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Discussion Paper “The impact of Covid-19 on intercountry adoptions”

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Keys



HCCH materials or other resources



Possible ideas to be discussed at the Special Commission Meeting

1. BACKGROUND

1. This Discussion Paper aims at summarising the views of certain States on how Covid-19 has affected intercountry adoption, as well as to present some ideas for discussion at the Fifth Meeting of the Special Commission (SC) on the practical operation of the *Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption* (1993 Adoption Convention or simply the Convention) scheduled for 4 to 8 July 2022.¹ The information provided is based on the responses of 46 Contracting Parties to the 1993 Adoption Convention to a Questionnaire on the impact of Covid-19 on intercountry adoptions under the 1993 Adoption Convention (Questionnaire).²
2. The main impacts of the Covid-19 pandemic on intercountry adoption identified by these States are as follows:
 - a sharp decrease in the number of intercountry adoptions (section 2);
 - an enhanced cooperation and coordination (section 3);
 - some adjustments to the adoption procedure (section 4); and
 - a broader use of technology (section 5).
3. This document also proposes for consideration some practices that Contracting Parties could mainstream into regular work (section 6) and suggests some questions that may be discussed at the SC (section 7).

HCCH Toolkit on Covid-19³

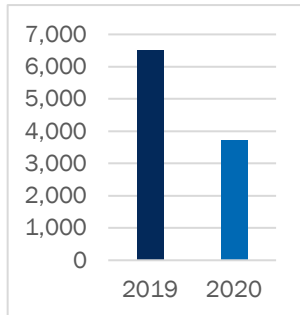
At the beginning of the pandemic, the Permanent Bureau (PB) of the Hague Conference on Private International Law (HCCH) issued a [Toolkit on Covid-19](#) on HCCH Conventions emphasising, with regard to the 1993 Adoption Convention, that the **emergency situation should not be used to circumvent the safeguards and procedures set forth in that Convention**. The **use of technology** was recommended as useful to properly communicate and coordinate work effectively.

2. SHARP DECREASE IN THE NUMBER OF INTERCOUNTRY ADOPTIONS

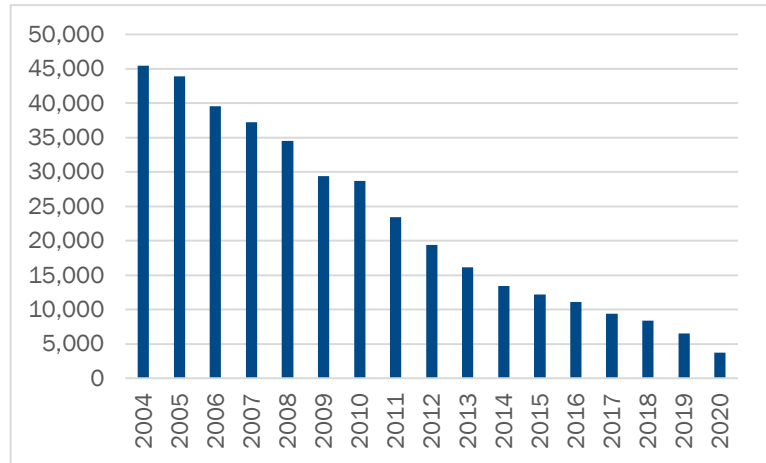
4. Throughout the Covid-19 pandemic, various measures have been taken to restrict physical contact, including severe international travel restrictions. One of the major consequences of these measures on intercountry adoptions was that the number of intercountry adoptions dropped exponentially in 2020, in comparison to the number of intercountry adoptions done in the past years, and in 2019 specifically, as shown by the following charts:⁴

Number of intercountry adoptions worldwide

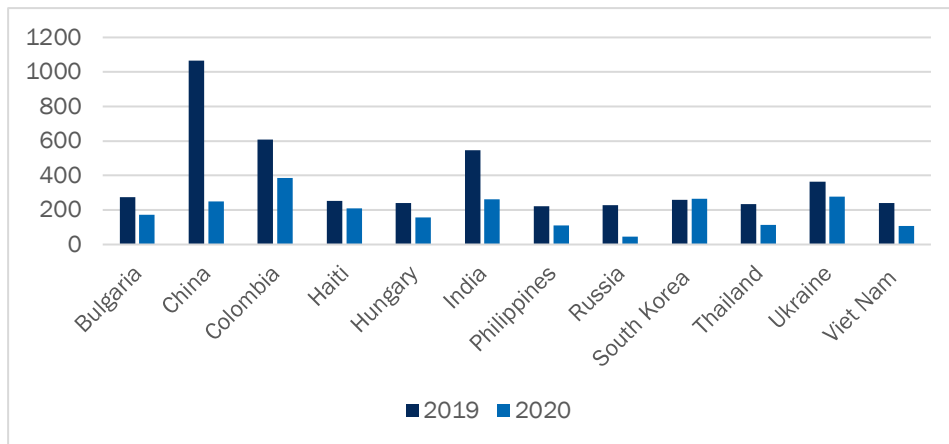
2019 - 2020



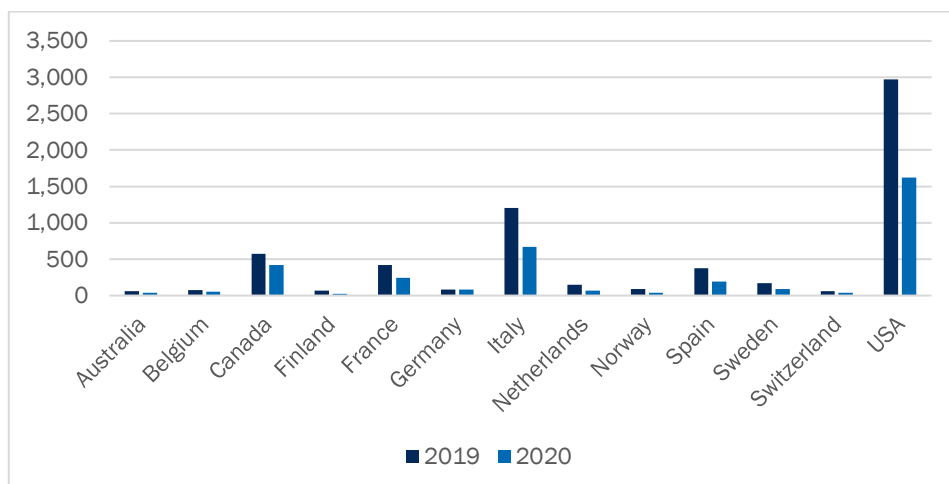
2004 - 2020



Number of intercountry adoptions in 12 States of origin⁵



Number of intercountry adoptions in 13 receiving States



3. ENHANCED COOPERATION AND COORDINATION

5. During the pandemic, States of origin and receiving States have strengthened and intensified coordination between the different services and authorities that are involved throughout the adoption procedure in their respective States,⁶ as well as the cooperation with their partner States.⁷ Embassies also played an important role in ensuring good communication between the Central Authorities of States of origin and receiving States.⁸

4. ADJUSTMENTS TO THE ADOPTION PROCEDURE⁹

6. According to the responses to the Questionnaire, many States consider that they have not “modified” (*i.e.*, made substantive changes to the) adoption legislation and / or procedures due to the Covid-19 pandemic.¹⁰
7. However, many States explained that they have “adapted or adjusted” (some steps of) the adoption procedure.¹¹ Other States noted that they did not make (major) adjustments to (some steps of) the adoption procedure,¹² and / or reported that the work continued normally.¹³ A few States tried to find solutions on a case-by-case basis.¹⁴ Several States, including those which responded that they had not adjusted their adoption procedure, mentioned the respect of general Covid-19 measures (*e.g.*, physical distancing and / or wearing a mask during in-person meetings).¹⁵
8. While some aspects of the adoption procedure had to be adjusted to respond to the needs of the new situation, States mentioned that they did their best to ensure that the safeguards and procedures of intercountry adoptions, including the 1993 Adoption Convention, were respected.¹⁶ To ensure that the safeguards continue to be respected, some States also indicated ongoing monitoring of the situation and reporting of any irregularities.¹⁷
9. When the pandemic started, adoption procedures encountered unique challenges depending on the stage of the adoption process. In particular:
 - at **initial stages** (*e.g.*, consideration of the principle of subsidiarity, assessment of the child’s adoptability, assessment of the eligibility and suitability of PAPs): the main difficulty was to assess whether these procedures could continue during the pandemic and if so, how;
 - at the stage of **matching** (*i.e.*, children had already been matched with PAPs, but the child and the PAPs had never met in person and / or no adoption decision had been issued):¹⁸ in these cases, the main difficulty was for the PAPs to travel to the State of origin and meet with the child;
 - when the **adoption decision** had already been **issued**, but the child and the PAPs were still in the State of origin: the main difficulty was for the child and the PAPs to travel to the receiving State. In many of these cases, families had to remain longer in the State of origin, until they were able to safely travel back to the receiving State.¹⁹
10. In particular at the beginning of the pandemic, States had to take specific measures to address cases in transition (see in the sub-sections below where specifically stated, as well as the responses to questions 2 and 3 of the Questionnaire). Some of these measures continue to be in place today (often in a slightly modified fashion) while others not.

4.1 Suspension and / or delays of stages of the adoption procedure

11. Several States mentioned that they had suspended certain stages of the procedure, in particular at the start of the pandemic.²⁰ For example, the adoptability of the child,²¹ some aspects of the assessment of the PAPs (e.g., psychological assessment, home visits),²² the training of the PAPs,²³ the matching,²⁴ the socialisation period,²⁵ the adoption decision,²⁶ and / or the provision of post-adoption reports²⁷ were suspended at the start but then resumed. In many States, travel of PAPs to States of origin was suspended at the beginning of the pandemic.²⁸
12. Several States mentioned that some stages of the adoption procedure experienced delays as it took more time than usual to complete them:²⁹ For example, the assessment of the child's adoptability,³⁰ the assessment of the PAPs' eligibility and suitability,³¹ the adoption preparatory courses,³² the matching,³³ the socialisation with children,³⁴ and the adoption decisions³⁵ were among the stages affected. In order to address these delays, some States extended the deadlines, for example, to submit documents, to process a specific stage of the adoption procedure, or to confirm different stages of the procedure.³⁶ In addition, where PAPs had been declared eligible and suitable to adopt but their approval was to expire during the pandemic, this approval was extended.³⁷

4.2 Enhanced information, support and counselling to children and PAPs

13. To mitigate the impact of the pandemic on children and PAPs, many States provided extra information, support and counselling.
14. In some States of origin, children were counselled and supported to help them overcome fear and anxiety associated with the uncertainty caused by the Covid-19 pandemic.³⁸ Support was provided to adoptable children and children who had been matched with PAPs but who could not travel (e.g., the children were provided with information regarding the situation and the possibility of delay in the adoption procedure because of the pandemic).³⁹ During the socialisation period in the receiving State, the Central Authority of the State of origin provided additional support.⁴⁰
15. In some receiving States, PAPs continued to receive extra support. For example, regular updates on the adoption process,⁴¹ more regular contact for PAPs waiting to travel to the State of origin,⁴² and additional support for administrative procedures and travel⁴³ were provided. In addition, new initiatives were created for PAPs such as support groups,⁴⁴ or public inquiry channels.⁴⁵

4.3 Matching and socialisation period

16. One State of origin mentioned that before doing the matching, they had open consultations with Central Authorities of receiving States and adoption accredited bodies (AABs) which made suggestions regarding possible PAPs (i.e., reversal of the flow) who were still able and willing to move forward with an adoption during the pandemic.⁴⁶
17. Once the matching took place, PAPs received regular information about the child's wellbeing.⁴⁷ Due to the difficulties or impossibility to travel, the time between the acceptance of matching and the first in-person meeting between the PAPs and the child was longer and some receiving States therefore requested additional (health) information and updates on the wellbeing of the child.⁴⁸
18. Because of the difficulties or impossibility to travel, in some cases the period of time the PAPs had to stay in the State of origin was reduced.⁴⁹

4.4 Travelling to the State of origin and to the receiving State

19. Due to severe international travel restrictions, one of the main difficulties during the pandemic was travelling between different States.
20. States advised PAPs on the risks of travelling to States of origin and provided updated information on the changes in possibilities to travel to these States.⁵⁰
21. *Travel of PAPs to the State of origin:* In some cases, PAPs were still permitted to travel to certain States of origin.⁵¹ In some instances, because of the difficulties associated with international travel at the start of the Covid-19 pandemic, only one trip (instead of multiple trips) to the State of origin became necessary for the completion of the adoption process.⁵² In other cases, the period of time that PAPs are usually required to spend in the State of origin was reduced.⁵³ In other States, travel was simply postponed until restrictions were lifted.⁵⁴
22. *Travel of the child and the PAPs to the receiving State:* Special travel arrangements were put in place so that children could travel with the PAPs to the receiving State.⁵⁵ Three States mentioned that when the PAPs were not permitted to travel due to restrictive border measures, in a very exceptional and limited number of cases, children travelled with an escort to the receiving State.⁵⁶ These measures mainly took place at the beginning of the pandemic.
23. Coordination and cooperation between States of origin and receiving States was particularly important to assist with travel.⁵⁷ For example, at the beginning of the pandemic, some European receiving States joined efforts by organising special coordinated flights for PAPs and children (rather than traveling on different flights).⁵⁸
24. *Mandatory quarantine after traveling:* In some cases, children and PAPs were faced with a mandatory quarantine period upon their return to the receiving State. In such cases, some of these receiving States provided them with additional and specific counselling.⁵⁹ This period was seen on the one hand as something positive as it provided an opportunity for the PAPs and the child to bond, but on the other hand it was particularly challenging for older children.⁶⁰

4.5 Expedition of administrative formalities

25. Some States expedited changes in civil registration during the Covid-19 pandemic.⁶¹
26. With regard to passports and visas, in some situations, and in particular at the beginning of the pandemic, families encountered difficulties obtaining the child's passport.⁶² In response to these difficulties, some receiving States facilitated administrative procedures for obtaining an entry visa and / or issuing the child's passport (both for cases in transition,⁶³ and for new cases under the pandemic⁶⁴). Coordination and cooperation between States on these matters were also very helpful to obtain special travel documents and / or facilitate entrance into specific States.⁶⁵

5. BROADER USE OF TECHNOLOGY

27. In almost every State, there has been a broader use of new technologies for communication. Personnel of many authorities and bodies had to telework,⁶⁶ to use online platforms and communication, such as e-mails, video calls and conferences, for their daily work, as well as to cooperate and / or communicate between authorities within a State and between States of origin and receiving States.⁶⁷

28. There was also a greater use of the electronic submission of documents: States had to work with documents in an electronic format. Some States started accepting the electronic submission of documents (although sometimes original documents still had to be sent afterwards)⁶⁸ by way of e-mail.⁶⁹ Other States digitalised adoption files, in whole or in part, managed them electronically,⁷⁰ and / or permitted (and / or accepted) the use of electronic signatures.⁷¹
29. Many States had already started to implement new technologies into their work processes before the pandemic.⁷² However, for most States responding to the Questionnaire, the use of technology became even more prevalent to facilitate access to adoption services.⁷³

5.1 Stages of the adoption procedure that may be done (party or fully) online

30. States adapted certain stages of the adoption procedure to online methods when it was possible and relevant.⁷⁴ For example, in some States the following stages were done (partly or fully)⁷⁵ online:

Adoptability	<ul style="list-style-type: none"> Some parts of the assessment of the child's adoptability.⁷⁶ Some judicial hearings of the child.⁷⁷
Assessment of the PAPs	<ul style="list-style-type: none"> Some parts of the home study.⁷⁸ Some judicial hearings of the PAPs.⁷⁹
Training, support and counselling to PAPs	<ul style="list-style-type: none"> Trainings and meetings with PAPs in general,⁸⁰ or only when it was not possible to do them in person.⁸¹
Matching	<ul style="list-style-type: none"> Meetings of the matching committee (fully online).⁸² Hybrid format of meetings of the matching committee.⁸³
Contact after matching between child and PAPs, and socialisation period	<ul style="list-style-type: none"> Contact between the child and the PAPs before the PAPs could travel to the State of origin.⁸⁴ Meetings between the relevant authority and the family to monitor the socialisation period.⁸⁵
Issuance of the adoption decision	<ul style="list-style-type: none"> Documents necessary at the stage of the adoption decision, which are mainly issued by courts, were delivered and issued fully online.⁸⁶ Court hearings and / or adoption decisions.⁸⁷
Post-adoption	<ul style="list-style-type: none"> Post-adoption monitoring (fully online).⁸⁸ Interviews with the family in order to draft the post-adoption report.⁸⁹ Online availability of adoption files for adoptees' consultation.⁹⁰

5.2 Benefits of the use of technology

31. The overall benefit of using technology was that it provided an opportunity to continue intercountry adoption procedures during extraordinary times.⁹¹
32. Benefits for competent authorities and AABs:
 - Quicker exchange of information: more fluid, rapid and efficient communication.⁹²
 - Saving of time: no need to travel, mitigates and / or prevents delays.⁹³
 - Saving of costs.⁹⁴
 - Facilitation of cooperation, exchange of ideas, information, collaboration, and communication.⁹⁵
 - Improvement of management, as well as better coordination and adaptation of the agendas of all actors involved, making the work process more convenient for everyone involved.⁹⁶
 - Greater possibility to engage with other Central Authorities and AABs.⁹⁷
 - Inclusion of more professionals from other fields and / or other locations.⁹⁸
 - More flexibility to engage with families, including having more contact with families living further away.⁹⁹
 - Digitalisation of Apostilles and legalisation of documents.¹⁰⁰
33. Benefits for PAPs:
 - Easier and equal access to information and training for PAPs.¹⁰¹
 - More communication with competent authorities: authorities and PAPs felt closer to each other, which made families feel more comfortable.¹⁰²
 - Faster obtention of appointments.¹⁰³
 - More flexibility regarding the time and length of interviews to assess the PAPs' eligibility and suitability.¹⁰⁴
 - PAPs being more active,¹⁰⁵ and more relaxed when interviews take place online.¹⁰⁶
 - More personalised approach of informing PAPs via video call that they had been matched with a child, instead of by telephone.¹⁰⁷
34. Benefits for children and PAPs:
 - Closer contact and strengthening of emotional ties after matching and before the first in-person meeting with the PAPs.¹⁰⁸
 - Participation by the PAPs in the child's development.¹⁰⁹
 - Enhancement of the adjustment and integration of the child to the adoptive family.¹¹⁰
 - After the finalisation of the adoption, faster scheduling of the first meeting between social workers and the adoptive family (*i.e.*, including the child and the PAPs).¹¹¹
 - Quicker access to support, and more support offered to adoptive families.¹¹²

5.3 Challenges with the use of technology

35. Legal challenges:
 - Lack of or inadequate regulation of interactions through videoconference.¹¹³
 - Lack of or inadequate regulation and / or practices regarding privacy, security of confidential information, data protection, management, protection of electronic records and the use of electronic signatures.¹¹⁴

36. Social challenges:

- Online contact and communication are challenging, less personal (cannot substitute in-person contact), not suited to convey personal or sensitive information (rather, for factual information), and limit interactions (e.g., direct contact with PAPs living close by was lost or more limited than before).¹¹⁵
- Diminished non-verbal communication, which is crucial for children (e.g., more difficult to assess a particular situation such as the establishment of a relationship between the child and the PAPs when first meeting online).¹¹⁶
- Inadequacy of online meetings for certain stages of the adoption procedure (e.g., in the assessment of eligibility and suitability of the PAPs, at least one in-person meeting is needed, risk of misinformation).¹¹⁷
- Soft skills diminished or lost because of online communication.¹¹⁸

37. Regarding children specifically, online communication may not be suitable for them due to

- Increased difficulty to evaluate the situation of a child or to be in contact with the child, especially if the child does not know the professional (e.g., social worker) already.¹¹⁹
- A propensity to lose focus more easily.¹²⁰
- An inability to participate in long online interviews (several shorter interviews seem best).¹²¹
- A risk of bad quality of the connection negatively affecting the child's experience to online contact and in turn, affecting the in-person contact afterwards.¹²²
- Increased difficulty to include “games” through online contact, which can usually be useful for children to establish a connection.¹²³

38. Practical and technological challenges:

- Lack of appropriate tools to communicate online,¹²⁴ and / or to send documents.¹²⁵
- Poorly functioning technology, deficient accessibility and quality of connection.¹²⁶
- Reluctance or inability to use new technologies, inequality in respect of use and ability to use technology between States and / or families.¹²⁷
- Lack of or limited resources and / or training to use technologies (need for ongoing training).¹²⁸
- Refusal to accept e-documents and the continued requirement of signed original documents.¹²⁹
- Electronic tools not designed specifically for the adoption procedure, and not properly adapted.¹³⁰
- Need for increased experience, qualification and preparation of the organiser of online meetings.¹³¹
- Organisational challenges for authorities.¹³²

6. A WAY FORWARD: USEFUL PRACTICES THAT MAY BE MAINSTREAMED INTO REGULAR WORK



39. Overall, experiences regarding the increased use of technology in the adoption procedure during the pandemic were positive as they have the potential to improve the adoption procedure by saving time and costs, as well as facilitating communication. It was also made clear that technology can serve as a useful complementary tool but cannot replace in-person contact or be used in all aspects and stages of the adoption procedure.¹³³ Technology should

be used only when appropriate. Overall, the use of online communication and electronic documents during the adoption procedure was thought to be useful for the future¹³⁴ provided that the technology works properly.¹³⁵

40. Online communication that may be mainstreamed:

- Video calls should be preferred over phone calls.¹³⁶
- Videoconferencing in general terms.¹³⁷
- In particular, for some stages of the adoption procedure but only when it is appropriate,¹³⁸ for example:
 - Online information sessions¹³⁹ and online courses¹⁴⁰ for the PAPs.
 - Some online meetings during the assessment of the eligibility and suitability of the PAPs.¹⁴¹
 - Online communication between the child and the PAPs during the period following the matching decision and before the PAPs can travel to the State of origin.¹⁴²
 - Online support to families, PAPs and the child, during or after the adoption procedure, and between adoptees, could also continue in the future,¹⁴³ provided that the parties prefer to receive it through online means.
 - Online communication to assist with the drafting of post-adoption reports¹⁴⁴ (as it might feel less intrusive than in-person visits).

41. Use of electronic documents that may be mainstreamed:

- Sending and acceptance of e-documents, including via (secured) e-mail.¹⁴⁵
- Signing of documents electronically.¹⁴⁶
- Electronic review and approval of documents¹⁴⁷ (to this end, platforms specifically designed for the exchange and validation of e-documents should be developed).¹⁴⁸
- Digitalisation of adoption files,¹⁴⁹ which would facilitate cooperation and the search for origins.

42. Other practices that may be mainstreamed into regular work are:

- Promote further the principle of subsidiarity and domestic adoptions,¹⁵⁰ as well as alternative procedures in cases of similar emergencies.¹⁵¹
- Organise more meetings between Central Authorities and AABs (and / or other authorities), to ensure better oversight.¹⁵²
- Increase efforts to establish and strengthen coordination between States.¹⁵³
- Increase focus on post-adoption services, including providing additional and more specific support to handle the current number of requests by adoptees worldwide.¹⁵⁴

7. IN PREPARATION FOR THE 2022 SC MEETING



43. Having regard to the foregoing, participants are invited to consider the following ideas and matters, which may be raised at the Meeting of the SC. In addition, participants may also contact the PB in advance of the Meeting if they have comments or other ideas for discussion:

44. Possible ideas for discussion at the SC:

- a) **Additional support should be provided to birth families** based on the needs that a pandemic may create, in order to prevent the risk of separation.¹⁵⁵ Child protection systems, including intercountry adoption systems, should continuously adapt their rules and guidelines to reflect those needs created by the pandemic.¹⁵⁶

- b) **Principle of subsidiarity:** continue to apply the principle of subsidiarity during emergency situations, including support to families and promotion of domestic family type solutions.
- c) **Adoptability of the child:** assessment of the child’s adoptability should be based on detailed reports, including interviews of relevant persons in the child’s environment (e.g., child’s birth family, teacher, social worker in the child institution),¹⁵⁷ and should be done as much as possible in person as non-verbal communication is crucial for children and is essential to ensure some minimum in-person contact with the child.¹⁵⁸
- d) **Assessment of the PAPs:** develop specific guidelines for conducting remote assessments:¹⁵⁹
 - remote assessments should take place only on a temporary basis;
 - the process should remain as close as possible to the in-person assessments.
- e) **Matching:** if a long period of time has elapsed between the matching decision and the travel of the PAPs to the State of origin to meet with the child and to finalise the adoption procedure, updated information should regularly be sent, online contact should take place in the meantime¹⁶⁰ and a re-assessment should be carried out to ensure that the matching decision is still in the best interests of the child and to prevent the risk of breakdown of the adoption.
- f) **First contact between the child and the PAPs:** determine on a case-by-case basis whether it may be beneficial for the child that the first contact with the PAPs takes place online, and if so, how often such contact should take place, and / or whether other means can be used (either in addition or instead), such as a photo album, video recordings, etc.¹⁶¹ Develop criteria to determine if it can be online. Non-verbal communication is also crucial for children at this stage.
- g) **Travel of the child to the receiving State:** travel of the child to the receiving State during an emergency situation can be even more stressful and can have implications on the child’s wellbeing. Thus, such travel should take place with all the necessary guarantees, including with the adoptive parent(s).¹⁶²
- h) **Support and counselling:** additional and specific support is essential for children and PAPs, during and after the adoption procedure, to respond to the needs and concerns created by the pandemic.
- i) **Consider at which stage** in the process an adoption is when determining the appropriate next steps in an emergency situation (differences of measures to be taken into consideration if the adoption is at its initial stages, if matching has taken place, or if there is already an adoption decision but the child is still in the State of origin).
- j) Consider using technologies to involve **more professionals from different fields** and / or different locations.

45. Possible ideas for conclusions and recommendations at the SC

- a) States should respect **all the safeguards and procedures set forth in the Convention**, notwithstanding the emergency of a situation, and the use of technology in the adoption procedure.
- b) The **best interests** of the child should be the paramount consideration, and the **specific needs** of children should be taken into consideration before taking decisions in emergency situations, such as a pandemic, and when making use of technology in the adoption procedure.
- c) Recall Conclusions and Recommendations Nos 38 to 40 of the 2015 SC:
 - “38. *The [2015] SC recognised that the use of modern technologies:*
 - a) *has improved the intercountry adoption process, in particular by making communication easier amongst the various actors and making the process more expeditious. It recommended that Contracting States consider the possibility of scanning and sending documents by e-mail, transferring the paper documents by conventional methods thereafter if required;*

- b) *may be a helpful tool in the matching process (e.g., the use of short videos of children); and*
- c) *may facilitate contact between the prospective adoptive parents and the child after the matching, noting the need for appropriate support.*

39. *The SC acknowledged the need to raise awareness of the risks associated with the use of modern technologies, including social media, and encouraged the training of professionals and the education of families.*

40. *The SC expressed concern regarding the disclosure of sensitive personal data through the use of modern technologies, particularly concerning children. It recommended that Contracting States take appropriate measures to protect personal data and reminded them of Article 31 of the Convention in this regard.”*

- d) Recommend which **stages** of the adoption procedure need to be carried out **in person**.
- e) Should States include **technology** within their current working methods but only as a **complementary tool**?
- f) Should support be given to the continued use of **online secured communication and electronic documents** (in particular, if they can save time and costs) as long as this does **not lower the standards** in the adoption procedure?
- g) Should the **digitalisation** of adoption **files** be recommended in addition to keeping hard copies of past adoptions?
- h) Which key safeguards to **protect personal data and privacy** should be recommended?
- i) Due to the low number of intercountry adoptions, should **work focus on post-adoption services**, including remote services?

Further reading

- Responses of States to the Questionnaire on the impact of COVID-19 on intercountry adoptions.
- Responses of States to the Questionnaire on the practical operation of the 1993 Adoption Convention: Question 72.
- International Social Service (ISS), “[Covid-19 and intercountry adoption: Prevention, information, support and development](#)”, *Monthly Review*, No 241, May 2020, p. 14-16.
- ISS, “[ISS-USA’s guidelines for remote assessments](#)”, *Monthly Review*, No 241, May 2020, p. 17-18.
- ISS, “[Travelling alone by plane... And after that?](#)”, *Monthly Review*, No 242, June 2020 p. 13-15.
- ISS, “[New technologies and digital tools: A double-edged sword?](#)”, *Monthly Review*, No 244, August 2020, p. 1-2.
- ISS, “[COVID-19 challenges and opportunities for improving ICA practices](#)”, *Monthly Review*, No 245, September 2020, p. 1-3.
- ISS, “[Declaration of adoptability: Too many or not enough?](#)”, *Monthly Review*, No 246, October-November 2020, p. 1-3.
- ISS, “[Hopes for 2021: Overcoming challenges and building a new normality together](#)”, *Monthly Review*, No 249, February 2021 p. 11-12.
- Better Care Network, Save the Children, The Alliance for Child Protection in Humanitarian Action and UNICEF, [Guidance for Alternative Care Provision during COVID-19](#), 2020.

ENDNOTES

- ¹ The information included throughout this document does not represent an exhaustive list of the views expressed by each State. Endnotes include examples of States that have or do not have a specific practice.
- ² Prel. Doc. No 5 of December 2020, “Questionnaire on the impact of COVID-19 on intercountry adoptions under the 1993 Adoption Convention”. The 46 Contracting Parties which responded to the Questionnaire are: Andorra, Australia, Austria, Belgium, Brazil, Bulgaria, Burkina Faso, Cabo Verde, Canada, Chile, China (Hong Kong SAR), Colombia, Denmark, Estonia, Finland, France, Germany, Greece, Guatemala, Ireland, Italy, Lithuania, Luxembourg, Madagascar, Mauritius, Mexico, Moldova (the Republic of), Monaco, the Netherlands, New Zealand, Norway, Panama, Paraguay, Peru, Portugal, Romania, Senegal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Togo, United States of America (USA), Venezuela, and Viet Nam. It is to be noted, however, that four States (Cabo Verde, Panama, Paraguay, and Venezuela) specified in their responses that they did not have any intercountry adoptions since the beginning of the pandemic, thus, when their responses have been included in this document, it refers to their domestic adoption practices.
- ³ Permanent Bureau of the HCCH, *Covid-19 Toolkit*, 2020, p. 6.
- ⁴ See P. Selman (2022), [Global Statistics for Intercountry Adoption: Receiving States and States of origin 2004-2020](#). The reported number of intercountry adoptions (ICAs) worldwide, as well as in some receiving States and States of origin in 2019 and 2020, are as follows:

ICAs worldwide		ICAs in 13 receiving States			ICAs in 12 States of origin		
			2019	2020		2019	2020
2004	45.482						
2005	43.868	Australia	57	37	Bulgaria	273	173
2006	39.577	Belgium	75	52	China	1.065	250
2007	37.244	Canada	576	416	Colombia	607	387
2008	34.486	Finland	67	27	Haiti	252	209
2009	29.412	France	421	244	Hungary	241	158
2010	28.732	Germany	85	81	India	545	262
2011	23.428	Italy	1.205	669	Philippines	222	111
2012	19.393	Netherlands	145	70	Russia	228	45
2013	16.143	Norway	89	40	South Korea	259	266
2014	13.436	Spain	375	195	Thailand	233	114
2015	12.177	Sweden	170	92	Ukraine	365	277
2016	11.065	Switzerland	62	35	Viet Nam	240	108
2017	9.382	USA	2.971	1.622			
2018	8.356						
2019	6.525						
2020	3.718						

- ⁵ Please note that the data on the number of intercountry adoptions in these States of origin is based on the number of intercountry adoptions that receiving States reported having made with States of origin. In that regard, it is also to be noted that since the data reported by the United States of America are reported by fiscal (and not calendar) year, data for the year 2020 also include intercountry adoptions that were done between October and December 2019. For example, 75% of the intercountry adoptions from China to the United States of America reported by the latter for fiscal year 2020 (1 October 2019 to 30 September 2020) took place between October and December 2019.
- ⁶ Chile (Q 1), Romania (Q 1).
- ⁷ Australia (Q 2, 3), Burkina Faso (Q 3), Canada (Q 2, 3), China (Hong Kong SAR) (Q 3), Finland (Q 3), France (Q 1), Italy (Q 2), Luxembourg (Q 3), Slovenia (Q 2), Spain (Q 2), Switzerland (Q 3), USA (Q 2).
- ⁸ France (Q 1), Italy (Q 2), Netherlands (Q 3), USA (Q 2).
- ⁹ Please note that because of the duration of the pandemic, States may have resumed adoption procedures (if they first suspended them) and / or found alternatives to the measures they first put into place. As such, the responses to the Questionnaire may reflect measures and procedures taken only at a specific moment in time which may or may not still be in place at the time of drafting this Paper.

- 10 Andorra (Q 1), China (Hong Kong SAR) (Q 1), Denmark (Q 1), Estonia (Q 1), France (Q 1), Germany (Q 1), Greece (Q 1), Ireland (Q 1), Madagascar (Q 1), Mauritius (Q 1), Moldova (the Republic of) (Q 1), Monaco (Q 1), Panama (Q 1), Senegal (Q 1), Slovakia (Q 1), Togo (Q 1), USA (Q 1), Venezuela (Q 1), Viet Nam (Q 1).
Only a couple of States considered in their answer that they have modified the procedure: Brazil (Q 1), Norway (Q 1).
- 11 Australia (Q 1), Austria (Lower Austria) (Q 1), Belgium (Q 1), Brazil (Q 1), Bulgaria (Q 1), Burkina Faso (Q 1), Canada (Q 1), Chile (Q 1), Colombia (Q 1), Denmark (Q 1), Finland (Q 1), France (Q 1), Italy (Q 1), Lithuania (Q 1), Mexico (Q 1), New Zealand (Q 1), Norway (Q 1), Slovenia (Q 1).
- 12 It has to be noted that in their responses to the Questionnaire, some States considered these changes (*i.e.*, broader use of technology, extended deadlines, cooperation) as being a way of adapting the adoption procedures, while others did not. For example, the following States mentioned that they did not make major adjustments to the following stages of the adoption procedure:
- Adoptability (SO): Bulgaria (Q 4a), China (Hong Kong SAR) (Q 4a), Mexico (Q 4a), Moldova (the Republic of) (Q 4a), Peru (Q 4a), Portugal (Q 4a), Togo (Q 4a), USA (Q 4a), Viet Nam (Q 4a).
 - Support or counselling to adoptable children (SO): Australia (Q 4d), China (Hong Kong SAR) (Q 4d), Madagascar (Q 4d), Mexico (Q 4d), Moldova (the Republic of) (Q 4d), Panama (Q 4d), Peru (Q 4d), Portugal (Q 4d), Viet Nam (Q 4d).
 - Assessment of PAPs (RS): Ireland, (Q 5a), Monaco (Q 5a).
 - Support and counselling to PAPs (RS): Monaco (Q 4b), Slovenia (Q 4b).
 - Matching (SO): Bulgaria (Q 4b), China (Hong Kong SAR) (Q 4b), Panama (Q 4b), Togo (Q 4b), USA (Q 4b), Viet Nam (Q 4b).
 - Socialisation period (SO): Question 4c: Australia, China (Hong Kong SAR), Mexico, Moldova (the Republic of), USA, Viet Nam.
 - Adoption decision (SO): Question 4e: Bulgaria, China (Hong Kong SAR), Mexico, Portugal, USA, Viet Nam.
- 13 China (Hong Kong SAR) (Q 2), Madagascar (Q 2), Mexico (Q 2), Norway (Q 2), Togo (Q 2).
- 14 Belgium (Q 2), Lithuania (Q 4c – for the socialisation period), Romania (Q 1), Switzerland (Q 1).
- 15 Brazil (Q 1, 2), Burkina Faso (Q 1), Colombia (Q 1), Greece (Q 5a), Guatemala (Q 4d), Italy (Q 1), Luxembourg (Q 5a), Mexico (Q 4c), Moldova (the Republic of) (Q 4c), Monaco (Q 1, 5a), Peru (Q 4c), Portugal (Q 1, 4c).
- 16 Canada (Q 1), Denmark (Q 1), Luxembourg (Q 1), Portugal (Q 1), Romania (Q 1), Slovenia (Q 1), Switzerland (Q 1).
- 17 Denmark (Q 1), Finland (Q 1).
- 18 Australia (Q 2), Chile (Q 2), Sweden (Q 1), Viet Nam (Q 1).
For further examples, see responses to questions 2 and 3 of the Questionnaire.
- 19 Canada (Q 3), Chile (Q 3).
- 20 Peru (Q 2), Slovenia (Q 2).
- 21 Chile (Q 4a), Colombia (Q 4a), Romania (Q 4a).
- 22 Canada (Q 5a), Germany (some regions, Q 5a), Spain (some regions, Q 1).
- 23 Germany (Q 5a), Sweden (Q 5a), New Zealand (Q 5a).
- 24 Burkina Faso (Q 2), Romania (Q 2).
- 25 Chile (Q 2), Colombia (Q 2).
- 26 Slovakia (Q 2), Romania (Q 4e), Senegal (Q 4e), Togo (Q 4e).
- 27 Spain (Q 1).
- 28 Moldova (the Republic of) (Q 4c), Romania (Q 4b).
In a few States, borders are still closed and this continues to prevent PAPs from travelling in the State of origin and thus to move forward with the adoption procedure.
- 29 Australia (Q 9), Luxembourg (Q 2).
- 30 Viet Nam (Q 4a).
- 31 New Zealand (Q 5a), Portugal (Q 5a).
- 32 Norway (Q 1).
- 33 Viet Nam (Q 4b).
- 34 Bulgaria (Q 2).
- 35 Canada (Q 2 – mentioned as a possibility).
- 36 Lithuania (Q 1), France (Q 5a), USA (Q 5c).
- 37 France (Q 5a).
- 38 Guatemala (Q 2).
- 39 Lithuania (Q 4d), Romania (Q 4d), Togo (Q 4d).
- 40 Portugal (Q 4f).

- 41 Ireland (Q 5b, 5c), New Zealand (Q 5b).
42 Ireland (Q 5b), New Zealand (Q 5b).
43 Switzerland (Q 5b).
44 Canada (Q 5b), Luxembourg (Q 5b).
45 USA (Q 5b).
46 Chile (Q 4b).
47 New Zealand (Q 2).
48 Denmark (Q 5c), Netherlands (Q 1).
49 Burkina Faso (Q 4f), Togo (Q 4c – the number of days was reduced because part of the socialisation period sometimes took place online).
50 Australia (Q 5c), Denmark (Q 5b), Ireland (Q 5c).
51 Australia (Q 2), Canada (Q 2), Italy (Q 2), Senegal (Q 2), Sweden (Q 2).
52 Australia (Q 2).
53 Burkina Faso (Q 3).
54 Portugal (Q 2), Spain (Q 2).
55 Burkina Faso (Q 3), Canada (Q 3), Italy (Q 2), New Zealand (Q 3), USA (Q 3).
56 Belgium (Q 3), Canada (Q 3), China (Hong Kong SAR) (Q 3).
57 Cases in transition: Australia (Q 2, 3), Burkina Faso (Q 3), Canada (Q 2, 3), China (Hong Kong SAR) (Q 3), Italy (Q 2), Switzerland (Q 3).
Cases in transition and new cases: Spain (Q 5b).
58 France (Q 3), Switzerland (Q 3).
59 Australia (Q 3).
60 New Zealand (Q 9).
61 Chile (Q 4f).
62 Canada (Q 3).
63 Switzerland (Q 3), USA (Q 3).
64 New Zealand (Q 5c).
65 Bulgaria (Q 3), Canada (Q 2, 3), China (Hong Kong SAR) (Q 3), Denmark (Q 3), New Zealand (Q 3), Switzerland (Q 3).
66 Australia (Q 1), Luxembourg (Q 1).
67 Australia (Q 1), Austria (Q 1), Belgium (Q 1), Brazil (Q 1), Bulgaria (Q 1), Canada (Q 1), Colombia (Q 1), Finland (Q 1), Italy (Q 1), Luxembourg (Q 1), Mexico (Q 1), New Zealand (Q 1), Norway (Q 1), Mexico (Q 4f), Peru (Q 1, 2, 4f), Portugal (Q 1), Senegal (Q 6a), Slovenia (Q 1), Spain (Q 1), Sweden (Q 1), Switzerland (Q 1).
68 New Zealand (Q 2), Viet Nam (Q 6a).
69 Canada (Q 1, 5a), New Zealand (Q 1, 5a, 6a), Spain (Q 1).
Some States, like Brazil, were already permitting and accepting online documents before the pandemic: [2020 Questionnaire](#) on the practical operation of the 1993 Adoption Convention (2020 Questionnaire 1), Q 72.
70 Canada (Q 5c), Peru (Q 6a, 4b).
However, some States required that the most important documents (such as the Art. 17(c) agreement) continue to be sent in hard copy: Canada (Q 5c), France (Q 6a).
71 Canada (Q 6a), Guatemala (Q 4e), New Zealand (2020 Questionnaire 1, Q 72), Spain (Q 1).
72 2020 Questionnaire 1, Q 72: Belarus, Brazil, Canada, Chile, China (mainland and Hong Kong SAR), Colombia, Costa Rica, Ecuador, Haiti, Honduras, Malta, New Zealand, Peru, Philippines, Romania, Senegal, Slovakia, Slovenia, Spain, Sri Lanka, Turkey, Uruguay.
73 This was the view of 39 out of the 46 States that responded to the Questionnaire (i.e., 84% of these States): Andorra (Q 6a), Australia (Q 6a), Austria (Q 6a), Belgium (Q 5a, 5b), Brazil (Q 6a), Bulgaria (Q 6a), Canada (Q 6a), Chile (Q 6a), China (Hong Kong SAR) (Q 6a), Colombia (Q 6a), Denmark (Q 6a), Finland (Q 6a), France (Q 5b), Germany (Q 5a, 5b), Greece (Q 6a), Guatemala (Q 2, 4a), Ireland (Q 6a), Italy (Q 6a), Lithuania (Q 6a), Luxembourg (Q 6a), Mexico (Q 6a), Moldova (the Republic of) (Q 6a), Netherlands (Q 6a), New Zealand (Q 6a), Norway (Q 6a), Panama (Q 6a), Peru (Q 6a), Portugal (Q 6a), Romania (Q 6a), Senegal (Q 6a), Slovakia (Q 6a), Slovenia (Q 6a), Spain (Q 6a), Sweden (Q 6a), Switzerland (Q 6a), Togo (Q 6a), USA (Q 6a), Venezuela (Q 6a), Viet Nam (Q 6a).
However, for other States, there was no change in the use of technology, at least not to a greater extent than prior to the pandemic, in many cases due to the fact that many of these States do a very limited number of intercountry adoptions: Burkina Faso (Q 6a), Cabo Verde (Q 6a), Madagascar (Q 6a), Mauritius (Q 6a), Monaco (Q 6a).
74 Canada (Q 1), Colombia (Q 1, 4f), Finland (Q 1), Guatemala (Q 4f), Portugal (Q 5c), New Zealand (Q 2).

- 75 Unless indicated by “(fully online)” in the relevant bullet point, the stages are done partly online. “Partly online” means that some aspects of that stage were done online while other aspects continued to be done as usual (in most of the cases with some in person contact).
- 76 Guatemala (Q 4a).
- 77 Chile (Q 4a), Guatemala (Q 4a).
- 78 Australia (Q 5a), Austria (Q 5a), Canada (Q 5a), Greece (Q 5a, 6a), Luxembourg (Q 5a), Netherlands (Q 5a), New Zealand (Q 5a), Norway (Q 1), Spain (Q 5a), Switzerland (Q 1, 5a).
- 79 Italy (Q 5a).
- 80 Andorra (Q 5b), Austria (Q 5 b), Canada (Q 5a), Greece (Q 5b), Luxembourg (Q 5a), New Zealand (Q 5a), Norway (Q 1), Portugal (Q 5a), Spain (Q 5a. 5b, 5 c), Sweden (Q 5a).
- The responses of Andorra, Austria and Greece could imply that these trainings and courses are done fully online.
- 81 Finland (Q 1), Netherlands (Q 5c).
- 82 Colombia (Q 4b), Guatemala (Q 4b), Peru (Q 4b).
- 83 Mexico (Q 4b).
- 84 Cases in transition: Austria (Q 2), Bulgaria (Q 2), Chile (Q 2), Lithuania (Q 2), Peru (Q 2).
- Cases in transition and new cases: Bulgaria (Q 4c), Chile (Q 4c), Denmark (Q 3), Lithuania (Q 4c), Portugal (Q 4c), Romania (Q 4c), Togo (Q 4c).
- 85 Colombia (Q 4c), Romania (Q 4c).
- 86 Colombia (Q 4e), Peru (Q 4e).
- 87 Brazil (Q 4e), Chile (Q 4e), Lithuania (Q 2), Moldova (the Republic of) (Q 2, 4e).
- 88 Romania (Q 4f), Spain (Q 5c).
- 89 Luxembourg (Q 5c), Switzerland (Q 1).
- 90 Belgium (Q 1).
- 91 Bulgaria (Q 6a), Colombia (Q 6a), Luxembourg (Q 6a), Mexico (Q 6a), Panama (Q 6a), Peru (Q 6a), Spain (Q 6b), Switzerland (Q 6a).
- 92 Andorra (Q 6a), Austria (Q 6a), Chile (Q 6a), China (Hong Kong SAR) (Q 6a), New Zealand (Q 6a), Spain (Q 6a), Togo (Q 6a), Viet Nam (Q 6a).
- 93 Finland (Q 6a), Italy (Q 6a), Lithuania (Q 6a, 8), Moldova (the Republic of) (Q 6a), Portugal (Q 6a), Spain (Q 6a, 6b, 7), Togo (Q 6a), Viet Nam (Q 8).
- 94 Andorra (Q 6a), Togo (Q 6a), Viet Nam (Q 8).
- 95 Andorra (Q 6a), Brazil (Q 6a), Canada (Q 6a), Finland (Q 6a), Spain (Q 6a), Viet Nam (Q 6a).
- 96 Lithuania (Q 6a), Portugal (Q 6a), Spain (Q 6a).
- 97 Australia (Q 6a), Senegal (Q 6a).
- 98 Andorra (Q 6a), Lithuania (Q 6a).
- 99 Australia (Q 6a), Norway (Q 6a).
- 100 Spain (Q 6a).
- 101 Finland (Q 6a), Spain (Q 6a), Sweden (Q 6a).
- 102 Andorra (Q 6a), Portugal (Q 6a), Spain (Q 6a).
- 103 Austria (Q 6a).
- 104 New Zealand (Q 6a).
- 105 Sweden (Q 6a).
- 106 Finland (Q 6a), New Zealand (Q 6a).
- 107 Finland (Q 6a).
- 108 Brazil (Q 6a), Denmark (Q 6a), Finland (Q 6a), Togo (Q 6a).
- 109 Austria (Q 6a).
- 110 China (Hong Kong SAR) (Q 6a).
- 111 Finland (Q 6a).
- 112 Canada (Q 6a), Spain (Q 6a).
- 113 Andorra (Q 6a).
- 114 Andorra (Q 6a), Canada (Q 6a), Lithuania (Q 6a).
- EU Regulations on these matters may provide useful information.
- 115 Andorra (Q 6a), Austria (Q 6a), Bulgaria (Q 6a), Canada (Q 6a), Denmark (Q 6a), Estonia (Q 6a), Greece (Q 6a), Luxembourg (Q 8); Norway (Q 6a), Portugal (Q 9), Spain (Q 6a), Switzerland (Q 6a).

- 116 Portugal (Q 6a), Sweden (Q 6a).
 117 Finland (Q 6a), Luxembourg (Q 6a), Netherlands (Q 6a).
 118 Sweden (Q 6a).
 119 Guatemala (Q 6a), Spain (Q 6a).
 120 Chile (Q 4d).
 121 New Zealand (Q 6a).
 122 ISS, Monthly Review No 249, February 2021, [Hopes for 2021: Overcoming challenges and building a new normality together](#), pp. 11-12.
 123 *Ibid.*
 124 France (Q 6a).
 125 Austria (Q 6a).
 126 Brazil (Q 6a), Canada (Q 6a), Chile (Q 6a), Germany (Q 6a), Peru (Q 6a).
 127 Andorra (Q 6a), Australia (Q 6a), Guatemala (Q 6a), Panama (Q 6a), Spain (Q 6a).
 128 Canada (Q 6a); ISS, Monthly Review No 244, August 2020, [New technologies and digital tools: A doubleedged sword?](#), pp. 1-2.
 129 France (Q 6a), New Zealand (Q 6a).
 130 Spain (Q 6b).
 131 Spain (Q 6a), Sweden (Q 6a).
 132 Andorra (Q 6a).
 133 Luxembourg (Q 6a).
 134 Austria (Q 7), Canada (Q 7), Luxembourg (Q 7), Chile (Q 7), France (Q 7), New Zealand (Q 7), Peru (Q 7), Portugal (Q 7), Spain (Q 7), USA (Q 7), Viet Nam (Q 7).
 135 Spain (Q 8).
 136 Australia (Q 7).
 137 France (Q 7), Germany (Q 7), Italy (Q 6a), Lithuania (Q 7, 8), Luxembourg (Q 7), New Zealand (Q 7), Norway (Q 7), Portugal (Q 7), Switzerland (Q 7); USA (Q 7).
 138 Brazil (Q 6a), Belgium (Q 8), Chile, (Q 6a), Spain (Q 7), Switzerland (Q 6a).
 As mentioned by one State, this means it is therefore essential to know which stages or aspects of the adoption procedure are compatible with online methods.
 139 Australia (Q 7), Belgium (Q 7), Norway (Q 6a), Spain (Q 7).
 140 Andorra (Q 7), Australia (Q 7), Belgium (Q 7), Canada (Q 7), Panama (Q 7), Portugal (Q 7), Spain (Q 7), Sweden (Q 7).
 141 Canada (Q 7), New Zealand (Q 7).
 142 Spain (Q 6a – only when the child has already met the adult in person), Togo (Q 7).
 143 Andorra (Q 7), Panama (Q 7), Sweden (Q 7).
 144 Guatemala (Q 7), Italy (Q 7), Luxembourg (Q 7).
 145 France (Q 7), Mexico (Q 7), New Zealand (Q 7), Romania (Q 7).
 146 Lithuania (Q 8).
 147 Canada (Q 7).
 148 Senegal (Q 6a), Spain (Q 7 – e.g., India's CARING system).
 149 Finland (Q 6b), Italy (Q 8), Peru (Q 7), Spain (Q 7), Togo (Q 6a).
 150 Madagascar (Q 8).
 151 Norway (Q 8).
 152 Ireland (Q 7, 8).
 153 France (Q 8), Viet Nam (Q 8).
 154 Denmark (Q 7), Guatemala (Q 8), New Zealand (Q 9). ISS, Monthly Review No 245, September 2020, [COVID-19 challenges and opportunities for improving ICA practices](#), pp. 1-3.
 155 ISS, Monthly Review No 245, September 2020, [COVID-19 challenges and opportunities for improving ICA practices](#), pp. 1-3. Better Care Network, Save the Children, The Alliance for Child Protection in Humanitarian Action and UNICEF, [Guidance for Alternative Care Provision during COVID-19](#).
 156 Better Care Network, Save the Children, The Alliance for Child Protection in Humanitarian Action and UNICEF, [Guidance for Alternative Care Provision during COVID-19](#).
 157 ISS, Monthly Review No 246, October-November 2020, [Declaration of adoptability: Too many or not enough?](#), pp. 1-3.
 158 ISS, Monthly Review No 244, August 2020, [New technologies and digital tools: A doubleedged sword?](#), pp. 1-2.

- 159 ISS, Monthly Review No 241, May 2020, [ISS-USA's guidelines for remote assessments](#), pp. 17-18.
- 160 ISS, Monthly Review No 245, September 2020, [COVID-19 challenges and opportunities for improving ICA practices](#), pp. 1-3.
- 161 ISS, Monthly Review No 249, February 2021, [Hopes for 2021: Overcoming challenges and building a new normality together](#), pp. 11-12.
- 162 ISS, Monthly Review No 241, May 2020, [Covid-19 and intercountry adoption: Prevention, information, support and development](#), pp. 14-16; ISS, Monthly Review No 242, June 2020, [Travelling alone by plane... And after that?](#), pp. 13-15.