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Alternative Child Care and Deinstitutionalisation in Central and South America

Findings of a Desk Review

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Introduction

This desk review is part of a wider study commissioned to SOS Children's Villages International by the European Commission. The overall study aims to map the issue of alternative care and deinstitutionalization in countries in Asia, South and Central America, and Africa. It also seeks to increase the evidence on child protection, alternative care and deinstitutionalization and on how this can be addressed, in order to potentially inform future initiatives in these continents, at country or regional level.

The study comprises three continental desk reviews and six field-based case studies. This report is the desk review on alternative care and deinstitutionalisation in Central and South America; two country case studies, one focussing on Ecuador, and one on Chile accompany this report. The results of the regional reports and case studies are synthesised in a report entitled *Towards the Right Care for Children: Orientations for reforming alternative care systems. Africa, Asia, Latin America* (European Union, Brussels, 2017).

Aim of the study

This study aims to provide a brief mapping and summary of existing knowledge on alternative care and deinstitutionalisation in Central and South America.

In order to understand what steps might be taken to promote and implement policy and practice for deinstitutionalisation, I believe it is important to understand the situation of children who are at risk of losing, or have already lost, parental care as well as the alternative care options available. I also recognise that alternative care provision sits within a child protection system. To this end, it has been important to explore the elements of national child protection systems and elements that contribute to the prevention of unnecessary care placement and provision of suitable alternative care. Therefore, this study has considered a body of literature that documents these factors taking both regional and individual country perspectives.

The overall purpose of this study is to present an 'introduction' to alternative care systems in Central and South America (CSA). We particularly hope that the scope of this study will contribute to a wider understanding of 'institutional' practices in CSA. To help achieve this, we provide context-specific definitions and concepts of institutionalisation and alternative care, and identify similarities, differences, challenges, and achievements in the countries under study.

Scope of the study

Central and South America

The conceptual framework for this study has been informed by the UN Guidelines for the Alternative Care of Children; the United Nations General Assembly welcomed these guidelines in its 64th session in February 2010.

This report is about alternative care, about children living in forms of care alternative to the care provided by their parents. Alternative care may be formal, or informal, and may be provided in different settings.

The geographical scope of this report is substantial, and it would be impossible, in the time and resources available, to provide a more in-depth analysis of alternative care and deinstitutionalisation efforts in every single country. It is therefore a report of *selected* findings, a 'snapshot', based on detailed reports and studies from countries of CSA, and regional studies. A large collection of documents of various kinds has been assembled and consulted, (see methodology section for more detail). Inevitably, there are many more sources for some countries than for others. This report has drawn on as wide a range of literature as possible in order to represent those findings I consider to be most significant (in terms of child care and the rights of children and the efforts of state and non-state bodies to meet those rights) and most relevant across the region.

The countries in this study are those comprised predominantly of Latino populations. For purposes of this study, the countries reviewed will collectively be referred to as countries of CSA countries, being those geographically situated in Central and South America. This includes Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay Peru, Suriname, Uruguay, and Venezuela. Due to terminology used in some of the different data sources accessed for this study, I make occasional reference to 'Latin America' whilst recognising some of the countries geographically situated in CSA are not comprised of Latino populations.

Alternative Care

This report is about *alternative care*, which refers to children in formal or informal care settings and also to efforts that focus on preventing the unnecessary separation of children from parents. It is based upon the UN Guidelines for Alternative Care of Children¹ (the Guidelines) as the principal frame for conducting the review and informing the analysis.

The UN Guidelines identify two basic principles that are described as the 'pillars' of the Guidelines; 'necessity' – that alternative care is genuinely needed, and 'suitability' - that when it is necessary that it is provided in an appropriate manner.² This review also includes some material on adoption, although the Guidelines do not cover adoption because an adopted child is no longer deemed to be within the care system. Nevertheless child protection social service agencies are often involved in managing or monitoring national and inter-country adoption, and the sometimes very inappropriate connection

¹ United Nations General Assembly (2009) *Guidelines for the Alternative Care of Children: resolution adopted by the General Assembly. (A/RES/64/142)*

² Cantwell, N., Davidson, J., Elsley, S., Milligan, I. & Quinn, N. (2012) *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*. UK: Centre for Excellence for Looked After Children in Scotland. Centre for Excellence for Looked After Children in Scotland, University of Strathclyde, Glasgow: Scotland. Page 2

between inter-country adoption and formal care settings, has been a specific concern in some countries:

In terms of types of placements in CSA, the study discovered many more reports that focus on *institutional care* and *fostering* than *kinship care*. Indeed, overall, we have found relatively little information on informal care; I discuss this later in the report.

Glossary of terms

Alternative care: This includes formal and informal care of ‘children without parental care’³. Alternative care includes kinship care, foster-care, other forms of family-based or family-like care placements, supervised independent living arrangements for children and residential care facilities.

Children: Defined as girls and boys under the age of 18 years⁴

Children without parental care: ‘All children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances.’⁵

Formal care: All care provided in a family environment that has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not the result of administrative or judicial measures⁶

Foster-care: ‘Situations whereby children are placed by a competent authority for the purposes of alternative care in the domestic environment of a family, other than children’s own family, that has been selected, qualified, approved and supervised for providing such care.’⁷

Informal care: Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (‘informal kinship care’) or by others in their individual capacity. The arrangement is at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.⁸

Institutional care: ‘Large residential care facilities,’⁹ where children are looked after in any public or private facility, staffed by salaried carers or volunteers working

³ United Nations General Assembly (2009) Guidelines for the Alternative Care of Children

⁴ based on Article 1 of the UN Convention on the Rights of the Child (CRC) (UN, 1989).

⁵ *Ibid.* Article III, 29a.

⁶ *Ibid.* Article III, 29b.ii.

⁷ *Ibid.* Article III, 29c.ii.

⁸ *Ibid.* Children Article 29b.i.

⁹ United Nations General Assembly (2009) Guidelines for the Alternative Care of Children

predetermined hours/shifts, and based on collective living arrangements, with a large capacity.¹⁰

Kinship care: ‘Family-based care within the child’s extended family or with close friends of the family known to the child, whether formal or informal in nature.’¹¹ Kinship care can be both a form of permanent family-based care and a form of temporary alternative care. There are two types of kinship care. Informal kinship care is: ‘any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends ... at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.’¹² Formal kinship care is care by extended family or close friends, which has been ordered by an administrative or judicial authority or duly accredited body.¹³ This may in some settings include guardianship or foster-care.

Residential care: ‘Care provided in any non-family based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes.’¹⁴

Small group homes: Where children are cared for in smaller groups, with usually with one or two consistent carers responsible for their care. This care is different from foster-care in that it takes place outside of the natural ‘domestic environment’ of the family, usually in facilities that have been especially designed and/or designated for the care of groups of children.¹⁵

Terminology

During the review of literature undertaken for this study, the issue of terminology became very important. This was in part due to the different terminology used to denote the same forms of child care as for instance ‘foster care’. In some instances ‘foster care’ embraced care in which a child was placed within kinship care, within another family, or within a setting with up to 15 other children cared for by a ‘house mother’ and ‘aunt’. In others, ‘foster care’ translated from Spanish to English to denote other forms of care including large and small residential settings.

For instance, in Chile, included in the terminology¹⁶ used for different forms of care are:

¹⁰ NGO Working Group on Children Without Parental Care (2013) *Identifying Basic Characteristics of Formal Alternative Care Settings For Children: A Discussion Paper*

¹¹ United Nations General Assembly (2009) *Guidelines for the Alternative Care of Children* Article III, 29c.i.

¹² *ibid.* 29b.i.

¹³ *ibid.* Article 29b.i.

¹⁴ UN General Assembly (2009) *Guidelines for the Alternative Care of Children* Article III, 29c.iv.

¹⁵ NGO Working Group on Children Without Parental Care (2013) *Identifying Basic Characteristics of Formal Alternative Care Settings For Children: A Discussion Paper*

¹⁶ Aldeas Infantiles, SOS Internacional, Chile (undated) *El derecho del niño y la niña a un cuidado de calidad. Informe de situación sobre la implementación de las directrices sobre las modalidades alternativas de cuidado de los niños en Chile*

- 'hogar sustituto' (substitute home)
- 'hogar amigo' (home of a friend)
- 'hogar de paso' (a temporary home)
- 'casa hogar de protección' (a protection home)
- 'centros residenciales' (residential centres)
- 'centros de diagnóstico residencias' (residential centres for diagnostics) (Diagnostic centres are described as those providing temporary and urgent attention while a protection decision is reached¹⁷)
- 'residencias de protección para lactantes o preescolares' (residence for babies and infants)
- 'residencias de protección para mayores con y sin programa especializado adosado' (residences for protection of older children with or without special needs)
- 'residencias para niños, niñas y adolescentes con discapacidad, residencias especializadas' (residences for children and adolescents with disabilities)¹⁸

Furthermore, other documentation¹⁹ of child care in Chile refers to 'programas de acogida familiares' (family welcome programmes) which include:

- 'familias de acogida simple' (individual host families)
- 'familias de acogida especializada' (specialised foster families)
- 'familias de acogida para niños/as con discapacidad' (foster families for children with disabilities)

In Colombia, included in the terminology²⁰ used for care placements, are:

- 'ubicación en familia de origen o familia extensa' (placement with own family or extended family)
- 'ubicación en Hogar de Paso' (placement in foster home)
- 'ubicación en centros de emergencia' (placement in emergency centres)
- 'internado de diagnóstico y acogida a niños de 0 a 8 años' (residential diagnostic centres for children 0 to 8 years of age)

In Paraguay, examples of terms²¹ used for care services include:

- 'acogida en familia sustituta' (care in a foster family)
- 'institución de protección' (protection institution)
- 'acogimiento familiar formal' (formal foster care)

¹⁷ ibid.

¹⁸ ibid.

¹⁹ SOS Children's Villages International Chile (2013) *A Snapshot of Alternative Care Arrangements in Chile: Based on SOS Children's Villages' assessment of a state's implementation of the UN Guidelines for the Alternative Care of Children SOS Chile* Page 115.

²⁰ Aldeas Infantiles SOS Internacional Colombia (2008) *Situación de los derechos de la infancia de niños y niñas que han perdido el cuidado de sus padres o están en riesgo de perderlo .)* pp.41-47

²¹ Aldeas Infantiles, SOS Internacional, (undated) *Care for Me* (unpublished)

- 'familia extensa o ampliada' (care with extended family)
- 'familia acogedora especializada' (specialised foster family)
- 'familias acogedoras transitorias' (temporary foster family)
- 'familias acogedoras de larga estancia' (long-term foster family)
- 'acogimiento o abrigo residencial' (foster care in a residential centre)
- 'abrigo institucional' (institutional shelter)

Examples²² from Peru include:

- 'acogimiento familiar' (foster care)
- 'acogimiento en familia extensa' (foster care in the extended family)
- 'acogimiento en familia no consanguínea' (foster care in a non-related family)
- 'centro de atención residencial' (residential care)

In Uruguay terms for different forms of alternative care include:

- 'Familia seleccionada del registro único de aspirantes' (families selected to take a single applicant)
- 'familia de acogida' (host family)
- 'internación provisional' (provisional care)

Whilst in Venezuela, terms include:

- 'familia sustitua (substitute family)
- 'entidades de atención' (care places)²³

In some countries, there is no distinction in terminology for residential care in large and small settings. For example, a residential 'centre' might be used for all children and in others there are distinct forms of 'centre', all with different names, for children with different special, education, or medical needs.

During this research it has also been difficult to understand the number of children who have lost one or both parents as a result of death, because the term 'orphan' is used in different ways in different reports.

Overall the use of different terminology has made comparison of child care services, both across countries of CSA, and sometimes within a country, a challenging aspect of this study.

As there is still no internationally agreed definition for children's residential 'institutions', I have chosen to use the term 'residential facilities' in this report to denote the wide

²² *ibid.*

²³ *ibid.*

range of provision including those that are small and large, offering different standards of personal care, and differing living conditions.

Methodology

The methodology employed in this study has been guided by recognition of a systems approach to child protection.²⁴ It has also been framed by the UN Guidelines for the Alternative Care of Children and the inherent principles in the Guidelines of 'necessity' and 'suitability': that alternative care is genuinely needed, and when this is so, care is provided in an appropriate manner.²⁵

Literature Review

We conducted a literature review by means of a systematic exploration of academic and other web-based databases²⁶ and search engines, as well as identification of additional reports and materials. To source this literature, a set of search terms were used relevant to the focus of this paper. These search words applied for each country are illustrated in Table 1.

Table 1 Literature search terms and results

Search terms
children without parental care in + country
children in alternative care in + country
children in institutions + country
children in foster care in + country
children in informal care in + country
gatekeeping in + country
child care reform in + country
child protection system in + country
deinstitutionalisation in + country
decision making for children in + country
child protection assessment in + country

We focused on documents published in the past ten years and included unpublished literature only if it was provided by a known professional source. Our searches made

²⁴ Wulczyn, F., Daro, D., Fluke, J., Feldman, S., Glodek, C. and Lifanda, K. (2010) *Adapting a systems approach to child protection: Key concepts and considerations*. UNICEF New York: USA.

²⁵ Cantwell, N., Davidson, J., Elsley, S., Milligan, I. & Quinn, N. (2012) *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*. Centre for Excellence for Looked After Children in Scotland. Centre for Excellence for Looked After Children in Scotland, University of Strathclyde, Glasgow: Scotland

²⁶ Including Science Direct, Wiley online, Taylor & Francis online, Springerlink, JSTOR and Sage Journals, UNICEF, the Better Care Network and other agency websites, Google, and Google Scholar search engines.

specific reference to the whole of CSA and individual countries. In total, following a process of initial review of 140 sourced documents, a total of 94 reports, evaluations, and academic peer-reviewed documents, were scrutinised in detail. We also reviewed an additional 44 documents that were relevant to the topic of alternative care (and informed the framework of the study).

We extracted information from these documents on the following topics:

- Country context and general background information
- Reasons given for children being placed in, and remaining in care
- Documented outcomes for children in care
- Types of formal alternative care in the country
- Types of informal alternative care in the country
- Number of children without parental care
- Number of children in residential facilities
- Number or rate of children in formal alternative care (by different forms of formal alternative care)
- Number or rate of children in informal care
- Legal and Policy Framework
- Lead agencies responsible for child protection and child care systems
- Leaving care
- Adoption
- Care planning process and decision making (including gatekeeping and review of placements)
- Information on other family support services relevant to child protection
- Information on social work services including workforce capacity, training etc. of social workers, care providers, and carers
- Use of data
- Other relevant information

Limitations

We undertook this study in 18 working days, and therefore, due to the broad thematic and geographic scope to be covered, I have only been able to provide a snapshot of alternative care practices across Central and South America. We performed searches in English and Spanish language documents, excluding literature available in other local languages.

Part One: Context of Countries of South and Central America

Population

The population of Latin America is approximately 525.2 million.²⁷ The population growth rate is reportedly declining with World Bank predictions expecting the rate to approach zero by 2015.²⁸ As illustrated in Table 2, in 2013, there were approximately 186,222,000 children (0 to 17 years) living in CSA, representing almost 33% of the total population.²⁹ Data from the 2015 Human Development Index gives life expectancy at birth as 75 years. Countries across the region are also characterised by the diversity of ethnic groups. Data on the percentage of native population illustrate how this varies from almost half or more of the entire population, as in Guatemala (48.6%) and Bolivia (62%), to 10% or less, in Mexico (10%), Panama (10%), Guyana (9.2%), Argentina (3%), and Brazil (2%).³⁰ As illustrated in Table 2, the proportion of children in the overall country population also varies from country to country:

Table 2 Population: Countries of Central and South America 2013

Country	Total Population	<18s	<18s %	<5s	<5s %
Argentina	41,446,000	12,076,000	29	3,434,000	8
Belize	332,000	133,000	40	38,000	11
Bolivia	10,671,000	4,402,000	41	1,279,000	12
Brazil	200,362,000	58,552,000	29	14,636,000	7
Chile	17,612,000	4,532,000	26	1,224,000	7
Colombia	48,321,000	16,014,000	33	4,502,000	9
Costa Rica	4,872,000	1,397,000	29	363,000	7
Ecuador	15,738,000	5,598,000	36	1,599,000	10
El Salvador	6,340,000	2,344,000	37	635,000	10
French Guiana					
Guatemala	15,468,000	7,298,000	47	2,250,000	15
Guyana	800,000	338,000	42	84,000	11

²⁷ Source: UNDP, <http://www.latinamerica.undp.org/content/rblac/en/home/regioninfo.html>

²⁸ Source: World Bank:

<http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/LACEXT/0,,contentMDK:23037599~pagePK:146736~piPK:146830~theSitePK:258554,00.html>

²⁹ UNICEF (2015) *A World Fit for Children: Millennium Development Goals Special Session on Children Documents The Convention on the Rights of the Child*. UNICEF New York: USA

³⁰ RELAF & UNICEF (2013) *Discriminación en las instituciones de cuidado de niñas, niños y adolescentes*. Buenos Aires: Argentina. Page 21.

Country	Total Population	<18s	<18s %	<5s	<5s %
Honduras	8,097,000	3,391,000	42	997,000	12
Mexico	122,332,000	41,942,000	34	11,292,000	9
Nicaragua	6,080,000	2,392,000	39	686,000	11
Panama	3,864,000	1,301,000	34	369,000	10
Paraguay	6,802,000	2,623,000	39	762,000	11
Peru	30,376,000	10,480,000	35	2,924,000	10
Suriname	539,000	177,000	33	47,000	9
Uruguay	3,407,000	901,000	26	244,000	7
Venezuela (Bolivarian Republic of)	30,405,000	10,331,000	34	2,955,000	10

Source: UNICEF (2015) A World Fit for Children.

Culture and religion

The majority of members of the population in the countries included in this study are Christian (90%), with the majority being Roman Catholic.³¹ Membership of Protestant denominations is increasing, particularly in Brazil, El Salvador and Guatemala.³²

Economy and child poverty

The 2015 UNDP Human Development Index presented the gross national income per capita for Latin America and Caribbean as \$14,242. Countries of CSA have been characterised by social and economic inequality with a large percentage of the population living below the poverty line. In 2010, this was approximately 30% of the population.³³ A further report of 2010 gives child poverty rates ranging from an average of 41%, in Bolivia, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, Paraguay, Peru and the Dominican Republic to 8% in Argentina, Chile, Costa Rica and Uruguay.³⁴

In 2012, the World Bank definition of the poverty line was \$1.25 per day and the population living in extreme poverty were living on less than figure.³⁵ Between 2003 and 2012, poverty in Latin America decreased by more than 16% from 41.6% to 25.3% with extreme poverty being halved from 24.5% to 12.3%.³⁶ However, in 2015, countries of

³¹ Source: https://en.wikipedia.org/wiki/Religion_in_Latin_America

³² Source: https://en.wikipedia.org/wiki/Religion_in_Latin_America

³³ SOS Children's Villages International & RELAF (2010) *Children and adolescents without parental: care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life*. SOS Children's Villages International and Red Latinoamericano de Acogimiento Familiar. Buenos Aires: Argentina

³⁴ SOS Children's Villages International (2015) *Causes and Risks of Losing Parental Care in Latin America and the Caribbean*. SOS Children's Villages International, Page 6

³⁵ Cruz, M., Foster, J., Quillin, B. & Schellekens, P (2015) *Ending Extreme Poverty and Sharing Prosperity: Progress and Policies*. Development Economics World Bank Group

³⁶ Vakis, R., Rigolini, J. & Lucchetti, L. (2015) *Left Behind: Chronic Poverty in Latin America and the Caribbean Overview*. International Bank for Reconstruction and Development / The World Bank. Washington: USA.

CSA experienced an economic deceleration³⁷: a trend that has reportedly affected children due to reductions in country average public spending of around 0.4 per cent of GDP.³⁸ Furthermore, it has been noted how many people born into poverty are unable to escape this situation. The World Bank identify how those classified as 'chronic poor', did not benefit from economic growth in the 2000s and noting that many who fell 'into the cracks of the social assistance system; they have been left behind'.³⁹ It is understood that disparities of wealth within countries has particularly affected children from Afro-descendant and indigenous populations: children who already suffered disproportionately from poverty and discrimination, along with children living in slum areas of urban conurbations.⁴⁰

Education

Data from the 2015 Human Development Index presents expected number of years of schooling for children and young people in CSA as 14.⁴¹ Total public investment in education has continued to rise across the region accounting in 2012, with for 5% of GDP resulting in almost universal access to primary education (91% of the region's potential population).⁴² In 2015, enrolment in secondary education was reported to be 74% of the relevant child population and in tertiary education 42%.⁴³

Health

Although across CSA the incidence of HIV/AIDS has not reached the magnitude of some other regions of the world, nevertheless, in 2012, the World Bank reported that more than 1.5 million people in Latin America were living with the disease, a 25% increase since 2001.⁴⁴ Data from 2013, also illustrates how the prevalence of HIV/AIDS across countries varied from country to country as for example, 2013, prevalence of HIV/AIDS in adults ranged from 0.7% in Guatemala and Panama, Ecuador 0.6%, Colombia, 0.5%, Argentina, 0.4%, to Bolivia and Nicaragua 0.3%.⁴⁵

A study conducted by Baretto et al. in 2012⁴⁶, estimated that by 2000, non-communicable diseases (NCDs) were responsible for 55% of the disability-adjusted life-years (DALYs). This was followed by communicable, maternal, perinatal and nutritional

³⁷ OECD (2015) *Latin American Economic Outlook 2015: Education, Skills and Innovation for Development*. OECD, United Nations Economic Commission for Latin America and the Caribbean and The Development Bank of Latin America.

³⁸ UNICEF (2016) *2015 Regional Office Annual Report*. UNICEF Latin America & the Caribbean Regional Office (LACRO)

³⁹ Vakis, R., Rigolini, J. & Lucchetti, L. (2015) *Left Behind: Chronic Poverty in Latin America and the Caribbean Overview*. International Bank for Reconstruction and Development / The World Bank. Washington: USA. Page 7.

⁴⁰ UNICEF (2016) *2015 Regional Office Annual Report*. UNICEF Latin America & the Caribbean Regional Office (LACRO)

⁴¹ UNDP (2015) *UNDP Human Development Report 2015*. Available at: <http://hdr.undp.org/en/2015-report>

⁴² *ibid.*

⁴³ OECD (2015) *Latin American Economic Outlook 2015: Education, Skills and Innovation for Development*. OECD, United Nations Economic Commission for Latin America and the Caribbean and The Development Bank of Latin America.

⁴⁴ World Bank (2012) *Latin America: HIV/AIDS numbers up, but new infections stabilizing across region*.

Available at: <http://www.worldbank.org/en/news/feature/2012/11/30/world-aids-day-2012-latin-america-caribbean-hiv>

⁴⁵ Garcia, P.J., Bayer, A. & Carcamo, C.P. (2014) The changing face of HIV in Latin America and the Caribbean. *Current HIV/AIDS Reports*, 11 (2), pp.146-157.

⁴⁶ Barreto, S.M., Miranda, J.J., Figueroa, J.P., Schmidt, M.I., Munoz, S., Kuri-Morales, P.P. & Silva Jr, J.B. (2012) Epidemiology in Latin America and the Caribbean: current situation and challenges. *International Journal of Epidemiology*. Vol. 41(2) pp. 557-571.

conditions (27%), and injuries (18%). The study also reported how among NCD fatalities, cardiovascular disease was responsible for 31% of all deaths. A total of 30% of premature deaths as a result of cerebrovascular diseases were people from the poorest quintile of the population in comparison to 13% in the richest quintile. Baretto et al.⁴⁷ also indicate how the region is facing rapid changes in nutritional intake with increases in obesity now recognised as a particular health concern. In addition, although rates of smoking are decreasing, the use of tobacco remains a concern, particularly as actions to prevent and control smoking are not prevalent in countries of the region.

The Baretto study⁴⁸ highlights how the region has one of the highest rates in the world of mortality due to injury, for instance, this is the leading cause of death among men aged 15 to 59 years old. Intentionally inflicted injuries account for 57% of such deaths. One-quarter of global homicides occur in Latin America with varying rates of violence being experienced across the different countries of the region.⁴⁹ The Baretto study identifies how:

Low deaths rates due to violence are found in countries such as Argentina, Chile, Costa Rica and Uruguay; moderate rates in Peru, Nicaragua, Ecuador, Dominican Republic, Panama and Paraguay; and high to extremely high rates in Brazil, Mexico, Colombia, El Salvador, Honduras and Venezuela. Social inequalities, unemployment, urban segregation, drug markets and widespread use of alcohol are among the main factors associated with high violence in LAC.⁵⁰

Child Protection

A 2008 UNICEF report⁵¹ shows approximately six million children and adolescents across the region experience serious abuse and abandonment each year whilst almost 220 children die each day due to domestic violence, a total of 80,000 children a year. In Latin America, UNICEF estimate that more than two million children and young people are sexually exploited each year.⁵² Lack of family support services are contributing to the vulnerability of children to violence, abuse, and exploitation, along with the abandonment of thousands of children.⁵³

⁴⁷ *ibid.*

⁴⁸ *ibid.*

⁴⁹ *ibid.*

⁵⁰ Barreto, S.M., Miranda, J.J., Figueroa, J.P., Schmidt, M.I., Munoz, S., Kuri-Morales, P.P. & Silva Jr, J.B. (2012) Epidemiology in Latin America and the Caribbean: current situation and challenges. *International Journal of Epidemiology*. Vol. 41(2) pp. 557–571.

⁵¹ UNICEF (2008a) media release. Available at: http://www.unicef.org/lac/media_12158.htm

⁵² UNICEF Fact Sheet (undated)

⁵³ *ibid.*

High rates of violence across CSA affects children both directly and indirectly, including this being one cause of orphanhood. In 2008, violence in Latin America and the Caribbean accounted for 42% of the total homicides around the world.⁵⁴ El Salvador and Honduras are reported to have some of the highest murder rates.⁵⁵ Some of the highest incidence of armed violence has been recorded in Colombia and Mexico.⁵⁶ In past years, deaths by violent acts and homicides of those aged 15 and 24 years of age has accounted for almost 43% of the total mortality in this age group in Latin America and the Caribbean.⁵⁷ The persistence of gang-related violence is a major concern with particularly high rates in such countries as Brazil, Venezuela, and Colombia.⁵⁸

In 2006, approximately 5.7 million children (5% of the total population in Latin America and the Caribbean) aged between 5 and 14 years old were 'economically active'.⁵⁹ The phenomenon of parents migrating for work has been cited as a reason for child abandonment.⁶⁰ In addition, the migration of significant numbers of unaccompanied minors is also a concern; for instance, children without parental care are being placed in reception centres along the border of Mexico and the USA.⁶¹

Other contextual factors impacting children include the range of natural disasters experienced across CSA, which in 2015 alone, were reported to have affected millions of the population.⁶²

⁵⁴ UNICEF (2008a) media release. Available at: http://www.unicef.org/lac/media_12158.htm

⁵⁵ UNICEF (2016) *2015 Regional Office Annual Report*. UNICEF Latin America & the Caribbean Regional Office (LACRO)

⁵⁶ *ibid.*

⁵⁷ United Nations Inter-Agency Network on Youth Development (undated)

⁵⁸ UNICEF (2016) *2015 Regional Office Annual Report*. UNICEF Latin America & the Caribbean Regional Office (LACRO)

⁵⁹ UNICEF Fact Sheet (undated)

⁶⁰ *Ibid.*

⁶¹ UNICEF (2016) *2015 Regional Office Annual Report*. UNICEF Latin America & the Caribbean Regional Office (LACRO)

⁶² *ibid.*

Part Two: Children without parental care

The necessity of accurate and systematic data collection for information on characteristics and trends of child protection and child care is crucial for the development and application of appropriate and evidence-based policy and practice.⁶³ Across the world, there remain concerns regarding poor quality data including lack of rigour in collection and analysis; prevalence of unregistered and unreported use of institutions; missing information on children in informal care; variances in use of terminology and definitions; and unwillingness of some countries to disclose full sets of statistics.⁶⁴

There is variability in data that illustrate the numbers of children without parental care and living in different forms of informal and formal care across different countries of CSA. Some countries have copious quantitative data, but lack analysis that would be particularly useful to inform policy and practice. In some countries the scope of available data is poor. Some governments make data freely available and others do not. Overall there is a noticeable lack of qualitative data and longitudinal studies.

Noted concerns include lack of rigour and reliability of available data.⁶⁵ Other issues include incompatibility of research methodologies, especially non-conformity in use of variables, definitions, and terminology that would facilitate comparison of data sets. This situation corresponds closely, to the lack of accurate and consolidated statistics relating to children living in alternative care across the world.⁶⁶

Although it has been a challenge to find data on children without parental care, we have been able to collate some information for this study; this is given in Table 3.

Profile of children in alternative care

The need for data management systems that facilitate ongoing gathering and analysis of information relevant to each individual child is also important; for example this type of data support appropriate decision-making, care planning, and to inform regular case reviews.⁶⁷ Lack of such information, and poor monitoring mechanisms, are contributory factors to children being lost in the care system and living indefinitely in institutions.⁶⁸

⁶³ Boothby, N. and Stark, L. (2011) Data surveillance in child protection systems development: An Indonesian case study. *Child Abuse and Neglect*, 35, pp.933-1001

⁶⁴ Ibid.

⁶⁵ SOS Children's Villages International & RELAF (2010) *Children and adolescents without parental: care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life*. SOS Children's Villages International and Red Latinoamericano de Acogimiento Familiar. Buenos Aires: Argentina. Page 13

⁶⁶ Boothby, N. and Stark, L. (2011) Data surveillance in child protection systems development: An Indonesian case study. *Child Abuse and Neglect*, 35, pp.933-1001

⁶⁷ Stubbs, P. and Maglajlić, R.A. (2013) *Constructing 'Child Care Reform' in South East Europe: Revisiting UUNICEF's 'Travelling Technicism', A Paper for International Studies Association Annual Convention, San Francisco, California, 3 April 2013*. [unpublished]

⁶⁸ Khlinovskaya Rockhill, E. (2010) *Lost to the State: Family Discontinuity, Social Orphanhood and Residential Care in the Russian Far East*. New York: Berghahn Books

It has been a challenge to compile a detailed profile of children in alternative care in terms of age, sex, details of entry and exit into care, location of family home, location of alternative care placement etc. In Guatemala for instance, along with a general lack of information on residential facilities, few details are available on reasons children are placed in care.⁶⁹

Table 3 provides information on the age profile of children without parental care and/or in formal alternative care, where we have been able to source data from a variety of reports.

⁶⁹ Perez, L. (2008) *Situation Faced by Institutionalized Children and Adolescents in Shelters in Guatemala*. Available at: <http://resourcecentre.savethechildren.se/sites/default/files/documents/6186.pdf>

Table 3: Age Profile of Children without Parental care or children in care

Country	Age breakdown /year	% of children without parental care and/or in alternative care	Notes	Source
Argentina	<ul style="list-style-type: none"> • 0 to 3 years • 4 to 6 years • 7 to 9 years • 10 to 12 years • 13 to 15 years • 16 to 18 years 	<ul style="list-style-type: none"> • 11.7% • 12.2% • 19% • 21.8% • 20.5% • 11.9% 	As a percentage of all children in residential facilities	Silva 2004 ⁷⁰
Columbia	<ul style="list-style-type: none"> • Under 2 years • 2 to 4 years • 5 to 9 years • 10 to 14 years 	<ul style="list-style-type: none"> • 1.6% • 5.2% • 8.2% • 11.2% 	Children without parental care as a percentage of the total child population	SOS & RELAF 2010 ⁷¹
Ecuador	<ul style="list-style-type: none"> • 4 years and below • 5 to 12 years • 13 to 18 years 	<ul style="list-style-type: none"> • 10.36% • 41.79% • 47.85% 	As a percentage of all children without parental care	SOS & RELAF 2010 ⁷²
Guatemala	<ul style="list-style-type: none"> • Under 1 year • 1 to 6 years • 7 to 16 years 	<ul style="list-style-type: none"> • 7% • - • 'vast majority' (no specific data provided) 	As a percentage of all children in residential facilities	Perez 2008 ⁷³
Mexico	<ul style="list-style-type: none"> • under 6 years • 7 to 17 years 	<ul style="list-style-type: none"> • 23% • 77% 	As a percentage of all children in alternative care	SOS & RELAF 2010 ⁷⁴
Paraguay	<ul style="list-style-type: none"> • Under age of 7 years 	<ul style="list-style-type: none"> • 18% 	Percentage of 807 children in 16 institutions	SOS & RELAF 2010 ⁷⁵

⁷⁰ Silva, E.R.A, 2004 *O direito à convivência familiar e comunitária: os abrigos para crianças e adolescentes no Brasil*. Brasília

⁷¹ SOS Children's Villages International & RELAF (2010) *Children and adolescents without parental: care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life*. SOS Children's Villages International and Red Latinoamericano de Acogimiento Familiar. Buenos Aires: Argentina.

⁷² *ibid.*

⁷³ Perez, L. (2008) *Situation Faced by Institutionalized Children and Adolescents in Shelters in Guatemala*. Available at: <http://resourcecentre.savethechildren.se/sites/default/files/documents/6186.pdf>

⁷⁴ SOS Children's Villages International & RELAF (2010) *Children and adolescents without parental: care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life*. SOS Children's Villages International and Red Latinoamericano de Acogimiento Familiar. Buenos Aires: Argentina.

⁷⁵ *Ibid.*

Available data suggest in many countries there is a similar ratio of girls to boys in alternative care; for example, figures for Mexico reveal that of all children in alternative care, 58% were female and 42% male⁷⁶ whilst in Costa Rica, of children without parental care, 53% were female and 47% male.⁷⁷ In 2010, of all children in foster and residential care in Panama, 47% were female and 53% male.⁷⁸ In Ecuador, of 490,383 children without paternal care in 2006, 53.6% (262,723) were female, and 46.4% (227,600) were male.⁷⁹ In 2006, of those in residential facilities in Guyana, 47.3% (268) were female and 52.7% (298) male.⁸⁰

Reasons given for children being placed, and remaining, in care

In order to strategise and plan effectively and efficiently for the prevention of child and parent separation, it is important we understand the primary and secondary reasons why children are placed in alternative care. Within all the countries reviewed for this study, it is apparent there is interplay of a range of factors. Whilst finding many commonalities, the degree to which these factors are relevant, also vary from country to country. However in all countries reviewed, underlying causalities related to poverty and social exclusion are particularly pertinent in light of how poverty disproportionately affects children and young people.⁸¹ In 2014, the poverty headcount ratio for Bolivia was 39.3% of the population⁸², a country in which SOS reports also reference poverty as a primary reason children are in alternative care.⁸³ In 2010 it was reported that, 9.8% of children living within the lowest of socio-economic levels do not live with their parents in Colombia⁸⁴.

Countries reported to have the highest child poverty rates in the region include Bolivia, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, Paraguay, Peru and the Dominican Republic, while the countries with the lowest reported child poverty rates in the region are Argentina, Chile, Costa Rica and Uruguay⁸⁵. However, as illustrated in Table 4, the direct correlation between poverty rates and number of children in institutions is not

⁷⁶ SOS Children's Villages International & RELAF (2010) *Children and adolescents without parental: care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life*. SOS Children's Villages International and Red Latinoamericano de Acogimiento Familiar. Buenos Aires: Argentina. Page 18

⁷⁷ SOS Children's Villages Costa Rica (unpublished) *Estudio de la Situación de los Derechos de los Niños y las Niñas en riesgo de perder el cuidado parental o que lo han perdido*. SOS Children's Villages Costa Rica. Page 15

⁷⁸ UNICEF (2011a) *Estudio sobre la situación de los derechos de la niñez y la adolescencia privados de cuidados parentales ubicados en centros de acogimiento o albergues*, República de Panamá. Page12

⁷⁹ Oviedo, S. (2015) *La actualización de la información respecto del análisis de la situación de los derechos de los niños, niñas y adolescentes que están en riesgo o han perdido el cuidado parental de sus padres en el Ecuador*

⁸⁰ Wills, M.F. (2006) *The Assessment of Standards and Processes in all Children's Residential Homes in Guyana* Submitted To: Ministry Of Labour, Human Services And Social Security .UNICEF Guyana

⁸¹ Source: www.unicef.org/media/files/Fast_facts__EN.doc

⁸²Source: <http://data.worldbank.org/country/bolivia>

⁸³ Aldeas Infantiles SOS Internacional Bolivia (undated) *Situación actual de los niños y niñas privados del cuidado parental o en riesgo de perderlo*. Bolivia: SOS. Aldeas Infantiles SOS Internacional Bolivia

⁸⁴ SOS Children's Villages International & RELAF (2010) *Children and adolescents without parental: care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life*. SOS Children's Villages International and Red Latinoamericano de Acogimiento Familiar. Buenos Aires: Argentina. Page17

⁸⁵ SOS Children's Villages International (2015) *Causes and Risks of Losing Parental Care in Latin America and the Caribbean*. SOS Children's Villages International. Innsbruck: Austria Page 6.

uniform; some countries with higher poverty rates have a lower proportion of children in institutions than some countries with lower poverty rates. This illustrates how important it is to identify other contributory factors influencing the use of institutions within different contexts.

Table 4: Comparison of national poverty rates and % of child population in institutions

Country	2013 Poverty headcount ratio at \$1.90 a day (2011 PPP) (% of population) ⁸⁶	Percentage of 2013 child population/year ⁸⁷
Argentina	1.8%	0.12%
Belize	(1999) 13.9%	0.12%
Bolivia	7.7%	0.39%
Brazil	4.9%	0.06%
Chile	0.9%	0.23%
Colombia	6.1%	0.08%
Costa Rica	1.7%	0.05%
Ecuador	4.4%	0.06%
El Salvador	3.3%	0.13%
Guatemala	(2011) 11.5%	0.07%
Guyana	(1998) 14%	0.08%
Honduras	18.9%	0.21%
Mexico	(2012) 2.7%	0.35%
Nicaragua	(2010) 10.8%	0.07%
Panama	2.9%	0.08%
Paraguay	2.2%	0.10%
Peru	3.7%	0.18%
Suriname	(1999) 23.4%	1.69%
Uruguay	0.3%	0.44%
Venezuela	(2006) 9.2%	0.05%

Within the context of poverty, a particular concern is the reported lack of access to community-based services that could help mitigate some of the vulnerability facing children and their families, and thus reducing the possibility of family separation⁸⁸. Examples include the reported lack of social protection payments, health, housing, and education.

⁸⁶ Source: World Bank, <http://povertydata.worldbank.org/poverty/country/>

⁸⁷ UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama

⁸⁸ Aldeas Infantiles SOS (undated) *Situación actual de los niños y niñas privados del cuidado parental o en riesgo de perderlo*. Page 12

Child protection concerns, including all forms of abuse and neglect, are reasons for children being placed in care.⁸⁹ Other factors include children who have lost parents due to death, abandonment, domestic violence and family breakdown. Ill health and disability (of child or parent), alcohol and drug misuse, and imprisonment are also recorded causalities. A phenomenon particularly relevant to use of alternative care in some countries of CSA is the proliferation of organised crime and violence, including high rates of homicide. For instance, the culture of violence and organised crime has been specifically identified as a cause of family separation and child abandonment in Guatemala and Colombia.⁹⁰

Although as noted, above, the incidence of HIV/AIDs is not as great in CSA as other parts of the world, nevertheless it plays a role in relation to children in alternative care. In Guyana for example, by 2003, there were an estimated 7000 orphans due to HIV/AIDs.⁹¹ In Nicaragua, the national HIV incidence rate doubled between 2006 and 2009, from 7.6 per 100,000 to 15.1 in 2009.⁹² In 2014, there were an estimated 23,000 people living with HIV in Honduras.⁹³

Natural disasters such as earthquakes, flooding, cyclones and hurricanes, particularly in such countries as Guatemala, Mexico, Chile and Peru, are understood to be exacerbating already pre-existent situations of poverty, and limiting ability to offer additional protection to vulnerable children in the aftermath of emergency situations.⁹⁴ In 2014, it was estimated that a total of 96 natural disasters in the region affected approximately seven million people.⁹⁵

Migration for work and child labour are recognised as contributing factors to children entering alternative care.⁹⁶ The numbers of unaccompanied children in different countries of CSA working away from home are unknown. Child labour is also related to the risk of exploitation and abuse. In Honduras in 2011, 350,819 children aged 5 to 17 years old (13.4% of the total child population) were reportedly working.⁹⁷ In Paraguay in 2013, there was a reported 436,419 working children aged 5 to 17 years old; this accounted for 1 in 4 children.⁹⁸

⁸⁹ RELAF (2011) *Institutionalised childhood and adolescence: making serious Human Rights violations visible*. Red Latinoamericana de The Status of Child Protection & Foster Care in Guyana Acogimiento. RELAF.

⁹⁰ Aldeas Infantiles SOS Internacional Colombia (2008) *Situación de los derechos de la infancia de niños y niñas que han perdido el cuidado de sus padres o están en riesgo de perderlo*. Aldeas Infantiles SOS Internacional Colombia. And. Better Care Network (2014) *Collected viewpoints on international volunteering in residential care centres Country focus: Guatemala*. Better Care Network. New York: USA.

⁹¹ Greene, A. (undated) Powerpoint presentation. Available at: <http://www.caribbeanfostercare.com/files/GUY.pdf>

⁹² UNICEF (2010a) *Annual Report for Nicaragua*.

⁹³ Source: <http://www.unaids.org/en/regionscountries/countries/honduras>

⁹⁴ SOS Children's Villages International & RELAF (2010) *Children and adolescents without parental: care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life*. SOS Children's Villages International and Red Latinoamericana de Acogimiento Familiar. Buenos Aires: Argentina

⁹⁵ SOS Children's Villages International (2015) *Causes and Risks of Losing Parental Care in Latin America and the Caribbean*. SOS Children's Villages International. Innsbruck: Austria. Page.30

⁹⁶ *ibid.*

⁹⁷ *ibid.*

⁹⁸ *ibid.*

Children found on the streets are being placed in care.⁹⁹ In 2015, it was estimated that 11% of all admissions into residential facilities in Paraguay were children who had been living on the streets.¹⁰⁰ In 2013 there were an estimated 30,000 children in Columbia and 20,000 in Honduras living on the streets. In 2013 an estimated 95,000 children were living on the streets of principle cities in Mexico.¹⁰¹

Authors see disability and ethnicity as two specific concerns in relation to alternative care, and most especially the use of residential facilities in some other regions of the world. A 2013 UNICEF report¹⁰² on institutionalisation in CSA, whilst acknowledging a lack of available information on the subject, also noted an increase in the practice of institutionalising children with disabilities. A 2015 report by SOS Children's Villages International¹⁰³ estimated that 5,603 children with disabilities grew up without paternal care in Ecuador, many of whom are thought to have been abandoned at an early age. In Colombia, disability is also reported to be a reason for placement in alternative care.¹⁰⁴ In 2011, UNICEF reported that of the 1,191 children in care in Panama, 132 were disabled.¹⁰⁵ In the same year, children with disabilities comprised 1.1% of all those in institutions in Mexico.¹⁰⁶

Limited availability to support programmes for persons with disabilities is not only contributing to the placement of disabled children fact into residential facilities, but the likelihood they would remain there for the rest of their childhood.¹⁰⁷ Research findings in Brazil found the placement of many children with disabilities in institutions was the result of parents' inability to provide adequate care. An additional concern raised by UNICEF¹⁰⁸ is the lack of specialised care and support coupled with inadequate specialised infrastructure for children with disabilities inside residential facilities. Of the residential facilities surveyed as part of research in Brazil only 12% were assessed as providing suitable physical facilities.¹⁰⁹

In 2013 UNICEF identified issues of discrimination and stigmatisation as being relevant to placement in care, with for example children from ethnic minorities (such as Afro-

⁹⁹ SOS Children's Villages International & RELAF (2010) *Children and adolescents without parental: care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life*. SOS Children's Villages International and Red Latinoamericano de Acogimiento Familiar. Buenos Aires: Argentina. Page 20

¹⁰⁰ *ibid.*

¹⁰¹ SOS Children's Villages International (2015) *Causes and Risks of Losing Parental Care in Latin America and the Caribbean*. SOS Children's Villages International. Innsbruck: Austria. Pages 18-19

¹⁰² UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama. pp35-36

¹⁰³ Oviedo, S. (2015) *La actualización de la información respecto del análisis de la situación de los derechos de los niños, niñas y adolescentes que están en riesgo o han perdido el cuidado parental de sus padres en el Ecuador*

¹⁰⁴ Aldeas Infantiles SOS Internacional Colombia 2008

¹⁰⁵ UNICEF (2011a), 'Estudio sobre la situación de los derechos de la niñez y la adolescencia privados de cuidados parentales ubicados en centros de acogimiento o albergues', República de Panamá

¹⁰⁶ SOS Children's Villages International & RELAF (2010) *Children and adolescents without parental: care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life*. SOS Children's Villages International and Red Latinoamericano de Acogimiento Familiar. Buenos Aires: Argentina. Page 18

¹⁰⁷ UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama. Page 46

¹⁰⁸ *ibid.*

¹⁰⁹ *ibid.*

descendants and indigenous populations) forming a disproportionate percentage of those without parental care.¹¹⁰ In the same report, Brazil was identified as a country where the majority of children in residential facilities are males of afro-descent aged 7 and 15 years old.¹¹¹

Table 5 is a summary of reasons children have been separated from parental care as presented in different studies reviewed for this report.

Table 5: Interplay of reasons children enter alternative care by country

Country	Factors
Argentina	<ul style="list-style-type: none"> • abuse • neglect • abandonment • children found living on the streets • ill health of parents • parents travelling away from home
Brazil	<ul style="list-style-type: none"> • neglect • drug addiction • abandonment • domestic violence • sexual abuse
Chile	<ul style="list-style-type: none"> • orphanhood • natural disasters • wars • illness • family violence • substance addiction • difficulties accessing health system • child labour • commercial sexual exploitation • migration
Columbia	<ul style="list-style-type: none"> • orphanhood • abuse • children found working • abandonment • parents disability or illness
Costa Rica	<ul style="list-style-type: none"> • family violence • negligence • abuse
Ecuador	<ul style="list-style-type: none"> • abandonment • death of parent/s • abuse • neglect • imprisonment
El Salvador	<ul style="list-style-type: none"> • maltreatment • abandonment • gangs and organised crime • HIV/AIDS
Guatemala	<ul style="list-style-type: none"> • abandonment • family violence • culture of violence • poverty • migration
Guyana	<ul style="list-style-type: none"> • neglect and abuse • death of caregiver • alcohol and drug abuse • abandonment • imprisonment of parent/s • children found on the street • single parent family without financial means • sexual exploitation

¹¹⁰ UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama. Page 46

¹¹¹ Garcia, M.L.T. & Fernandez, C. B. (2009) The Care and Shelter of Children and Adolescents in Brazil: Expressions of Social Issues *Social Work and Society*. Vol 7 (9), pp.28-42

Country	Factors	
Honduras	<ul style="list-style-type: none"> • working children 	<ul style="list-style-type: none"> • HIV/AIDS
Mexico	<ul style="list-style-type: none"> • disability • abuse 	<ul style="list-style-type: none"> • unaccompanied migrant children • internal and external migration
Panama	<ul style="list-style-type: none"> • war • migration • natural disasters 	<ul style="list-style-type: none"> • poverty • chronic diseases • HIV/AIDSs
Paraguay	<ul style="list-style-type: none"> • abandonment • death of parent/s • poverty 	<ul style="list-style-type: none"> • homelessness • domestic abuse • working children
Peru	<ul style="list-style-type: none"> • disability • armed conflict • migration • family violence • ethnic origin • child labour • street living children • substance abuse 	<ul style="list-style-type: none"> • physical, emotional, sexual abuse • lack of access to education, health and housing • alcoholism of one or both parents • criminal behaviour of parent • illness of parent or child • malnutrition (adults and children)
Uruguay	<ul style="list-style-type: none"> • domestic violence. 	

Documented outcomes for children in care

In the literature reviewed for this study, we have found very little mention of development outcomes children who have experienced different forms of alternative care in CSA. One report¹¹² has cited the feelings of children in residential facilities as being those of isolation, loneliness, and rejection, and of being misunderstood and unsure of their future. Another¹¹³ report referred specifically to concerns regarding psychological and social development for children who had been institutionalised for many years. A 2011 UNICEF study¹¹⁴ reported on the poor psychological, emotional, and social development of children in residential care in Panama. This study further highlighted difficulties that children experienced in relation to emotional bonding and trust, and the stigma attached to living in residential care.

¹¹² SOS Children's Villages International & RELAF (2010) *Children and adolescents without parental: care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life*. SOS Children's Villages International and Red Latinoamericano de Acogimiento Familiar. Buenos Aires: Argentina. Page. 30

¹¹³ RELAF (2011) *Institutionalised childhood and adolescence: making serious Human Rights violations visible*. Red Latinoamericana de Acogimiento. RELAF. Page 26

¹¹⁴ UNICEF (2011a), 'Estudio sobre la situación de los derechos de la niñez y la adolescencia privados de cuidados parentales ubicados en centros de acogimiento o albergues', República de Panamá. Page 19

Informal care

Informal Care, as defined by the UN Guidelines for the Alternative Care of Children is when a:

child is looked after on an ongoing or indefinite basis by relatives or friends at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.¹¹⁵

The Guidelines describe kinship care as 'family-based care within the child's extended family or with close friends of the family known to the child'.¹¹⁶ It may be formal or informal in nature, being considered formal when ordered by a competent administrative body or judicial authority.

Although a specific search for documents related to informal care was undertaken, and all literature reviewed for this study carefully scrutinised with a particular lens on this subject, we found virtually no information on this topic apart from references to informal, extended family care being a common practice in CSA.

Data in Table 6 would suggest the vast majority of children without parental care are in informal care. This care across the region remains largely unregulated, and unsupervised. Some reports raise concerns relating to how lack of regulation might contribute to the increased vulnerability of children in informal care to exploitation and abuse; however, we found no evidence to confirm or refute this supposition.¹¹⁷

Formal alternative care

There are a number of excellent country reports reviewed for this study that have provide useful information, particularly in relation to residential care. However, within the total collection of documents sourced for this study, information providing an explicit understanding of trends relating to the practice, and quality of children's placement in formal alternative care has been difficult to find.

¹¹⁵ United Nations General Assembly (2009) *Guidelines for the Alternative Care of Children*

¹¹⁶ *ibid.*

¹¹⁷ SOS Children's Villages International (2013) *A Snapshot of Alternative Care Arrangements in Chile: Based on SOS Children's Villages' assessment of a state's implementation of the UN Guidelines for the Alternative Care of Children SOS Chile*. SOS Children's Villages International. Page 8

Residential Care

Residential care is defined by the UN Guidelines for the Alternative Care of Children as the:

care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations and all other short- and long-term residential care facilities, including group homes. Whether provided in public or private facility and whether or not a result of administrative or judicial measures, residential care is considered a form of formal care.¹¹⁸

Some forms of residential care have long been a focus of deep concern among child welfare providers and policy makers. These concerns include inappropriate admission, lack of care planning and review, poor national standards, and non-compliance with accreditation and other requirements.¹¹⁹ The quality of care and protection of children, low staff numbers and poor physical environments are also reported issues.¹²⁰ The continued prevalence of residential facilities as the only, or principal, form of alternative care in some countries, along with rapid growth in others, has led to continuing advocacy efforts to reverse the situation and develop prevention services and 'gate-keeping' mechanisms.¹²¹

Although other forms of alternative care are being developed, reports from CSA suggest that residential facilities remain the most used form of formal alternative care. For example, in Peru, the use of residential facilities is reported to be the main response of state bodies for children without parental care¹²², whilst in Guatemala, there is an understanding that the government's child protection system is 'institutionally-based'.¹²³ In Uruguay, some authors believe children are removed from their families too quickly and placed in a care system founded on the use residential facilities.¹²⁴

¹¹⁸ United Nations General Assembly (2009) Guidelines for the Alternative Care of Children

¹¹⁹ Judge, S. (2008) The Impact of Early Institutionalization on Child and Family Outcomes. *Adoption Quarterly* 7 (3), pp. 31-48.; Kendrick, A., Steckley, L. and McPheat, G. (2011) Residential child care: Learning from international comparisons. In: Taylor, R., Hill, M. and McNeill, F. (eds.) (2011) *Early Professional Development for Social Workers*. Birmingham: British Association of Social Workers. pp81-87.

¹²⁰ Berridge, D., Biehal, N. and Henry, L. (2012) *Living in Children's Residential Homes Commissioned for DCSF*
Rosas, J. and McCall, R.B. (2009) *Characteristics of institutions, interventions and resident children's development*. (unpublished manuscript), Pittsburgh: University of Pittsburgh Office of Child Development.

¹²¹ Better Care Network and UNICEF (2015) *Making Decisions for the Better Care of Children: The role of gatekeeping in strengthening family-based care and reforming alternative care systems*. BCN & UNICEF, New York: USA.

¹²² Sicheri (2013) *Perdida de los cuidados parentales e institucionalización de niñas, niños y adolescentes*.

¹²³ Bunkers, K. M., Groza, V. & Lauer, D.P (2009) International adoption and child protection in Guatemala: A case of the tail wagging the dog. *International Social Work*, 52(5), pp. 649-660

¹²⁴ SOS Children's Villages International (2012) *A Snapshot of Alternative Care Arrangements in Uruguay SOS Children's Villages International*

Overall, data on children in residential care across CSA are reportedly unreliable. This has been attributed to a number of factors including lack of regulation and accountability, care providers having poor or no data collection systems, and differing use of terminology that for instance classifies some residential facilities as boarding schools for poor children or residential health facilities, and therefore these are not recorded as residential care.¹²⁵ As previously noted, it is particularly difficult to identify trends in the use of residential care due to inconsistency in information and infrequent reporting of statistics. Research findings in Guatemala note that 'none of the actors involved in childcare had a clear idea about the total number of children living in institutions'¹²⁶. However, there are exceptions. A UNICEF report of 2013¹²⁷, although not reporting on trends, provides one of the few recent compilations of data from countries of CSA. Other data sources included the SOS report from Costa Rica¹²⁸ documenting the moderate increase in number of children in 'Albergues PANI', 'Residenciales' and 'Hogares' from 4,682 in 2006 to 4,885 in 2010. On a more positive note, evidence of good practice has been found in Brazil for example, where in 2013 it was noted that 'impressive reductions'¹²⁹ had been made in the use of residential facilities.

Drawing on a regional study by UNICEF in 2013¹³⁰ and other reports, it has been possible to collate some data on children in alternative care in countries of CDA including those in residential facilities as presented in Table 6. This analysis of data also includes the children in residential facilities as a percentage of the total child population.

¹²⁵ UNICEF (2013) *La situación de niños, niñas y adolescents en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama

¹²⁶ Perez, L. (2008) *Situation Faced by Institutionalized Children and Adolescents in Shelters in Guatemala*
Available at: <http://resourcecentre.savethechildren.se/sites/default/files/documents/6186.pdf>

¹²⁷ UNICEF (2013) *La situación de niños, niñas y adolescents en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama

¹²⁸ SOS Children's Villages Costa Rica (unpublished) *Estudio de la Situación de los Derechos de los Niños y las Niñas en riesgo de perder el cuidado parental o que lo han perdido*. SOS Children's Villages

¹²⁹ Family for Every Child (2013) *Improving Social Work in Brazil: The Results of an Appreciative Inquiry on Social Work with Vulnerable Children and Families in Brazil*. London: England. Pages 6-7

¹³⁰ UNICEF (2013) *La situación de niños, niñas y adolescents en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama

Table 6: Children in formal alternative care in Central and South America

Country	Total child population (0-17 years) in 2013 ¹³¹	Number of children without parental care/year/s ource	Number of residential facilities/Year/ source	Number in residential facilities/year/ source	No. in residential facilities as percentage of 2013 child population/ year/ Source	Number of children in small group homes/Year /source	Number of children in foster care/year/ source	Number of children in Children's Villages/year/ source
Argentina	12,076,000	9,219/2014 ¹³²	757/2014 ¹³³	14,675/2014*	0.12%		1,514/2014 ¹³⁴	
Belize	133,000			157	0.12%			
Bolivia	4,402,000		80 ¹³⁵	16,981	0.39%			
Brazil	58,552,000			36,929	0.06%	511/2013 ¹³⁶	1,010/2013 ¹³⁷	
Chile	4,532,000	14,742/2015 ¹³⁸	332*	10,342*	0.23%		487/2014 ¹³⁹	
Colombia	16,014,000	1,100,000	253*	12,925	0.08%			
Costa Rica	1,397,000		96*	692*	0.05%			
Ecuador	5,598,000	490,383	86*	3,300*	0.06%			
El Salvador				3,095	0.13%			
Guatemala	7,298,000		141*	5,566*	0.07%			
Guyana	338,000		22*	700*	0.08%			

¹³¹ Source: State of the World's Children 2013

¹³² Ministerio de Desarrollo Social Argentina 2014

¹³³ Ministerio de Desarrollo Social Argentina 2014

¹³⁴ Ministerio de Desarrollo Social Argentina 2014

¹³⁵ Aldeas Infantiles SOS Internacional Bolivia (undated)

¹³⁶ Conselho Nacional do Ministério Público Brasília 2013

¹³⁷ Conselho Nacional do Ministério Público Brasília 2013

¹³⁸ Muñoz-Guzmán et al. 2015

¹³⁹ Observatorio Temático de Niñez y Adolescencia 2014

Honduras	3,391,000	9,489/2010 ¹⁴⁰	210*	1,2032	0.21%	
Mexico	41,942,000	412,456/2010 ¹⁴¹		28,107	0.35%	
Nicaragua	2,392,000	193,311 (Children in urban areas under 15 years old)	64*	1,874*	0.07%	
Panama	1,301,000			2,193*	0.08%	
Paraguay	2,623,000	289,000/2002	69*	2,573*	0.10%	
Peru	10,480,000			19,000	0.18%	22/2013 ¹⁴² .
Suriname	177,000			3,000	1.69%	
Uruguay	901,000		171*	3,994*	0.44%	1,331/2010 ¹⁴³
Venezuela	10,331,000	48,000/ SOS/RELAF 2010: 9		5,000	0.05%	332/2010 ¹⁴⁴

* Source: UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama. Please note: Data in this report is drawn from sources between 2007 and 2012. The report described residential care as provided in large residential care and protection facilities

¹⁴⁰ SOS Children's Villages International & RELAF (2010) *Children and adolescents without parental: care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life*. SOS Children's Villages International and Red Latinoamericano de Acogimiento Familiar. Buenos Aires: Argentina.

¹⁴¹ SOS Children's Villages International & RELAF (2010) *Children and adolescents without parental: care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life*. SOS Children's Villages International and Red Latinoamericano de Acogimiento Familiar. Buenos Aires: Argentina. Page 14

¹⁴² Leon 2013

¹⁴³ SOS Children's Villages International & RELAF (2010) *Children and adolescents without parental: care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life*. SOS Children's Villages International and Red Latinoamericano de Acogimiento Familiar. Buenos Aires: Argentina. Page 19.

¹⁴⁴ Ibid.

Although in many countries laws and policy call for family based care to be the primary preferred option, a finding of this study is the noticeable lack of specific national strategic plans to achieve this alongside deinstitutionalisation. UNICEF also made note of this situation giving only one exception, that of Paraguay, where since 2010 there has been a national programme, 'Jajotopa Jevy',¹⁴⁵ with the specific aim of deinstitutionalisation.

State and non-state providers of residential facilities

Residential facilities in many countries of CSA, are run predominantly by non-state providers. A UNICEF report published in 2013¹⁴⁶ revealed how 65% of the 683 residential facilities in Argentina were privately managed; 95% of the 210 in Honduras; 91% of 69 in Paraguay; 95% of 141 in Guatemala; and 97% of 332 in Chile. Of the 12 countries included in the report, only Uruguay had more state than non-state managed residential care, 106 (62%) of 171. I present data extracted from this 2013 report and others in Table 7. Many of these non-state providers are, or have been, directly supported by church authorities who historically played an important role as providers of welfare in countries of CSA.

Concerns related to providers of residential facilities, and most particularly those who are non-state organisations, is the number that remain unregistered and/or unregulated; even in countries that have state-mandated regulations. Reports from a number of countries highlight how official inspections rarely or never happen. Providers are not only failing to apply rigorous gatekeeping procedures that would restrict, and finally prohibit, entry in-line with the Guidelines, but in some cases, are identified as actively encouraging parents and family to relinquish children. Indeed, reports go as far as acknowledging how residential facilities can be conduits for the sale and commercial exploitation of children. In 2010, Human Rights officials in Mexico reported that 'Due to a failure to provide oversight, children have literally disappeared from institutions...some of these children may have been subject to sex trafficking and forced labor'.¹⁴⁷ There are also reports from Guatemala that some providers are 'actively recruiting children'.¹⁴⁸

Funding of residential facilities

Funding plays a significant role in the proliferation and development of residential facilities. Sources of funding being state, private, or an amalgamation of both as found in Argentina, Brazil, Chile, Ecuador and Uruguay for example.¹⁴⁹ Of particular relevance is the funding received from religious organisations and other international non-governmental organisations, as for instance in Bolivia and Brazil. In Brazil, it is reported

¹⁴⁵ UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama . Page 18

¹⁴⁶ Ibid.

¹⁴⁷ Kolezynski, C. (2014) Orphanages in Mexico and Human Rights. Available at: <http://www.borgenmagazine.com/orphanages-mexico-human-rights/>

¹⁴⁸ Bunkers, K. M., Groza, V. & Lauer, D.P (2009) International adoption and child protection in Guatemala: A case of the tail wagging the dog. *International Social Work*, 52(5), pp. 649–660

¹⁴⁹ UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama. Page 23

religious organisations are responsible for almost 67% of residential care facilities.¹⁵⁰ A 2008 publication,¹⁵¹ reported that non-state actors provided 95% of residential care in Guatemala (88% through private donations from international non-governmental organisations (NGOs), and 7% from religious organisations). In Panama, it has been identified how the State, through articles in the Family Code, encourage the non-state sector including religious, civic, national and international bodies, to establish residential child care.¹⁵² In 2010, UNICEF reported how care for ‘abandoned or orphaned children’ in Paraguay is still the realm of religious organisations, with the public sector yet to respond effectively to the situation of these children.¹⁵³ Information on residential care provision drawn from several reports has been collated in Table 7 below.

Table 7: Providers of residential facilities: State and Non-state

Country	No of residential facilities	State managed residential facilities	Non-state managed residential facilities	Year of Sourced Report	Source
Argentina	1169			2013	UNICEF
Belize					
Bolivia					
Brazil	2,624			2010	FIOCRUZ,O.
Chile*	332	10	322	2013	UNICEF
Columbia	253				UNICEF
Costa Rica*	96	42	54	2013	UNICEF
Ecuador*	86			2013	UNICEF
El Salvador	86			2013	UNICEF
Guatemala *	141	7	134	2013	UNICEF
Guyana*	22	3	19	2013	UNICEF
Honduras*	210	11	199	2013	UNICEF
Mexico					
Nicaragua*	64	1	63	2013	UNICEF
Panama*	48			2013	UNICEF
Paraguay*	69	6	63	2013	UNICEF
Peru	373			2012	Sos Children's Villages Peru

¹⁵⁰ *ibid.*

¹⁵¹ Perez, L. (2008) *Situation Faced by Institutionalized Children and Adolescents in Shelters in Guatemala* Available at: <http://resourcecentre.savethechildren.se/sites/default/files/documents/6186.pdf>

¹⁵² UNICEF (2011a), '*Estudio sobre la situación de los derechos de la niñez y la adolescencia privados de cuidados parentales ubicados en centros de acogimiento o albergues*', República de Panamá.

¹⁵³ UNICEF (2010b) *Annual Report for Paraguay* Available at: http://www.unicef.org/about/annualreport/files/Paraguay_COAR_2010.pdf

Country	No of residential facilities	State managed residential facilities	Non-state managed residential facilities	Year of Sourced Report	Source
Suriname					
Uruguay*	171	106	65	2013	UNICEF
Venezuela	44			2009	SOS Children's Villages Venezuela

*Source of all data: UNICEF (2013)

Children under the age of three years

The placement of children under the age of 3 years of age in residential facilities is a particular concern; with recent research revealing the considerable developmental harm this can cause.¹⁵⁴ A 2013 UNICEF study,¹⁵⁵ where data were available, revealed a concerning number of young children in residential facilities. In Argentina for example, 26% (3,815) of children in residential facilities were aged between 0 to 5 years, whilst this figure in Brazil totaled 25% (9,121). Furthermore, the percentage of children aged 0 to 4 years comprised 12% of all children in residential facilities in Guatemala and 17% in Panama, whilst in both Chile and Uruguay, children aged 0 to 3 years represented 8% of the total number in residential care.

Children with disabilities in residential care

It has been particularly difficult to report on trends relating to children with disabilities in residential facilities and whether or not such practices are increasing or decreasing across CSA. One detailed study¹⁵⁶ of children in residential care ('Albergues PANI', 'Residenciales' and 'Hogares Solidarios') in Costa Rica shows a slight increase in the number of children with disabilities from 370 (of a total of 4,682 residents) in 2006, to 383 (of a total of 4,885 residents) in 2010. A particular concern in Chile is the length of time children with disabilities remain in residential facilities, with the average stay being approximately 9 years: 6 years longer than the average for children without disabilities.¹⁵⁷ It is not possible to say whether these practices are indicative of regional trends.

¹⁵⁴ Gubrandsson, B. (2004) *Children in Institutions: prevention and alternative care. Final Report for the Working Group on Children at Risk and in Care*. Strasbourg: Council of Europe.

¹⁵⁵ UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama. Page 34

¹⁵⁶ SOS Children's Villages Costa Rica (unpublished) *Estudio de la Situación de los Derechos de los Niños y las Niñas en riesgo de perder el cuidado parental o que lo han perdido*. SOS Children's Villages Costa Rica

¹⁵⁷ SOS Children's Villages International (2013) *A Snapshot of Alternative Care Arrangements in Chile: Based on SOS Children's Villages' assessment of a state's implementation of the UN Guidelines for the Alternative Care of Children*. SOS Children's Villages International Chile

Location of residential facilities

Very little information was found during this literature review that provided details on physical location of residential facilities; however, there is some suggestion that the majority are found in cities and larger urban conurbations. For example, 42% of children living in 'institutos asistenciales' provided by Argentinian social services are situated in Buenos Aires.¹⁵⁸

Standards of care in residential facilities

Although, as in accordance with the UN Guidelines, care alternatives to residential facilities 'should be developed in the context of an overall deinstitutionalization strategy, with precise goals and objectives, which will allow for their 'progressive elimination'¹⁵⁹, it is recognised that provision of the best possible care for children whilst in residential facilities is paramount. Many countries reviewed for this study, particularly within the past 10 years, have developed some standards and inspection mechanisms for alternative care settings, including residential facilities.

Examples of such statutory regulations include the Argentinian 'Province of Misiones Decree 1852/2010' stipulating no more than 20 children can reside in any one residential facility, and in Brazil the 'Technical Orientation for Services of Care for Children and Adolescents' also sets a maximum of 20 children per 'Abrigo' (shelter). In Brazil it is the mandated responsibility of the National Council of Public Defendants to monitor inspections of residential and foster care services.¹⁶⁰ The Public Defendants' report of 2013, shows in that year, a total of 86% (2,754) of 'services' were inspected. In Argentina, the General Tutelage Council undertakes mandated supervision, monitoring, and control of residential facilities with regard to operational and living conditions¹⁶¹ similar supervision is undertaken by the Ombudsman in Peru.¹⁶² In Uruguay, Law 18590 (2009) stipulates a child under the age of 2 years may not remain in residential care for more than 45 days and, for 90 days if the child is aged 2 to 7 years old.¹⁶³ In Peru the 'Manual of Accreditation and Supervision for Residential Centres of Attention for Children and Adolescents (2010)' require there to be one psychologist, one social worker, and one educator for every 20 children and for children aged of 6 to 11 years there should be one carer for every ten children¹⁶⁴. In Guatemala, a set of minimum standards has been developed which a reportedly 'strong' governmental monitoring unit¹⁶⁵ disseminates and regulates by means of registering, and monitoring, all state and non-state residential

¹⁵⁸ Incarnato, M. (2010:2). *Políticas de Transición en América Latina: Prácticas Facilitadoras del Egreso de Instituciones, Argentina*. Page 2.

¹⁵⁹ United Nations General Assembly (2009) *Guidelines for the Alternative Care of Children*. Article 23.

¹⁶⁰ Conselho Nacional do Ministério Público Brasília 2013.

¹⁶¹ UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama.

¹⁶² Ibid. Page 29.

¹⁶³ RELAF (2011) *Institutionalised childhood and adolescence: making serious Human Rights violations visible*. Red Latinoamericana de Acogimiento. RELAF

¹⁶⁴ Ibid.

¹⁶⁵ UNICEF Guatemala (2012) *End of Project Report March 2012: Strengthening the Child Protection System* UNICEF Guatemala

child care provision. In addition, the unit is responsible for the gathering and entering of residential child care information to a central database. In Peru, the Ministry of Women and Vulnerable Population regulates and monitors residential facilities, and in 2012, developed a supervision manual that mandates a bi-annual accreditation system for residential care.¹⁶⁶

Reports highlight that standards are not being applied or monitored.¹⁶⁷ Reasons include; lack of government capacity or commitment to invest in inspection services, non-state providers being allowed to operate without being registered, and poor dissemination and understanding of standards by care providers. A consequence is the low standards of care offered to children in residential facilities. This includes low ratios of carers to children as well as overcrowding and harsh living environments. Children in care in Guatemala have reported physical, sexual, and psychological abuse. Harm inflicted by staff has reportedly included use of sticks, restricted access to food, and children forced to stand out in the hot sun.¹⁶⁸ A survey of 114 residential facilities in Guatemala found that, contrary to statutory guidance, residential facilities had high numbers of children living in each residence including one facility containing 800 residents.¹⁶⁹

Residential facilities in Peru have also been found operating in contradiction to regulations with many facilities lacking accreditation, or not being inspected within the mandated period.¹⁷⁰ Lack of government resources has been attributed as the cause of this lack of attention. In Mexico, many residential care settings have also reportedly failed to adhere to published statutory regulations.¹⁷¹ A 2011 UNICEF report¹⁷² found staff in residential facilities in Panama were not qualified in line with national requirements, and weak systems of supervision and poor infrastructure were also observed. A study¹⁷³ of residential facilities in Guyana revealed how 55% of administrators said they thought beating children was necessary. A 2011 evaluation¹⁷⁴ illustrated how in Uruguay, children and adults were placed in the same residential facilities, and in Paraguay a facility registered to accommodate 30 children actually had 199 residents. In a baby home in Argentina, 20 infants aged 3 to 10 months had been

¹⁶⁶ SOS Children's Villages International Peru 2012. Page 9

¹⁶⁷ Muñoz-Guzmán, C., Fischer, C., Chia, E. & LaBrenz, C (2015) Child Welfare in Chile: Learning from International Experiences to Improve Family Interventions. Social Sciences, Vol.4 pp. 219–238.

¹⁶⁸ Better Care Network (2014) *Collected viewpoints on international volunteering in residential care centres Country focus: Guatemala*. Better Care Network. New York: USA

¹⁶⁹ RELAF (2011) *Institutionalised childhood and adolescence: making serious Human Rights violations visible*. Red Latinoamericana de Acogimiento. RELAF. Page 11.

¹⁷⁰ SOS Children's Villages International (2012) *A Snapshot of Alternative Care Arrangements in Peru*. SOS Children's Villages International, Innsbruck: Austria. Page 9.

¹⁷¹ SOS Children's Villages International & RELAF (2010) *Children and adolescents without parental: care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life*. SOS Children's Villages International and Red Latinoamericano de Acogimiento Familiar. Buenos Aires: Argentina. Page 15

¹⁷² UNICEF (2011a), 'Estudio sobre la situación de los derechos de la niñez y la adolescencia privados de cuidados parentales ubicados en centros de acogimiento o albergues', República de Panamá.

¹⁷³ Wills, M.F. (2006) *The Assessment of Standards and Processes in all Children's Residential Homes in Guyana Submitted To: Ministry Of Labour, Human Services And Social Security*. UNICEF Guyana.

¹⁷⁴ Ibid.

found in a room on floor mats with just one carer.¹⁷⁵ In addition, a 2012 report revealed how the Peruvian Ombudsman found children in residential facilities were punished through enforced domestic work, limiting food, prohibiting visits from family members, and physical punishment.¹⁷⁶

A recent report from Ecuador highlights concerns relating to paucity of funds available to provide fundamental services for children in residential facilities.¹⁷⁷ This included lack of money for medicines, children's education, and necessary improvements to infrastructure. In 2013 the monthly per capita allowance for children in residential facilities in Chile, although set at a limit above the poverty line, was considered insufficient to meet all children's needs.¹⁷⁸

In many countries, despite guidance and regulations restricting the length of time a child can remain in a residential facility, reports indicate many remain for much longer periods of time. In Uruguay for example, contrary to statutory guidance, the average length of stay in residential care is approximately four years¹⁷⁹. In Paraguay there are concerns for the considerable number of children supposedly in short-term placements who remain in residential facilities for several years.¹⁸⁰

Many children, once admitted to residential facilities, remain there for the rest of their childhood. For example, in 2009, 6,000 children, a third of all those in Guatemalan residential facilities, were legally declared to be 'permanent residents'.¹⁸¹ A 2008 report indicated that, although in contradiction of Guatemalan legislation, the legal status of 58% of children in residential shelters (3,227) remained pending.¹⁸²

Family-based and family-like alternative care

Foster care

In CSA, the term 'foster' care does not necessarily denote placement of a child into a formally arranged alternative family but also includes a range of other alternative care options including kinship care and small group living. In Uruguay, foster care is a term that has been used to denote provision formed by women who take responsibility of up

¹⁷⁵ RELAF (2011) Institutionalised childhood and adolescence: making serious Human Rights violations visible. Red Latinoamericana de Acogimiento. RELAF. Page 11.

¹⁷⁶ SOS Children's Villages International (2012) *A Snapshot of Alternative Care Arrangements in Peru*. SOS Children's Villages International, Innsbruck: Austria. Page 9.

¹⁷⁷ Oviedo, S. (2015) *La actualización de la información respecto del análisis de la situación de los derechos de los niños, niñas y adolescentes que están en riesgo o han perdido el cuidado parental de sus padres en el Ecuador*

¹⁷⁸ SOS Children's Villages International (2013) *A Snapshot of Alternative Care Arrangements in Chile: Based on SOS Children's Villages' assessment of a state's implementation of the UN Guidelines for the Alternative Care of Children*. SOS Children's Villages International.

¹⁷⁹ SOS Children's Villages International Uruguay (2012) *A Snapshot of Alternative Care Arrangements in Uruguay*. SOS Children's Villages International.

¹⁸⁰ SOS Children's Villages International (2012) *A Snapshot of Alternative Care Arrangements in Paraguay*. SOS Children's Villages International.

¹⁸¹ Bunkers, K. M., Groza, V. & Lauer, D.P (2009) International adoption and child protection in Guatemala: A case of the tail wagging the dog. *International Social Work*, 52(5), pp. 649–660

¹⁸² Perez, L. (2008) *Situation Faced by Institutionalized Children and Adolescents in Shelters in Guatemala*.

to 15 children at a time in their own home for which they received a per capita monthly allowance of \$200.¹⁸³

Across countries of CSA, the development of different forms of foster care programmes was described in 2010, as 'promising'.¹⁸⁴ In 2013, when commenting on development of alternative care in the region, UNICEF noted¹⁸⁵ how important it was to acknowledge the positive work being undertaken to implement care programmes that provide an alternative to residential facilities. This includes the foster care programmes in Argentina and Paraguay, the 'host family' programmes in Chile, 'substitute homes' for children with disabilities in Colombia, and 'surrogate' family placements in El Salvador. Other information on countries where family-based care is being implemented includes Argentina where in 2013, of the 13, 473 of children in alternative care, 11% (1,482) were in a variety of state (9%) and privately (2%) arranged 'foster family placements or similar'.¹⁸⁶ In the same year, a government report in Brazil explained that 1,019 children were in foster care, and 817 foster families had been registered.¹⁸⁷

In 2007, the Government of Peru, in partnership with non-governmental organisations, launched a foster care programme with more recent legislation in 2014 further promoting this initiative. A 2013 study¹⁸⁸ reported however, that foster care in Peru remains in early stages of development. By 2012, only 74 placements had been secured¹⁸⁹ and in 2013, only 22 children were in foster care.¹⁹⁰ As reported in 2010, of the total of 4,604 children in formal alternative care in Uruguay, 1,331 were in foster care whilst in Venezuela, 323 children were living with a 'substitute' family.¹⁹¹ During the fieldwork in Ecuador undertaken for this study, major concerns were expressed that promising practices of foster care developed by non-governmental organisations, had been halted by the Government at the beginning of 2016.

Examples of promising practice include those drawn from Peru from where it is reported an 'important element of successful foster care placement is the 'very delicate and in-

¹⁸³ SOS Children's Villages International Uruguay (2012) *A Snapshot of Alternative Care Arrangements in Uruguay*. SOS Children's Villages International

¹⁸⁴ SOS Children's Villages International & RELAF (2010) *Children and adolescents without parental: care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life*. SOS Children's Villages International and Red Latinoamericano de Acogimiento Familiar. Buenos Aires: Argentina. Page 19.

¹⁸⁵ UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama. Page 14.

¹⁸⁶ Luna, M., Tissera, M. & Sanchez Brizuela, M. (2013) *The situation of foster care in Argentina: Preliminary Report*. Red Latinoamericana de Acogimiento (RELAF)

¹⁸⁷ Conselho Nacional do Ministério Público Brasília (2013) *Relatório da Infância e Juventude – Resolução nº 71/ (2011): Um olhar mais atento aos serviços de acolhimento de crianças e adolescentes no País*. Brasília: Conselho Nacional do Ministério Público.

¹⁸⁸ Sicheri (2013) *Perdida de los cuidados parentales e institucionalizacion de niñas, niños y adolescents*

¹⁸⁹ Family for Every Child (2015) *Strategies for delivering safe and effective foster care: A review of the evidence for those designing and delivering foster care programmes*. Family For Every Child, London: England

¹⁹⁰ Leon, C. (2013) *Changing course for children: The story behind Buckner foster care in Peru*

¹⁹¹ SOS Children's Villages International & RELAF (2010) *Children and adolescents without parental: care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life*. SOS Children's Villages International and Red Latinoamericano de Acogimiento Familiar. Buenos Aires: Argentina. Page 19.

depth assessment of potential foster caregivers'.¹⁹² In this programme, attention is also given to the training of foster carers and the development of a self-support network.

On-going challenges include standards and quality of foster care services; lack of competent and qualified personnel; weak procedures for recruitment, selection, training and retaining of foster carers; and weak processes for careful matching and ongoing monitoring and support to children. For example, reports from Guatemala and Uruguay identify poor processes concerning assessment, training and monitoring of foster carers¹⁹³. In Chile these concerns are attributed to lack of government investment.¹⁹⁴

Overall placement in foster care is significantly lower in comparison to use of residential facilities. For example, under the National Service for Minors programme in Chile during the first quarter of 2010, there were 3,194 children placed in state-registered foster care whereas there were 12,229 placed in residential facilities.¹⁹⁵ One reason for this disparity was a reported lack of registered foster carers.

Small Group Homes

Care in a small group home differs from foster care as it takes place outside of the natural 'domestic environment' of the family, usually in facilities that have been especially designed and / or designated for the care of groups of children.¹⁹⁶ We noted that in the literature reviewed for this study the terms 'residential homes' and 'residential care' have been used interchangeably to denote both large and small facilities. Hence, it has not always been possible to ascertain which information specifically refers to small group homes.

In 2013, when commenting on development of alternative care in the region, UNICEF noted how important it was to acknowledge the positive work being undertaken to implement care programmes that include small group homes providing alternatives to large-scale residential facilities.¹⁹⁷

In Uruguay, this includes care for up to 15 children in the home of one paid 'carer' also known as foster care. Other examples include residential facilities in which carers or married couples live with a small group of children; for example, in Ecuador where staff

¹⁹² Family for Every Child (2015) *Strategies for delivering safe and effective foster care: A review of the evidence for those designing and delivering foster care programmes*. Family For Every Child, London: England

¹⁹³ Bunkers, K. M., Groza, V. & Lauer, D.P (2009) International adoption and child protection in Guatemala: A case of the tail wagging the dog. *International Social Work*. 52(5), pp. 649–660: SOS Children's Villages International Uruguay (2012) *A Snapshot of Alternative Care Arrangements in Uruguay*. SOS Children's Villages International Uruguay

¹⁹⁴ SOS Children's Villages International (2013) *A Snapshot of Alternative Care Arrangements in Chile: Based on SOS Children's Villages' assessment of a state's implementation of the UN Guidelines for the Alternative Care*. SOS Children's Villages International. Page 8

¹⁹⁵ SOS Children's Villages International & RELAF (2010) *Children and adolescents without parental: care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life*. SOS Children's Villages International and Red Latinoamericano de Acogimiento Familiar. Buenos Aires: Argentina. Page 19

¹⁹⁶ NGO Working Group on Children Without Parental Care (2013) *Identifying Basic Characteristics of Formal Alternative Care Settings For Children: A Discussion Paper'*

¹⁹⁷ UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama. Page 14

known as 'madres tutoras' (mentoring mothers), and 'tias', provide care in 'casas hogar' (residential homes), that house up to eight children.¹⁹⁸ It is understood that small group homes now provide almost 50% of all alternative care arrangements in Brazil¹⁹⁹ and across Costa Rica there is a network of residential settings providing care for groups of between 10 to 18 children.²⁰⁰ In addition, throughout CSA there are 'children's villages' in which children live in a cluster of houses on one site cared for by at least one female adult, such as those managed by SOS International Children's Villages.

Hostels, shelters, emergency centres, and shelters for unaccompanied migrant children are further examples of small residential facilities referred to in different country reports. An example is the network of Halfway Houses for the Care of Children and Adolescents in Transit managed by Mexico's Consular Network and situated along the border of the USA. In 2008, these facilities housed and repatriated 17,772 unaccompanied migrant children.²⁰¹

Leaving Care

Reintegration

Examples of family reunification programmes include those of Argentina where research in 2013²⁰² found 54% of all children leaving residential facilities had been reunified with their family. However, there were concerns that the focus on a speedy reunification detracted from consideration of safeguards and a child's protection from harm when returning them to their family.²⁰³

Research published in Guatemala in 2006, revealed that 75% of families with a child in residential care said if supported, their children could return to them.²⁰⁴ Research in Guyana in 2006, revealed that 34% of parents felt they could take their children out of care if they received financial assistance.²⁰⁵

The maintenance of family bonds during periods of separation is important to successful reintegration. Research in Brazil in 2009, found 58.2% of children in the cohort studied received visits from family members, 22.7% were rarely visited, and 5.8% were legally

¹⁹⁸ Oviedo, S. (2015) *La actualización de la información respecto del análisis de la situación de los derechos de los niños, niñas y adolescentes que están en riesgo o han perdido el cuidado parental de sus padres en el Ecuador*

¹⁹⁹ SOS Children's Villages International (2013) *A Snapshot of Alternative Care Arrangements in Chile: Based on SOS Children's Villages' assessment of a state's implementation of the UN Guidelines for the Alternative Care of Children*. SOS Children's Villages International

²⁰⁰ SOS Children's Villages Costa Rica (unpublished) *Estudio de la Situación de los Derechos de los Niños y las Niñas en riesgo de perder el cuidado parental o que lo han perdido*. SOS Children's Villages International

²⁰¹ UNICEF (2011 b) *The Rights of Children and Adolescents in Mexico: A Present Day Agenda*. UNICEF Mexico

²⁰² Coler, L. (2013) *Family reunification and adoption in Argentina: in accordance with 'The Best Interest of the Child'?*

²⁰³ Ibid.

²⁰⁴ Wills, M.F. (2006) *The Assessment of Standards and Processes in all Children's Residential Homes in Guyana* Submitted To: Ministry Of Labour, Human Services And Social Security

²⁰⁵ Dunn, A. & Parry-Williams, J. (2006:22) *Consultancy on the Establishment of Foster Care Regulations and Minimum Operating Standards for Institutional Care of Children in Guyana. Final Report Prepared for Ministry of Human Services and Social Security, Ministry of Health and UNICEF*

prohibited from contacting or being contacted by their families.²⁰⁶ In contrast, a 2011 report explains how in Paraguay, of 52 residential facilities, only 17 were actively working to maintain the links with families.²⁰⁷ In Guyana the concluding Remarks of the UN Committee on the Rights of the Child in 2013, noted the 'insufficient efforts being made to reunite children in institutional care with their biological families, resulting in many of these children remaining in institutions until the age of 18 years'.²⁰⁸

Ageing out of Care

Only a few examples of programmes to support young people leaving care were found during the literature review for this study. These include the 'Doncel' programme in Argentina that supports those over the age of 16 years with access to employment and integration into society.²⁰⁹ In Chile, the non-governmental organisation 'Fundación Formación de Futuro' offers support to young people leaving care through with a range of services to assist them in their transition into independent living.²¹⁰ Incarto (2010) has written of the difficulties in finding employment that facing young people leaving care in Argentina. Challenges include the absence of social networks and support in finding employment, discrimination resulting from having been placed in residential care, and lack of confidence and self-esteem.

Fieldwork in two countries of South America undertaken following the completion of this desk review, also confirmed the lack of attention paid to preparation for, and support following, the period young people leave care.

Adoption

In cases where all efforts of reunification with parents and family have been exhausted, the UN Guidelines for the Alternative Care of Children recommend finding another appropriate and permanent solution, including adoption. It is recognised that of particular importance in the development of adoption systems is the quality and rigour applied to the assessment of prospective adoptive parents, the matching of children and adopters, and the support provided during the adoption process.

We found information regarding reforms to adoption services and adoption processes in a number of countries of CSA. One example is Chile where government policy, requires adoption to be considered only when all attempts at family reunification have been

²⁰⁶ Garcia, M.L.T. & Fernandez, C. B. (2009) The Care and Shelter of Children and Adolescents in Brazil: Expressions of Social Issues *Social Work and Society*, Vol 7 (9)

²⁰⁷ RELAF (2011) *Institutionalised childhood and adolescence: making serious Human Rights violations visible*. Red Latinoamericana de Acogimiento. RELAF. Page 27.

²⁰⁸ Committee on the Rights of the Child 2013

²⁰⁹ UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama. Page 7.

²¹⁰ Incarnato, M. (2010) 'Terre des Hommes' in Brazil. *Programme for the late and interracial adoption of children and adolescents in institutions and orphanages*. Page 4.

exhausted.²¹¹ There has been a moderate increase in the annual number of adoptions in Chile from 398 in 2009 and 469 in 2014.²¹² The majority of children being adopted are very young children; for example, approximately a third of the children adopted in Chile in 2014 were between the ages of 0 to 2 years (306), 109 children aged 3 to 5 years, and only 54 children aged 6 years and upwards. An additional 121 children were internationally adopted.²¹³ Concerns in relation to the capacity of those working in the adoption system in Chile include inadequate training and high staff turnover.²¹⁴

In Ecuador the reported number of adoptions have risen from 45 in 2007, to 515 in 2013 (in the same year 3,300 children were in residential facilities).²¹⁵ In Peru during 2011 there were approximately 19,000 children living in residential facilities, from this total 204 infants were adopted.²¹⁶ In Uruguay, between 2010 and 2012, 1,801 children were adopted from alternative care placements.²¹⁷ In Venezuela the number of adoptions fell between 2005 and 2006 from 500 to 249 although, the report from which this information was taken, fails to provide any explanation for this decline.²¹⁸ Between 2000 and 2006, of the 15,353 children in Colombia identified for adoption, 10,857 were adopted aged 0 to 6 years old.²¹⁹

Challenges to the adoption process in countries of CSA include complex procedures and delays in official pronouncements of a child's legal status preventing them from being placed on an adoption register. Those factors that make it hard to find adoptive parents for some children include disability, ethnicity, poor health, being older, and being part of a group of siblings.²²⁰ Often reports suggest that inter-country adoption may be the most promising opportunity for some of these children.

Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Mexico, Panama, Paraguay, Peru, Uruguay and Venezuela are parties to The Hague Convention on the Protection of Children and Co-operation in Respect of Inter-Country Adoption.

One country that has received a lot of attention due to its practice of intercountry adoption is Guatemala. In 2006, Guatemala was listed in second place among all countries in the world sending children to the United States of America for adoption.²²¹

²¹¹ *Observatorio Temático de Niñez y Adolescencia (2014) Información y funcionamiento del sistema actual de adopción en Chile.*

²¹² *ibid.*

²¹³ *ibid.*

²¹⁴ *ibid.*

²¹⁵ Oviedo 2015; UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe. Panama: Republic of Panama.*

²¹⁶ Sicheri (2013) *Perdida de los cuidados parentales e institucionalización de niñas, niños y adolescentes*

²¹⁷ SOS Children's Villages International (2012) *A Snapshot of Alternative Care Arrangements in Uruguay.* SOS Children's Villages International

²¹⁸ Aldeas Infantiles SOS Internacional Venezuela (2009) *Análisis de la situación de los derechos de niños y niñas privados del cuidado de sus padres o en riesgo de perderlo. Aldeas Infantiles SOS Internacional Venezuela*

²¹⁹ Aldeas Infantiles SOS Internacional Colombia (2008) *Situación de los derechos de niños y niñas que han perdido el cuidado de sus padres o están en riesgo de perderlo. Aldeas Infantiles SOS Internacional Colombia*

²²⁰ RELAF (2011) *Institutionalised childhood and adolescence: making serious Human Rights violations visible. Red Latinoamericana de Acogimiento.* RELAF. Page 27

²²¹ Perez, L. (2008) *Situation Faced by Institutionalized Children and Adolescents in Shelters in Guatemala*

Reports attribute this to failure of the Guatemalan Government child protection system to prevent unnecessary family separation, lack of alternative forms of care, and poor domestic adoption services. The Government are also accused of having allowed unethical lawyers and adoption agencies to administer international adoptions.²²² In 2005, only 2% of adopted children went into Guatemalan families. In 2006, of the total 4,135 children placed for adoption, 97% were relinquished by mothers who felt they lacked the means to support the child, and who believed they would receive better opportunities in the USA.²²³ Work is now being undertaken in Guatemala to address these concerns through changes in legislation and regulations, awareness raising, and improvements to national adoption procedures. In Selman's study²²⁴ of the top 15 countries sending children for intercountry adoption, between 2004 and 2014, Guatemala ranked 4th (21,511 children), Columbia ranked 5th (14,913 children), and Brazil ranked 13th (4,286 children).

One concern in relation to intercountry adoptions is the numerous advertisements and guidance on intercountry adoption from Central and South American countries that is found on the first pages of search engines when entering such combination of words as 'adoption' and 'Central and South America'. This includes guidance issued by the Government of the USA.

²²² Bunkers, K. M., Groza, V. & Lauer, D.P (2009) International adoption and child protection in Guatemala: A case of the tail wagging the dog. *International Social Work*, 52(5), pp. 649–660

²²³ Perez, L. (2008) *Situation Faced by Institutionalized Children and Adolescents in Shelters in Guatemala*

²²⁴ Source: <https://assets.hcch.net/docs/3bead31e-6234-44ae-9f4e-2352b190ca21.pdf>

Part Three: The Child Care System

The provision of child care services sits within a broader child protection system. UNICEF has defined a child protection system as including:

the set of laws, policies, regulations and services needed across all social sectors – especially social welfare, education, health, security and justice – to support prevention and response to protection related risk.²²⁵

Within the past 15 years in particular, a body of international empirical and theoretical literature on child care and the process of deinstitutionalisation, including the UN Guidelines for the Alternative Care of Children²²⁶, has been made available. Incorporated within this body of literature is significant guidance on the components of policy and practice necessary for accomplishing successful child protection and child care programming. The literature reviewed for this study provides evidence as to the necessary components of a framework for child protection including:

- An appropriate legal and regulatory framework
- Well-managed oversight and coordination of child protection policy and services
- Adequate structures and mechanisms for delivery of child protection services
- A sufficient and capable work-force
- Service provision including:
 - Services that aid prevention of unnecessary family separation
 - Provision of suitable alternative forms of family-type care
 - Support for reunification of children from alternative care back with parents
 - Adoption and other services that provide permanent care options when necessary
- Data management and accountability mechanisms
- Positive social attitudes and practices

The literature also demonstrates that political will at all levels is essential to the development, application, monitoring, and evaluation of each of these components.

²²⁵ UNICEF (2008b) *Child Protection Strategy*. UNICEF, New York: USA.

²²⁶ United Nations General Assembly 2009. *The Guidelines for the Alternative Care of Children*

A Legal and Policy Framework

An appropriate legal and regulatory framework provides the necessary mandate, focus, and guidance for those with responsibility for child protection and the implementation of child care practices.²²⁷ Such a framework comprises a comprehensive and integrated set of legislation, evidence-based policy, regulations, standards, and statutory guidance that allows for development and provision of all necessary child protection procedures and services. Particularly significant to the application of a legal and regulatory framework is a commitment to provide adequate and appropriately placed resources. Reports drawn from CSA reveal a lack of necessary financing, as well as poor targeting of the resources needed for the implementation of law and policy.²²⁸

It is important to acknowledge the breadth of work that has been undertaken across countries of CSA to develop relevant legal and policy frameworks. In 2014, SOS Children's Villages International completed a comprehensive study of legislation relevant to child care practices across South America.²²⁹ The final report provides many examples of legislation as it relates to components of alternative care, including admission criteria, procedures and decision-making processes, support for leaving care, and responsibilities of national child care bodies. Reports show how most countries in CSA, particularly over the past 15 years, have developed legislation that makes specific reference to, or follows the principles of, the UNCRC. Much of this legislation refers to parents as principle caregivers; the best interest of the child; the right to participation; and provision of family-like and family-based care as preferred alternatives to placement in large unsuitable residential institutions.²³⁰

Furthermore, many laws, policies, and regulations mandate for government bodies and mechanisms at the national, regional, and local level to respect, promote, and protect children's rights and provide alternative care when necessary.²³¹ In the majority of countries, legislation and regulatory frameworks also provide for the operation, registration, and monitoring of alternative care provision, and provide standards relating to admission procedures, living conditions, and staffing requirements. Reports do however note the lack of regulations relating to leaving care, statutory requirements mandating an inter-sectoral approach to child protection and, specific strategic plans for deinstitutionalisation.

²²⁷ Engle, P.L., Groza V.K., Groark, C.J., Greenberg, A., Bunkers, K.M. and Muhamedrahimov, R.J. (2011) The Situation for Children Without Parental Care and Strategies for Policy Change. *Monographs of the Society for Research in Child Development*, 76 (4), pp.190–222. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1540-5834.2011.00633.x/abstract>

²²⁸ Williamson, J. and Greenberg, A. (2010) *Families, Not Orphanages*. Better Care Network. New York: USA

²²⁹ SOS Children's Villages International (2014) *SOS Children's Villages and Alternative Care in South America: A look into the national legal frameworks*. SOS Children's Villages International. Innsbruck: Austria.

²³⁰ Morlachett, A. (2013) *Dimensions of the national child protection systems in Latin America and in the Caribbean*. Presentation in New Delhi November 13-16, 2013.

²³¹ UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama.

Finally, whilst countries have made efforts to establish legal and statutory frameworks providing the necessary foundation for child care reforms, the significant challenges that remain in implementing laws and other regulations should not be underestimated.²³²

Lead agencies responsible for child protection and child care systems

Throughout the literature, importance is given to the appointment of a national body with oversight and coordination for the development and provision of a child protection and child care system.²³³ This includes responsibility to promote inter-sectoral coordination, uniting all responsible for the delivery of alternative care including formal and non-formal actors, and service providers at national, regional, and community level. Such a practice helps secure the best results for children by means of a shared focus and coordinated response between those such as social workers, teachers, health workers, police, lawyers, judges, and other community workers, particularly where they are supported by common protocols and procedures.²³⁴ The literature cites further advantages of coordination and cooperation including the use of mutually agreed priorities and clear identification of roles and responsibilities, coupled with joint mechanisms that effectively link children and families with the most appropriate personnel and services.²³⁵

In most countries reviewed for this study, a principal body has been appointed to lead child protection and child care development and provision. This is very often an agency within a Ministry structure. In some countries however, this responsibility is shared between different ministries and agencies. Examples of lead bodies include the Ministry for Social Development and Hunger Reduction in Brazil, the National Service for Minors in Chile, The National Child Welfare Agency in Costa Rica, the Social Welfare Secretariat in Guatemala, and the Child and Adolescent Institute in Uruguay. In Mexico, the Ministry of Health and the National System for Integrated Family Development at state and municipal level are empowered to protect and care for children, and in Panama, the official body is the Jurisdiction of Childhood and Adolescence. Unfortunately, as identified during fieldwork in Chile, the competencies of an appointed lead body are not always sufficient to undertake their assigned roles and responsibilities. This can have a major impact on the efficacy of a national child protection and child care system.

²³² Morlachett, A. (2013) *Dimensions of the national child protection systems in Latin America and in the Caribbean*. Presentation in New Delhi November 13-16, 2013. And. UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama.

²³³ Cantwell, N., Davidson, J., Elsley, S., Milligan, I. & Quinn, N. (2012) *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*. UK: Centre for Excellence for Looked After Children in Scotland. Centre for Excellence for Looked After Children in Scotland, University of Strathclyde, Glasgow: Scotland.

²³⁴ Munro, E. (2011) *The Munro Review of Child Protection: Final Report: A Child Centred System*. Norwich: The Stationery Office.

²³⁵ Cameron, A. and Lart, R. (2003) Factors Promoting and Obstacles Hindering Joint Working: A Systematic Review of the Research Evidence. *Journal of Integrated Care*. Vol. 11 (2), pp. 9 – 17.

Structures and mechanisms for decision making and delivery of child care system

Gatekeeping is a decision making process essential to the functioning of a child protection system and entails the making of informed decisions by means of a consistent and informed process. It requires the application of systematic procedures that ensure the most suitable form of alternative care is used only when necessary; it supports reunification of children in alternative care with their families when possible. All those holding responsibility for the care and welfare of children should apply gatekeeping mechanisms.

The official government body tasked with decision making differs from country to country across CSA.²³⁶ In many countries final decision making regarding placement of a child in alternative care is formalised through the courts, as in Chile, Belize, Ecuador, Uruguay, Bolivia, Honduras and Guatemala. In some countries, administrative bodies issue the orders for such decisions. In others, such as Costa Rica, Colombia, Venezuela and El Salvador, decisions can be taken by a judicial or an administrative authority.²³⁷ In 2004, approximately 32% of children in Brazil had their placement decided by the judiciary, and 53% from the administrative body of the Tutelage Council.²³⁸

As with other aspects of child protection and child care reported in this study, the effectiveness of these bodies varies from country to country. The literature cites lack of financial resources, inadequately qualified staff, and the poor service provision outside of urban conurbations as particular reasons they fail to fulfil their mandate.

Decision making procedures: applying the necessity and suitability principles

It is important that culturally appropriate procedures are utilised to ensure decisions are made in the best interest of the child, unnecessary placement in care is prevented and, when necessary, the most suitable care for each individual child is selected and monitored. The application of case management tools and procedures also support informed decision making including such processes as child and family assessments, accurate information recording and analysis, determination of appropriate response, care planning, monitoring and review.²³⁹

With regard decision making processes, in Uruguay, as in some other countries in the region, it is reported police, and not social workers, are assessing protection risks and

²³⁶ UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama.

²³⁷ *ibid*.

²³⁸ Silva, E.R.A, (2004) *O direito à convivência familiar e comunitária: os abrigos para crianças e adolescentes*. Brasil. Brasília

²³⁹ Frost, N. and Parton, N. (2009) *Understanding Children's Social Care, Politics, Policy and Practice*. London: Sage Publications.

predominantly making referrals into care.²⁴⁰ In Guatemala, police and other nominated personnel, can directly transfer children found on the streets into residential facilities, whilst other referrals can be made without a judicial process by the Attorney General and staff of the Secretariat of Social Welfare.²⁴¹

It is also understood that parents have been able to place their children directly into care without recourse to official procedures in some countries including for example, in Guatemala.²⁴² Research in Guyana in 2006²⁴³ revealed many residential facilities were unable to provide evidence from courts or parents to show they had authority to keep some of the children in their facilities. A study in Mexico revealed the practice of parents directly placing children in care without any process through official channels.²⁴⁴

In conformity with legislation and statutory guidance in Argentina, mechanisms have been developed to support decision making with an emphasis on the placement of a child in alternative care, and most especially into residential facilities, as an action of last resort or, for the shortest time possible.²⁴⁵ Such decision-making is enhanced by programmes of support being made available to families at risk of losing parental care. However, there are concerns regarding the manner in which the mandate to primarily maintain family unity and keep children out of alternative care may result in hasty decision-making rather than careful assessments and decisions made in the best interest of the child, particularly when there are protection concerns.²⁴⁶

In Venezuela, the principles that guide decision-making procedures place an emphasis on family support and assessing the need for economic and other service provision in the first instance, in order to prevent separation.²⁴⁷ In Uruguay it is understood the processes of analysing children's needs are not being rigorously applied with the result that children are not necessarily being placed in the most suitable form of alternative care that matches their individual needs.²⁴⁸

In different countries, projects and pilot programmes are being applied to strengthen the child protection system and develop assessment, decision-making and appropriate

²⁴⁰ UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama.

²⁴¹ RELAF (2011) *Institutionalised childhood and adolescence: making serious Human Rights violations visible*. Red Latinoamericana de Acogimiento. RELAF. Pages 15-16

²⁴² Better Care Network (2014) *Collected viewpoints on international volunteering in residential care centres Country focus: Guatemala*. Better Care Network. New York: USA

²⁴³ Wills, M.F. (2006) *The Assessment of Standards and Processes in all Children's Residential Homes in Guyana Submitted To: Ministry Of Labour, Human Services And Social Security*. UNICEF Guyana.

²⁴⁴ UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama. Page 51

²⁴⁵ Grinberg, J. (2014) Children's Institutionalisation under Question: Policies, Discourses and Practices in Argentina's Child Protection System. *Childhoods Today*, 8 (1): Luna, M., Tissera, M. & Sanchez Brizuela, M. (2013) *The situation of foster care in Argentina: Preliminary Report*. Red Latinoamericana de Acogimiento (RELAF)

²⁴⁶ Luna, M., Tissera, M. & Sanchez Brizuela, M. (2013) *The situation of foster care in Argentina: Preliminary Report*. Red Latinoamericana de Acogimiento (RELAF)

²⁴⁷ Aldeas Infantiles SOS Internacional Venezuela (2009) *Análisis de la situación de los derechos de niños y niñas privados del cuidado de sus padres o en riesgo de perderlo*. Aldeas Infantiles SOS Internacional Venezuela. Page 20

²⁴⁸ SOS Children's Villages International (2012) *A Snapshot of Alternative Care Arrangements in Uruguay* SOS Children's Villages International

referral mechanisms. Information in a 2012 evaluation²⁴⁹ of a UNICEF sponsored programme in Guatemala for example, describes improvements to the assessment process used by social workers to determine whether legal intervention was actually required, and illustrates a focus on identifying solutions to family problems whenever possible. As a result, in one of the locations chosen for evaluation, fewer cases required a judicial decision, and if required, judges were making speedier decisions.

Literature from Brazil evidences an example of a comprehensive system of child protection mechanisms and procedures. Municipal departments under the Secretariat of Social Assistance deliver services through Social Assistance Reference Centres by teams comprised of social assistants, psychologists, and lawyers. These teams work alongside Local Tutelage Councils comprised of trained para-professionals. Amongst their joint duties is the undertaking of case assessments; referrals to local services; development of individual child and/or family care plans; mobilisation of extended family members; and support in parenting skills. The assessment process includes as many home visits as required, and interviews with the child, parents, members of extended family and other persons who have contact with the child i.e. teachers, doctors, etc. Information incorporating a range of factors impacting the child and their family is collated and analysed with the aim of ascertaining any risks. Where assessments indicate it is in the best interest of the child to remove them from parental care, members of the assessment team are also responsible for the child's case management. The Court of Child and Adolescent is the body with jurisdiction to rule on legal orders concerning, among others, the placement of children in alternative care and adoption and to whom the teams would refer cases with a protection concern. This system is depicted in Figure 1.

²⁴⁹ UNICEF Guatemala (2012) *End of Project Report March 2012: Strengthening the Child Protection System*. UNICEF Guatemala.

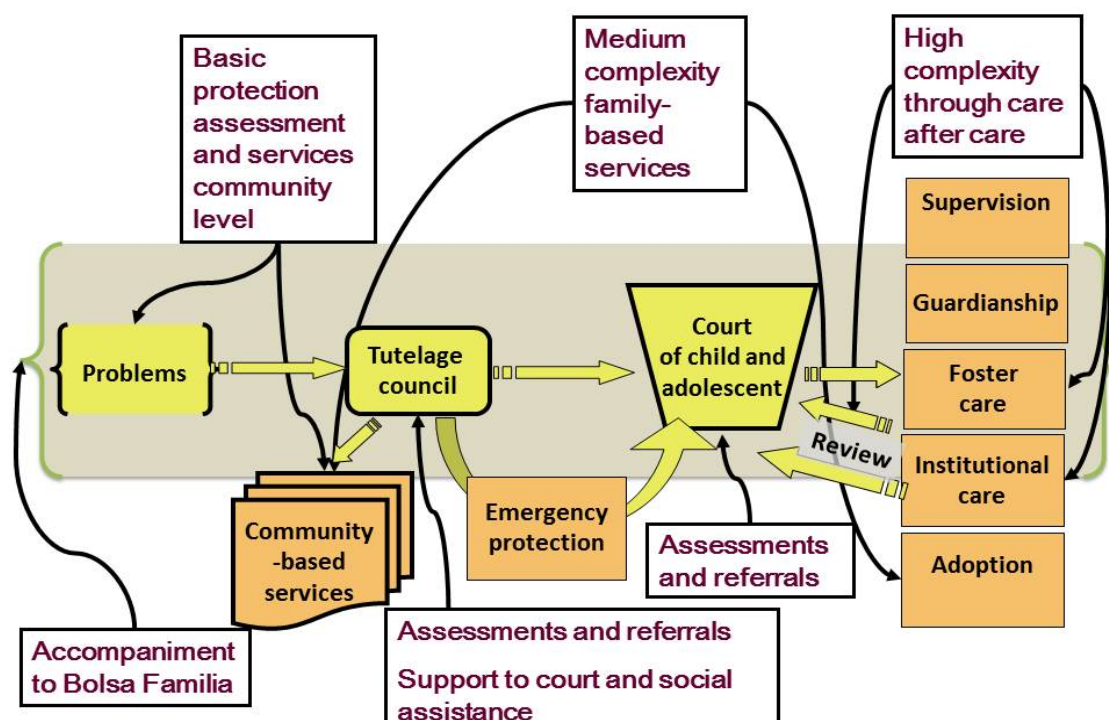


Figure 1 The child assessment and care planning process in Brazil.

Source: Family for Every Child (2013) *Improving Social Work in Brazil: The Results of an Appreciative Inquiry on Social Work with Vulnerable Children and Families in Brazil*. London: England.

In some other countries of CSA however, systematic procedures to assess and plan with and for children and families are still inadequate, or are not effectively applied. For example, remarks in the UN Committee on the Rights of the Child Concluding Observations of 2013 for Guyana, noted the lack of safeguards and procedures to ensure residential facilities were used only as a measure of last resort.²⁵⁰ In Uruguay, reports indicate only a limited analysis of a child's situation is used before they are admitted to the care system.²⁵¹ Lack of mechanisms to prevent unnecessary placement in care have also been reported in Honduras where 'the country's authorities tend to institutionalise or place children in public or private foster care programmes, separating them from their biological family without first trying to prevent this separation'.²⁵² Investigations into procedures in Honduras suggested that only 41% of a sample of children in residential facilities should have been taken into care.²⁵³

²⁵⁰ Committee on the Rights of the Child (CRC) UN Committee on the Rights of the Child: Concluding Observations: Guyana 5 February 2013. CRC/C/GUY/CO/2-4.

²⁵¹ SOS Children's Villages International (2012) *A Snapshot of Alternative Care Arrangements in Uruguay* SOS Children's Villages International

²⁵² SOS Children's Villages International & RELAF (2010) *Children and adolescents without parental: care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life*. SOS Children's Villages International and Red Latinoamericano de Acogimiento Familiar. Buenos Aires: Argentina. Page 14

²⁵³ Ibid. Page 17

Care planning and regular review

Once the decision to place a child in alternative care has been made, individual care plans are important in ensuring the most suitable care is chosen, periodically reviewed, and steps for leaving care considered. In Brazil, a report published in 2013²⁵⁴ confirms 82% of children in residential facilities had individual care plans as did 79% of those in family-like services, and 69% in foster care. Laws in El Salvador call for quarterly reviews of children's care placements initially involving administrative authorities, and when deemed necessary, the judiciary.²⁵⁵ Likewise, in Guyana, the law provides for foster placements to be reviewed every six months with assessment to determine whether or not the placement should continue.²⁵⁶

Research undertaken in 2006 confirmed, of the 20 residential facilities in Guyana, 19 kept individual files containing information for each child.²⁵⁷ It was also reported however, that the files did not contain sufficient information, and during the research, staff had to directly ask children themselves to provide information regarding their background as this had not been systematically recorded.

A 2013 UNICEF study²⁵⁸ provides an insight as to how legislation mandating for regular review of children's cases are not systematically adhered to in a number of countries citing observations of the Committee on the Rights of the Child in Bolivia, Brazil, Costa Rica, Ecuador, El Salvador, Nicaragua, Paraguay and, Peru. In 2009 for instance, it was highlighted that children in Paraguay for whom short-term placements had been agreed, were actually remaining in residential care for several years, this being attributed in part to lack of case reviews.²⁵⁹ Although in Mexico, procedures mandate a child's stay in care should be temporary, and for the shortest period of time, it has been observed that 'huge'²⁶⁰ numbers of children actually remain for an indeterminate period, and some for the remainder of their childhood. This has been attributed to failure of state bodies in defining children's legal status so that decisions can be made, and poor implementation of regulations for monitoring stays in care. Reports also indicate that in 2011, approximately 38% of children in residential facilities in Argentina, contrary to procedural regulations, had been there for periods of up to six years²⁶¹. In Peru, the action

²⁵⁴ Conselho Nacional do Ministério Público Brasília (2013) *Relatório da Infância e Juventude – Resolução nº 71/ (2011): Um olhar mais atento aos serviços de acolhimento de crianças e adolescentes no País*. Brasília: Conselho Nacional do Ministério Público

²⁵⁵ UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama. Page 48

²⁵⁶ Ibid..

²⁵⁷ Wills, M.F. (2006) *The Assessment of Standards and Processes in all Children's Residential Homes in Guyana Submitted To: Ministry Of Labour, Human Services And Social Security*. UNICEF Guyana

²⁵⁸ UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama. Page 48

²⁵⁹ RELAF (2011) *Institutionalised childhood and adolescence: making serious Human Rights violations visible*. Red Latinoamericana de Acogimiento. RELAF. Page 29

²⁶⁰ SOS Children's Villages International & RELAF (2010) *Children and adolescents without parental: care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life*. SOS Children's Villages International and Red Latinoamericano de Acogimiento Familiar. Buenos Aires: Argentina. Page 15

²⁶¹ RELAF (2011) *Institutionalised childhood and adolescence: making serious Human Rights violations visible*. Red Latinoamericana de Acogimiento. RELAF. Page 27-28

determined as 'abandonment', allows for children to be placed in alternative care. It is understood however, that the use of this status has been applied in an ambiguous and lenient manner thus allowing children to be removed from parental care on 'questionable grounds'.²⁶²

Financial Resources

The application of laws and regulations is highly dependent on there being sufficient political will to direct necessary resources into service provision. Detailed information on this subject was sparse in much of the literature reviewed for this study, although we found general references to the lack of resources. A concerning finding of the 2013 UNICEF study²⁶³ on alternative care in the South and Central America is how budgets are being utilised in a way that maintains the use of large unsuitable residential institutions for children.

Other references to financing of alternative care indicate how the church and national and international NGOs play a significant validating and enabling role through the provision of financing, especially for residential care.

Volunteers, and particularly international volunteers, are also a source of funding and resource. The encouragement to volunteers to provide support in kind by visiting and working in residential facilities is causing concern, not only because this contributes to the perpetuation of residential facilities, but also because of the access it allows them to children. RELAF raised this particular concern in 2011 report and noted how such input helps 'sustain and reproduce the system of mass institutionalisation that affects children and adolescents'.²⁶⁴

It is also important to highlight how during the literature search for this study, when using search engines such as 'google', the results return a considerable number of advertisements by charitable organisations seeking donations and volunteers for 'orphanages' in countries across CSA.

²⁶² SOS Children's Villages International (2012) *A Snapshot of Alternative Care Arrangements in Peru*. SOS Children's Villages International, Innsbruck: Austria. Page 8

²⁶³ UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama. Page 15

²⁶⁴ RELAF (2011) *Institutionalised childhood and adolescence: making serious Human Rights violations visible*. Red Latinoamericana de Acogimiento. RELAF. Page 22

Social work and other family support services

Efficacy of a child protection and child care system, including actions for deinstitutionalisation, is significantly influenced by the abilities and size of the workforce, in particular, in countries where they exist, the provision and skills of social workers.²⁶⁵ Evidence suggests it is not just those directly working in social work, but also other professionals that should be part of a multi-sectoral approach to child care.²⁶⁶ This is particularly relevant in countries where the statutory decision to place children in residential facilities can be taken by a range of different service providers.²⁶⁷ In this manner, it is recognised that teachers, police, health workers, lawyers, the judiciary, and others who come into contact with children should have the skills and authority to recognise and respond to protection and welfare needs of children and families.²⁶⁸ In addition, literature notes that the successful delivery of deinstitutionalisation policy requires the inclusion and re-skilling of staff currently working in children's residential facilities.²⁶⁹

Findings from this study suggest that all countries in CSA have a state body responsible for social work or its equivalent. In Brazil, combination of 'social assistants,' 'educators', and 'psychologists', undertake social work, each with responsibilities for supporting vulnerable children and families.²⁷⁰ NGOs can also be contracted to deliver social work services. Research into the efficacy of social work practice in Brazil was undertaken in 2013 by a Family for Every Child, the study found investment in increasing the number of social workers had provided a work force adequate to 'meet stated government commitments'²⁷¹ and provision of intensive work with families most at risk. The research also noted the deep commitment of social workers, as well as the investment made in ongoing training.

Examples of improving the skills of social workers and members of other sectors, include a UNICEF programme in Guatemala where, between 2009 and 2011, more than 20,000 professionals including judges, social workers, psychologists, caseworkers, NGO partners, foster and adoptive parents, received training. There was also a diploma level course in Alternative Care established.²⁷² However, it was also noted that services of the Social

²⁶⁵ Bilson, A. (2010) *The Development of Gatekeeping functions in Central and Eastern Europe and the CIS: Lessons from Bulgaria, Kazakhstan and Ukraine*. Geneva: UNICEF.

²⁶⁶ Munro, E. (2011) *The Munro Review of Child Protection: Final Report: A Child Centred System*. Norwich: The Stationery Office.

²⁶⁷ Bilson, A. (2010) *The Development of Gatekeeping functions in Central and Eastern Europe and the CIS: Lessons from Bulgaria, Kazakhstan and Ukraine*. Geneva: UNICEF.

²⁶⁸ Munro, E. (2011) *The Munro Review of Child Protection: Final Report: A Child Centred System*. Norwich: The Stationery Office.

²⁶⁹ Cantwell, N., Davidson, J., Elsley, S., Milligan, I. & Quinn, N. (2012) *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*. UK: Centre for Excellence for Looked After Children in Scotland. Centre for Excellence for Looked After Children in Scotland, University of Strathclyde, Glasgow: Scotland.

²⁷⁰ Family for Every Child (2013) *Improving Social Work in Brazil: The Results of an Appreciative Inquiry on Social Work with Vulnerable Children and Families in Brazil*. London: England

²⁷¹ Ibid. Page 6

²⁷² UNICEF Guatemala (2012) *End of Project Report March 2012: Strengthening the Child Protection System* UNICEF Guatemala

Welfare Secretariat in Guatemala remain weak and state budget cuts had resulted in a reduction of personnel.²⁷³

As well as evidence of promising practice, reports studied for this review also indicate the weakness of social work services in countries of CSA. This includes reports on the lack of consistency in levels and standards of social work as for example in Chile, where as with other countries in the region, there is a need to improve social work training.²⁷⁴ Low salaries and professional burnout are also factors contributing to high staff turnover. In Paraguay for example, there is a reported lack of personnel, deficiencies in available training, and a large number of volunteers working in the sector performing tasks that should be undertaken by professionals.²⁷⁵

Community-based family support services

Integral to prevention of family separation and reintegration in particular, is the provision of community-based family support services.²⁷⁶ In addition to universal support services, targeted interventions are also necessary, as for example, support delivered through provision of family centres, parenting education, counselling, pre-natal, and respite programmes. As poverty has been identified as an underlying factor related to placement of children in alternative care, provision of social protection and employment schemes, as well as financial assistance are also seen as important.²⁷⁷ Exemplifying this issue are the findings of a study by the World Health Organization²⁷⁸ that reveals how states within the region of Europe that spent less on community health and social services were more likely to have higher proportions of the child population living in residential facilities.

Details of support services that particularly target vulnerable families are described in documentation from Uruguay. Here, government programmes for family strengthening include those delivered in Centros de Atención Integral a la Infancia y la Familia', in partnership with civil society organisation.²⁷⁹ It is noted how the programme aspires to deliver support for vulnerable families through provision of nutritional programmes, health care, and parental capacity building. However, it is also reported that family strengthening services in Uruguay are weak and unable to provide adequate support for families at risk of losing parental care due to a general lack of resources.²⁸⁰ In Mexico,

²⁷³ Ibid..

²⁷⁴ Observatorio Temático de Niñez y Adolescencia (2014) *Información y funcionamiento del sistema actual de adopción en Chile*.Page33

²⁷⁵ SOS Children's Villages International (2012) *A Snapshot of Alternative Care Arrangements in Paraguay*. SOS Children's Villages International Paraguay

²⁷⁶ Williamson, J. and Greenberg, A. (2010) *Families, Not Orphanages*. Better Care Network. New York: USA

²⁷⁷ Boothby, N., Wessells, M., Williamson, J., Huebner, G., Canter, K., Garcia Rolland, E., Kutlesic, V., Badef, F., Diaw, L., Maya Levine., Malley, A., Michels, K., Patel, S., Rasa, T., Ssewamala, F. and Walker, V. (2012) What are the most effective early response strategies and interventions to assess and address the immediate needs of children outside of family care? *Child Abuse and Neglect*, 36, pp.711-721.

²⁷⁸ Browne, K.D., Hamilton-Giachritsis, C.E., Johnson, R. and Ostergren, M. (2006) Overuse of institutional care for children in Europe. *British Medical Journal*, 332, Page 485

²⁷⁹ SOS Children's Villages International (2012) *A Snapshot of Alternative Care Arrangements in Uruguay* SOS Children's Villages International

²⁸⁰ Ibid.

sources identify the disparity in both the quantity and quality of support services across the country.²⁸¹ In contrast, reports show some promising practice in Brazil where there is provision of a 'sophisticated range'²⁸² of support services for children and families, along with 'extensive'²⁸³ social protection programmes addressing issues of poverty.

Data information systems and accountability mechanisms

Understanding the characteristics and trends of child protection including use of data to identify issues related to separation of children from parental care is crucial in developing and applying effective and appropriate evidence-based child protection reforms and development of a child care system.²⁸⁴ In addition, such evidence is important in ensuring appropriate individual care planning, monitoring and case review.²⁸⁵ Efforts are therefore needed to ensure rigour in data collection and compatibility of research methodology including conformity in the use of variables and definitions²⁸⁶.

As noted elsewhere in this study, there are differing degrees of success in countries of CSA in the gathering, analysis and use of data. This is evidenced for example, in the insufficient quantitative data available on numbers of children in different forms of alternative care as well as poor qualitative information being kept by many countries in relation to the situation of individual children within the care system. For example, in Mexico, although legislation calls for the compilation of data, the law does not mandate for uniformity in methods to collect and share data nationally; thus, different local authorities are compiling and maintaining their own sets of statistics.²⁸⁷ In Panama, documents acknowledge that the lack of information on children without parental care means the consequences for children cannot be accurately assessed.²⁸⁸ previously in this study particularly The negative impact on children's lives as a result of poor data collection and monitoring has also been noted, as it relates to poor information gathering for assessments, individual care plans and regular monitoring and review of changes in their situation.

²⁸¹ UNICEF (2011 b) *The Rights of Children and Adolescents in Mexico: A Present Day Agenda* . UNICEF Mexico

²⁸² Family for Every Child (2013) *Improving Social Work in Brazil: The Results of an Appreciative Inquiry on Social Work with Vulnerable Children and Families in Brazil*. London: England. Page 7

²⁸³ *ibid.*

²⁸⁴ AlEissa, M.A., Fluke, J.D., Gerbaka, B., Goldbeck, L., Gray, J., Hunter, N., Madrid, B., Van Puyenbroeck, B., Richards, I. And Tonmyr, L. (2009) A commentary on national child maltreatment surveillance systems: Examples of progress. *Child Abuse and Neglect*, 33, pp. 809–814.

²⁸⁵ Cantwell, N., Davidson, J., Elsley, S., Milligan, I. & Quinn, N. (2012) *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*. UK: Centre for Excellence for Looked After Children in Scotland. Centre for Excellence for Looked After Children in Scotland, University of Strathclyde, Glasgow: Scotland.

²⁸⁶ Roby, J. (2011) *Discussion paper on children in informal care*. UNICEF New York: USA

²⁸⁷ UNICEF (2011 b) *The Rights of Children and Adolescents in Mexico: A Present Day Agenda* . UNICEF Mexico. Page 86

²⁸⁸ UNICEF (2011a), '*Estudio sobre la situación de los derechos de la niñez y la adolescencia privados de cuidados parentales ubicados en centros de acogimiento o albergues*', República de Panamá. Page 5

Social norms and attitude

Identified barriers to implementation of gatekeeping and deinstitutionalisation policies are understood to include the biased attitudes of political decision makers, practitioners, and members of the public who champion the continuation of large unsuitable residential institutions.²⁸⁹ Furthermore, some sources recognise a need to challenge discrimination, stigma, and cultural norms and beliefs that result in certain groups of children being disproportionately placed in residential care, for example those with disabilities or from ethnic minorities.²⁹⁰

Some examples of the contribution of cultural norms and attitudes are on the placement of children in alternative care include studies from Peru where, on the subject of deinstitutionalisation, Leon wrote:

It's been hard because some Peruvians think it's good to have 200 children in a home and sometimes people assume if you give them food and a roof, that's all they need. They don't understand how important is to have affection more than anything.²⁹¹

Whilst this study has noted the considerable degree to which child protection legislation of countries of CSA is principally founded on the UNCRC, some studies report factors that contribute to what is considered the 'easy' manner in which children are sometimes placed in alternative care. These factors include the status of children and the social perception of their worth within society, coupled with a lack of awareness of children's rights. UNICEF reports from El Salvador and Mexico both reveal children's vulnerability to violence being increased as a result of cultural perceptions that include children being regarded as 'the property of adults'.²⁹² Research in Guatemala illustrates how 'children in Guatemala are afforded a very low status and that the concept of a child as an individual with rights is not commonly accepted'.²⁹³

²⁸⁹ Bilson, A. and Larkins, C. (2013) Providing alternatives to infant institutionalisation in Bulgaria: How gatekeeping can benefit from a social development orientation. *Children and Youth Services Review*, 35. pp. 1566–1575.

²⁹⁰ Save the Children UK (2009) *Keeping Children out of harmful institutions: Why we should be investing in family based care*. Save the Children. London: UK

²⁹¹ Leon, C. (2013) *Changing course for children: The story behind Buckner foster care in Peru*

²⁹² UNICEF (2011 b) *The Rights of Children and Adolescents in Mexico: A Present Day Agenda*. UNICEF Mexico

²⁹³ Coope, C.M. & Theobald, S (2006) Children at risk of neglect: Challenges faced by child protection practitioners in Guatemala *Child Abuse & Neglect* 30 (2006:) pp.523–536

Influence of non-state and supranational actors

Although, the topic of policy transfer has not been studied specifically for this review, nor has information in any of the documents reviewed for CSA, specifically highlighted this subject, what has been noted is how the vast majority of reports, evaluations and other documentation found during the literature search, have been developed by national and international NGOs and supranational organisations.

Consequently, it is important to refer to the influence of international bodies, supranational organisations, and large international NGOs, on international policy transfer and child care reforms. This practice is identified as providing both positive and negative experiences for recipient governments and organisations.²⁹⁴ For example, sources note valuable contributions to policy development and implementation by international stakeholders and national NGOs, including the substantial funding and technical assistance provided by international bodies.²⁹⁵ Stubbs & Maglaglic²⁹⁶ have however, reflected on the negative outcomes that external interventions can bring, including the lack of attention to cultural specifics in which policy is being adopted.

It is particularly important to give recognition to the considerable role national NGOs are playing in influencing state policy in different countries, and their ability in many cases, to apply themselves with impartiality, flexibility, and creativity in efforts of knowledge exchange, piloting of new programmes, and the testing of hypotheses.²⁹⁷ One note of concern however, is the manner in which, during the planning of pilots there is no consideration of the efforts that will be needed to scale-up programmes to national level. The fact that such projections are not included means many pilots although producing promising results, are remaining just that.

²⁹⁴ Benson, D. and Jordan, A. (2011) What Have We Learned from Policy Transfer Research? Dolowitz and Marsh Revisited. *Political Studies Review*, 9, 366–378

²⁹⁵ Deacon, B., Hulse, M. and Stubbs, P. (1997) Global Social Policy: International organizations and the future of welfare. London: Sage Publications.

²⁹⁶ Stubbs, P. and Maglajlić, R.A. (2013) *Constructing 'Child Care Reform' in South East Europe: Revisiting UUNICEF's 'Travelling Technicism'*, A Paper for International Studies Association Annual Convention, San Francisco, California, 3 April 2013. [unpublished].

²⁹⁷ Clark 1993; Edwards & Hulme 1998; Remenyi 1997

Part Four: Conclusions

One of the principal findings of this study is the difficulty in sourcing **data** that provides for a longitudinal and comparative analysis of achievements and challenges across countries of CSA. Amongst the literature reviewed for this study are a number reports that have presented quantitative and qualitative information on child care systems and services both from a regional and/or national perspective. Nevertheless, it is important to note a consistent challenge throughout this review has been the inconsistency in information on different aspects of child care, and the incompatibility of **data** and lack of statistics that would allow for comparative and trend analysis. This is a particular challenge in moving forward with policy and planning that would accurately address the areas of support most needed and the drive toward necessary future reforms.

Although there are some major challenges to implementing effective child care reforms, there are also promising and positive examples across countries of CSA in terms of **political will**, capacity, and aims to provide the best possible care for children.

With regards formal alternative care, the **use of residential facilities remains the most dominant form of placement**. It is also noted however, that the numbers of children and the percentage of the child population in care, are low in comparison to some other regions of the world as, for example those in Central and Eastern Europe. In addition, steps are being taken, albeit slowly, to develop alternative formal care provision through such family-based and family-like environments as foster care and small group homes which should eventually negate the need for large and unsuitable residential facilities.

Acknowledgement is given to the work undertaken, particularly over the past ten to fifteen years, in reforming and/or developing new child protection legislation, regulations, and statutory guidance in all the countries studied for this review. Much of this **regulatory framework** is aligned with the UNCRC and the UN Guidelines for the Alternative Care of Children. In this manner, there is incorporation of such principles as best interest of the child, a focus on family life, and prevention of separation, with alternative care being used only when necessary. Some laws specifically state that poverty must not be a reason of family separation and care in extended family should be the first choice for alternative placements. In addition, there is ongoing development of processes and procedures that should ensure these principles are met.

Most significant challenges and differences between countries arise from the **implementation** of the regulatory frameworks. The literature suggests for example, that Brazil and Argentina have invested more significantly than many others in the structures, process and delivery of a child protection system in which alternative care provision is an integral component. As a result, reported achievements include increased prevention of separation, and expanding use of family-based and family-like alternatives rather than residential care. However, in other countries, contrary to legislation and policy, the

reasons for children being placed in care continue to include issues related to social exclusion, lack of access to community-based family support services, and poor investment in a range of alternative forms of care other than residential institutions.

In terms of capacity to deliver child protection and child care services, all countries have a nominated ministry or department holding responsibility **for oversight and coordination**. There are however, considerable areas of improvement required in terms of the capacity to fulfil the mandates of these bodies.

One of the most reported challenges to developing and implementing an effective child protection and child care system is the **weaknesses of the national work force**. Reports from different countries systematically highlight a need to improve professionalism, training, remuneration, and recruitment of sufficient numbers of social workers and other child care professionals to serve large populations of children and families. Improved efforts in providing experienced and **supportive workforce supervision** are also required.

Public and professional attitudes that still prevail in many countries maintain a view that, if a family is not able to cope due to financial and social vulnerabilities, a child is better off in care. We found very little documentation in relation to attitudes toward foster care and adoption.

There is a lack of **strategic plans for deinstitutionalisation** and specific targets for the closure of large unsuitable residential institutions. This may be due in part to the overall direction of legislation, policy, and practice that is already focussed on achievements that would, if applied effectively, contribute to the gradual demise of unsuitable residential facilities and the unnecessary use of such alternative care. As previously noted, Brazil and Argentina are recognised as examples of countries where policies and plans promote actions that should lead to such deinstitutionalisation results. However, concluding remarks made by the Committee on the Rights of the Child have for example, called on Bolivia, Costa Rica, Ecuador, Guatemala, Nicaragua and, Paraguay to return children from residential facilities to their families, or if not possible move them into other forms of family-based care as soon as possible.²⁹⁸

The lack of specific targets in different countries in relation to deinstitutionalisation also marks a failure to address the issue of those non-state providers wishing to maintain their residential services. We found no data on unregistered providers of residential care and even though countries have statutory **regulations**, residential facilities are not always being subject to regular **inspections**.

²⁹⁸ UNICEF (2013) *La situación de niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe*. Panama: Republic of Panama.

Recommendations

In spite of the promising work being undertaken across CSA, children continue to be unnecessarily placed in alternative care and into unsuitable care where they remain for long periods of time. In this respect, there are a number of common challenges and constraints that many countries still face. To this end, the following recommendations are proposed:

- 1 Improve systematic data collection, analysis, and utilisation to provide policy makers and practitioners with evidence on which to base their work
- 2 Build strong data management information systems and improve the use of evidence-based information for policy and planning
- 3 Increase investment in the range and quality of support, services, and processes that prevent unnecessary placement in alternative care, and support family reunification
- 4 Increase investment in the provision and quality of suitable alternative family-based and family-like care that is of a high standard, well-regulated and monitored
- 5 Develop strategic plans with targets for the gradual elimination of large and unsuitable residential facilities
- 6 Strengthen national regulation, control, and inspection of all care providers
- 7 Increase skills, knowledge, and qualifications of all those with responsibility for child protection and child care
- 8 Improve awareness among the community, and professionals as to the possible detrimental outcomes for children placed in poor alternative care, and the importance of 'family' life to a child
- 9 Challenge the lack of respect for children and children's rights
- 10 Review all funding mechanisms for child protection and child care provision and take steps to eliminate those practices that perpetuate the use of unsuitable alternative care

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