program in the past, it provides assurance to future adoptive parents that CHOICES has the necessary experience for completing successful adoptions. Compared to Thailand, under Haiti’s new adoption law, “the criteria for adoptive parents is less restrictive, meaning more individuals and couples are eligible to adopt from Haiti” (A Love Beyond Borders, 2015, para. 3). It is also recommended that CHOICES does not pursue the Thailand adoption program in the near future as intercountry adoption is not a top priority for Thailand and the eligibility criteria for prospective parents to qualify to adopt is restrictive.

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List of Acronyms

CAB	Child Adoption Board
CRC	Convention on the Rights of the Child
DSDW	Child Adoption Center of the Department of Social Development and Welfare
GDP	Gross Domestic Product
HDI	Human Development Index
IBESR	Institute for Social Welfare and Research
ILO	International Labour Organization
NGO	Non-governmental organization
TRCCH	Thai Red Cross Children's Home
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund

1.0 INTRODUCTION

The practice of intercountry adoption involves a non-Canadian born child being legally placed with a Canadian family (Government of Canada, 2015, para. 1). Canadians have increasingly turned to intercountry adoption to fulfill their goal of becoming parents and building a family. According to Citizen and Immigration Canada (2011), between 2000 and 2012, 1500-2000 children and infants have been adopted each year into Canada (Adoption Council of Canada, 2014, para. 3). Specific to this project, Haiti and Thailand have become popular countries of interest for Canadians to adopt from. The latest figures available identify that in 2010, Haiti was the second largest source country of children adopted into Canada with 172 Haitian children adopted that year (Adoption Council of Canada, 2014, para. 8). Moreover, in 2010, 23 children from Thailand were adopted by Canadians (Adoption Council of Canada, 2014, para. 23).

This research project reviews and analyzes the appropriateness of Haiti and Thailand becoming new countries for CHOICES Adoption & Counselling Services to negotiate intercountry protocols and agreements for adopting children. This research project stemmed from CHOICES' desire to obtain additional information about Haiti and Thailand as in recent years, CHOICES has perceived a growing demand from families seeking to adopt children from these countries. Currently, CHOICES does not have enough current research to make an informed evidence-based decision to determine whether to proceed with opening adoption programs in Thailand and Haiti. This project identifies options and a recommendation for CHOICES that may be helpful in making their decision on whether or not to start a Thailand adoption program and whether or not to recommence the Haiti program for their clients.

1.1 PROJECT CLIENT AND OBJECTIVES

1.1.1 PROJECT CLIENT

The client for this Master's project is CHOICES Adoption & Counselling Services. CHOICES "...is a nonprofit, non-sectarian licensed adoption agency" that offers a wide range of adoption services to assist birth parents and adoptive parents across British Columbia and Canada with international and domestic adoptions (CHOICES, 2015a, para. 1; CHOICES, 2015b, para. 1). CHOICES offers child placing services for international adoptions in several countries such as the Democratic Republic of Congo, the United States, Guyana, Japan, and Honduras (CHOICES, 2015b, para. 1). Over the past 25 years, "CHOICES has brought together over 3000 children and youth in need of forever families with individuals and couples seeking to build their families through adoption" (CHOICES Newsletter, October 2014, para. 1).

CHOICES is staffed with part-time and full-time professionals including an Executive Director, four registered Social Workers, one Event Coordinator/ Program Administrator, one Office and Program Manager, one Bookkeeper and two Office Administrators who offer services to families across BC and Canada (CHOICES, 2015c, para. 1). It is one of four licensed adoption agencies in BC and their license is issued through the Ministry of Children and Family Development (MCFD) and is renewed every three years upon compliance. Other accreditation and legislation that CHOICES is operated under, includes the Adoption Act of BC, Adoption Regulations, Practice Standards, and Adoption Agency Regulations. As noted on their website, CHOICES provides respectful, non-judgmental and professional

support to adoptive parents and biological parents in the adoption process with special consideration given to the best interests of the child (CHOICES, 2015a, para. 2). In addition, CHOICES is connected with the Adoptive Families Association of British Columbia (AFABC), which provides resources and support groups, often used by adoptive parents.

1.1.2 PROJECT OBJECTIVES AND RESEARCH QUESTION

The purpose of this project is to recommend to CHOICES the feasibility of Haiti and Thailand becoming new countries for CHOICES to work with and to identify what intercountry protocols and agreements for adopting children need to be addressed so Canadian families can adopt children from these countries.

The primary research question for this project is: Are Haiti and Thailand viable countries for intercountry adoption for CHOICES? For the purposes of this project, “viable” refers to whether it is possible for CHOICES to complete successful adoptions from Haiti and Thailand. Related, the definition of a successful intercountry adoption was discussed with the client and supervisor prior to research being done to guide the research but at the same time, the definition was open to expansion or change based on the findings of literature review and the interviews. At the outset of the project, the conceptualization of predictors of a successful adoption are that there would be (1) a cooperative political climate in the sending country (2) adherence to the principles of the *Hague Convention* (3) fair and equitable financial costs for adoptive parents (4) adequate and accurate medical information of the children and (5) adequate institutional care given to the children. Presenting this to the reader at the beginning of the report helps the audience better understand the terminology being used in the report.

The secondary questions that support the ability to effectively answer the primary question include:

- Are the children truly orphans and free to be adopted out of Haiti and Thailand for inter-country adoption?
- What are the adoption procedures, customs and concerns with respect to each country investigated?
- What is the range of health problems among adoptive children from Haiti and Thailand?

In relation to the above questions, this report has the following four objectives:

- To review and analyze adoption agencies within Canada and the United States that already have adoption programs in Haiti and Thailand to gather their experiences about the adoption process and to collect information on topics such as the health of the children and conditions of the orphanages.
- To inform CHOICES about the current adoption process with children from Thailand and Haiti who are being adopted into families from Canada (including information specific to and related to required documents, timeframe, number of trips required and cost), adoption eligibility requirements for the children to be adopted and for prospective parents (e.g., marital requirements).
- To review any problematic adoption practices or procedural flaws in the adoption process in Haiti and Thailand, which may include the risk of human rights violations in areas such as child trafficking and the forging of documents.

- To provide options and to recommend to CHOICES whether or not to start a Thailand adoption program and whether or not to recommence the Haiti program.

1.2 PROBLEM DEFINITION AND CONTEXT

Since 1989, CHOICES has been able to offer a wide range of country options to individuals and couples working to build a family through intercountry adoption, and as many as 30-40 countries were available. Yet with numerous countries closing their adoption programs and changing their guidelines, there is a need to research new countries to determine the feasibility of opening up new opportunities for CHOICES families. Countries may suspend or close their doors to intercountry adoption for various reasons such as increased international standards, domestic unrest or political disputes with other countries (Show Hope, 2014, para. 1). For example, a country may prohibit intercountry adoption if they do not agree or meet international standards such as the Hague Convention, which safeguards children in the intercountry adoption process (Show Hope, 2014, para. 1).

Intercountry adoption is a complex and lengthy process and adoption programs are subject to legislation, regulations and policies that can change at any time, often with little notice (CHOICES, 2015a, para. 3). Such changes to adoption laws and policies could mean a longer, more difficult and more costly process for adoptive parents. Many countries impose strict criteria such as age, sexual orientation, length of marriage, and marital status to screen prospective parents to determine whether they will be suitable to adopt (Government of Alberta, 2014, p. 6). There does not appear to be a standard set of criteria given that the criteria varies from country to country. For example, some countries allow single parents to adopt, whereas others forbid it. Another finding is that some countries are becoming far more selective and restrictive in their eligibility requirements especially when they have fewer children available as well as increasing numbers of waiting parents (Cavanaugh, 2014, p. 3). Also, countries may impose various restrictions following an adoption-abuse scandal or in response to public criticism (Efrat et al., 2010, p. 6) making the criteria dynamic and subjective. Cavanaugh has also found that "...single persons, especially men, same gender couples, older parents, parents who are obese, have medical or psychological problems, low income, or less education face discrimination in the adoptive process as sending countries impose criteria which limit whom they are prepared to accept as applicants" (Cavanaugh, 2014, p. 3). Due to the complexities and risks involved in adopting internationally, it is crucial that CHOICES is informed of the current adoption procedures with respect to Haiti and Thailand as well as the potential challenges of adopting from these countries.

The rationale for this project stemmed from CHOICES' desire to know more about Haiti and Thailand as recently, CHOICES has perceived a growing demand from families seeking to adopt children from these countries. As well, with the growing demand from families seeking to adopt internationally, it is crucial for CHOICES to learn about potential intercountry opportunities from which to build relationships and to negotiate intercountry protocols and agreements. Also, currently there are several licensed agencies in Canada who work with the Haiti and Thailand adoption programs, which create competition for CHOICES. As such, this research will help guide CHOICES to make a business decision as to whether to invest the time and money towards obtaining a license to work in Haiti and Thailand. CHOICES has never had an adoption program with Thailand. In 2005, CHOICES did have a Haiti program, but it was terminated in 2010 due to an earthquake.

1.3 KEY DELIVERABLES AND RECOMMENDATION

This research will help inform and recommend to CHOICES whether or not to start a Thailand adoption program and whether or not to recommence the Haiti program for their clients. This research project will produce the following five key deliverables:

- A literature review of the potential problems and challenges that internationally adopted children may face.
- A current state analysis of country specific information about the children and adoption processes in Haiti and Thailand.
- Interviews with Social Workers of licensed adoption agencies located in Canada and the United States authorized to facilitate adoptions of children from Thailand and Haiti.
- An analysis of Haiti and Thailand's adoption programs, which jointly compares the findings derived from the interviews with the researched surveyed in the literature review and the current state analysis.
- Options and a recommendation to CHOICES about whether or not to recommence the Haiti program and start a Thailand program.

This research project recommends that CHOICES recommence the Haiti adoption program but not the Thailand adoption program.

1.4 ORGANIZATION OF REPORT

This project began by outlining the overall project objective and questions, explaining the perceived problem and rationale for the study, providing information about the client, as well as listing the key deliverables of this project. The recommendations and overall findings were presented at a summary level.

Following this introduction, the context and background section will provide the reader with background information on why CHOICES decided to close the Haiti program in 2010. In addition, two important pieces of legislation, which regulates intercountry adoption and protects children and families before and during the adoption process, will be discussed.

The third section of this project is the literature review that will address the potential problems and challenges that internationally adopted children may face including medical, developmental and behavioral problems. This section also presents the conceptual/analytical framework used to inform this project. Section four presents the research methodology and methods used to address the project objectives and answer the research question. The limitations and delimitations of the project are also addressed in this section.

Section five discusses the findings from the current state analysis. The current state analysis outlines the country specific information about the children and adoption processes in Haiti and Thailand

Section six presents the findings from the interviews, followed by a discussion and analysis of these findings in light of the current state analysis and literature review in section seven.

Section eight of this report presents three options and one recommendation for CHOICES to consider to negotiate intercountry protocols and agreements for adopting children from Haiti and Thailand.

Lastly, section nine of the report, the final section, concludes the research project with a closing summary.

2.0 BACKGROUND AND CONTEXT: CHOICES

This section discusses the background information on why CHOICES closed the Haiti program in the past. In addition, the international legal frameworks that govern intercountry adoption between Haiti, Thailand and Canada are discussed.

2.1 BACKGROUND: CHOICES AND THE PREVIOUS HAITI PROGRAM

In 2005, CHOICES started a Haiti adoption program and since then has successfully placed several Haitian children with families; however, in 2010, a “7.0 magnitude earthquake struck Haiti 25 kilometers away from Haiti’s capital city, Port au Prince” (Thomson, 2015, para. 2). The earthquake left 1.5 million people displaced and killed more than 230,000 people (Thomson, 2015, para. 2). Following the earthquake, on May 7, 2012, Haiti's adoption authority, known as the l'Institut du Bien Être Social et de Recherches (IBESR) placed a temporary suspension on the processing of new intercountry adoption cases (U.S. Department of State, 2012, para. 1). This suspension was a result of serious concerns in Haiti regarding children being placed for intercountry adoption without a proper search for their birth parents (Pearce, 2012, para. 3). Also, at the time, much of the infrastructure in Haiti was destroyed and there was no way to determine whether or not the proper court processes had taken place. In response, CHOICES decided to discontinue the adoption program.

The adoptions that were already in process before the earthquake where the children were already matched with their adoptive parents received priority processing by the Canadian federal government (Selman, 2011, p. 44). In the early months of 2010, emergency airlifts were arranged for the children in order to finalize their adoptions (Selman, 2011, p. 44). During this time, CHOICES had five active files from families to adopt from Haiti; however, these families were unofficially matched and received no birth parent consent. Also, their adoption files were not approved by the IBESR in Haiti. As such, CHOICES chose not to pursue these adoptions. For one of the adoption files, CHOICES received a full proposal of the child, birth parent consent and official documentation that proper court procedures had taken place. As a result, CHOICES decided to carry through with this particular adoption, and the Canadian government fast tracked the immigration paperwork and the family successfully adopted the child. In January 2011, the IBESR officially reopened their intercountry adoption program and began to accept applications for children who were orphans or who had been relinquished by their birth parent(s) (Selman, 2011, p. 45). After the program reopened, CHOICES received an influx of adoption inquiries. They chose not to proceed, as they were still uncertain as in the aftermath of the earthquake, and it had only been a limited amount of time since the program reopened.

Recently in September 2014, a returning CHOICES client came forward requesting to adopt from Haiti. This particular client had adopted successfully from CHOICES in the past, and for that reason she requested to work with CHOICES again. In response, CHOICES started to question whether they should reopen the Haiti program. In order to complete adoptions in Haiti, adoption agencies must be accredited by the government of Haiti (Daniel, 2014, para. 3). Currently, CHOICES is not licensed by the Haitian government to provide intercountry adoption services in Haiti. CHOICES decided to pursue working with this client again, and rather than applying for a license to complete the adoption, CHOICES decided to partner with Terre des Hommes, which is an adoption agency in Ontario who is already licensed by the Haitian government.

2.2 INTERNATIONAL LEGAL FRAMEWORKS ON ADOPTION

It is important to examine how intercountry adoption between Haiti, Thailand and Canada fits within the international legal frameworks on adoption. There is only a small amount of international law governing intercountry adoption across borders (Bartholet, 1996, p. 190). The *Hague Convention on Intercountry Adoption* is an important human rights enactment that regulates intercountry adoption and protects children and families before and during the adoption process.

2.1.1 THE HAGUE CONVENTION ON INTERCOUNTRY ADOPTION

The *Hague Convention* of 29 May 1993 on the *Protection of Children and Co-operation in Respect of Intercountry Adoption*, referred to as the *Hague Convention*, is a multi-lateral treaty that puts safeguards in place to govern adoption processes between contracting countries. It is the most significant piece of legislation concerning international adoption, which regulates adoption and protects children and their families before and during the adoption process against illegal or ill-prepared adoption abroad (Government of Canada, 2012, para. 2). In particular, the Convention ensures that all “intercountry adoptions take place in the best interests of the child and with respect for the child’s fundamental rights” (HCCH, 2012, p. 4). It also aims to prevent the abduction, sale of or illegal trafficking of children (HCCH, 2012, p. 6). Since its implementation, the *Hague Convention* has been ratified by approximately eighty countries (HCCH, 2012) and Canada ratified it in 1997 (Government of Canada, 2014, para. 2).

Countries that are signatories to the *Hague Convention* are required to ensure that all decision making and intercountry adoption files are processed through Central Authorities (HCC, 2012, p. 8). Intercountry adoption in Canada is regulated by the Central Authorities of each province and territory with federal oversight and coordination (Public Health Agency of Canada, 2010, p. 2). These Central Authorities determine that the adoptive parents are properly assessed and deemed eligible for intercountry adoption (Government of Alberta, 2014a, para. 10). Also, they ensure that reasonable efforts are made to adopt the child to suitable families in his/her country of origin before considering an international adoptive family (Government of Alberta, 2014a, para. 10). The federal Central Authority is responsible for coordinating matters between the federal departments and the provincial/territorial Central Authorities as well as assisting the provincial/territorial authorities with the implementation of the *Hague Convention* (Citizen and Immigration Canada, 2000, p. 5). In addition, both the Central Authorities of the receiving province or territory and the sending country must agree to the child's placement before the adoption should proceed (Citizen and Immigration Canada, 2000, p. 6).

The *Hague Convention* adheres to several key principles of fairness and mortality. First, “the Convention recognizes that growing up in a family is of primary importance and is essential for the happiness and healthy development of the child” (HCCH, 2012, p. 4). In particular, the Convention is based on the concept of ‘subsidiarity’ meaning that the child should be raised by his or her birth family or extended family wherever possible (HCCH, 2012, p. 5). Reasonable efforts are made to place the child domestically in their country before considering intercountry adoption (Government of Alberta, 2014a, para. 18). If the child cannot be raised by his or her birth or extended family, other permanent care options within his/her country of origin are considered before intercountry adoption (HCCH, 2012, p. 5).

Second, the Convention ensures that countries have safeguards in place to ensure “children are legally available for adoption and they have not been trafficked or kidnapped” (HCCH, 2012, p. 6). Specifically, it protects birth families from exploitation and ensures children who need families are adoptable and adopted, by “preventing improper financial gain and corruption; regulating agencies and individuals involved in adoptions by accrediting them in accordance with Convention standards” (HCCH, 2012, p. 6). The Convention requires the child’s biological parents to sign informed waivers of parental rights to relinquish their children for adoption (Murphy, 2009).

Third, the Convention requires that all Central Authorities and other public authorities co-operate together to ensure the effectiveness of the safeguards to protect children (HCCH, 2012, p. 7). Fourth, “the system of automatic recognition of adoptions must be made in accordance with Convention procedures” (HCCH, 2012, p. 7). Finally, the Convention “requires that only competent authorities including Central Authorities, public authorities and accredited bodies perform Convention functions” (HCCH, 2012, p. 6).

On April 1, 2014, Haiti signed the *Hague Convention* and it is the first third world country that has successfully ratified the *Hague Convention* (U.S. State Department, 2013, para. 1). Thailand ratified the Hague Convention in April 2004, and it entered into force in August 2005 (Australia Government, para. 2).

3.0 LITERATURE REVIEW

This literature review provides an overview of the key themes pertaining to intercountry adoption. This literature review will be compared with the findings from the key informant interviews and the current state analysis later on in the discussion/analysis section in order to help develop options and a recommendation for CHOICES. The majority of the literature on intercountry adoption is descriptive in nature and dominated by research on adoption outcomes. In particular, it focuses on the potential problems and challenges that adopted children may face including medical, developmental and behavioral problems. Attachment related issues are also significant in adoption research. It is pertinent to note, however, that every intercountry adoption case is unique and different and not every case will experience the challenges described in this literature review; however, not all children are exposed to or experience the same conditions of institutionalization or the same behavioral problems and some children receive a higher level of care compared to other children. Additionally, the conditions of the orphanages vary between countries as well as within countries. The main two factors that determine the negative effects of institutionalization on the behavior of young children include "...the duration of time spent in the institution and the quality of care while residing in the institution" (McGuinness & Dyer, 2006, p. 282).

The literature pertaining to adoptions specifically from Haiti and Thailand focuses on topics such as the adoption requirements/process, the health of the children and the conditions in the orphanages which will be explored in the current state analysis section of this project. Few peer-reviewed academic studies were conducted on adoptions from Haiti and Thailand and the search literature retrieved mainly came from adoption agency websites, government websites and online newspaper articles.

The literature was obtained by searching through websites, libraries and specific Internet catalogues such as the University of Victoria's Library search engine and Google Scholar for the topic concerning intercountry adoption. The search retrieved many peer-reviewed academic journals, books, news reports, web pages and government publications on the topic. The research conducted on intercountry adoption is dispersed across the disciplines of social work, medicine, psychiatry and education. The following keywords were used for the search, but were not limited to: "Intercountry Adoption", "International Adoption", "Institutionalization", "Institutional Care", "Institutionalized Children", "Physical Development", "Stunted Growth", "Behavioural Problems", "Attachment", "Orphans", and "Vulnerable Children." The literature reviewed revealed several key themes including: institutionalization, medical effects/exposure to infectious diseases, physical growth delays, attachment issues as well as physical and emotional neglect. Each of these themes are discussed below.

3.1 GAPS IN THE LITERATURE

The literature generated for this project provides an important foundation for intercountry adoption. Few studies have been conducted on the children's genetic background, their history of abuse and specific features of their experiences in their institutions prior to adoption. Also, few articles or studies were found concerning potential problems with the intercountry adoption process, including child trafficking, domestic servitude and forced labor. As well, fetal alcohol exposure is underreported in the intercountry "adoption literature, as most children do not arrive in their new countries with well-documented medical or social histories" (Edelsward, 2005, p. 14).

3.2 INSTITUTIONALIZATION

The adverse effects of institutionalization on children before they are adopted are well documented in the literature. The majority of internationally adopted children are raised in an institutional setting: an orphanage for months or years before they are placed with their families (Miller, 2005, p. 25). Approximately 80 percent of all children adopted internationally are raised in orphanages during their first year of life (Barcons et al., 2012, p. 89; Lancaster & Nelson, 2009, p. 302). Judge notes that there is a growing body of research that focuses on the negative consequences of institutional rearing. Children can be exposed to a variety of biological and social risks associated with being raised in an institutional setting (Judge, 2008, p. 32). Review of the literature revealed many studies on the risks experienced by children residing in orphanages including but not limited to exposure to environmental toxins, minimal personal interactions, limited caretaking, neglect, crowded living spaces, exposure to infectious diseases, physical or sexual abuse, lack of and inappropriate medical care and inadequate nutrition (Barcons et al., 2012, p. 89; Lancaster & Nelson, 2009, p. 302; Harf et al., 2013, p. 1; Public Health Agency of Canada, 2010, p. 4; Miller, 2005, p. 29). These experiences can have long-term negative effects on a child's cognitive, social, physical and medical well-being. (Juffer & van IJzendoorn, 2006, p. 172; Barcons et al., 2012, p. 89).

3.3 MEDICAL ISSUES/EXPOSURE TO INFECTIOUS DISEASES

A major effect of institutionalization on potential adoptees is the risk of carrying infectious diseases (Miller, 2005, p. 28; Public Health Agency of Canada, 2010, p. 3). The spread of infectious diseases among adoptees is associated with poor living conditions such as crowded living conditions, poor sanitation and lack of nutritious food (Judge, 2008, p. 32). As well, children living in institutions may be at risk for lack of or inappropriate medical care (Miller, 2005, p. 28). In particular, children's medical problems can be unrecognized by caregivers at the orphanages, or if recognized, sometimes there is no money to pay for the needed medications, treatments or surgeries (Miller, 2005, p. 28). Based on the literature reviewed, many adopted children have been diagnosed with a variety of medical conditions or infectious diseases resulting from their institutional settings. These diagnoses range from minor and correctable to moderate and severe special needs which require a lifetime of care (All God's Children, 2015, para. 1). The amount and type of infectious diseases varies from country to country and the children may or may not have been exposed to diseases (Statt & Klepser, 2006, p. 1207).

The most common infections acquired by internationally adopted children are respiratory (pneumonia, tuberculosis) and intestinal (bacteria, parasites) (Miller, 2005, p. 28). Other common diseases among internationally adopted children include ear infections, diarrheal diseases, exotic diseases such as cholera, malaria and measles (Edelsward, 2005, p. 12). In "one Canadian study of 123 children adopted from China, Russia and other Asian countries, found that 65.5 % of the children from China, 43.6 % from other parts of Asia and 57.7 % from Russia arrived with respiratory infections, and 10 % from China and 18 % from other parts of Asia and 31 % from Russia arrived with intestinal infections" (Edelsward, 2005, p. 12). Other medical conditions acquired by children adopted from institutions include fetal alcohol syndrome (Edelsward, 2005, p. 14). The "majority of countries have a great need to place children with significant health issues into adoptive families" (Victoria Department of Human Services, 2014, p. 5). As well, more children are arriving with health issues that require immediate

medical attention. It is important to note that some of these health conditions can be treated while others may require ongoing and lifelong intensive interventions and treatment (Victoria Department of Human Services, 2014, p. 5).

Before the adoption, prospective parents typically receive a pre-adoption medical assessment that may include “a brief narrative of how the child came into care, basic growth parameters (weight and height measurements), basic laboratory screening (commonly but not always for Hep B, C, HIV, syphilis and hemoglobin electrophoresis), limited developmental information as well as a picture or short video clip” (Canadian Pediatric Society, 2014, para. 4). Often, “this information is often incomplete, out of date by at least 6 months, and either inaccurate or contradictory” (Canadian Pediatric Society, 2014, para. 5). For example, in some cases, vaccines may be recorded before the child was born (Canadian Pediatric Society, 2014, para. 5). The amount of information disclosed in the medical assessment is dependent on the cultural, political and economic status of the country (Public Health Agency of Canada, 2010, p. 3). There are several challenges or limitations associated with the “pre-adoption medical assessment including the inability to physically examine the child, the lack of standardized data, the misleading medical terminology as well as the lack of knowledge on risks for particular geographic locales” (Public Health Agency of Canada, 2010, p. 3).

Children who are adopted from foreign countries are also considered to be medically at risk from adverse health conditions of their biological mother during pregnancy (Diamond & Senecky, 2011, p. 25). For example, children may suffer from “fetal alcohol exposure, which can result in intellectual and learning disabilities as well as physical, developmental and behavioral problems” (Edelsward, 2005, p. 14). Fetal Alcohol Syndrome Disorder (FASD) is “caused by the mother’s consumption of alcohol during pregnancy” (Kids to Adopt, 2014, para. 1). Children with FASD have characteristic facial features such as wide set eyes, droopy eyelids, low nasal bridge and cleft lip (Kids to Adopt, 2014, para. 8). FASD “affects the development of the central nervous system (brain, nerves, spinal cord) resulting in low intelligence, hyperactivity, language dysfunction, perceptual problems, sensory hypersensitivity and attention deficits” (Edelsward, 2005, p. 76).

3.4 PHYSICAL GROWTH DELAYS

Besides medical conditions, children adopted from orphanages may experience growth delays including short height, low weight and small head circumference from malnutrition or other factors such as depression and lack of infant stimulation (Edelsward, 2005, p. 11; Judge, 2008, p. 32; Miller, 2005, p. 158; Public Health Agency of Canada, 2010, p. 4). According to Juffer and van IJzendoorn (2006), the longer children spend living in institutional care, the more delayed their height will be (p. 172). Miller notes that “it has been estimated that for every 2-3 months spent in institutional care, children lose approximately 1 month of height” (Miller, 2005, p. 158; Johnson et al., 1992, p. 3448; Edelsward, 2005, p. 35). A study conducted by Dobrova-Krol et al., (2008) found substantial delays in physical growth in children raised in Ukrainian institutions compared with family reared children in the same country. Low birth weights are also common among institutionalized children. For example, a medical review on intercountry adoption conducted by Mitchell and Jenista (1997) revealed high rates of anemia and low height and weight among adoptees in all of the studies reviewed. In another study, 85 percent of Romanian orphans who were adopted into British Columbia fell below the tenth percentile for weight (Edelsward, 2005, p. 11). Low birth weights can “leave children at high risk for medical frailty, attention problems and learning disabilities” (Edelsward, 2005, p. 11).

3.5 ATTACHMENT ISSUES

There is an extensive body of research that focuses on institutionalization and the formation of attachment relationships among adopted children. Attachment describes the emotional bond between the child and their primary caregiver. Psychoanalyst John Bowlby (1969), Ainsworth (1978) and others developed a theory of attachment “to understand the distress experienced by infants separated by their parents.” According to attachment theory, all children have the basic need to seek comfort and security from a primary caregiver (Diamond & Senecky, 2011, p. 427). The “formation of a secure attachment relationship is a major developmental milestone” during a child’s infancy and it evolves during the first two years of life (Diamond & Senecky, 2011, p. 427). For example, in the infant’s first month, attachment behaviors such as crying, fatigue, fear and clinging act as a signal of distress that brings the caregiver in close proximity to the infant to provide protection, care and comfort (Howe & Fearnley, 1999, p. 20). From birth, infants learn “...to expect a certain reaction from their caregivers and to adapt their behavior in ways that are most likely to facilitate the caregiver’s appropriate and effective response, whether the caregiver is the biological parent, adoptive parent, relative or institutional caregivers” (Barcons et al., 2012, p. 90).

The review of the literature revealed children who are institutionalized have greater difficulty forming secure attachment relationships compared to children who are raised in the home (Farina et al., 2004, p. 40; O’Connor et al., 2003; Davenport, 2006; Diamond & Senecky, 2011, p. 427). Often children who are raised in institutions such as orphanages receive lack of individualized care (Farina et al., 2004, p. 40). When the caregiver is repetitively unavailable or responds inappropriately to child’s needs, the child’s sense of security is compromised (Niemann & Weiss, 2011, p. 205). A child’s quality of experience with their caregivers determines the quality of their attachment bond. Lack of care by an inconsistent caregiver has a significant impact on the child’s ability to develop a sense of trust and may trigger insecure attachment in children (Farina et al., 2004, p. 40).

Several studies have found the longer the amount of time the child spends in an institution, and the later the age of adoption, the greater the level of insecure attachment (Farina et al., 2004, p. 40; O’Connor et al., 1999, p. 10). For example, the BC Romanian orphan study concluded that children who lived in Romanian orphanages for a long period of time demonstrated “less secure patterns of attachment compared to the children adopted from Romania shortly after birth” (Edelsward, 2005, p. 20). The findings of the O’Connor et al. (1999) study reveal that Romanian children adopted after the age of two displayed significantly more attachment issues compared “to children from Romania and the UK who were adopted before the age of two as well as domestically adopted children who did not experience deprivation.” According to the study, the cause of attachment problems is the lack of a consistent and responsive caregiver (O’Connor, 1999, p. 10). Another study revealed that children over the age of 4 who were raised in an institutional setting are “unlikely to have had a close emotional bond with one adult as they most likely have had few opportunities to develop close relationships with any one person” (Victorian Department of Human Services, 2014, p. 4).

Unfortunately, the inability of children to develop a sense of attachment could potentially affect a child’s development and is cited as one of the primary reasons for failures in adoption (Johnson & Fein, 1991, p. 397). Children with attachment issues can display a range of behaviors, however these behaviors may be short lived and may not indicate a permanent attachment disorder (Murphy, 2009, p. 212). Children with attachment issues have trouble developing motor skills, remain suspicious, insecure

and lack cognition leading to anti-social tendencies (Farina et al., 2004, p. 40). They may also feel that they are not a valued member of their adopted family may lack empathy or emotion for his or her adoptive family (Murphy, 2009, p. 213).

Children who exhibit an insecure attachment behavior appear to be less relaxed and feel less secure for their own safety and are unable to derive comfort from their caregiver (Wilson, 2009, p. 24). A child's close relationship with their parents or guardian provides an important foundation for building trust in all future attachments. Children who are insecurely attached are at risk to develop troubled relationships and can experience negative mood states and psychopathology (Wilson, 2009, p. 24). Infants and toddlers who suffer from attachment can experience symptoms including "poor sleeping habits, clinging, being overly demanding, aggression, persistent chatter, lack of eye contact, indiscriminant friendliness with strangers, lack of cuddling and abnormal eating patterns" (Murphy, 2009, p. 212). Older children with attachment issues can experience a variety of behaviors including poor impulse control, "a lack of self-esteem, learning disabilities, speech problems, lying, stealing and cruelty to animals" (Murphy, 2009, p. 212).

3.6 PHYSICAL AND EMOTIONAL NEGLECT

Children residing in orphanages may suffer from physical and emotional neglect. In most institutional settings, children lack a primary caregiver and it is common for caregivers to work a 24-hour shift every 3 to 4 days (Miller, 2005, p. 34). According to the St Petersburg-USA Orphanage Research Team (2008), children in two Russian orphanages saw between 60 and 100 different caregivers in their first 19 months of life (The Leidan Conference, 2012, p. 175). Also, commonly many orphanages have poor caretaker-to-child ratios (The Leidan Conference, 2012, p. 175). As a result, in many orphanages, children experience lack of nurturing physical contact and interaction with a caregiver, which are critical for early emotional development (Miller, 2005, p. 30). For example, young infants may be tightly swaddled and have little opportunity to be held by a caregiver (Smyke, 2012, p. 487). Also, some caregivers will prop the bottles up rather than hand feed the children (Miller, 2005, p. 30). Toddlers are often moved into larger groups of as many as 20 children as a single caregiver watches them but does not engage (Smyke, 2012, p. 487). Also, some caregivers may choose to wear face masks which deprives the children from seeing their faces. As a result, the child experiences inconsistent responses to his or her needs and have to face different styles of feeding, bed times etc. Also, often children are left in unclean and cramped spaces where they receive little interaction or even toys and room to play (Castle et al., 1999, p. 425). According to the Victoria Department of Human Services, "children who have experienced neglect commonly have delays in their development compared to if they have been cared for from birth by a consistent primary caregiver" (Victoria Department of Human Services, 2014, p. 8).

3.7 SUMMARY OF LITERATURE REVIEW FINDINGS

In conclusion, the literature review used a variety of sources such as peer-reviewed academic journals and government reports on the topic of intercountry adoption to develop a more fulsome understanding of the central themes related to the research questions. The literature review reveals research in the areas of the potential problems and challenges that internationally adopted children may face including medical, developmental and behavioral problems. Literature was targeted by keyword searches through the University of Victoria's search engine and Google Scholar for the topic concerning intercountry

adoption. The overall findings are that institutional care appears to have a negative impact on children’s physical development, attachment security and their cognitive development. Indeed, the literature found that adoptees may suffer from neglect, poor medical care, FASD, poor sanitation, crowded living conditions and malnutrition in institutions before adoption.

3.8 CONCEPTUAL/ANALYTICAL FRAMEWORK

The conceptual/analytical framework guiding this project is based on factors that contribute to and determine a successful intercountry adoption. As noted in the introduction, a successful intercountry adoption, based on initial feedback from the client and supervisor, was deemed to be based on several factors including:

- Political: A cooperative political climate in the sending country
- Legal/Legislation: Adherence to the principles of the *Hague Convention*
- Financial: Fair and equitable financial costs for adoptive parents
- Health: Adequate and accurate medical information of the children
- Quality of Care: Adequate institutional care given to the children

The above categories did not change based on what was found in the literature review and indeed, the literature confirmed the above categorization of factors that likely predict a successful adoption. The conceptual/analytical framework guided the research and acted as a form of assessment criteria in order to develop the options and recommendation for CHOICES. Figure 1 below provides a visual representation of the conceptual/analytical framework and illustrates the factors that lead to a successful adoption.

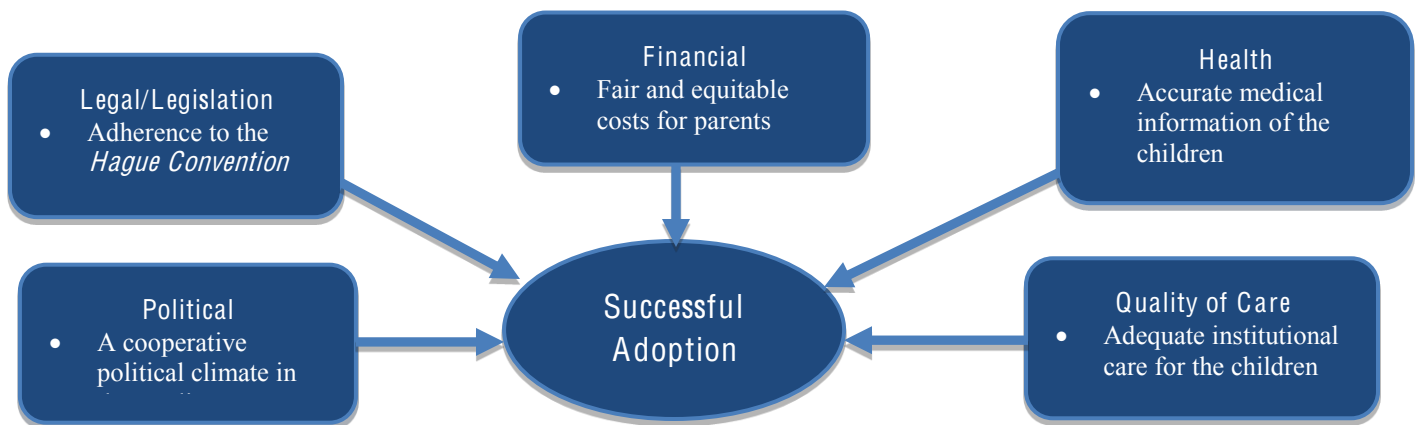


FIGURE 1: CONCEPTUAL/ANALYTICAL FRAMEWORK

4.0 METHODOLOGY AND METHODS

This section provides an explanation of the methodologies and methods used to answer the research questions in this project. Specifically, this section details the project methodology, the research methods, how the data was analyzed, and the limitations and delimitations of the project.

4.1 METHODOLOGY

To answer the research questions in this project, a qualitative case study methodology was employed. Baxter and Jack (2008) define a qualitative case study as “an approach to research that facilitates exploration of a phenomenon within its context using a variety of data sources” (p. 544). This approach is best suited for this project because it will allow for an in-depth understanding of intercountry adoption from Haiti and Thailand. To support this methodology, a current state analysis was used to research into country specific information about the children and adoption processes in Haiti and Thailand by searching through adoption agency websites, peer-reviewed academic journals, in-depth country reports, web pages and government publications. This project generates qualitative information derived through a variety of means including interviewing adoption agencies to gather their experiences about the adoption process as well as gathering documents for the literature review and the document review. The reader should be aware that this study is not a comparative analysis of the adoption processes in Haiti and Thailand. Rather, it is an analysis that assesses the adoption process in each country without using an argumentative and comparative approach; in other words, each country was assessed according to the criteria outlined in the previous chapter.

4.2 METHODS

This section explains the methods used for the purpose of this research project.

4.2.1 DOCUMENT REVIEW

A primary document review was conducted to analyze and understand the current state of adopting children from Haiti and Thailand. For each country, the circumstances behind why the children are available, the conditions in the orphanages and the health status of the children are discussed in detail. In addition, the adoption requirements and process for each country are documented.

4.2.2 KEY INFORMANT INTERVIEWS

Information for this project was also gathered through telephone interviews. In total, ten social workers from licensed adoption agencies located in Canada and the United States authorized to facilitate adoptions of children from Thailand and Haiti were contacted and asked to participate in the project. The participants were identified with the assistance from Robin Pike, Executive Director of CHOICES Adoption. These participants were chosen because they have direct experience working with families who are adopting from Thailand and Haiti and they have a thorough understanding of the country’s adoption requirements and process. As well, the Program and Office Manager from CHOICES was interviewed as he/she has the necessary information and knowledge about the historical background on why CHOICES decided to discontinue the Haiti program in the past.

Requests for participation in the project were sent via e-mail (See Appendices A & B). In this e-mail, participants were informed about the purpose and importance of the project as well as the time commitment for the telephone interview. Attached to this e-mail was the Participant Consent form which outlined the purpose, objectives, importance of the research, guarantees of confidentiality and anonymity as well as potential inconveniences, risks and benefits to the participant (See Appendices D & E). Participants who agreed to participate in the project received a follow up e-mail with an interview time, and a set of interview questions before the interview took place. Prior to the interview, each participant read and signed the Participant Consent form. The signed Consent form was also reviewed with the participants prior to the interview commencing to ensure understanding of the interview protocol.

Of those contacted, seven individuals participated in the study including four social workers for the Haiti program, two Social Workers for the Thailand program as well as one Program and Office Manager from CHOICES). A total of four participants (one from Bethany Christian Services in Grand Rapids, MI and one from A Love Beyond Borders in Denver, Colorado, one from Sunrise Family Services Society in Vancouver, BC and one from Holt International Children’s Services in Eugene, Oregon) declined to participate in the study. The tables below (Table 1 and Table 2) indicate the name of the participant’s agency and how many years of experience their agency has in placing children from the Haiti or Thailand program.

Each participant completed a semi-structured interview over the telephone. The interviews were conducted between May 2014 and December 2014 and lasted between thirty and sixty minutes in length. To protect the participant confidentiality, the interviews were conducted in the researcher’s private home office. Every interview was recorded by an audio recorder. After the interview, the researcher transcribed the interview word for word for analysis. The interviews were based on questions that were agreed upon through consultation with Robin Pike, the Executive Director of CHOICES Adoption and Dr. Kimberley Speers, the Academic Supervisor for this project. A different set of questions was developed for each interview group. The interviews for social workers contained 14 questions that focused on topics including background information on the experience of the Social Worker’s agency in placing children from the country, the circumstances of the children including the conditions in the orphanages as well as the adoption process. The interview for the CHOICES Office and Program Manager contained 7 questions that focused on the background information about why CHOICES chose to discontinue the Haiti program in the past, the children available for adoption as well as the adoption process. The questions for the interviews can be found in Appendices F, G and H.

TABLE 1: PARTICIPANTS FROM THE HAITI ADOPTION PROGRAM: *This table provides the name of the participant’s agency and how many years of experience their agency has in placing children from the Haiti program. The participants have been assigned a number (i.e. Participant 1, Participant 2) in order to conceal their identities.*

Participant #	Name of Agency	Years of experience working with the Haiti program
1	Adoption Centre of British Columbia (KCR)-Kelowna, BC	10
2	CHOICES Adoption and Counselling Agency-Victoria, BC	7

3	Terre des Hommes (TDH)-Vankleek Hill, Ontario	3
4	Christian Adoption Services-Calgary, Alberta-	20
5	All Blessings International (ABI)-, KY	6

TABLE 2: PARTICIPANTS FROM THE THAILAND ADOPTION PROGRAM:

Participant #	Name of Agency	Years of experience working with the Thailand program
1	Heartsent Adoptions, Inc.- San Francisco, California	12
2	World Association for Children and Parents (WACAP)-Renton, Washington	33

Table 2 provides the name of the participant's agency and how many years of experience their agency has in placing children from the Thailand program. The participants have been assigned a number (i.e. Participant 1, Participant 2) in order to conceal their identities.

4.3 DATA ANALYSIS

The data collected from the interviews was analyzed using a thematic analysis. A thematic analysis is a qualitative method of identifying, reporting and analysing patterns (themes) within data in order to provide a rich and detailed account of the data (Braun & Clarke, 2006, p. 82). In line with this approach, the researcher looked for themes within the participant's answers. A set of themes were then identified based on the participants' experiences and perceptions of the adoption programs in Haiti and Thailand and are dependent on whether they capture something important in relation to the overall research question. Once the common themes were identified from the interviews, they were compared with themes also found in the literature review and current state analysis.

4.4 PROJECT LIMITATIONS AND DELIMITATIONS

This research has two limitations that should be noted. First, the research uses interviews and is therefore subject to the respondents' biases and experiences. The respondents were specifically chosen for their experiences with the adoption programs. A second limitation is only seven participants were interviewed for this project, which may limit the generalizability of the findings. The low number of interview participants reflects the limited number of agencies who work with Haiti and Thailand in Canada and the United States and that some participants declined to participate as they did not wish to share information. Although the number of participants in this project is limited, all of the participants have a significant amount of experience with the country programs and provided valuable insight on the adoption process. In addition, the researcher attempted to gather as much supplemental material as possible on these countries in the current state analysis section.

In addition to limitations, this research also has some delimitations. First, the research did not seek perspectives from families who have adopted from Haiti and Thailand who may have highlighted different themes than those presented in this project. An additional delimitation is that only social workers from agencies in Canada and the United States were interviewed. These participants were selected with the help of the Director of CHOICES and participants from countries other than Canada and the United States were out of this project's scope.

5.0 FINDINGS: CURRENT STATE

This section presents the findings of a current state analysis for Haiti and Thailand with the general intent to determine the feasibility of adopting children from these countries. In particular, it examines country specific factors such as the children’s health that are crucial determinants of their well-being. For each country, the circumstances behind why the children are available, the conditions in the orphanages and the health status of the children are discussed in detail. In addition, the adoption requirements and process for each country are documented. The current state analysis is significant because it helps to determine whether the countries of Haiti and Thailand are viable countries for intercountry adoption. As noted in the executive summary and introduction, “viable” refers to whether it is possible for CHOICES to complete successful adoptions from Haiti and Thailand and is based on a number of factors including: (1) a cooperative political climate in the sending country (2) adherence to the principles of the *Hague Convention* (3) fair and equitable financial costs for adoptive parents (4) adequate and accurate medical information of the children and (5) adequate institutional care given to the children. The section concludes with a brief summary of the findings.

5.1 HAITI

5.1.1 COUNTRY PROFILE



Figure 2. Map of Haiti. Reprinted from *Rand McNally Education*, retrieved from http://education.randmcnally.com/classroom/rmc/viewLargerMapImage.do?mapFileName=Haiti_Political_4.png&imageTitle=Haiti%20Political%20Map

Haiti is the second largest island located in the Caribbean occupying the western third of the island of Hispaniola and is part of a group of islands called the West Indies (National Geographic, 2014, para. 1). Figure 1 provides the geographical context of Haiti for the ensuing discussion. According to National Geographic, “the name ‘Haiti’ means ‘mountainous land’ and its name was given by the Arawak and Taino indigenous groups who were the first settlers to Haiti” (National Geographic, 2014, para. 1). This primarily mountainous country, about the size of Maryland is the most densely populated country in Latin America (National Geographic, 2014, para. 1). The increasingly populated capital of Haiti is called Port-au-Prince, where young Haitians migrate in search of better employment opportunities.

Haitian Creole and French are the two official languages of Haiti (National Geographic, 2014, para. 1). The population of Haiti is approximately 10.1 million people and children constitute almost half of Haiti's population, with more than 43 percent of the population under 18 years old (UNICEF, 2012, p. 2). Currently, 95 percent of Haitians are black and five percent are white (Haiti Children's Home, 2015, para. 2). Haiti has a tropical climate with average temperatures ranging from the mid-70s to the mid-90s all year round. Haiti is vulnerable to a variety of natural disasters including earthquakes, hurricanes, floods and landslides (Udy, 2014, p. 66). On the Disaster Risk Index of the United Nations Development Program (UNDP), "Haiti is rated category 6 on a scale where the highest level of risk is 7" (Udy, 2014, p. 66).

According to the World Bank, "Haiti is the poorest country in the Western Hemisphere, and is also one of the poorest countries in the world" (The World Bank, 2015, para. 12). According to the United Nations (UN), Haiti is ranked 161 out of out of 187 countries on the Human Development Index (HDI) (UNDP, 2013, p. 2). Income inequality in Haiti is among the highest in the world with a Gini coefficient of 0.61 as of 2012 (The World Bank, 2015, para. 12). More than half of the Haitian population is estimated to be living below the poverty line (less than US \$1 per day) (The World Bank, 2015, para. 12). The high poverty levels affect the Haitian's "ability to access basic services and grow or acquire food" required to live a healthy life (Glaeser et al., 2011, p. 1).

Agriculture comprises the largest sector of the Haitian economy and the majority of Haitians are employed as subsistence farmers (Encyclopedia Britannica, 2014, p. 3). Many farmers engage in subsistence crops including coffee, sugar, mangoes, bananas, corn, cassava, yams, sweet potatoes and rice (Encyclopedia Britannica, 2014, p. 3). These farmers generally reside in one-room shacks with no electricity or running water and sell their food in rural markets on the road (Coughlin & Abramowitz, 2004). Men primarily are in charge of raising the crops and women perform domestic labour such as handling the agriculture produce (Encyclopedia Britannica, 2014, p. 3). The main cash crop in Haiti is coffee and Haitian farmers sell it through intermediaries, speculators as well as merchant houses (Encyclopedia Britannica, 2014, p. 3). Deforestation is a major problem facing Haiti and over 95 percent of the trees have been cut down and used for firewood and construction (Haiti Children's Home, 2015, p. 3). Haiti depends on energy imports including petroleum and petroleum products with half of the power generated by hydroelectricity with the remainder supplied by thermal coal-fired plants (Encyclopedia Britannica, 2014, p. 3). Since the power supply is not sufficient enough to generate power for the entire country, the main sources of energy, Haiti is greatly reliant on firewood and charcoal for cooking (Encyclopedia Britannica, 2014, p. 3).

5.1.2 THE JANUARY 12, 2010 EARTHQUAKE

On Tuesday January 12, 2010, Haiti was hit by the worst earthquake to hit the region in 200 years (CNN Library, 2014, para. 1). This massive 7.0 magnitude earthquake hit Haiti approximately 15 kilometers southwest of its capital city, Port-au-Prince (Langer, 2010, para. 1). Over 230,000 people were killed in the earthquake and over 300,000 were left injured. (CNN Library, 2014, para. 2). The earthquake also resulted in significant structural damage in the Port-au-Prince region and "damaged or destroyed 285,677 homes, leaving 1,237,032 people homeless, and 511,405 displaced" (King, 2009, p. 7). The total damages and losses incurred by the earthquake were estimated at US \$7.8 billion, which is slightly more than Haiti's Gross Domestic Product (GDP) in 2009 (Glaeser et al., 2011, p. 25). The earthquake left hundreds of thousands of people living in temporary camps (BBC News, 2015, para.

10). During the peak of displacement, about 302,000 children were homeless (UNICEF, 2011, p. 4). In addition, approximately 50,000 children may have lost or been separated from their parents due to the earthquake (Kelley, 2010, p. 373).

In response to the devastating earthquake, NGOs such as Oxfam, UNICEF, the Canadian Red Cross and the UN have provided international aid to help rebuild the country. Over 13 billion dollars has been pledged and 7.5 billion dollars has been used for relief efforts and development programs to repair and help rebuild Haiti (Larrimore & Sharkey, 2013, para. 2). These relief efforts includes reconstruction programs such as repairing and building safe housing as well as upgrading neighborhoods and clearing debris making the streets more navigable. Canada continues to provide aid for ongoing projects and has contributed \$1.4 billion in development such as building temporary shelters and providing humanitarian assistance (The Canadian Press, 2015, para. 17). Approximately 5 million people have received help from the Canadian Red Cross since the earthquake (The Canadian Press, 2015, para. 19). Some of these activities provided by the Red Cross included rebuilding the hospital in Jacmel and restoring services at four health centers that serve a catchment area of 600,000 (The Canadian Press, 2015, para. 24).

5.1.3 ADOPTION AFTER THE EARTHQUAKE

Five years after the devastating earthquake, major challenges still remain for Haiti as it continues to rebuild and strengthen its infrastructure. The recovery process has been slow and many Haitians continue to have struggles to find basic necessities including food and clean drinking water (The Canadian Press, 2015, para. 16). The international community is phasing out emergency support, leaving Haiti to provide basic health and nutrition services with poor infrastructure and underqualified personnel (UNICEF, 2013, p. 31). Although tent camp populations have slowly declined, currently, there is approximately 80,000 people living in squalid tent camps and only 67 percent have access to washroom facilities (BBC News, 2015, para. 11). In addition, there is still limited evidence of the construction of large-scale housing projects required for Haitians (Udy, 2014, p. 65). An estimated 817,000 Haitians still require humanitarian assistance in the wake of the earthquake due to poor living conditions (Oxfam, 2014).

The earthquake has played a major impact on children and families in Haiti. Since the earthquake, many Haitian children have been separated from their parents or left orphaned. According to the UNICEF, after the earthquake, the number of orphans doubled from 380,000 children to more than 750,000 children (Wylie, 2011, para. 1). Meeting basic survival needs continues to be a major challenge for Haitian children and families. Haiti's extreme infrastructure damage has left families who were already living in poverty with even fewer resources to survive and take care of their children.

As stated in the background/context section, the adoptions that were already in process before the earthquake where the children were already matched were fast-tracked by the Canadian federal government and in the early months of 2010, emergency airlifts were arranged for the children in order to finalize their adoptions (Selman, 2011, p. 44). The Haitian government granted permission for 216 children who were already in the adoption process at the time of the earthquake to enter Canada (Selman, 2011, p. 44). In January 2011, Haiti's adoption authority, the Institut du Bien-être Social et de Recherches (IBESR) officially reopened their intercountry adoption program and started to accept applications for children who were documented as orphans or who had been relinquished by their birth parent(s) (Selman, 2011, p. 45).

Following the earthquake, international adoption from Haiti to other countries increased, and in 2012, 2,400 Haitian children were adopted, representing six percent of all adoptions worldwide (Camille et al., 2014, para. 7). Between 2008 and 2010, adoption rose from 141 to 172 children adopted to Canadian parents (Selman, 2011, p. 45). Although, the adoption process has resumed, there are many challenges and risks in adopting a child in the aftermath of the earthquake that struck Haiti in January 2010 (Balsari et al., 2010, p. 1). Adopting children in the aftermath of a natural disaster such as an earthquake is extremely difficult and has resulted in further vulnerabilities for Haitian children. In particular, the earthquake children face many challenges that can threaten their well-being including separation from their families, exploitation and trafficking (Nicholas et al., 2012, p. 183). After the earthquake, it is estimated “...more than 1, 200 000 children were deemed to be extremely vulnerable to violence, exploitation and abuse” (Nicholas et al., 2012, p. 182). As well, there are potential challenges that threaten the well-being of the child post-adoption after the earthquake such as separation issues, health problems and the current state of the orphanages (Damback & Baglietto, 2010, p. 17).

5.1.4 HAITI'S ADOPTION LAW/REQUIREMENTS

On Thursday August 29th, 2013, the Haitian Parliament voted to change the adoption law to replace the 1974 decree (ABI, 2014, para. 1). On November 15, 2013, the *Law Reforming Adoption* was published in official gazette, Le Moniteur (no.213) making it the official law of Haiti (HPP, 2014, p. ii). The Institut du Bien Etre Social et de Recherches (IBESR), an entity of the Ministry of Social Affairs and Labor (MAST), is guided by its dedication to the interests of children and has implemented a series of reform proposals to strengthen the legal and institutional framework for child protection (HPP, 2014, p. iii). The new *Law Reforming Adoption* has introduced a series of changes to govern intercountry adoption from Haiti and it is in accord with the standards required by the *Hague Convention* to protect children against fraudulent adoption and child trafficking practices.

Prior to the new law, adoptability was determined by a child's poverty and not his or her best interests (HPP, 2014, p. iv). The new law protects the best interests of the child and the parents' poverty or extreme poverty cannot under any circumstances be sufficient grounds for adoption (HPP, 2014, p. 3). In addition, based on the principle of subsidiarity, international adoption is only allowed once all other family custody options were assessed for the child (HPP, 2014, p. 3). In addition, according to Article 5, for each adoption, administrative and legal authorities must take all necessary provisions to avoid improper financial gain (HPP, 2014, p. 3).

Prior to the new law, the Haitian government had no central authority responsible for adoption (HPP, 2014, p. iv). The new law requires that all adoptions go through a Central Authority run by the Haitian government and prohibits adoptions that are not authorized by the government. Currently, the technical and administrative department of the Institut du Bien Etre Social et de Recherches (IBESR), comprised of multidisciplinary staff (lawyers, doctors, sociologists, psychologists, social workers, etc.), serve as the Haitian Central Authority in adoption matters (HPP, 2013, p. 8). The IBESR is responsible for reviewing all adoption requests, licensing adoption agencies in Haiti, preparing files, authorizing adoption before the adoption is presented to the court for processing and matching children with families (HPP, 2013, p. 8). In addition, “the central authority is responsible to take all necessary measures to avoid illegal practices and improper material gain upon a child's placement in an institution or during the adoption process” (HPP, 2013, p. 8). Furthermore, “the central authority is responsible for

cooperation with foreign central authorities to disseminate information regarding national adoption law and to remove barriers to application of the Hague Convention and for taking all necessary measures to prevent illegal practices, including improper financial gain”(HPP, 2013, p. 8).

Before the adoption of the new law, adoption agencies worked directly with crèches in Haiti to match the children with their adoptive families without the assistance of IBESR (Carolina Adoption Services, 2014, para. 5). A crèche is an orphanage that is licensed to assist with adoptions (Timoun, 2010, p. 1). The crèches remained in direct contact with the biological families and adoption agencies. The IBESR did “...not have the resources to verify what procedures were followed for accepting the child into the crèche or what was explained to the child’s biological parents” (Dambach & Baglietto, 2010, p. 12). However, in line with the new law, this adoption process has changed. Now, the new procedures do not permit crèches and adoption agencies to work together directly in the placement of children (Carolina Adoption Services, 2014, para. 5). Rather, under the new adoption law, IBESR matches the children to the prospective adoptive parents who work through an adoption agency (Embassy of the United States, 2014, para. 2). This means that referrals may now come from any crèche and there can no longer be a direct relationship between an adoption agency and crèche or between a family and crèche until the adoption is finalized (Carolina Adoption Services, 2014, para. 5). In addition, unless “it is an intra-family adoption or by a child’s foster family, Haiti will not approve adoptions where the child’s biological parents or legal representatives decide who will adopt their child” (Embassy of the United States, 2014, para. 2). Prior to the new law, there was no indication of whether the consent of abandoned children by their biological parents was mandatory or not (Camille et al., 2014, para. 9). Under the new law, there is a requirement that both biological parents of the child provide informed consent in front of a Juvenile Court Judge to legally relinquish their child to the crèche before the adoption is finalized (Fox News, 2012, para. 3).

The government of Haiti requires crèches to possess an accreditation to participate in intercountry adoptions (Embassy of the United States, 2014, para. 3). In addition, each authorized adoption agency from the receiving country must be accredited by the government of Haiti and approved to provide international adoption services in Haiti (Daniel, 2014, para. 5). These agencies are only permitted to submit “one dossier per month for a child who is healthy with mild to correctable special needs” (A Love Beyond Borders, 2014, para. 3). This means that only 12 families from an adoption agency per year can be registered to adopt. However, “dossiers for children with moderate to severe special needs may be submitted at any time by the adoption agency”^{35,000} (A Love Beyond Borders, 2014, para. 3). Another major change to the adoption law is the inclusion of full adoption that severs all ties to the child’s biological parents or family (Camille et al., 2014, p. 4).

Previously, there was no provision for full adoption and all adoptions from Haiti were simple, meaning ties to the family or origin were legally recognized (HPP, 2014, p. iv). Now, all adoptions from Haiti are full which “...breaks definitively every filial relationship between the adoptee and his or her family of origin. Full adoptees lose their surnames of origin and their right to inheritance in their biological family” (HPP, 2014, p. 7). Also, in the past, under the 1974 Decree, there was no provision for follow-up after the adoption regarding how the child adapted into their new home (HPP, 2014, p. iv). Now, seven post-adoption reports (at 6, 12, 18, 24, 36, 48 and 60 months) are required over a five year period (TDH Ontario, 2014, para. 9).

The old 1974 decree did not define the criteria for adoptability (HPP, 2014, p. iv). The new law sets new eligibility requirements that adoptive parents must meet in order to adopt from Haiti. Under Article 7, “any person who has never been convicted of a crime punishable by the loss of civil or political rights [*peine afflictive et infamante*], who has never been stripped of parental authority, and who meets the requirements of the present law and of the central authority are eligible to adopt” (HPP, 2014, p. 4). Under the new law, there is a change in the marriage-length requirement for prospective heterosexual prospective couples. In the past, a couple had to be married for a minimum of ten years (Camille et al., 2014, p. 4). Now, for prospective heterosexual couples to be eligible to adopt from Haiti, they must be married and not separated, after 5 years of marriage (HPP, 2014, p. 4).

Also, the law reduced five years off the minimum age requirement. Previously, prospective couples had to be between the ages of 35 and 50 (Camille et al., 2014, p. 4). Now, one spouse must be at least 30 years and neither of the adopting parents can be more than 50 years (HPP, 2014, p. 4). Under Article 12, adoptive parents are required to be 14 years older than the child that they want to adopt (HPP, 2014, p. 4). Also, it is not necessary that the couple is married. Adoptions may be contracted by unmarried couples, as long as they are heterosexual, with proof of living together for a minimum of 5 years, and with one spouse at least 35 years old (HPP, 2014, p. 4). According to Article 10, Haiti permits applications from single men and women between the ages of 35 and 50 (HPP, 2014, p. 4). The new law also lifted limits to the number of children (by birth or adoption) prospective adoptive families may have in their household. Families can now have any number of biological and adopted children prior to the adoption (HPP, 2014, p. 4). The children must give their opinion if they are eight years or older (HPP, 2014, p. 5). The following table presents a summary of the eligibility requirements for families to adopt from Haiti.

TABLE 3: ADOPTION REQUIREMENTS FOR HAITI

Haiti Adoption Requirements	
Children Available	<ul style="list-style-type: none"> • Children aged 6 months to 12 years old • Children range from being physically healthy to having minor to moderate special needs • Sibling groups also available
Parent’s Age	<ul style="list-style-type: none"> • Heterosexual couples married and not separated, after 5 years of marriage • Or heterosexual unmarried couples who have lived together for 5+ years • If married, one parent must be at least 30 years old • Upper age limit is 50 years old • Adoptive parents must be a minimum of 14 years older than the adoptive child
Length of Marriage	<ul style="list-style-type: none"> • Couples must be together for a minimum of 5 years of marriage
Divorce	<ul style="list-style-type: none"> • One divorce each accepted

Children in Family	<ul style="list-style-type: none"> • Any number of biological and adopted children prior to the adoption allowed. • The children must give their opinion if they are eight years or older
Same Sex Couples	<ul style="list-style-type: none"> • Not permitted
Single Applicants	<ul style="list-style-type: none"> • Single women and men 35 + accepted. • Upper age limit is 50 years old
Travel in Country	<ul style="list-style-type: none"> • 2 trips required
Length of time	<ul style="list-style-type: none"> • Approximately 36 months from time of application to placement
Cost of adoption	<ul style="list-style-type: none"> • \$35,000-\$50,000 CAD

5.1.5 HAITI'S INTERNATIONAL ADOPTION PROCESS

It is important to examine the logistics when adopting a child from Haiti. The process to adopt children from Haiti consists of several steps which are described below. The first step is for the prospective adoptive parent(s) to submit their request for adoption to an accredited adoption agency in their habitual residence (HPP, 2014, p. 10). Once approved, the adoption agency conducts a home study and prepares a dossier, which includes "...information about their identity; their legal capacity to adopt; their personal, family, and medical situation; their social environment; their motivation for adopting; their ability to undertake an adoption; and the children that they could care for" (HPP, 2014, p. 10). This process can take up to six months to complete. (MLJ Adoptions, 2015, para. 1).

Once completed, the dossier is sent to the Haitian Central Authority (IBESR) to be legalized and reviewed which officially begins the adoption process (MLJ Adoptions, 2015, para. 5). The IBESR then undertakes the matching process to match the child with the family taking into consideration the best interests of the child (HPP, 2014, p. 11). The family is matched by IBESR with a child based on the information provided in their home study and dossier (HPP, 2014, p. 11). The IBESR then sends the referral for the child to the family's adoption agency containing all available information about the prospective child (HPP, 2014, p. 11). The information included in the referral typically consists of the child's medical, social, developmental and background report as well as pictures of the child (MLJ Adoptions, 2015, para. 5). The timeframe for the parent(s) to receive the matching of the child proposed for adoption "...is approximately 12-24 months after dossier registration, depending on the age and gender of the child the family has indicated" (MLJ Adoptions, 2015, para. 5). It is important to note that the adoption process can take less time if a family is adopting an older child or a child with special needs (MLJ Adoptions, 2015, para. 5). Once the adoptive parents review the proposal of the child they must give their approval in writing within 15 working days of the matching process notification and communicate their decision to their adoption agency (HPP, 2014, p. 11). Following the approval, the IBESR and the Central Authority of the receiving country must agree to the result of the matching and agree to continue the adoption process (HPP, 2014, p. 11). Once the "prospective adoptive parents(s) accept their referral, the adoption takes approximately 14-18 months to complete" (MLJ Adoptions, 2015, para. 6).

Adoption from Haiti is costly because it is a legal process involving dual government cooperation. Home studies, agency fees and legal documents required to make a child eligible for adoption are part of the cost. Travel is also part of the cost to adopt from Haiti, which adds to the expense. It costs between \$35,000-\$50,000 CAD to adopt from Haiti “depending on the exchange rate, price of plane tickets and number of children adopted” (CAFAC, 2015, para. 8). The IBESR requires adoptive parents to travel two times to Haiti. The first trip is two weeks in length for initial socialization and bonding between the child and the adoptive parents to get to know each other (HPP, 2014, p. 11). “During this trip, a Social Worker from IBESR visits the adoptive parents and interviews them, and then writes an official recommendation.” Within 10 days after the socialization period, the Haitian IBESR authorizes or refuses to authorize the adoption based on an evaluation report (HPP, 2014, p. 11). All documents are submitted to the responsible clerk of the court of first instance through an attorney chosen by the adoptive parents (HPP, 2014, p. 11). After deliberation, the court of first instance, by reasoned decision, grants or refuses the adoption. In case of refusal on substantial grounds, adoptive parents can appeal to the Supreme Court within 30 days (HPP, 2014, p. 11). Next, the clerk of vital records in Haiti registers the adoption decision and issues an adoption certificate within five days (HPP, 2014, p. 11). Adoption takes effect on the date the final decision of adoption is pronounced and the central authority delivers a certificate within 10 business days after the issuance of the act of adoption (HPP, 2014, p. 11). After the adoption process and legal requirements are complete, the parents complete their second trip and return to Haiti to bring their child home (MLJ Adoptions, 2015, para. 6). Over the next 8 years, post-placement reports to monitor the child’s development and integration into the adoptive family and environment must be submitted regularly by the adoptive parents to their adoption agency (HPP, 2014, p. 11).

5.1.6 CHILDREN AVAILABLE FOR ADOPTION

Haiti has a large young population. With a population of around 10.1 million people, children constitute almost half of Haiti's population, with more than 43 percent under the age of 18 years old (UNICEF, 2012, p. 2). Compared to “other countries in the region, Haiti has the highest rate of orphans (children who have lost one or both parents) accounting for 16 percent of the under 18 population” (UNICEF, 2012, p. 2).

Currently, boys and girls between the ages of 6 months and 12 are available for adoption (HPP, 2014, p. 5). Also, sibling groups can be adopted and the IBESR makes sure that brother and sisters are not separated during the adoption process and are adopted by the same family (HPP, 2014, p. 6). Under Article 18, if the child is over 8 years old, their opinion must be taken into account before they are adopted and children aged 12 years or older must give free consent to his or her adoption (HPP, 2014, p. 5). According to the provisions of Article 43, the following children may be adopted from Haiti: (HPP, 2014, p. 5).

- Children who have lost both father and mother.
- Children whose parentage is not established.
- Children whose biological parents lost their parental rights through a court decision.
- Children whose biological parents both gave their consent for adoption.

Applicants wishing to adopt a healthy child experience longer waiting times, whereas priority placements are given to special needs children (TDH Ontario, 2014, para. 10). According to the *Law Reforming Adoption* (2013), sibling groups, children over the age of six, children who have behavior problems, physical or mental disabilities, are considered special needs. Common special needs seen in Haitian children are malnutrition, anemia and neglect (Rainbow Kids, 2015, para. 12). As well, special needs children can include children diagnosed with cerebral palsy, spinal bifida, Down syndrome, global delays and hydrocephalus (Rainbow Kids, 2015, para. 12).

5.1.7 CIRCUMSTANCES WHY CHILDREN AVAILABLE FOR ADOPTION

There are many circumstances why Haitian children become available for adoption. Many children have been dropped off at local crèches as a result of the death their parent(s) (Daniel, 2014; Nicholas et al., 2012). For fathers left with a motherless newborn, oftentimes, they can't afford formula or do not have the expertise to care for the child (OCD, 2014, p. 7). (OCD, 2014, p. 7). Not all children placed in crèches are orphans (Dambach & Baglietto, 2010, p. 12). In particular, "some Haitian parents make the difficult decision to place their child at a local crèche" or abandon them due to extreme poverty because their needs could not be met by their family (MLJ Adoptions, 2012, p. 1; Fox News, 2012, para. 9; Nicholas et al., 2012, p. 184; Dambach & Baglietto, 2010, p. 12). Haiti also has a large number of children living on the street who engage in various activities to survive including car washing, selling goods and forced begging (US Department of Labor, 2012). Often, these children are brought into crèches by the police or a social service agency (Bethany Christian Services, 2014, para. 3). The 2010 earthquake is a further reason why families are left unable to care for their children and has resulted in more children being placed in crèches (MLJ Adoptions, 2012, p. 1; Nicholas et al., 2012, p. 184). Unfortunately, "it has become an accepted and thriving practice among Haitians to depend on these institutions as a safety net" (OCD, 2014, p. 8).

5.1.8 CONDITIONS IN ORPHANAGES

Currently, all children adopted from Haiti into Canada are cared for in crèches prior to adoption. All crèches are IBESR (Haitian Social Services) registered and licensed to care for children available for adoption (Rainbow Kids, 2015, para. 5). Children who enter a crèche have to go through steps to be deemed available for adoption by IBESR (Rainbow Kids, 2015, para. 6). If a child does not meet the adoption criteria, then the crèche works with IBESR to move the child to an orphanage that cares for children indefinitely (Rainbow Kids, 2015, para. 6). Currently, approximately 30,000 children are cared for in 800 or more institutions in Haiti (OCD, 2014, p. 7). Crèches range from "...from large, well-equipped institutions with international financing to one-room hovels in a slum where a single woman cares for abandoned children as best she can" (Thompson, 2010, para. 8). Funding for these crèches is foreign aid based on how many children the crèche cares for or funding provided to help the children move through the international adoption process (OCD, 2014, p. 8). The Haitian government lacks the resources and training to investigate and provide supervision of all the crèches and many are poorly run with little oversight (Fox News, 2012, para. 11). To date, the Haitian government has managed to close 26 orphanages for operating in substandard conditions (Fox News, 2012, para. 16). For example, the government closed Son of God orphanage in Port-au-Prince because the children were found by US missionaries living in unsanitary conditions (Daniel, 2011, para. 3).

Unfortunately, Haitian crèches do not adequately provide enough care and education for the children. In most Haitian crèches, children share a living space with other boys and girls up to age 18, and "their

meals are often scant and lacking in nutrition (OCD, 2014, p. 7). Additionally, in most crèches, children are left without stimulation or personal attention for the majority of the time and the quality of education is extremely poor (OCD, 2014, p. 7). The staff to child ratio is poor, with only a few staff members caring for dozens of children resulting in little to no personalized attention for the children (OCD, 2014, p. 8). In most crèches, “typically, the infants are left in a crib or other holding area while a handful of workers make the rounds to change diapers, feed, and occasionally bathe the children, roughly three to four times a day” (OCD, 2014, p. 8).

5.1.9 HEALTH ISSUES

There are several issues that contribute to the health status of children including nutrition, vaccinations, access to safe drinking water, access to health services, living conditions, clothing and access to school. Haiti has the highest fewer than five, neo-natal and maternal mortality rates compared to any other country in the Western Hemisphere (UNICEF, 2011, p. 14). Unfortunately, one out of every four infants in Haiti never reaches their first birthday (UNICEF, 2006, p. 1). Haiti has a high death rate due to high malnutrition, the prevalence of infectious and parasitic diseases as well as diseases of the circulatory system (Encyclopedia Britannica, 2014, p. 3). In addition, “many Haitian children do not have access to basic health services and the facilities that exist tend to be poorly situated, understaffed and inadequately supplied” (UNICEF, 2006, p. 1). Many clinics require payment before treatment and often the cost of health care is beyond the resources of most Haitians (OCD, 2014, p. 7). The poverty level experienced by many pregnant women makes it difficult to maintain their health as well as the health of their unborn child (OCD, 2014, p. 7). It is not uncommon for a mother to die in child birth in Haiti (OCD, 2014, p. 7). Haiti also has a lack of widespread immunization and “...only 54 percent of children under the age of one receive vaccinations for measles, compared to over 90 percent for the rest of Latin America and 66 percent in Sub-Saharan Africa” (UNICEF, 2006, p. 1).

The health status of Haitian orphans living in crèches is considered to be very poor (Department of Health and Human Services, 2010). When a child enters a crèche, a full examination is performed and they are tested for “sickle cell, syphilis, Hepatitis B, and HIV” (CCAI, 2014, para. 3). Children also “receive routine check-ups and any necessary medical treatment in the crèche/orphanage or in the local hospital HIV” (CCAI, 2014, para. 3). Children living in crèches can be exposed to a variety of health issues ranging from malnutrition, colds, rashes, scabies, mulluscum, “bug bites, parasites, possible lead exposure and effects from water and/or air pollution” (CCAI, 2014, para. 7). In addition, many children may have serious health issues before entering the crèche.

5.1.10 HIV/AIDS/TB/HEP B

Haiti has a high incidence of HIV and AIDS compared to any other country in the Western Hemisphere (UNICEF, 2006, p. 3). It is estimated over 200,000 children have lost one or both parents due to AIDS (UNICEF, 2006, p. 3). Over three percent of Haitian adults are infected by HIV and 5000 Haitian babies are born each year infected with the Aids virus, contributing to a fifth of infant mortality rates and 2,000 children orphaned (UNICEF, 2006, p. 3). Haiti also has a high rate of Tuberculosis (TB) (Davenport, 2006). Upon arrival into their new country, it is estimated the rate of latent tuberculosis infection for internationally placed children is 3 to 19 percent, while the rate of active infection is very low (Davenport, 2006). Hepatitis B is a viral infection that affects the liver (Davenport, 2006). Children carrying this virus most commonly have no symptoms of Hepatitis B; however, they will have a higher risk of developing cirrhosis and liver cancer in the future (Davenport, 2006).

5.1.11 MALNUTRITION

Malnutrition is a serious health problem in Haiti, and according to the United Nations, it is rated the second most food insecure nation in the world. It is estimated between 75 and 80 percent of the population does not have enough food on a regular basis (Haiti Children's Home, 2015, para. 4). Rates of malnutrition among Haitian children are concerning. Currently, 24 percent of children under the age of five and as high as 40 percent of children in rural areas suffer from chronic malnutrition (The World Food Programme, 2015, para. 6). Additionally, malnutrition is the number one cause for death for children in Haiti and it is estimated that up to half of all children's deaths are caused by malnutrition (Soucy, 2014, para. 1). Also, 59 percent of children experience anemia between the ages of 6 months and 5 years old (The World Food Programme, 2015, para. 7). Repeated infections, poor health, poor agriculture conditions, lack of safe water, sanitation, food insecurity, gender inequality, poverty and inadequate dietary intake are all causes of malnutrition (Diene et al., 2014, p. 4). For example, agriculture is one of the largest sectors of the Haitian economy, yet the country "fails to produce enough food and imports more than 50 percent for its population" (The World Food Programme, 2015, para. 6). For example, Haiti imports 80 percent of rice, which is considered to be their main staple (The World Food Programme, 2015, para. 7). There are several consequences caused by malnutrition in Haiti. In particular, malnourished children are more "frequently ill, have delayed cognitive development, are at increased risk of death," and are likely to complete fewer years of schooling (Diene et al., 2014, p. 4).

Malnutrition also affects pregnant women. Approximately one-third of adolescent girls under the age of 19 have given birth to a child (Diene et al., 2014, p. 4). These adolescent girls in Haiti are the most malnourished group among women of reproductive age (23 percent have a body mass index <18.5, compared to 9 percent of women 20 years and older), which contributes to their increased risk of delivering a low birth weight infant (Diene et al., 2014, p. 4). In addition, almost 40 percent of Haitian women 30 years and older are overweight or obese, which also contributes "to an increased risk of giving birth to a low birth weight infant" (Diene et al., 2014, p. 4). Furthermore, more than half of all women of reproductive age are anemic, which significantly contributes to the high prevalence of low birth weight in Haiti (Diene et al., 2014, p. 4). Approximately 19 percent of newborns are born with a low birth weight. Overall, 19 percent of newborns have low birth weight in Haiti, which can lead to stunting among children under the age of 5 (Diene et al., 2014, p. 4). One child out of three is stunted or irreversibly short for their age due to malnutrition (The World Food Programme, 2015, para. 8).

5.1.12 ACCESS TO WATER

Many Haitians do not have access to clean water drinking water. More than three quarters of Haitian households do not have running water and less than 50 percent of households have access to safe water which is contributing factors to the high rate of infectious diseases. (The World Food Programme, 2015, para. 9). It is common for children to spend hours fetching water from the nearest source and once the water is carried home, it is not safe until it is boiled and treated with charcoal, a scarce resource in Haiti (UNICEF, 2006, p. 2). Children can die from drinking the contaminated water and diarrhea is a common cause of mortality and morbidity among children under the age of five (UNICEF, 2006, p. 2). In addition, "only 34 percent have access to adequate sanitation facilities" (UNICEF, 2006, p. 2). For example, "in Cite Saint Martin, one of the poorest neighborhoods in Port-au-Prince, 60,000 people reside in a square kilometer without waste disposal or toilet facilities" (UNICEF, 2006, p. 2). In

October, 2010, following the earthquake, Haiti was hit with a major outbreak of cholera due to its lack of clean and safe water systems and poor sanitation. The disease spread at a rapid pace, and at the end of December, it claimed more than 2,500 lives and caused more than 100,000 people to be sick (UNICEF, 2011, p. 5). Cholera is considered to be a major driver of poor health, especially among children under age five (Canadian Feed the Children, 2014, para. 3).

5.1.13 CHILD TRAFFICKING

The issue of child trafficking in the context of intercountry adoption in Haiti is a growing concern. Sometimes, “children can be abducted or illegally taken from their parents or sold to agencies that handle intercountry adoption for personal financial gain” (Government of Canada, 2014, para. 3). Only 82 percent of Haitian children are registered, leaving the rest at high risk of trafficking, abuse and exploitation (Dambach & Baglietto, 2010, p. 12). Also, the earthquake “...further exacerbated the lack of identity documentation, predominantly among children” (US Department of Labor, 2012). Because of this lack of documentation, many Haitian children can be especially vulnerable to trafficking and exploitive labor.

Also, Haitian children are trafficked into neighboring countries such as the Dominican Republic to work in domestic service, begging and forced labour in agriculture (UNICEF, 2006, p. 3). Although there is not an accurate number of how many Haitian children were trafficked to other countries, “UNICEF recently estimated that at least 2,000 children were smuggled across the border in 2009” (Fox News, 2012, para. 11). For example, on January 12, 2012, members of an Idaho-based church group known as the New Life Children’s Refuge (NLCR) travelled to Haiti to remove 33 children thought to be orphans between the ages of 2 months to 12 years across the border into the Dominican Republic (BBC News, 2010, para. 1). The group “...said they were trying to rescue orphans from the earthquake take them to an orphanage they were setting up in the Dominican Republic” (Thompson, 2010, para. 7). However, Police stopped the group at the border for lacking the requisite documents to prove they had finalized the adoptions within Haiti and were “later arrested for attempting to illegally remove the children from Haiti” (Thompson, 2010, para. 9). It was determined “that 20 out of the 33 children had at least one living parent and some of these parents were told that they could visit their child at any time” (CNN, 2010, para. 12).

5.1.14 SUMMARY OF FINDINGS: HAITI

The current state analysis of Haiti explored the country profile, the impact of the 2010 earthquake on adoption, the circumstances behind why the children are available, the conditions in the orphanages, the health status of the children and the adoption requirements and process for adopting from Haiti, highlighting the changes under the new adoption law. For example, under the new adoption law, there is a requirement that all intercountry adoptions go through a Central Authority (the IBESR) who does the matching of the children. Also under the new law, there is a both biological parents are required to provide informed consent that the adoption is finalized. The range of care in crèches varies, and it is common for the children to experience inadequate care and education while living in the crèches. Also, children can suffer from a wide range of health issues such as HIV, Aids, Hep B and malnutrition. These findings help to inform the options and a recommendation for CHOICES.

5.2 THAILAND

5.2.1 COUNTRY PROFILE



Figure 3. Map of Thailand. Reprinted from *Rand McNally Education*, retrieved from <http://prothailand.weebly.com/map.html>

Thailand is situated in the center of Southeast Asia, and is “bordered by four countries including Laos to the Northeast, Myanmar to the Northwest, Cambodia to the East and Malaysia to the South” (TAT, 2015, para 2). Thailand covers approximately 514,000 square kilometers, making it the 50th largest country in the world (TAT, 2015, para 2). Divided into 76 provinces, with Bangkok serving as the capital city where approximately 8 million citizens live (Szczepanski, 2015, para. 1). Figure 2 provides the geographical context of Thailand for the ensuing discussion.

Thailand has a humid tropical climate and temperatures range between 19 to 38 degrees C (TAT, 2015, para. 2). Thailand is cooler and drier around November and December and experiences monsoon rains that fall between May and July (TAT, 2015, para. 1). The population of Thailand makes up approximately 65 million citizens (TAT, 2015, para. 7). Thai is the official language of Thailand, but English is also spoken and understood throughout much of Thailand (TAT, 2015, para. 8). Approximately “95 percent of the population belongs to the Theravada branch of Buddhism” (Szczepanski, 2015, para. 5). “Thailand is a constitutional monarchy and their King, Bhumibol Adulyadej has reigned since 1946” (Szczepanski, 2015, para. 3). The current Prime Minister, Yingluck Shinawa, elected on August 5, 2011, is the first female who has held office in Thailand (Szczepanski, 2015, para. 3).

Poverty in Thailand is mainly in rural areas, “with 88 percent of the country’s 5.4 million living in these areas” (UNDP, 2015, para. 9). “Poverty has been reduced from 21 percent in 2000 to about 12.6 percent in 2012” (UNDP, 2015, para. 2). “Income inequality has also fallen, but stays high above 0.45 as measured by the Gini coefficient” (UNDP, 2015, para.).

5.2.2 THAILAND'S ADOPTION LAW/REQUIREMENTS

“Intercountry adoption applications can be processed either through the Department of Social Development and Welfare (DSDW)” or any of the four licensed non-governmental orphanages including: the Holt Sahanthai Foundation, the Thai Red Cross Children’s Home (TRC), the Pattaya Orphanage or and the Friends for all Children (Ramm, 2015, para. 10). The DSDW’s Child Adoption Board is the governmental social welfare agency responsible for processing adoptions of Thai children (US Embassy, 2007, p. 1). It is important to note that although dossiers are submitted directly to any of the 4 orphanages, the DSDW is responsible for overseeing the adoptions to ensure proper adoption practices were followed.

The Thai Adoption Act sets strict requirements for adoptive parents as well as procedures for adoption of children in Thailand. Prospective adoption parents must be heterosexual, both be at least “25 years of age with the younger parent at least 15 years older than the child they are adopting” (US Embassy, 2007, p. 2). If married, they must be married for at least 6 months (US Embassy, 2007, p. 2). Also, for married couples, two divorces each per parent are acceptable (Thai Embassy, 2015, para. 6). Prospective parents may their own biological children as well, but they must be at least 18 months old at the time of the application (Rainbow Kids, 2014, para. 3). However, preference is given to childless couples (The Children’s Bridge, 2015, para. 3). Fertility documentation may be requested, although couples need not be infertile (Thai Embassy, 2015, para. 12). In addition, a couple may find it more difficult in having their adoption application approved if they become pregnant during the adoption process (Thai Embassy, 2015, para. 12). A pregnancy during the adoption process could delay or derail the adoption (Thai Embassy, 2015, para. 12). Single women are considered on a case-by-case basis by a few adoption agencies (Rainbow Kids, 2014, para. 3). The following table presents a summary of the eligibility requirements for families to adopt from Thailand.

TABLE 4: ADOPTION REQUIREMENTS FOR THAILAND

Thailand Adoption Requirements	
Children Available	<ul style="list-style-type: none"> Boys and girls age 15 months to 15 years Range from being physically healthy to having minor to moderate special needs Sibling groups
Parent’s Age	<ul style="list-style-type: none"> One parent must be at least 25 years old Upper age limit is 50 years old Younger parent must be 15 years older than the adoptive child
Length of Marriage	<ul style="list-style-type: none"> Minimum 6 months
Divorce	<ul style="list-style-type: none"> Two divorces each accepted
Children in Family	<ul style="list-style-type: none"> Up to three children
Single Applicants	<ul style="list-style-type: none"> Single women 35 + accepted Upper age limit is 50 years old
Travel in Country	<ul style="list-style-type: none"> One two week trip required (approximately 2-3 weeks)

Length of time	<ul style="list-style-type: none"> • Approximately 3-3.5 years from time of application to placement
Cost	<ul style="list-style-type: none"> • \$31,000-33,000 CDN

5.2.3 THAILAND'S INTERNATIONAL ADOPTION PROCESS

There are several steps to follow in order to adopt from Thailand. The first step is for prospective adoptive parents to decide whether they will work with an adoption agency that completes adoptions through one of the 4 NGO orphanages, or through the DSDW. The next step is for the adoptive parents to work with a licensed adoption agency in their habitual residence to submit the following documents to DSDW: (US Embassy, 2007, p. 4).

- A Home Study Report which includes "...details of the applicants' physical and mental health, family status, assets, liabilities and financial standing, personal repute, conditions of place of residence, size of family maturity and ability to give love and care to the child, motivation and any special reasons related to the welfare and interest of the child, parental relationship and obligation with the children born out of previous marriages (if applicable), and other matters pertinent to the applicants" (Child Adoption Centre, 2004, p. 1).
- A Confirmation Statement by the adoption agency confirming "once the adoption is finalized under Thai law, it is also legalized in the prospective parent's country and they are qualified for adoption under their country's legislation" (US Embassy, 2007, p. 4).
- A Formal Commitment Statement by the adoption agency "...to supervise a pre-adoption placement of at least six months and conduct at least three bi-monthly progress reports will be provided to DSDW" (US Embassy, 2007, p. 4).
- An Official Application form attached with the additional required documents as cited below (US Embassy, 2007, p. 4):
 - Marriage Certificate
 - Proof of Termination of Previous Marriages and Death Certificate of spouse if applicable
 - Proof of Occupation and Income (letter from employer)
 - Complete Financial Statement (indicating all assets and liabilities)
 - Recommendations from 2 Responsible Persons
 - Current license of involved adoption agency
 - Photographs of prospective adoptive parents (4 each), 4.5 cm x 6 cm, and of their children (if applicable)

Once all of the above documentation is submitted and accepted by the DSDW, the DSDW or one of the four NGO orphanages are responsible for matching the prospective adoptive parents with a child (US Embassy, 2007, p. 5). The Child Adoption Board (CAB) of Thailand which includes officials from the DSDW are required to sign off on all Thai adoptions including adoptions of children in care of the DSDW, and children in care of designated NGO's as well as children who are relatives of the prospective adoptive family (Thai Embassy, 2015, para. 6). If the child's birth parents are known, the child must be legally relinquished under Thai law (Thai Embassy, 2015, para. 6). In the case that the child has been abandoned, Thai officials make an effort to find their biological family first before allowing the child to be placed for adoption (Thai Embassy, 2015, para. 6).

The applicants are then provided with photos and information concerning the proposed child's background and health condition (US Embassy, 2007, p. 5). If the prospective adoptive parents wish to proceed with the adoption of the proposed child, the application is submitted to the CAB for review (US Embassy, 2007, p. 5). Once the CAB agrees to the suitability of the adoptive parent (s), the case is referred to the Minister of Social Development and Human Security for official authorization (US Embassy, 2007, p. 5). One trip is required for adoptive parents to complete the adoption (The Children's Bridge, 2015, para. 2). The stay lasts approximately 2-3 weeks in length (The Children's Bridge, 2015, para. 2). During this trip, prospective parents are interviewed by the CAB (US Embassy, 2007, p. 5). The DSDW then issues documents necessary for the child's travel, including a Thai passport, which is normally issued on the same day as the meeting with the Board (US Embassy, 2007, p. 5). The applicants also receive their child on the same day as the documents are issued (US Embassy, 2007, p. 5).

Adoption from Thailand costs between \$31,000 and \$33,000 CDN (The Adoption Council of Ontario, 2015, para. 5). It takes approximately 3-3.5 years depending on the completeness of the required documents, processing times of documents as well as the availability of the child to suit the prospective adoptive parents (The Children's Bridge, 2015, para. 4). However, applicants adopting a child between 6 months and 3 years compared to applicants "who specify a particular age for a child they wish to adopt will have their applications processed faster" (AAI, 2015, p. 3). In addition, there is a shorter waiting period to adopt a special needs child (AAI, 2015, p. 3). After the parents have returned home with their child, at least three bi-monthly pre-adoption placement reports must be submitted to DSDW (US Embassy, 2007, p. 5).

5.2.4 CHILDREN AVAILABLE FOR ADOPTION

It is estimated that "70 percent of children available for adoption in Thailand each year are adopted within Thailand" (AAI, 2015, p. 1). Currently, Thai boys and girls between the ages of 15 months to 15 years are available for adoption (WACAP, 2014, p. 2). The majority of children available for adoption are boys (WACAP, 2014, p. 2). In general, very few infants are available for adoption in Thailand (WACAP, 2014, p. 2). On average, children are no less than 24 months old at time of matching (WACAP, 2014, p. 2). The slow speed of the investigation and sign-off process is a major factor that makes infant less available for adoption (Thai Embassy, 2015, para. 6). More opportunities for matching are available for families willing to adopting children up to 48 months old who are considered healthy by Thailand standards (WACAP, 2014, p. 2). However, "families should be prepared that a younger child referral may have minor correctable medical conditions or developmental delays" (WACAP, 2014, p. 2). Special needs children are available to adopt. According to the Thai Authorities, a child is considered to have special needs if they are over 4 years of age with a normal health status, "born to HIV parents, have a developmental delay or a physical or mental disability (both minor and/or severe), or have a medical condition" (AAI, 2015, p. 3).

Prospective parents cannot apply to adopt more than one child at a time from Thailand, except if they are adopting twins, siblings or children of the applicant's Thai spouse (US Embassy, 2007, p. 2). However, twins or sibling groups are rarely available for adoption (Thai Embassy, 2015, para. 3). It is also important to note that oftentimes, the exact birth dates of the child are often unknown (WACAP,

2014, p. 2). In this case, the age of a child is estimated at the time he or she is admitted into a child welfare institution, and a birth date is assigned adoption (WACAP, 2014, p. 2).

5.2.5 CIRCUMSTANCES WHY CHILDREN AVAILABLE FOR ADOPTION

There are many circumstances why Thai children are available for adoption. Usually, infants are available for adoption in Thailand because their birth mothers are young, unmarried or living in destitute situations (WACAP, 2014, p. 3). For example, many Thai children have been relinquished by their birth mother due to involvement in the sex or drug trade (WACAP, 2014, p. 3). In addition, children with special needs have been relinquished or abandoned by their birth family due to their condition or extenuating difficulties that prevent the birth family from parenting (WACAP, 2014, p. 3). There are also children who have been removed or abandoned by their birth parents due to a mental health history or abuse and neglect (WACAP, 2014, p. 3).

5.2.6 CONDITIONS IN ORPHANAGES

There are both state run and private orphanages in Thailand. The DSDW is responsible for running the state run orphanages throughout Thailand (WACAP, 2014, p. 3). These institutions are typically large, housing between 75 and 200 children who are divided by age, with baby homes caring for children from infancy to approximately 6 years of age (WACAP, 2014, p. 3). Once a child turns 6, they are usually transferred to a gender-specific children's home (WACAP, 2014, p. 3). It is not unusual for the boys' and girls' homes to be in close proximity and have a poor staff-to-child ratio. The physical conditions of these orphanages vary from new and clean with good resources, to old and in poor condition (WACAP, 2014, p. 3). These orphanages have a poor staff-to-child ratio and employs social workers and medical staff, "...but the need outweighs staff availability" (WACAP, 2014, p. 3). In general, "babies spend many hours of the day in a crib or bed, feeding schedules are rigid and bottles may be propped on pillows" (WACAP, 2014, p. 2). As such, it is common for children living in orphanages to demonstrate developmental and growth delays (WACAP, 2014, p. 2). In addition, often families who adopt from Thailand "...have discovered that their child was the victim of abuse during their time at the institution after they have been home for months, or even years" (WACAP, 2014, p. 2).

An example of a private orphanage is the Thai Red Cross Children's Home (TRCCH) sponsored by the Princess of Thailand and located at the Chulalongkorn Memorial Hospital in the heart of Bangkok (TRC Society, 2013, para. 1). The TRC houses a total of 50 children at a time (TRC Society, 2013, para. 3). The TRC is responsible for searching for the child's biological parents first, and if they are not found or it is not possible to place them in the care of their home family, they search for an adoptive family and offer legal adoption services (TRC Society, 2013, para. 2). The TRCCH is the only orphanage that can match infants considered healthy and they also care for children with special needs (WACAP, 2014, p. 3). Some of the children under its care are born at the hospital, so birth history and records may be available (WACAP, 2014, p. 3). The TRCCH is staffed with 13 staff members and has a good child-to-caregiver ratio (TRC Society, 2013, para. 3).

5.2.7 HEALTH ISSUES

The medical reports on the child contain limited, basic information concerning the general health status of the child (AAI, 2015, p. 4). It may also include information such as hepatitis B and HIV test results,

immunization records, basic developmental and social information and a limited medical history (WACAP, 2014, p. 5). Common health issues for Thai children living in orphanages include ear infections, dysentery, intestinal parasites, lice, and scabies, respiratory or other infectious conditions (WACAP, 2014, p. 2). All orphanages in Thailand are responsible for completing a medical report for each child registered for adoption and testing the children for HIV and Hepatitis B (WACAP, 2014, p. 5).

5.2.8 SUMMARY OF FINDINGS: THAILAND

The current state findings of Thailand explored the country profile, the adoption law, the requirements and process for adopting from Thailand, the children available for adoption, the circumstances behind why the children are available, the conditions in the orphanages and the health status of the children. Currently, the majority of children available for adoption are boys and very few infants are available for adoption. These findings help to inform the options and a recommendation for CHOICES.

6.0 FINDINGS: KEY INFORMANT INTERVIEWS

This section presents the findings from the interviews that took place over the telephone from May 2014 and March 2015. These telephone interviews are comprised of fourteen questions for the Haiti program and thirteen questions for the Thailand program with respondents from the adoption agencies for each country. In order to protect participant confidentiality, all data collected and reported will remain anonymous. This section shows each question coupled with the findings from the interviews. Question one regarding the number of years of experience each agency has placing children from Haiti and Thailand is reported in the methods section.

6.1 HAITI

6.1.1 BACKGROUND INFORMATION

Who do you work with in Haiti to complete the adoptions (e.g., lawyers, orphanages, translators etc.)? Do you use facilitators? What services does the facilitator provide?

Participant 4 stated that in the past, families chose their orphanage and the adoption agency presented the proposed child information to the family. Participant 5 stated that until October 1st, 2014, adoption agencies partnered with crèches to complete the adoption and the crèches suggested the referrals to IBESR. This participant's agency had four partner crèches whom they worked closely with and visited frequently to complete the adoption. However, this is no longer the case and now all referrals are made by IBESR who matches children from licensed crèches. As a result, families can be matched with a child from any crèche anywhere in Haiti.

Have you been successful in placing a child with an adoptive family from Haiti? If so, how many children did you place from Haiti last year? The year before?

Participant 3 stated there were no placements over the last year since the implementation of the new adoption law by the Haitian government in April 2014. In May 2014, Participant 3 submitted an application, which will be their first application since the new adoption process. On the other hand, Participant 4 stated that last year was slow, with only 5 Haitian children placed with families from his/her agency. However, this participant added that his/her agency has been involved in hundreds of Haitian adoptions in the past, and in some years, they have placed thirty-five Haitian children with Canadian families. Similarly, Participant 5 stated that the past few years have been slow because of the legal changes to the program, and in 2012, they placed 14 children with families and 21 children in 2013.

How many placements in the last three years have fallen apart before or after the adoption was finalized? And, why did they fall apart?

Participant 3 stated that no placements fell apart in the last three years from Haiti. However, in the past, the participant has seen four cases fall apart after the adoption had occurred where the children had developed an attachment disorder due to waiting too long in an orphanage. Similarly, Participant 4 mentioned that five years ago, two adoptions broke down due to an attachment disorder and these children are now placed into different families with the cooperation of the Alberta government. This

participant stated: “Children are not used to the discipline, and the expectations of a family. Sometimes a more rigid family may have unrealistic expectations of a child who had never before been parented.” Participant 5 stated that one adoption broke down before it was finalized while the family was in Haiti visiting the child due to serious concerns around the child’s emotional and psychological needs.

6.1.2 CHILDREN AVAILABLE

What are the conditions in the orphanages that you work with in Haiti? Does someone from your agency personally visit the orphanages in Haiti? If not, how are you informed about the quality of care?

The majority of participants stated that the conditions of the orphanages vary. Participant 1 stated that most orphanages limit the number of children they will care for and often they are in situations where they are full to capacity and they need to turn families away or not be able to accept new applications from adoptive parents because they can only work with a certain number of children at a time. This participant added that typically, educating and caring for the children is their number one priority and they only do a few adoptions per year. Participant 3 informed the researcher that he/she personally visits the orphanages every two or three months. During the visit, Participant 3 provides recommendations about improving the quality of care in the orphanages and donates items such as toys and clothes.

Participant 2 reported that Haitian crèches provide a low quality of care to the children, which is “not up to standard.” Participant 4 stated “the quality of care has been good but not great. The children are fed, and there are lots of care givers. Mostly the children seem to parent themselves so they don’t get the structure of sitting in a classroom, doing what Mommy says, and they have no understanding of family.” Most participants indicated the ratios of caregiver to child vary depending on the crèche. One participant (Participant 4) argued they have seen crèches with a 4:1 or a smaller ratio depending on the age and needs of the children.

Participant 5 expressed “at this point in time, families who adopt from Haiti are going to be looking at a wide range of child care options and we have no control of the care as families can be matched with a child from any crèche anywhere in the country.” This participant noted that as of 2012, there are at least 69 crèches licensed by the IBESR to complete adoptions.

Generally, what are the circumstances behind why the children are available for adoption? What is the most common reason?

All of the participants (1, 2, 3, 4 and 5) agreed that poverty was the most common reason why children are available for adoption. For example, Participants 1, 3 and 5 noted that oftentimes, children with one or sometimes both living parents are placed in a crèche because the parent (s) cannot provide the basic needs to take care of the child. For example, Participant 4 stated that one can of baby formula costs a month’s salary in Haiti, and often parents have no choice but to place the child in an orphanage. Participant 3 added that many children come from poor families who have too many children to look after so they give them away to a crèche. For example, “if a family has six children, they can give up the seventh child so they can better take care of the other six,” noted Participant 3.

Participants 3, 4 and 5 stated that sometimes children are abandoned by their biological families in a public place such as the street or a hospital due to poverty. Participant 4 and 5 stated a child can only be

proposed for adoption once they are free and legally belong to no one. Participant 5 stated “If a child is abandoned, the child will be picked up by the Haitian Social Services, assigned to a crèche and after 6 months of attempting to locate the child’s biological family, the child may be declared legally free for adoption.”

Participant 4 added that the most common reason why children are available for adoption was death of a mother from childbirth, often because she could not get a C section and bled to death. Participant 4 also stated that women with no breast milk or with other sick children abandoned their child at the orphanage. This participant also stated that many times however, parents return when the child becomes well and they take them back. Even after the adoption is finished and the child is ready to travel, if a parent returns, the adoption is cancelled and the family cannot take the child. Participant 2 and 5 also noted that the children may have lost their parents in the 2010 earthquake and are orphaned as a result. Participant 1 and 2 also noted that in some cases, the child ends up in an orphanage because their parents are too sick to care for the child.

Did you find the children were generally healthy? How serious were the health issues? How much medical, social and psychological information can be obtained? Do the children have medical records?

Participant 1 noted that the health of the children varies. Participant 3 additionally stated that if a child is very ill, the orphanages send them to hospitals to die there. Participant 2 argued that the incidence of certain health issues such as HIV is quite high, and the types of infections are related to the high rates of poverty in the country. Participant 3 noted that many children with HIV die, but he/she has had families who have expressed interest in adopting a child with HIV. Participant 1 and 2 both stated that the most common health issue was malnourishment. Similarly, Participant 3 noted that he/she sees many children who are underweight due to lack of nutrition.

Participant 4 stated that less serious health issues such as giardia, parasites and rickets are common in Haitian children. Participant 4 stated that if the child remains too long in the orphanage they can develop attachment disorders, and although many children do well, initially the first year with their new adoptive family is difficult. This participant stated that the children need lots of touch, lots of supervision, and help adjusting to the norms of their new family. In addition, this participant found that younger children placed into families do much better than older ones with regards to attachment.

Participant 2 and 3 stated that the amount of medical, social and psychological information varied depending on the orphanage. For example, some orphanages send complete medical, social and psychological reports, while others only submit vague shorthand notes. Participant 3 stated “some orphanages will tell me everything even if the child has a fever.” Participant 3 additionally noted that although her agency believes in getting as much information as possible, “the medical is quite open and up for discussion and sometimes the Haitian authorities are unable to provide that.” Most participants also reported that there is often limited information about the child’s biological families such as if the birth mother was an alcoholic or received any prenatal care. Participant 3 and 4 mentioned that every child before going into an orphanage are tested medically by a doctor and receive vaccinations. Participant 4 stated that Public Health administers most of the vaccinations, but sometimes the orphanages have volunteers that come in who administer the vaccinations. However, Participant 3 and 4 stated that stated families should still test their adoptive child for diseases after they return home.

The majority of the participants stated the amount of social information received is dependent on the circumstances of the child coming into the orphanage. For example, depending on the child, sometimes there is no family or social background if they were abandoned. Participant 2 noted that many parents stay in touch with their children while they are in the orphanage, so social information was easy to obtain. As well, Participant 1 noted that translation can pose a significant problem as Haiti is a French speaking country. Participant 4 noted that in Haiti, it costs \$100 to obtain a birth certificate and the average parent would not be able to afford a birth certificate for their child. As such, it is difficult to determine the exact age of the child.

6.1.3 ADOPTION PROCESS

With the high prevalence of child trafficking in Haiti, is there a chance that the orphans were involved in trafficking before entering the orphanage?

Participant 2 stated that there is a chance that some of the orphans might have been involved in trafficking in the past. For example, birth parents could bring their children to the orphanage and sign consents at the orphanage. This could open the door for corruption, as the orphanage director could easily allow anyone to sign the consent without proof of birth certificates. Participant 2 further noted that many Haitian people are illiterate and might not know what they were signing at the time. Participant 2 also stated that since Haiti ratified the *Hague Convention*, there are new procedures that require the parent to appear in court and give verbal consent to the judge as part of the legal procedure. Participant 1 noted that since Haiti ratified the Hague Convention, there are many safeguards in place to prevent child trafficking from happening. In addition, Participant 1 noted that the birth family has to consent in front of a judge and they need to appear three times, so hopefully that eliminates some of the concerns around child trafficking.

The researcher further probed asking if there might be a possibility that if a child was legally abandoned that they could have been trafficked in the past. Participant 1 and 4 indicated that it's difficult to determine, as that would mean the trafficker abandoned them which would be no financial gain or benefit to the trafficker. Participant 1 stressed that in order to declare a child is legally abandoned, the orphanage would have to exhaust the chance that there are family members who are able to care for them.

Participant 3 stated that most Haitian citizens who give up their children do not have the money to pay for the child's birth certificate. Participant 3 argued that he/she met a woman who claimed to be the aunt of a child. The aunt brought her niece to an orphanage because she said the birth mother died and the orphanage told her to come back with the birth father. Unfortunately, the aunt was actually the mother with no knowledge of the whereabouts of the father. The woman then relinquished the child to another orphanage which did not ask for a birth certificate.

Participant 4 mentioned that typically an abandoned child placed for adoption would have been in an orphanage for a minimum of 9 months and advertises for family members interested before they are considered for adoption. As well, participant 4 argued that in Haiti, orphanages don't voluntarily take in children. Rather, when they are brought in, they generally refused and they ask the family to keep the child. Participant 4 further added that no money is exchanged at all. An orphanage only takes a child if absolutely no one will care for it. Participant 4 told of an incident after the earthquake involving an

infant. A mother found a six month year old baby girl who was malnourished. The woman was very poor and was already caring for five children. A doctor from an orphanage went to check on the baby a week later. The mother said “Oh it worked out well, a man came by and took her and he gave me 100 dollars US to help feed the other children.” The mother was obviously desperate and could not feed the baby, so she unwittingly gave up the baby to a trafficker.

How do you see the Hague Convention, which entered into force for Haiti on April 1, 2014 affecting the adoption applications and process?

Participant 1, 2 and 4 argued that the *Hague Convention* slows down the adoption process. Participant 4 argued that in the past, before the implementation of the *Hague*, children could be adopted into Canada before their first birthday. However, Participant 4 added that the *Hague* requires the IBESR to try to find a home for the child in their country first before they are adopted internationally. Now, crèches advertise and generally wait about 9 months to see if a family member comes forward to adopt the child, and if nobody comes forward, then they have the right to place the child for adoption. As such the children sit in crèches for longer periods of time. Participant 5 argued that the implementation of the Hague has resulted in more involvement of the IBESR in the placement process and adoption agencies less involved in the placement of children. However, this participant noted that Haiti’s government is without as many resources which can make the process difficult and result in delays. Participant 3 argued the application of the Hague in a country with no money for social services makes it harder to make the children available as it makes it difficult for them to reach the system. This participant further stated “of course we need law. But it’s a law made for rich countries.”

Participant 1 and 2 also argued that the *Hague* puts more safeguards and assurance in place for adopted families that there is due diligence done on the other end from the child’s country of origin. Participant 2 agreed that there are more safeguards in place and it has created a more “clean process.” Participant 2 further stated that some pieces of the process have improved and the Central Authority is involved much sooner in the process which forces the orphanages to do all their background work and obtain consents before matching a child with a family. This participant noted that this process may keep children in orphanages longer, but nonetheless it puts safeguards in place to make sure these kids are truly available for international adoption. Participant 5 argued that the Hague has made the adoption process more transparent and standardized. Participant 3 argued that the new law makes adoption more accessible and can reach more adoptive families. Crèches must be licensed by the Haitian authorities to care for the children who help to ensure the children receive proper care while they wait for their families.

Do you think the Haiti’s adoption program is stable? Why or why not?

The majority of the participants expressed that the *Hague* will provide additional safeguards and will make Haiti more stable and predictable in processing adoptions country. Participant 2 stated, “I think that there is a commitment on part of the Haitian community and the International community to keep it going and really stay focused on the best interest of the child.” Participant 1 argued that the numbers are never going to be huge because they put a tap on the number of applications that they will accept per country per year. You need to be accredited to work there as an agency. Participant 1 also argued that Haiti is a challenging country in terms of the paperwork and dossier. Participant 1 additionally argued that during this time of transitioning to the *Hague* there is a lot of uncertainty around time frames for adoption and to expect delays and uncertainties with this program. This participant also expressed that

even when Haiti was non-Hague, compared to the other countries her agency works with, there has always been an uncertainty concerning the timeframe with Haiti.

How has the 2010 earthquake in Haiti affected the adoption process? What are the challenges and risks in adopting a child in the aftermath of the earthquake?

Participant 1 stressed that it's a pretty challenging dossier and there's not a lot of feedback to families. This participant further stated that it's not a country that families are going to get certainty around time frames and how long the process will be in total for them. Participant 2 expressed the lack of resources from the earthquake has brought an influx of orphans into the orphanages, and there is a possibility that these children have witnessed terrible things in the earthquake.

Do you have any further information or recommendations related to the adoption process in Haiti?

Participant 1 noted that agencies need to apply there to become accredited to work there, which is unique compared to some other countries. Participant 3 emphasized that now children are prepared by the orphanage and the families are matched by the IBESR. However, the participant further noted that the new process will slow down the applications and make fewer children available. This is because, because the orphanage has to prepare the child's medical, social and psychological evaluations before the appointment with IBESR. ...

Is the government of Haiti generally in favor of intercountry adoption? Why? Or why not?

Participant 1: "I can't answer that other than they have a process for intercountry adoption. At the moment, they do offer it as an intercountry program and they probably put a lot of resources in ratifying the Hague. They remain open at the moment.

6.2 THAILAND

6.2.1 BACKGROUND INFORMATION

Who do you work with in Thailand to complete the adoptions (e.g., lawyers, orphanages, translators etc.?) Do you use facilitators? What services does the facilitator provide?

Participants 1 and 2 both stated that their agencies are approved by the DSDW to work with the Thai Red Cross Children's Home (TRCCH). Participant 2's agency also works with the DSDW to adopt children from public orphanages.

Have you been successful in placing a child with an adoptive family from Thailand? If so, how many children did you place from Thailand last year? The year before?

Participant 1 stated that his/her agency has been successful with all of their placements from Thailand. Participant 1 further stated that in recent years, the TRCCH has implemented an annual quota system restricting every agency to complete 2 adoptions per year. In addition, the TRCCH has a list of 14 adoption agencies approved to work with them. The researcher further probed and asked why TRCCH only does 2 adoptions per year per agency. The participant stated "it really has come about to give

every agency a chance on their list.” Participant 2 stated that they had 6 families placed with Thai children last year. This participant also noted that the program has got smaller over the years and the TRCCH has strict requirements. In particular, prospective families looking to adopt a healthy child under age of 2 have to prove they are unable to conceive a child. The Participant clarified that this is a TRCCH requirement, not a Thai requirement.

How many placements in the last three years have fallen apart either before or after the adoption was finalized?

Participant 1 stated that placements fall apart due to adoption disruption when the child moves. This participant further stated that “we are close with our families and tend to do a lot of post adoption services. We stay available and let them know if they have any issues, questions or problems they can call us, it’s a lot of what I do.” Participant 2 stated that he/she has only seen 1 placement fall apart after the adoption was finalized and the child was in their new home. This particular family “was not prepared to adopt an older child.” This participant has also seen a case fall through with DSDW 4 years ago where two different social workers were working with two different agencies to adopt the same child.

What are the conditions in the orphanages that you work with in Thailand? Does someone from your agency personally visit the orphanages in Thailand? If not, how are you informed about the quality of care?

Participant 1 stated that the TRCCH is a clean orphanage with good care and food and a very kid centered culture where the kids are given lots of attention. This participant noted “when we were adopting our son and we were out walking around the TRCCH, there was lots of attention paid to him, and there were smiles and hugs and that’s the atmosphere.” Additionally, participant 1 added that the TRCCH is located on the grounds of the hospital so they have good medical care and good attention to all of their needs. However, when the researcher further probed about the care, participant 1 stated that he/she has seen kids who are rocking and sitting on the floor which is a common behavior in institutional care from not having enough touch for that child or not having a special caregiver there all the time.

Participant 2 stated, “I feel pretty positive about the care in the children in terms of meeting their medical and nutritional needs.” Participant 2 also noted that the child to caregiver ratio varies where there may be a lot of caregivers for the older kids compared to younger.

6.2.2 CHILDREN AVAILABLE

Generally, what are the circumstances behind why the children are available for adoption? What is the most common reason?

Participant 1 and 2 both noted that the most common reason why the children are available for adoption is because of poverty and not being able to care for the child adequately. Participant 1 seen cases where the family had the third child and they can’t take care of the child when they have two already. Participant 1 additionally noted that Thailand has a pretty strict system of locating the birth mom if she comes to the hospital to deliver and doesn’t come back. If this occurs, the child is kept in care for a year to allow the mother to come back to reclaim the child. If a year goes by and she doesn’t come back then

they try to locate her through the newspaper and sending news through the town for a few months. It can take 6 months to go through that procedure before the child is deemed eligible to be adopted.

Did you find the children were generally healthy? How serious were the health issues? How much medical, social and psychological information can be obtained? Do the children have medical records?

Participant 1 stated that the majority of children their agency has placed have healthy children. This participant stated that the health problems he/she has seen were respiratory issues in premature babies and stated, “these children almost always have lung problems because the lungs are the last to develop fully.” Also, with the hot and humid weather in Thailand, he/she has seen a few asthmatic children.

Participant 2 stated the majority of placements for his/her agency are for older and special needs kids. These kids reside in public orphanages in Thailand. This participant stated that the DSDW has to produce background information on these children, establish that they are eligible for international adoption, which can take between 2 and 3 years. This participant said “I went to the DSDW and they don’t have a good system for processing adoptions efficiently and literally the highest amount of files next to their desks just overflowing with paperwork. Participant 2 stated that they feel confident of the care offered at the TRCCH and since it is located at a hospital, it provides reassurance that the children are well taken care of.

Participant 2 stated that the medical, social and psychological information hasn’t been thorough but they ask questions and receive follow up answers. Participant 2 reiterated the medical, social and psychological information was limited and stated it is difficult to obtain information or receive updates on the children unless they physically travel to visit the orphanage. This participant informed the researcher that child’s social and medical history is generally 2-3 pages in length with their vaccination record, information about how the kid came into the care, information on the family and the development of the child.

With the high prevalence of child trafficking in Thailand is there a chance that the orphans were involved in trafficking before entering the orphanage?

Participant 1 stated that there are some countries which are more transparent with those processes than others, and Thailand is very clear about what they do about finding the parents, starting from keeping the child for a year, giving the parents the ability to come back to reclaim their child. Participant 2 informed the researcher that he/she has seen a case where the child was trafficked from Malaysia and that’s how he came into the care into the orphanage.

6.2.3 ADOPTION PROCESS

How do you see the Hague Convention affecting the adoption applications and process?

Participant 1 stated that “Thailand is one of the oldest countries to have signed the Hague along with China and I think that their system is pretty good because they have a set limit to the number of children they will allow out of the country. They don’t want to export their children to people of other countries. They do not allow parents who already have children to adopt. And also in Thailand is the only country

which requires an infertility doctor letter.” Participant 2 stated that the implementation of the Hague involves a lot of paperwork which can slow the process down.

Do you think Thailand’s adoption program is stable? Why or why not?

Participant 1 indicated that Thailand’s adoption program is stable because of the length of time they have been a Hague country and the way they have kept the principles of Hague. Also, they have a philosophy of not exporting the children. In addition, Participant 1 argued that the TRCCH has a belief that the children deserve homes but at the same time they are not eager to give them away. They don’t charge anything; they are not making money on adoption like some countries are. Participant 2 argued “I don’t think there is any reason to believe they will close adoptions anytime soon, but I do see a decline in adoptions and I am not sure how long that will continue.”

Do you think the government of Thailand is in favor of intercountry adoption? Why or why not?

Participant 2 expressed that intercountry adoption is not a priority to them in terms of their time and resources. In particular, they do so few the numbers are so low compared to other countries so it’s really not a top priority for Thailand. However, this participant also noted that “It’s been a struggle to see the program shrink”

6.3 SUMMARY OF KEY INFORMANT INTERVIEWS

In summary, the participants from the Haiti and Thailand programs elaborated on several key issues surrounding their experience and knowledge with the countries. The key issues included circumstances and health status of the children, child trafficking and the effect of the Hague Convention on the adoption process. The majority of the participants from the Haiti program argued that the conditions of the crèches vary and the caregiver to child ratio was variable. However, all the participants agreed that poverty was the most common reason why Haitian children are available for adoption. As well, the participants agreed that the health of the Haitian children varies and medical information varied depending on the crèche. Furthermore, HIV and malnourishment were the most common health issues. The majority of the participants from the Thailand program agreed that the most common reason for adoption is poverty and lack of parental care. As well, lack of medical information was limited and difficult to obtain.

7.0 FINDINGS

This section jointly compares the findings derived from the interviews with the research surveyed in the literature review and the current state analysis to help determine the feasibility of options to help CHOICES make a decision whether or not to start a Thailand adoption program and whether or not to recommence the Haiti program for their clients. Based on the literature review and interview findings, key discussion themes emerged for the Haiti and Thailand programs.

For each theme, the analysis will address consistencies between the interview results, the literature review and the current state analysis. For Haiti, key discussion themes included: (1) poverty as the main reason why Haitian children are available for adoption; (2) limited medical and social history; (3) children arriving with potential undiagnosed medical conditions; (4) malnutrition; (5) attachment issues; (6) substandard living conditions in crèches; (7) less restrictive adoption criteria; (8) increased safeguards throughout the adoption process; and (9) slower adoption process. For Thailand, key discussion themes included: (1) poverty as the main reason why Thai children are available for adoption; (2) varying conditions in the orphanages; (3) limited medical and social history; (4) children arriving with potential undiagnosed medical conditions; (5) long waiting period; and (6) restrictive adoption criteria.

7.1 HAITI

7.1.1 POVERTY AS THE MAIN REASON WHY HAITIAN CHILDREN ARE AVAILABLE FOR ADOPTION

Review of the interview findings revealed poverty, “where parents do not have enough financial resources to meet the needs of their children,” as the main reason why Haitian children become available for adoption. This finding is consistent with the findings from the current state analysis which confirms that many Haitian parents make the decision to give their child to a local crèche due to extreme poverty because their needs could not be met by their family (MLJ Adoptions, 2012, p. 1; Fox News, 2012, para. 9; Daniel, 2014; Nicholas et al., 2012; Dambach & Baglietto, 2010). Haiti remains the poorest country in the Western Hemisphere and is ranked 161 out of out of 187 countries on the UN Human Development Index (HDI) (UNDP, 2013, p. 2). Half of the Haitian population “is unemployed and over half of the population is estimated to be living below the poverty line (less than US \$1 per day) and unable to access sufficient food” (The World Bank, 2014). Due to these difficult economic issues in Haiti, “many Haitian parents make the decision to place their child with a local crèche with the expectation that they will be” better cared for and perhaps adopted internationally.

7.1.2 LIMITED MEDICAL AND SOCIAL HISTORY

Many of the interview participants expressed that the amount of medical, social and psychological information of the children varied depending on the orphanage and ranged from complete medical reports to vague and short medical reports. Additionally, the participants mentioned that the children’s social and medical histories are not always available or complete. These findings are consistent with literature that indicates that often the children’s medical information is incomplete, out of date and either inaccurate or contradictory (Canadian Pediatric Society, 2014). Additionally, the literature confirms that the lack of information may be attributed to the “lack of standardized data, the misleading

medical terminology as well as the lack of knowledge on risks for particular geographic locales” (Public Health Agency of Canada, 2010). Also, the majority of the participants stated the amount of social information received is dependent on the circumstances of the child coming into the orphanage. For example, often children are not brought into orphanages by their birth families but are found abandoned and brought in by neighbors, police or social workers.

7.1.3 CHILDREN ARRIVING WITH POTENTIAL UNDIAGNOSED MEDICAL CONDITIONS

The participants were all very concerned about medical testing of the children and recommended that adoptive families should test their adoptive child for diseases after they return home. This finding is consistent with the current state analysis that states Haitian children may not have been tested for hepatitis, tuberculosis, syphilis or parasitic infections prior to coming home to their new adoptive families (CCAI, 2014, para. 7). Participants argued that incidence of HIV is quite high among children due to the high rates of poverty in the country. Participants also stated other health issues such as TB is common in Haitian children. This finding agrees with the current state analysis that states that the population in Haiti has a high rate of tuberculosis (TB) and upon arrival in their new adoptive country, it is estimated the rate of latent tuberculosis infection for internationally placed children upon arrival is 3 to 19 percent, while the rate of active infection is very low (Davenport, 2006). Additionally, the literature review reveals that the most common infections acquired by children residing in orphanages include respiratory (pneumonia, TB and intestinal (bacteria, parasites) (Miller, 2005, p. 28).

7.1.4 MALNUTRITION

The participants all agreed that that the most common health issue among Haitian children was malnourishment. This is consistent with the findings in the current state analysis that states the rates of malnutrition among Haitian children are concerning with 24 percent of children under the age of five suffering from chronic malnutrition (The World Food Programme, 2015, para. 6). Additionally, malnutrition is the number one cause of death for children in Haiti and it is estimated that up to half of all children’s deaths are caused by malnutrition (Soucy, 2014, para. 1).

7.1.5 ATTACHMENT ISSUES

The majority of the participants argued that the children living in crèches may develop attachment issues as they often receive little attention due to a small caregiver to child ratio. This finding is consistent with the current state analysis which states that the staff to child ratio is poor in Haitian crèches, with only a few staff members caring for dozens of children resulting in little to no personalized attention for the children (OCD, 2014, p. 8). The findings are also consistent with the literature that indicates children who are institutionalized have greater difficulty forming secure attachment relationships (Farina et al., 2004, p. 40; O’Connor et al., 2003; Davenport, 2006; Diamond & Senecky, 2011, p. 427). The literature also confirms that the high child to staff ratio coupled with non-individualized care and the lack of one consistent caregiver can cause significant attachment issues (Farina et al., 2004, p. 40; Niemann & Weiss, 2011, p. 205). Also, the participants noted if the child remains too long in the orphanage then attachment disorders can be developed. The finding agrees with the literature review that verifies that the greater amount of time the child spends in an institution, and the later the age of adoption, the greater the level of insecure attachment (Farina et al., 2004;). In addition, one participant found that younger children placed into families do much better than older

ones with regards to attachment. The literature also revealed that children who were raised in an institutional setting for longer than 4 years are “unlikely to develop a close emotional bond with one adult as they are likely to have received care with few opportunities to develop a close relationship with any one person” (Victorian Department of Human Services, 2014, p. 4).

7.1.6 SUBSTANDARD LIVING CONDITIONS IN CRÈCHES

One participant expressed observed that families who adopt from Haiti are going to be looking at a wide range of childcare conditions as parents can no longer choose their crèche they want to adopt from and it can be any crèche anywhere in the country. The current state analysis confirms that many Haitian crèches do not adequately provide enough care and education for the children. For example, most Haitian crèches, children share a living space with other boys and girls up to age 18, and “their meals are often scant and lacking in nutrition (OCD, 2014, p. 7).

7.1.7 LESS RESTRICTIVE ADOPTION CRITERIA

One participant argued that the new law makes the criteria to adopt from Haiti less restrictive and more accessible as it reaches more adoptive families. The current state analysis details the new adoption requirements for adoptive families and highlights how more families and individuals can qualify to adopt from Haiti (Camille et al., 2014, p. 4). In particular, Haiti has flexible requirements for adoptive families allowing opposite gender couples married for at least 5 years and between the ages of 35 and 50 to adopt. Also, one member of the married couple must be at least 30 years old. Also, single men or women are eligible to adopt, and must be at least 35 years old (Camille et al., 2014, p. 4).

7.1.8 INCREASED SAFEGUARDS THROUGHOUT THE ADOPTION PROCESS

The majority of the participants stated that the *Hague Convention* puts more safeguards and assurance in place for adopted families and makes sure the children are truly available for international adoption. The above finding agrees with the articles set out by *Hague Convention* which aims “to ensure that adoptions take place in the best interests of the child” (Hague Conference on Private International Law, 2013). In particular, the Hague ensures “prospective parents are properly assessed, children are legally available for adoption and they have not been trafficked or kidnapped, and that no profit is made from the adoption process” (Hague Conference on Private International Law, 2013). The participants also mentioned that oftentimes, children living in crèches have at least one or sometimes both living parents who abandoned them. They also mentioned that a child can only be proposed for adoption once they are free and legally belong to no one after 6 months of attempting to locate the child’s biological family. This is in line with the *Hague* that aims to “support birth families and enables them to protect, care and remain with their children” wherever possible. Additionally, the participants reported that crèches must be licensed by the government of Haiti for intercountry adoptions. This finding is consistent with the current state analysis that states the Government of Haiti requires any orphanage, crèche or children’s home in Haiti to possess an accreditation to participate in international adoptions (Embassy of the United States, 2014, para. 3). These “safeguards help to ensure that the children receive an appropriate level of care in a safe environment” before they are adopted.

7.1.9 SLOWER ADOPTION PROCESS

The majority of the participants reported that the *Hague Convention* slows down the adoption process and that the *Hague* keeps children in the crèches longer. These findings are consistent with the current state analysis that indicates children sit in orphanages for long periods of time due to prolonged paperwork and delayed decision-making (Rotabi & Gibbons, 2011). Also, since Haiti only recently signed the Hague Convention in April 2014, time frames for adoption will be largely unknown.

7.2 THAILAND

7.2.1 POVERTY AS THE MAIN REASON WHY THAI CHILDREN ARE AVAILABLE FOR ADOPTION

The participants noted that the most common reason why the children are available for adoption is because of poverty. This finding is consistent with the current state analysis that states Thai children are generally available for adoption due to poverty stricken families or abandoned by their birth family due to extenuating difficulties (WACAP, 2014, p. 3).

7.2.2 VARYING CONDITIONS IN THE ORPHANAGES

The participants stated that the conditions in the orphanages vary in Thailand. The current state analysis explains that the physical conditions of these orphanages vary from new and clean with good resources, to old and in poor condition (WACAP, 2014, p. 3). For example, state run orphanages are typically large, housing between 75 and 200 children who are divided by age, with baby homes caring for children from infancy to approximately 6 years of age (WACAP, 2014, p. 3). On the other hand, the TRCCH is a clean orphanage that provides adequate care of the children and has a good child-to-caregiver ratio (TRC Society, 2013, para. 3).

7.2.3 LIMITED MEDICAL AND SOCIAL HISTORY

One participant stated that the medical and social information is limited and difficult to obtain or receive updates on the children. For example, the child's social and medical history is generally 2-3 pages in length containing their vaccination record information and information on the family and the development of the child. This finding is consistent with the current state analysis which states the medical reports on the child contain limited, basic information concerning the general health status of the child (AAI, 2015, p. 4). It may also include information such as hepatitis B and HIV test results, immunization records, basic developmental and social information and a limited medical history (WACAP, 2014, p. 5).

7.2.4 CHILDREN ARRIVING WITH POTENTIAL UNDIAGNOSED MEDICAL CONDITIONS

With the limited medical information, it is possible for children to arrive with undiagnosed medical conditions. Common health issues for Thai children living in orphanages include ear infections, dysentery, intestinal parasites, lice, and scabies, respiratory or other infectious conditions (WACAP, 2014, p. 2). All orphanages in Thailand are responsible for completing a medical report for each child registered for adoption and testing the children for HIV and Hepatitis B (WACAP, 2014, p. 5).

7.2.5 LONG WAITING PERIOD

One participant stated that the DSDW must produce background information on the children and establish that they are eligible for international adoption which can take between 2 and 3 years as the DSDW has a poor system for processing adoptions efficiently. This finding is not consistent with the current state analysis which states that from start to finish, the entire adoption from Thailand “takes approximately 2 years depending on the completeness of the required documents,” processing times of documents as well as the availability of the child to suit the prospective adoptive parents (Child Adoption Centre, 2004, p. 5). Compared to applicants who specify a particular age for a child they wish to adopt, applicants adopting a child between the ages of 6 months to 3 years will have their applications processed faster (AAI, 2015, p. 3).

7.2.6 RESTRICTIVE ADOPTION CRITERIA

One participant stated that do not allow parents who already have children to adopt and require an infertility doctor letter. The current state analysis confirms that “a couple may find more difficulty in having their adoption application approved when the wife is pregnant, or when they are newlyweds as the Thai authorities take into consideration the capacity of the adopting parents to support the adopted child” (HG Legal Resources, 2015, para. 9). Furthermore, the adopting parent must be 25 years old, at least 15 years older than the child they wish to adopt. Also, couples that are married must be married for at least 3 years prior to the application for adoption.

7.3 SUMMARY OF FINDINGS

In conclusion, the findings from the interview results, the literature review and the current state analysis revealed several key themes. The findings for Haiti suggested the amount of medical, social and psychological information of the children varied depending on the orphanage and the children experience substandard living conditions in the crèches. Poverty is the main reason why children are available for adoption in Haiti and the most common health issue among Haitian children is malnourishment. Additionally, that the new adoption law makes the criteria to adopt from Haiti less restrictive and more accessible as it reaches more adoptive families. The findings for Thailand revealed that the children experience varying conditions in the orphanages. Also, the children have limited medical and social history and may arrive with potential undiagnosed medical conditions. Furthermore, the adoption criteria is restrictive, especially if prospective parents are expecting a child already.

8.0 OPTIONS TO CONSIDER AND RECOMMENDATION

This section outlines three options and one recommendation to CHOICES Adoption & Counselling Agency for their consideration. These options and recommendations are based on the literature review, current state analysis, and the results from the interviews. This section will begin by defining the rationale for the implications. Next, it will present the three options, followed by a recommendation. The feasibility of the options presented by CHOICES at the beginning of the research project of Haiti and Thailand becoming new countries to negotiate intercountry protocols and agreements for adopting children are explored. For each option, the political, legal/legislation, financial, health and quality of care implications are discussed if applicable. This section will conclude with a recommendation based on the literature review and findings followed by an implementation plan.

8.1 IMPLICATIONS CRITERIA

The options are assessed against the following criteria:

- **Political:** The extent to which the option would be supported by the sending country's authorities and whether the country prefers local adoption over placing their children overseas with foreign families. For example, societies with large orphan populations are associated with greater openness to intercountry adoption and may lower restrictions on intercountry adoption (Breuning, 2013, p. 118). This is especially true in societies heavily impacted by the AIDS crisis, depriving adults who might care for the children (Breuning, 2013, p. 118). On the other hand, some countries may not consider intercountry adoption a legitimate option as "it is seen as an admission of the country's inability to care for its children" (Breuning, 1996, p. 118).
- **Legal/Legislation:** Whether the country is regulated by the principles and practices of the *Hague Convention* to regulate intercountry adoption and ensure that no abduction or, sale of or trafficking in children occurs during the adoption process. These safeguards, however, "may have a deterrent effect on the adoption process as it could create a longer and more complex process that is difficult to complete" (Efrat et al., n.d, p. 6). For example, there could be more paperwork and legal documents required. This criteria also includes the degree of flexibility of the adoption requirements (such as age or marital requirements) for the adoptive parents and whether they are difficult to satisfy.
- **Financial:** Financial implications include the degree of expenses that the adoptive parents must pay to complete the adoption. These costs vary from country to country depending on factors such as the country's exchange rate, price of airline tickets, processing times of documents, number of trips required and number of children adopted. These financial costs can be significant, particularly when lengthy or multiple trips are required in the child's country or the longer the extent of the adoption process.
- **Health:** The degree or overall severity of health issues and diseases among adopted children prior to and coming into Canada. The health of the adoptive children can range from minor to major medical issues requiring ongoing care. This criteria also includes the amount of medical documentation of the child upon entering Canada.

- **Quality of Care:** The extent to which the institutional care given to the children was adequate and whether the child may be at risk for attachment issues.

8.2 OPTIONS TO CONSIDER

8.2.1 OPTION ONE: CHOICES SHOULD MAINTAIN THEIR STATUS QUO

The first option is to maintain the status quo and continue to provide adoption services to adoptive parents across BC in the existing intercountry adoption programs currently being offered by CHOICES. Under this option, CHOICES would not expand their intercountry adoption programs to include Haiti and Thailand. As such, no applications for adopting from Haiti and Thailand from prospective adoptive parents would be accepted.

Analysis based on criteria:

- **Legal/Legislation** - No legal documents would be prepared and submitted by CHOICES and the adoptive parents to process the adoptions in Haiti and Thailand.
- **Financial** - No fees or paperwork would be required by adoptive parents to complete adoptions in Haiti and Thailand.

8.2.2 OPTION TWO: CHOICES SHOULD RECOMMENCE THE HAITI ADOPTION PROGRAM

Option two is for CHOICES to recommence the Haiti adoption program and offer it as a new program to parents in BC. In 2005, CHOICES had a Haiti adoption program; however it was suspended in 2012 due to the earthquake. This option would require CHOICES to apply to the IBESR for a license to complete adoptions in Haiti. This option gives potential adoptive clients more countries to choose from at CHOICES. By adding Haiti to their list of intercountry adoption programs, this will enable CHOICES to now provide adoption services in 16 countries.

Under this option, the IBESR is responsible for matching the children, allowing children at all crèches in Haiti a chance for adoption. CHOICES should also be aware that only full adoption is allowed which severs all ties to the child's biological parents or family, which may be less desirable for parents wishing to keep contact with the child's biological parents.

Analysis based on criteria:

- **Legal/Legislation** - As a country that has ratified the *Hague Convention*, Haiti is committed to ensure the child's best interests are protected including their medical and psychological welfare. The measures of the Hague are critical to ensure that no criminal gain, fraud, child trafficking play any part in the adoption process. The IBESR oversees intercountry adoption, ensuring informed and parental consent and guaranteeing no improper financial gains are made. Furthermore, it ensures that all children are in the care of a crèche licensed by the IBESR and have been declared legally adoptable. As noted in the findings, however, as Haiti transitions to the Hague process, there could be delays and unpredictable time frames. For example, children

could be sitting in orphanages for long periods of time due to prolonged paperwork and delayed decision-making (Rotabi & Gibbons, 2011).

- As previously stated in the current state analysis, the new law adoption law has made the adoption requirements for prospective parents more flexible, which means more parents can qualify (Camille et al., 2014, p. 4). For example, the new law reduced five years off the minimum age requirement and now one spouse must be at least 30 years to eligible to adopt (HPP, 2014, p. 4). Additionally, the new law also lifted limits to the number of children (by birth or adoption) prospective adoptive families may have in their household and families can now have any number of biological and adopted children prior to the adoption (HPP, 2014, p. 4). Haiti also allows for heterosexual couples married five or more years, or heterosexual couples who have cohabitated for five or more years, as well as single men or women to adopt. (Camille et al., 2014, p. 4).
- Financial - The cost to adopt from Haiti ranges from \$35,000-\$50,000 CAD. It takes approximately 3 years for adoptive parents to complete their adoption from Haiti from time of application to placement (Holt International, 2015, para. 1). Adoptive parents are required to travel twice to Haiti: the first trip is two weeks in length for initial socialization with the child and the second is to bring the child home (MLJ Adoptions, 2015, para. 6). Applicants wishing to adopt a healthy child experience longer waiting times, whereas priority placements are given to special needs children (TDH Ontario, 2014, para. 10).
- Health - The health status of Haitian orphans living in crèches is considered to be very poor and the children can be exposed to a variety of health problems ranging from malnutrition, colds, rashes, scabies, mulluscum, bug bites, parasites, possible lead exposure and effects from water and/or air pollution. The most common health problem among Haitian children is malnourishment. In addition, Haitian children may not have been tested for hepatitis, tuberculosis, syphilis or parasitic infections prior to coming home to their new adoptive families (CCAI, 2014, para. 7). The incidence of HIV and TB is quite high among Haitian children. The background and health information the parents receive about the child will likely be incomplete and may be unreliable and their medical histories are not always available. As such, it is possible for children to arrive with undiagnosed medical conditions and should be tested for diseases soon after arriving into Canada. This may be done by the child's family doctor or a specialist in adoption medicine.
- Quality of Care - The quality of care in Haitian crèches ranges, as parents can no longer choose their crèche they want to adopt from and it can be any crèche anywhere in the country. However, many Haitian crèches do not adequately provide enough care and education for the children. Often their meals are scant and lacking in nutrition (OCD, 2014, p. 7). In addition, in most crèches, children do not receive enough personalized attention due to the small caregiver to child ratio which may lead to attachment issues (OCD, 2014, p. 8).

8.2.3 OPTION THREE: CHOICES SHOULD COMMENCE A THAILAND ADOPTION PROGRAM

This third option is for CHOICES to commence a Thailand program. Under this option, it is suggested that CHOICES commence a Thailand adoption program through the TRCCH located at the Chulalongkorn Memorial Hospital in the heart of Bangkok. Some of the children under its care were born at the Chulalongkorn hospital, so birth history and records may be available. In addition, the orphanage is clean, well-supplied and has a good child-to-caregiver ratio.

This option gives potential adoptive clients more countries to choose from at CHOICES. By adding Thailand to their list of intercountry adoption programs, this will enable CHOICES to now provide adoption services in 16 countries. CHOICES should be aware that adoption from Thailand is a complex and lengthy process, which can take up to 3.5 years to complete. In addition, a couple may find it more difficult in having their adoption application approved if they become pregnant during the adoption process (Thai Embassy, 2015, para. 12). A pregnancy during the adoption process could delay or derail the adoption (Thai Embassy, 2015, para. 12). As such, this may “hinder clients from choosing Thailand as they may still be trying to conceive their own biological child. Furthermore, although prospective parents may have their own biological children, preference is given to childless couples” (The Children’s Bridge, 2015, para. 3). Also, no same sex married or common law partners are allowed to adopt from Thailand (The Children’s Bridge, 2015, para. 3). Single men are not permitted to adopt, and single women are considered on a case-by case basis (Rainbow Kids, 2014, para. 3). As such, this country may not be ideal for single applicants.

Analysis based on criteria:

- **Political** - Intercountry adoption is not a top priority for Thailand, as they would prefer to adopt their children domestically. “Seventy per cent of children available for adoption in Thailand each year are adopted within Thailand” (AAI, 2015, p. 1).
- **Legal/Legislation** - Thailand has been a signatory to the Hague Convention since August 2006. This demonstrates that Thailand is committed to protecting the best interests of their children against the risks of illegal, irregular or ill-prepared adoptions abroad by following the standards and regulations within the Hague. It is important to note that although dossiers are submitted directly to the TRC, the DSDW is responsible for overseeing the adoptions to ensure proper adoption practices are followed. In particular, the DSDW’s Child Adoption Board is responsible for identifying, evaluating and releasing the child to the adoptive parents.
- **Financial** - It takes approximately 3-3.5 years to complete an adoption in Thailand from time of application to placement (The Children’s Bridge, 2015, para. 4). Applicants adopting a child between 6 months and 3 years “will have their applications processed faster than applicants who specify a particular age for a child they wish to adopt” (AAI, 2015, p. 3). In addition, there is a shorter waiting period to adopt a special needs child (AAI, 2015, p. 3). Only one 2-3 week trip to Thailand is required for adoptive parents to complete their adoption (The Children’s Bridge, 2015, para. 2).
- **Health** - Common health issues for Thai children living in orphanages include ear infections, dysentery, intestinal parasites, lice, scabies, respiratory or other infectious conditions (WACAP, 2014, p. 2). The medical reports contain limited, basic information concerning the general health status of the child which may include information such as hepatitis B and HIV test results, immunization records, basic developmental and social information and a limited medical history

(WACAP, 2014, p. 5). As such, it is possible for children to arrive with undiagnosed medical conditions and should be tested for diseases soon after arriving into Canada. This may be done by the child's family doctor or a specialist in adoption medicine.

- Quality of Care - The quality of care provided in orphanages varies and the state run orphanages have a poor staff-to-child ratio (WACAP, 2014, p. 3). It is not uncommon for babies to spend many hours in their beds and have their bottles propped up on their pillows (WACAP, 2014, p. 2). As such, children may develop attachment issues. On the other hand, the TRC (a privately run orphanage) is a clean orphanage that provides adequate care of the children and has a good child-to-caregiver ratio (TRC Society, 2013, para. 3).

8.24 OPTION FOUR: CHOICES SHOULD COMMENCE A THAILAND ADOPTION PROGRAM AND RECOMMENCE THE HAITI ADOPTION PROGRAM

The final option is for CHOICES to recommence the Haiti adoption program as well as to commence a Thailand adoption program through the TRCCH located at the Chulalongkorn Memorial Hospital. This option gives potential adoptive clients more countries to choose from at CHOICES. By adding Thailand and Haiti to their list of intercountry adoption programs, this will enable CHOICES to now provide adoption services in 17 countries. This option would require CHOICES to apply to the IBESR in Haiti and the DSDW in Thailand for licenses to complete adoptions.

Analysis based on criteria:

- Political - Intercountry adoption is not a top priority for Thailand, and “seventy per cent of children available for adoption in Thailand each year are adopted within Thailand” (AAI, 2015, p. 1). Haiti has a large number of orphans. According to the UNICEF, after the earthquake, the number of orphans doubled from 380,000 children to more than 750,000 children (Wylie, 2011, para. 1). Breuning (2013) has found that societies with large orphan populations, especially in societies heavily impacted by the AIDS crisis are associated with greater openness to intercountry adoption and may lower restrictions on intercountry adoption (p. 118).
- Legal/Legislation - Both Haiti and Thailand have ratified the *Hague Convention* which ensures the child's best interests are protected and to ensure that no criminal gain, fraud, child trafficking play any part in the adoption process. The IBESR in Haiti and the DSDW in Thailand are the Central Authorities responsible for overseeing intercountry adoption, ensuring informed and parental consent and guaranteeing no improper financial gains are made.
- In Haiti, the new adoption law as stated in the current state analysis has made the adoption requirements for prospective parents more flexible (Camille et al., 2014, p. 4). For example, prospective adoptive families may have any number of biological and adopted children prior to the adoption, and single men or women are eligible to adopt. (Camille et al., 2014, p. 4; HPP, 2014, p. 4). Couples adopting from Thailand may find it more difficult in having their adoption application approved if they become pregnant during the adoption process (Thai Embassy, 2015, para. 12). As well, in Thailand single men are not permitted to adopt, and single women are considered on a case-by case basis (The Children's Bridge, 2015, para. 3).
- Financial - The cost to adopt from Haiti ranges from \$35,000-\$50,000 CAD. It takes approximately 3 years for adoptive parents to complete an adoption from Haiti, and

approximately 3-3.5 years to complete an adoption from Thailand from time of application to placement (The Children's Bridge, 2015, para. 4; Holt International, 2015, para. 1). Adoptive parents are required to travel twice to Haiti: the first trip is two weeks in length for initial socialization with the child and the second is to bring the child home (The Children's Bridge, 2015, para. 2). Only one 2-3 week trip is required for adoptive parents to complete their adoption from Thailand (MLJ Adoptions, 2015, para. 6). In both countries, priority placements are given to special needs children (TDH Ontario, 2014, para. 10; AAI, 2015, p. 3).

- **Health** - The health status of Haitian orphans living in crèches is considered to be very poor and the children can be exposed to a variety of health problems such as colds, rashes, scabies and parasites (CCAI, 2014, para. 7). The most common health problem among Haitian children is malnourishment. Common health issues for Thai children living in orphanages include ear infections, dysentery, intestinal parasites, lice, scabies, respiratory or other infectious conditions (WACAP, 2014, p. 2). The children's medical reports from Haiti and Thailand contain limited information concerning the health status of the child and it is possible for children to arrive into Canada with undiagnosed medical conditions (WACAP, 2014, p. 5).
- **Quality of Care** - The TRCCH in Thailand is a clean orphanage that provides adequate care of the children and has a good child-to-caregiver ratio with approximately 13 staff members caring for 50 children (TRC Society, 2013, para. 3). The quality of care in Haitian crèches ranges and many Haitian crèches do not adequately provide enough care and education for the children (OCD, 2014, p. 7). In addition, in most Haitian crèches, children do not receive enough personalized attention due to the small caregiver to child ratio which may lead to attachment issues (OCD, 2014, p. 8).

8.3 RECOMMENDATION

Recommendation: CHOICES should recommence the Haiti adoption program but not begin an adoption program with Thailand

Given the possible options, it is recommended that CHOICES pursue Option 2. Now, only 5 years after the devastating earthquake in 2010, there are even more children in need of adoption in Haiti. Compared to "other countries in the region, Haiti has the highest rate of orphans accounting for 16 percent of the under 18 population" (UNICEF, 2006, p. 2). Extreme poverty is a major reason why Haitian children are available for adoption.

Given CHOICES has been successful with the Haiti program in the past, it provides assurance to future adoptive parents that CHOICES has the necessary experience for completing successful adoptions.

Although the time frame for any adoption depends on several factors such as number of trips required in the child's country, it is estimated to take less time for adoptive parents to complete their adoption in Haiti compared to Thailand. It takes approximately 3 years for Haiti and between 3-3.5 years for Thailand.

It is also recommended that CHOICES does not pursue the Thailand adoption program in the near future as intercountry adoption is not a top priority for Thailand and the eligibility criteria for prospective parents to qualify to adopt is restrictive.

Currently, Haiti has younger children available for adoption compared to Thailand. This might be particularly appealing to parents wishing to adopt young infants. In Haiti, boys and girls between 6 months and 12 years of age are available for adoption, whereas in Thailand, boys and girls age 15 months to 15 years are available for adoption. Also, Thailand has very few infants available for adoption and more boys than girls are available. Also, compared to Thailand, sibling groups are common to adopt from Haiti and many are available, whereas in Thailand, siblings are available, but not common. Children with special needs are also available for adoption in Haiti.

Compared to Thailand, under Haiti's new adoption law, the criteria for adoptive parents is less restrictive which means more individuals and couples now qualify for adoption in Haiti. For example, compared to Thailand, Haiti is more open to single applicants. Both single heterosexual men and women can adoption from Haiti, whereas in Thailand, only single heterosexual women are considered on a case-by-case basis. Also, prospective parents can have any number of biological or adopted children prior to adopting, whereas in Thailand, up to 3 biological or adopted children are allowed.

8.3.1 IMPLEMENTATION OF RECOMMENDATION

The implementation of this recommendation would require CHOICES to apply to the IBESR for a license to complete adoptions in Haiti. It is recommended that CHOICES apply for a license to complete adoptions in Haiti. Upon approval of the license by the IBESR, CHOICES should begin to accept applications from eligible parents to adopt children from Haiti.

First, CHOICES could publish Haiti as a new country on the CHOICES website under the 'CHOICES Country Programs' section briefly detailing the adoptive requirements, children available, timeframe and process. In addition, they can announce they are accepting applications for the Haiti adoption program on their Facebook page and Twitter account. CHOICES could then send an e-mail newsletter to current CHOICES clients announcing they have re-opened the Haiti program and are now accepting applications. For interested prospective parents and inquiries, CHOICES administration can create an adoption pamphlet for Haiti that fully details the adoptive requirements, children available, facts about Haiti, adoption process, and send the adoption pamphlet via e-mail. Attached to the e-mail, could be the adoption application that prospective parents can fill out and send back to CHOICES to see if they meet the adoptive requirements for Haiti. If so, CHOICES can begin to work with the parents to complete a home study and gather all the required documentation the country and submit a dossier to the IBESR for approval. CHOICES could also consider organizing a workshop with a PowerPoint presentation for interested prospective adoptive parents that outlines the adoption process and answer any specific questions about the country or adoption process.

9.0 CONCLUSION

Intercountry adoption offers the advantage for abandoned, orphaned or children with special needs for whom a family cannot be found in their country of origin to be raised within a permanent family from another country. For adoptive parents, intercountry adoption provides a way to expand their families and care for a child who would otherwise face an uncertain future in their own countries. Many children in Haiti and Thailand are in need of adoption and deserve to grow up in a family who will love, support and nurture them in order to grow into productive and happy adults.

The purpose of this project is to recommend to CHOICES the feasibility of Haiti and Thailand as becoming new countries to negotiate intercountry protocols and agreements for adopting children. A number of options and a recommendation have been suggested in this research project. It is hoped the findings and recommendations in this project will be used by CHOICES to help them better make a decision on whether or not to start a Thailand adoption program and whether or not to recommence the Haiti program for their clients.

In the future, further research could be conducted on the costs and benefits of CHOICES partnering with other adoption agencies in Canada and the United States who are already licensed to work in Haiti and Thailand to complete adoptions. Also, CHOICES could use the conceptual/analytical framework in this current project as a tool to help guide research into other countries.

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APPENDICES

Appendix A: E-mail Request to Participate for CHOICES' Office and Program Manager

Dear (insert participant's name),

Re: Request to Participate in Building New Intercountry Adoption Opportunities for CHOICES Adoption & Counselling Services

My name is Jackie Carson and I am a graduate student in the School of Public Administration at the University of Victoria. I am writing to request your participation in an in-person interview for my study entitled: *Building New Intercountry Adoption Opportunities for CHOICES Adoption & Counselling Services*. As a graduate student, I am required to conduct research as part of the requirements for a degree in Public Administration in consultation with a client for which it will demonstrate value. It is being conducted under the supervision of Dr. Kimberly Speers. You may contact my supervisor at kspeers@uvic.ca. In addition, you can verify the ethical approval of this study, or raise any concerns you have by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca

As you know, in the past, CHOICES did have a Haiti program, but they chose to discontinue it. This year, CHOICES opened up the Haiti program again, and is in the beginning stages. The purpose of the interview is to determine the reasons and historical information about why it was closed in the past to add to the background of my project and to determine the feasibility of continuing the program.

Please note that all data will be treated in a confidential manner. Individual responses will not be identified within the final report and your manager will not be informed of who decides to participate. Rather, specific examples will be cited anonymously. Furthermore, your participation is completely voluntary and you can decide to withdraw from participating at any time without any consequences or any explanation. Furthermore, you should not feel obligated to participate due to a relationship with the researcher. If you do decide to participate, you may withdraw at any time. If you do withdraw from the study, your data will be immediately destroyed and not included in the analysis.

Should you decide to do this; any data collected to date will be immediately destroyed and will not be included in the analysis of my report.

Attached to this e-mail, I have also included a copy of a free and informed consent form for your participation in my research paper. The form is to be returned via fax or by scan, or in-person at the interview. To scan a copy, please send to jackiecarson9@gmail.com. If you are faxing a copy, please send to 250-479-9850. If you have any questions, please feel free to contact me. I will collect the signed copies of the consent form prior to the interview commencing.

I am very excited to begin this project and I am looking forward to conducting the interviews to learn more about the adoption process.

Thank you in advance for your consideration and I will follow up via e-mail in the next week to confirm your interest and the interview date, time and location.
Thank you for your consideration.

Sincerely,

Jackie Carson
Masters of Public Administration Candidate, University of Victoria
Email: jackiecarson9@gmail.com
Tel: (250) 415-8182

Appendix B: E-mail Request to Participate for the Haiti Program

Dear (insert participant's name),

Re: Request to Participate in Building New Intercountry Adoption Opportunities for CHOICES Adoption & Counselling Services

My name is Jackie Carson and I am a graduate student in the School of Public Administration at the University of Victoria. I am writing to request your participation in a telephone interview for my study entitled: *Building New Intercountry Adoption Opportunities for CHOICES Adoption & Counselling Services*. As a graduate student, I am required to conduct research as part of the requirements for a degree in Public Administration in consultation with a client for which it will demonstrate value. It is being conducted under the supervision of Dr. Kimberly Speers. You may contact my supervisor at kspeers@uvic.ca. In addition, you can verify the ethical approval of this study, or raise any concerns you have by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca

In the past, CHOICES did have a Haiti program, but they chose to discontinue it. This year, CHOICES opened up the Haiti program again, and is in the beginning stages. The purpose of my project is to research and determine the feasibility of the Haiti program for CHOICES families.

Your participation in my research project is important to my success. The purpose of the interview is to gather your views and perspectives on adopting from Haiti. I will ask you about your knowledge and experience with the adoption process in Haiti.

Please note that all data will be treated in a confidential manner. Individual responses will not be identified within the final report. Rather, you will be referenced as a "staff member," and the name of your agency will be included.

Furthermore, your participation is completely voluntary and you can decide to withdraw from participating at any time without any consequences or any explanation. If you do decide to participate, you may withdraw at any time. If you do withdraw from the study, your data will be immediately destroyed and not included in the analysis.

Should you decide to do this; any data collected to date will be immediately destroyed and will not be included in the analysis of my report.

Attached to this e-mail, I have also included a copy of a free and informed consent form for your participation in my research paper. The form is to be returned via fax or by scan. To scan a copy, please send to jackiecarson9@gmail.com. If you are faxing a copy, please send to 250-479-9850. If you have any questions, please feel free to contact me. I will collect the signed copies of the consent form prior to the interview commencing.

I am very excited to begin this project and I am looking forward to conducting the interviews to learn more about the adoption process.

Thank you in advance for your consideration and I will follow up via e-mail in the next week to confirm your interest and the interview date, time and location.

Thank you for your consideration.

Sincerely,

Jackie Carson

Masters of Public Administration Candidate, University of Victoria

Email: jackiecarson9@gmail.com

Tel: (250) 415-8182

Appendix C: E-mail Request to Participate for the Thailand Program

Dear (insert participant's name),

Re: Request to Participate in Building New Intercountry Adoption Opportunities for CHOICES Adoption & Counselling Services

My name is Jackie Carson and I am a graduate student in the School of Public Administration at the University of Victoria. I am writing to request your participation in a telephone interview for my study entitled: *Building New Intercountry Adoption Opportunities for CHOICES Adoption & Counselling Services*. As a graduate student, I am required to conduct research as part of the requirements for a degree in Public Administration in consultation with a client for which it will demonstrate value. It is being conducted under the supervision of Dr. Kimberly Speers. You may contact my supervisor at kspeers@uvic.ca. In addition, you can verify the ethical approval of this study, or raise any concerns you have by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca

In the last few years, CHOICES has perceived a growing demand from families seeking to adopt children from Thailand. The purpose of my project is to research and determine the feasibility of opening up opportunities with Thailand for CHOICES families.

Your participation in my research project is important to my success. The purpose of the interview is to gather your views and perspectives on adopting from Thailand. I will ask you about your knowledge and experience with the adoption process Thailand.

Please note that all data will be treated in a confidential manner. Individual responses will not be identified within the final report. Rather, specific examples will be cited anonymously. Furthermore, your participation is completely voluntary and you can decide to withdraw from participating at any time without any consequences or any explanation. If you do decide to participate, you may withdraw at any time. If you do withdraw from the study, your data will be immediately destroyed and not included in the analysis.

Should you decide to do this; any data collected to date will be immediately destroyed and will not be included in the analysis of my report.

Attached to this e-mail, I have also included a copy of a free and informed consent form for your participation in my research paper. The form is to be returned via fax or by scan. To scan a copy, please send to jackiecarson9@gmail.com. If you are faxing a copy, please send to 250-479-9850. If you have any questions, please feel free to contact me. I will collect the signed copies of the consent form prior to the interview commencing.

I am very excited to begin this project and I am looking forward to conducting the interviews to learn more about the adoption process.

Thank you in advance for your consideration and I will follow up via e-mail in the next week to confirm your interest and the interview date, time and location.

Thank you for your consideration.

Sincerely,

Jackie Carson

Masters of Public Administration Candidate, University of Victoria

Email: jackiecarson9@gmail.com

Tel: (250) 415-8182

Appendix D: Participant Consent form for CHOICES' Office and Program Manager

You are invited to participate in a study entitled Building New Intercountry Adoption Opportunities for CHOICES Adoption & Counselling Services that is being conducted by Jackie Carson.

Jackie Carson is currently a graduate student in the Department of Public Administration at the University of Victoria and you may contact the school if have any further questions at padm@uvic.ca.

As a graduate student, I am required to conduct research as part of the requirements for a degree in the Masters of Public Administration Program. It is being conducted under the supervision of Dr. Kimberly Speers. You may contact my supervisor at kspeers@uvic.ca. In addition, you may verify the ethical approval of this study, or raise any concerns by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Purpose and Objectives

The purpose of this research project is to recommend to CHOICES potential new countries with which to negotiate intercountry protocols and agreements for adopting children.

Importance of this Research

With the growing demand from families seeking to adopt internationally, it is crucial for CHOICES to learn about potential intercountry opportunities in which to build relationships and to negotiate intercountry protocols and agreements. This research will help inform and recommend to CHOICES potential new countries for their clients to consider as they begin the adoption process.

Participants Selection

You are being asked to participate in this study because you have significant and/or relevant experience with respect to the historical background of why CHOICES decided to discontinue the Haiti program in the past. Your Director will not be informed of whether you decide to participate in this study.

What is Involved

If you consent to voluntarily participate in this research, your participation will include involvement in a telephone interview. This interview will take approximately 45-60 minutes and will be recorded by an audio recorder and transcribed onto a computer.

Inconvenience

Participation in this study may cause some inconvenience to you, which will be the time that is required to respond to the interview questions.

Risks

There are no known or anticipated risks to you by participating in this research.

Benefits

The potential benefits of your participation in this research include recommending CHOICES potential new countries for their clients to consider as they begin the adoption process. You will also be provided with a copy of the final research paper.

Compensation

There will be no compensation provided for participating in the research project.

Voluntary Participation

It is important to note that the client will not be conducting the research and I am not in a power-over relationship with any of the interview participants.

You should not feel obligated to participate due to a relationship with the researcher. Furthermore, your participation in this research must be completely voluntary and is being conducted to complete the requirements of my MPA degree. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study, your data will be immediately destroyed and not included in the analysis.

Anonymity

In terms of protecting your anonymity, references to your name or position as an Office and Program Manager will not be made in the final research paper. Rather, you will be referenced as a “staff member,” and the name of your agency will be included.

Confidentiality

The audio recordings of the interview responses will be kept in a locked filing cabinet at the researcher’s home and electronic information will be password protected for access by the research only.

Your client/manager will not be informed of whether you decide to participate. The procedures for recruiting or selecting participants may compromise the confidentiality of participants due to selection as participants will be identified with the assistance of the Executive Director of CHOICES Adoption, Robin Pike, as she has the experience to identify participants who have expert knowledge in the area I am seeking.

Dissemination of Results

It is anticipated that the results of this study will be shared with others during a presentation and defense of the final report. The final report will be submitted to the Examination Committee of the School of Public Administration at the University of Victoria. The final report will also be shared on the University of Victoria’s Research and Learning Repository (d-space), shared directly to each interview participant as well as CHOICES Adoption Agency & Counselling Services (the client for this report).

Disposal of Data

Data from this study will be disposed of through shredding and the removal of electronic files after the research paper has been successfully accepted by the examination committee at the University of Victoria.

Contacts

Individuals that may be contacted regarding this study include the researcher, Jackie Carson (250-415-8182 or jackiecarson9@gmail.com), and the academic supervisor, Dr. Kimberly Speers (kspeers@uvic.ca).

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

Name of Participant

Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix E: Participant Consent form for Haiti and Thailand Program Participants

You are invited to participate in a study entitled Building New Intercountry Adoption Opportunities for CHOICES Adoption & Counselling Services that is being conducted by Jackie Carson.

Jackie Carson is currently a graduate student in the Department of Public Administration at the University of Victoria and you may contact the school if have any further questions at padm@uvic.ca.

As a graduate student, I am required to conduct research as part of the requirements for a degree in the Masters of Public Administration Program. It is being conducted under the supervision of Dr. Kimberly Speers. You may contact my supervisor at kspeers@uvic.ca. In addition, you may verify the ethical approval of this study, or raise any concerns by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Purpose and Objectives

The purpose of this research project is to recommend to CHOICES potential new countries with which to negotiate intercountry protocols and agreements for adopting children.

Importance of this Research

With the growing demand from families seeking to adopt internationally, it is crucial for CHOICES to learn about potential intercountry opportunities in which to build relationships and to negotiate intercountry protocols and agreements. This research will help inform and recommend to CHOICES potential new countries for their clients to consider as they begin the adoption process.

Participants Selection

You are being asked to participate in this study because you have significant and/or relevant experience with respect to the country being investigated.

What is Involved

If you consent to voluntarily participate in this research, your participation will include involvement in a telephone interview. This interview will take approximately 45-60 minutes and will be recorded by an audio recorder and transcribed onto a computer.

Inconvenience

Participation in this study may cause some inconvenience to you, which will be the time that is required to respond to the interview questions.

Risks

There are no known or anticipated risks to you by participating in this research.

Benefits

The potential benefits of your participation in this research include recommending CHOICES potential new countries for their clients to consider as they begin the adoption process. You will also be provided with a copy of the final research paper.

Compensation

There will be no compensation provided for participating in the research project.

Voluntary Participation

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study, your data will be immediately destroyed and not included in the analysis.

Anonymity

In terms of protecting your anonymity, references to your name or position will not be made in the final research paper, but the name of your agency will be included.

Confidentiality

The audio recordings of the interview responses will be kept in a locked filing cabinet at the researcher's home and electronic information will be password protected for access by the research only. The client/manager will not be informed of who decides to participate. The procedures for recruiting or selecting participants may compromise your confidentiality due to selection as participants will be identified with the assistance of the Executive Director of CHOICES Adoption, Robin Pike, as she has the experience to identify participants who have expert knowledge in the area I am seeking.

Dissemination of Results

It is anticipated that the results of this study will be shared with others during a presentation and defense of the final report. The final report will be submitted to the Examination Committee of the School of Public Administration at the University of Victoria. The final report will also be shared on the University of Victoria's Research and Learning Repository (d-space), shared directly to each interview participant as well as CHOICES Adoption Agency & Counselling Services (the client for this report).

Disposal of Data

Data from this study will be disposed of through shredding and the removal of electronic files after the research paper has been successfully accepted by the examination committee at the University of Victoria.

Contacts

Individuals that may be contacted regarding this study include the researcher, Jackie Carson (250-415-8182 or jackiecarson9@gmail.com), and the academic supervisor, Dr. Kimberly Speers (kspeers@uvic.ca).

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

Name of Participant

Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix F: Interview Questions for CHOICES' Office and Program Manager

Respondent name:

Position title: Office and Program Manager

Name of adoption agency: CHOICES Adoption & Counselling Services

Interview Date:

Interview Start Time:

Interview End Time:

Section A: Background Information:

1. Why did CHOICES stop the Haiti program in the past?
2. Was CHOICES successful in placing a child with an adoptive family from Haiti in the past? If not, why did it fall apart?

Section B: Children Available:

1. With the program opening up again, generally, what are the circumstances behind why the children are available for adoption? What is the most common reason?
2. Do you find the children were generally healthy? How serious were the health issues? How much medical, social and psychological information can be obtained?
3. With the high prevalence of child trafficking in Haiti, is there a chance that the orphans were involved in trafficking before entering the orphanage?

Section C: Adoption Process:

4. How do you see the *Hague Convention* (which entered into force for Haiti on April 1, 2014) affecting the adoption applications and process?
5. Do you think the Haiti's adoption program is stable? Why or why not?
6. How has the 2010 earthquake in Haiti affected the adoption process? What are the challenges and risks in adopting a child in the aftermath of the earthquake?
7. Is Haiti generally in favor of intercountry adoption? Why? Or why not?

Appendix G: Interview Questions for the Haiti program

Respondent name:

Position title:

Name of adoption agency:

Interview Date:

Interview Start Time:

Interview End Time:

Section A: Background Information:

8. How many years of experience does your agency have placing children from the Haiti program?
9. Who do you work with in Haiti to complete the adoptions (e.g., lawyers, orphanages, translators etc.)? Do you use facilitators? What services does the facilitator provide?
10. Have you been successful in placing a child with an adoptive family from Haiti? If so, how many children did you place from Haiti last year? The year before?
11. How many placements in the last three years have fallen apart either before or after the adoption was finalized? Why did they fall apart?

Section B: Children Available:

12. What are the conditions in the orphanages that you work with in Haiti? Does someone from your agency personally visit the orphanages in Haiti? If not, how are you informed about the quality of care?
13. Generally, what are the circumstances behind why the children are available for adoption? What is the most common reason?
14. Did you find the children were generally healthy? How serious were the health issues? How much medical, social and psychological information can be obtained? Do the children have medical records?
15. With the high prevalence of child trafficking in Haiti, is there a chance that the orphans were involved in trafficking before entering the orphanage?

Section C: Adoption Process:

16. How do you see the *Hague Convention* (which entered into force for Haiti on April 1, 2014 affecting the adoption applications and process?
17. What are the benefits of adopting from Haiti?

18. Do you think the Haiti's adoption program is stable? Why or why not?
19. How has the 2010 earthquake in Haiti affected the adoption process? What are the challenges and risks in adopting a child in the aftermath of the earthquake?
20. Do you have any further information or recommendations related to the adoption process in Haiti?
21. Is the government of Haiti generally in favor of intercountry adoption? Why? Or why not?

Appendix H: Interview Questions for the Thailand program

Respondent name:

Position title:

Name of adoption agency:

Interview Date:

Interview Start Time:

Interview End Time:

Section A: Background Information:

1. How many years of experience does your agency have placing children from the Thailand program?
2. Who do you work with in Thailand to complete the adoptions (e.g., lawyers, orphanages, translators etc.)? Do you use facilitators? What services does the facilitator provide?
3. Have you been successful in placing a child with an adoptive family from Thailand? If so, how many children did you place from Haiti last year? The year before?
4. How many placements in the last three years have fallen apart either before or after the adoption was finalized? Why did they fall apart?

Section B: Children Available:

5. What are the conditions in the orphanages that you work with in Thailand? Does someone from your agency personally visit the orphanages in Haiti? If not, how are you informed about the quality of care?
6. Generally, what are the circumstances behind why the children are available for adoption? What is the most common reason?
7. Did you find the children were generally healthy? How serious were the health issues? How much medical, social and psychological information can be obtained? Do the children have medical records?
8. With the high prevalence of child trafficking in Thailand, is there a chance that the orphans were involved in trafficking before entering the orphanage?

Section C: Adoption Process:

9. How do you see the *Hague Convention* affecting the adoption applications and process?
10. What are the benefits of adopting from Thailand?

11. Do you think the Thailand's adoption program is stable? Why or why not?
12. Do you have any further information or recommendations related to the adoption process in Haiti?
13. Is the government of Thailand generally in favor of intercountry adoption? Why? Or why not?