

## “In the name of the children”: public policies for children in out-of-home care in Chile

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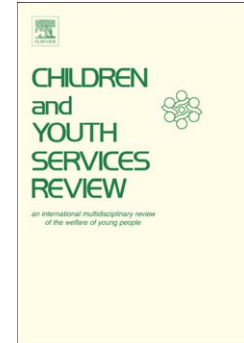
“In the name of the Children”: Public Policies for Children in out-of-home care in Chile. Historical review, present situation and future challenges

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## Title Page

**“In the name of the Children”: Public Policies for Children in out-of-home care in Chile. Historical review, present situation and future challenges**

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Running head: Public policies for children in out-of-home care in Chile

**“In the name of the Children”: Public Policies for Children in out-of-home care in Chile. Historical review, present situation and future challenges**

**(Children and Youth Services Review)**

**Abstract**

Public Policies regarding children in care systems have varied widely throughout history and within countries around the world. At the present time, an important number of children live without parental care and their needs and rights must be addressed by the State within which they reside. Following an important number of studies carried out mainly in Europe and USA, the United Nations made international recommendations on this matter: the Guidelines for the Alternative Care of Children (2009). Thus, the 195 countries that have signed up to these guidelines must now ensure that they are moving towards compliance with these regulations. However, countries vary widely on the implementation of these guidelines, their public policies, and characteristics of care systems, with different challenges facing different parts of the world. Furthermore, little research has been

conducted in Africa, Asia and Latin America. Therefore, this article describes the present situation of Children in out-of-home care in Latin America with a special focus on Chile, and proposes that characteristics of care systems may vary significantly from those of Eastern Europe and developed countries. Further research in this and other less wealthy regions is needed in order to implement public policies that effectively protect children's rights.

Key words: Out-of-home care, Foster Care, Children's Homes, alternative care, Latin America, public policies, institutions

**In the name of the Children: Public Policies for Children in out-of-home care in Chile. Historical review, world context and future challenges.**

**1. Introduction**

The situation of vulnerable children around the world has been a matter of concern for different social agents throughout history. From the first charities taking care of orphans and children in poverty, to institutions caring for children in periods of war, and the more recent International Convention on the Rights of the Child in 1989, public policies in this matter constantly evolve in response to social and political situations as well as on-going research on the impact of institutional care on children. Notably, the conception of a child as the subject of rights has led to different initiatives seeking to achieve at least minimum standards in child protection in numerous countries. However, this process has been complex and, at times, contradictory, with child protection measures sometimes actually leading to children being restricted in their rights (Eurochild, 2012). Thus, whilst much progress has been made, there are many other areas still requiring study and new initiatives.

There are currently a large number of children living in some form of alternative care around the world, with approximately 8 million living in institutions (Lumos, 2013). However countries vary significantly in their design, implementation and evaluation of institutional and foster care. For example, research and practices in alternative care have been influenced in many countries by psychological theories regarding important issues in child development. In some countries (e.g., the United Kingdom), the influence of Bowlby's theory of Attachment has been important, stressing the importance of an affectional bond with a primary caregiver in the first years of life. In other countries (e.g., Romania), Bowlby's theory has had less influence and previously emphasis was placed on meeting children's basic physical needs (i.e., hygiene and feeding) or the stimulation of developmental tasks.

International recommendations regarding alternative care have been strongly influenced by research conducted mainly in Europe (with specific emphasis on Romania) and the USA. Historically, there has been less understanding of the situation in other regions of the world, such as Africa, Asia and Latin America. Only more recently have the characteristics of alternative care in less wealthy nations become more of a focus, with some studies indicating that residential and community settings there may be different to those previously described in other countries (Herrerros, 2009; Muadi, Aujoulat, Wintgens, Matondama Nzuzi, & Pierrehumbert, 2012; Wetten et al., 2009). This variety shows that there is no 'one solution that fits all' and that these differences between countries and cultures should be included in the development of public policies aiming to achieve better care for vulnerable children.

Thus, it is important to undertake more in-depth analysis of alternative regions, in order to broaden our understanding of the impact on children of institutional and other types of alternative care. One of these regions is Latin America, where in depth studies about the situation of children in care, the quality of care and its outcomes are required. Chile is one of the countries in the Latin American Region that signed the International Convention for the Rights of the Child in 1990 and has recently made important changes to public policies for early childhood (Staab, 2010). During 2013, an important number of children in Chile (147,358) were under some kind of protectional measure, due to the violation of their rights (32 per 1,000 of the 0-17 population) 18,878 of whom lived in some kind of alternative care including children's homes and foster care. However, little research has been conducted in these settings. Thus, this paper aims to address the lack of information in alternative regions by presenting a brief overview of the world and Latin American situation, with a specific focus on Chile as an in depth illustration, highlighting implications for public policies in child care.

## **2. Children in out-of-home care across the world**

The situation around the world varies widely regarding the number of Children in out-of-home care, public policies addressed to them and characteristics of placements. One difficulty for developing a coherent response to the situation is that information is difficult to compare as methodologies to register data differ widely across countries. Table 1 gives summaries of available data, highlighting the lack of comparability (for more information on the world situation, see Hamilton-Giachritsis & Garcia Quiroga, 2014).

**Table 1: Overview of world situation of Children in out-of-home Care\***

| AREA  | Children per 10,000 in Alternative Care | Children under 3 in institutions, per 10,000 | Other data   |
|---|---|--|--|
| Europe (2003-2007)**<br>Eastern Europe/Asia (2007)*** | Mean 88.7<br>(range 50-120)<br>85.9     | Mean 14.4<br>(range 0-60)                    |  |
| USA (2007)<br>Canada (2007)                           | 60<br>97                                |  |  |
| Australia (2007)<br>New Zealand (2005)                | 77<br>49                                |  |  |
| Africa  | Unknown                                 |  | 3,7 million Orphans in South Africa<br>15% households child-headed in Sub-Saharan Africa |
| Latin America (2013)****                              | Mean 59.5<br>(range 34-400)             |  |  |

\* Data available is difficult to compare due to wide differences in recording. Where possible, numbers have been translated to rates per 10,000. Where more than one data set is available, the most recent one was taken into account. Reports: AIHW, 2013; Browne et al., 2005; Gilbert et al., 2011; Mapp, 2011; Mauricio, Canali, & Vechiato, 2006; Thoburn, 2007; UNICEF 2010a, b.

\*\* The number of children in alternative care considers a study conducted in 8 European Countries (England, Sweden, Finland, Denmark, Norway, Germany, Belgium and Netherlands)

\*\*\* Data is presented in some studies for the whole of Europe, but other studies present data combining Eastern Europe and Asia.

\*\*\*\*See Table 2 for details.

Data is usually registered in different formats considering for either a cross sectional account or a whole year period. Countries also vary in what is considered to be Alternative Care; for example as stated in Gilbert et al. (2012), some cities of Canada and England consider as 'out-of-home care' a child that lives with his family but is under the Local Authority supervision, while other countries only use that term for placements in foster or institutional care. Similarly, in the U.S.A., the term 'foster care' sometimes refers to children living with foster parents or in children's homes. In some countries (i.e., Finland and Sweden), youth with problems such as delinquency or addictions are dealt with in terms of out of home care while in others they become part of the judicial system (Gilbert et al., 2012). The same report indicates that the meaning of these numbers can also vary if we consider cultural factors, for example in some countries a high proportion of placements are voluntary arrangements between the family (parents and often child) and the State, while in others there are placed by a judicial coercive order.

Following multiple studies regarding the effects of institutional care, conducted in the 1950s to 1970s (e.g., Goldfarb, 1945; Bowlby, 1951; Pringle & Tanner, 1958; Tizard & Hodges, 1978), in numerous countries in Western Europe, the USA and Australia, the

tendency was to close big institutions. Following this, research conducted with children reared in big orphanages in Romania and other Eastern countries (Zeanah, Smyke, Koga, Carlson & Bucharest Early Intervention Project, 2005; St. Petersburg-USA Orphanage Research Team, 2008; Rutter et al., 2010) highlighted the damage done to young children through poor institutional care. Combined with work highlighting the shockingly high rates of institutional care across the whole of Europe (Browne et al., 2005), this generated a de-institutionalisation movement in order to reduce significantly the use of residential care and to invest in family support and foster care (see Eurochild, 2012). In turn, this informed the decision to pass the United Nations recommendations in 2009. However, in many areas of the world (e.g., Eastern Europe, Asia and Latin America), institutional care still remains the main option for LAC, although family placements are starting to be developed and in some countries changes to institutional settings have been applied to meet international recommendations (UNICEF, 2010a).

A report with the analysis of information from the last three decades (UNICEF, 2010a) reveals that the number of children separated from their families and placed in some kind of formal care (institutional or foster) has increased if numbers are transformed into rates considering changes in birth rate. This was also stated in a report with 8 European countries, USA and Canada data (Gilbert et al., 2011). It is also concerning that in many cases poverty and lack of access to social services and support are the main cause for a child being separated from his family. Furthermore, institutional care is still widely used for infants and young children and many countries lack national standards and norms that can be applied to public and private institutions by governmental bodies in order to monitor the quality of caregiving provided (UNICEF, 2010a). This report also states that efficient gate-keeping is required to ensure children are placed in alternative care for the correct reasons and that changes of placement are done in the best interest of the child. Yet recent reports in some countries (e.g., the UK – Ofsted, 2011) express concerns about the increase in the average number of placements per child and the impact this can have on children, such as increasing the vulnerability for sexual abuse (Children's Commissioner Report, 2012).

In the process of deinstitutionalization, some countries have faced problems (at least initially) as residential homes were closed faster than the development of foster care programs, creating difficulties in providing suitable foster families for vulnerable children (Barber & Delfabro, 2004; Maluccio, Canali, & Vechiato, 2006; Sinclair & Jeffreys, 2005). Other countries have reported additional issues creating barriers to implementing foster care programs. For example, in Korea and Japan few people have been motivated to foster due to cultural reasons (e.g., the importance given to blood bonds) and lack of support (Mapp, 2011). This cultural challenge may extend to other countries with strong extended family bonds.



Where foster care does exist, it often struggles to provide what is required. Evaluation of foster care in the USA has suggested that there is poor quality of care in foster homes, due to poor screening of carers, lack of appropriate monitoring, frequent changes of placement and overwhelmed foster care systems (Maluccio, Canali, & Vechiato, 2006). Similarly, in Australia, there has been a debate around the foster care system being overwhelmed and unable to respond to the increase of children in need of placement (Barber and Delfabbro, 2004). This debate has raised the possibility of new adoption policies and also the creation of small community children's homes with supervision in quality of care.

In Africa, different conflicts (wars, natural disasters, AIDS and massive migrations) have increased the number of children in need of care. However the response to provide care has been somehow "spontaneous" and from the communities rather than government-led. For example, data available estimates that 90% of the orphans due to AIDS are being cared by family members or community support but as the numbers increase, the community is not able to give all the support needed and this has produced a rise in child-headed homes, now representing 15% of the households (Mapp, 2011).

Some research conducted in children's homes in African countries has revealed that outcomes and characteristics are different from those observed in Eastern Europe. Children's homes are usually small in size and have a greater stability of caregivers. Although material conditions are poor, the setting is community based and the relationship caregivers establish with children tend to be more warm and affective, probably due to cultural factors. This seems to have a positive impact in outcomes for children (Muadi, Aujoulat, Wintgens, Matonda ma Nzuzi, & Pierrehumbert, 2012; Wetten et al., 2009).

In summary, across the world, there seems to be a tension between two different visions of public policies regarding out-of-home care. On the one hand, is a "preventive" vision that is more family oriented and, on the other hand, a "permanency" vision aiming to provide stability for children beyond the family (Bernardo's Report, 2010). It has been argued that these two visions have been alternating in public policies throughout history (Jackson, 2006). Various countries have made changes to their policies in child welfare and have included family based placements as an option. Some of them have also made important changes to the residential settings in order to meet the international requirements. However these changes have been slow and have faced numerous difficulties in their implementation (UNICEF, 2010a). More recently, some authors have stated that safety and well-being as goals are not sufficient for the healthy development of children in care and have proposed the need for a change in welfare services, towards a "relationship-based vision", which places the child's emotional need to establish a stable and nurturing attachment with a caregiver at the centre of the decisions (Lawler, Shaver, & Goodman,

2011). Several studies have shown that interventions with a focus on improving child-caregiver interactions and relationship can produce better development (in social, cognitive and physical areas) in children living in residential care (McCall, Groark, & Rygaard, 2014).

As mentioned above, research conducted mainly in big orphanages in Romania and Russia generated a de-institutionalisation movement that has had an impact in other countries with, perhaps very different characteristics, resulting in difficulties in the implementation of measures due to cultural, social and economic reasons. The effects of institutionalisation in big orphanages characterized by 'segregating' (isolated from community and family bonds, and cultural origins) and impersonal care with lack of affection and a rigid routine can be very different from the outcomes of a small and 'family type' children's home that provide a stable and warm relationship with a primary carer. In this sense, Ainsworth and Thoburn (2014) have stated the importance of having characteristics of children's homes into account when comparing countries (Ainsworth & Thoburn, 2014). On the other hand, as stated by Thoburn (2007) in a cross national study, characteristics of the foster care system may vary widely according to specific conditions in different countries, regarding the age and characteristics of children and families and cultural factors that determine reasons for placements and modalities of care. Thus, there is a need for further research in different countries in order to develop localized public policies in order to protect children's rights.

### **3. Latin America**

"Over recent decades, most Latin American countries have lived through dictatorships, lasting for varying periods of time, and during the 1990s, neo-liberal governments implemented economic policies that exponentially increased the level of poverty and destitution, widening the gap between rich and poor, impacting directly on children" (Relaf Project SOS Villages, 2010. pp 13).

Some countries in the Region have made important changes to their public policies and to social services in recent years. The 'Call to Action' recently launched by some countries of the region in response to the UN General Assembly guidelines (2009) states that countries should make changes to legislations and public policies to ensure that children under three are not placed in institutions and, if unavoidable, the placement must be short term. It also recommends the provision of social support for families and the generation of family-type placements to ensure that children are not separated from their natural environment (UNICEF-LAC, 2013)

#### **3.1. Rates of Residential care**

In most cases, children living in residential care in Latin America have one or both parents alive. However, little support is provided to families in order to prevent the separation of the child from her home environment (UNICEF, 2013).

Table 2 provides summary data from the two main reports published on Latin America (Relaf, 2010; UNICEF, 2013), on the number of children living residential care in Latin America. Both reports are based on official data and other sources (see reports for details); data for Chile is taken from SENAME and National Institute of Statistics-INE (SENAME, 2013a; INE, 2012). Relaf (2010) is based on a study of children living in residential care in 13 countries of the region, giving an estimate of 374,308 children, with UNICEF later study reporting a lower rate of 240,000 children (UNICEF, 2013).

**Table 2: Children in Alternative Care in Latin American Countries\***

| COUNTRY        | Children Residential care (per 10,000) | Children Foster Care (per 10,000) | Total | Children without Parental Care per 10,000 |
|----------------|--|-----------------------------------|-------|---|
| Argentina      | 12                                     |                                   |       |   |
| Brazil         | 85                                     | 1.6                               | 86.6  |   |
| Chile          | 28                                     | 10                                | 38    |   |
| Colombia       | 240                                    | 120                               | 360   | 865                                       |
| Costa Rica     | 4                                      |                                   |       |   |
| Ecuador        | 3.4                                    |                                   |       | 860                                       |
| El Salvador    | 41                                     |                                   |       |   |
| Guatemala      | 7.8                                    |                                   |       |   |
| Haiti          | 400                                    |                                   |       |   |
| Honduras       | 36                                     |                                   |       |   |
| Mexico         | 77                                     |                                   |       | 109                                       |
| Nicaragua      | 12                                     |                                   |       | 1,000                                     |
| Panama         | 18                                     |                                   |       |   |
| Paraguay       | 23                                     |                                   |       | 1,212                                     |
| Peru           | 18                                     |                                   |       |   |
| Rep.Dominicana | 10                                     |                                   |       | 1,480                                     |
| Uruguay        | 43                                     |                                   |       |   |
| Venezuela      | 10                                     | 0,3                               | 10,3  |   |

\*Data based on main reports published (Relaf, 2010 and UNICEF, 2013) which considers official data and several other sources (see reports for details). For Chile data from SENAME and INE as previously detailed was also considered. When different data from the same country was available, the most recent was included. Data has been converted to rates per 10,000 children to make the comparison between countries possible.

Overall, in Latin America, rates range from 34 per 10,000 (i.e., Ecuador) to 400 per 10,000 (i.e., Haiti). This reflects the vast differences between countries in Latin America, with some of them having high rates of children living in children's homes (i.e., Haiti and Colombia) due probably to severe social conflicts and economic crisis. Other countries show very low rates of children alternative care (i.e., Nicaragua and Paraguay) but a high number of children without parental care, perhaps living on the streets, in informal kinship care or with other networks of support. Again, the lack of data available hinders a proper interpretation and analysis.

In terms of Chile, the mean number of children living in residential care for the Latin American Region is 59.5 per 10,000, with Chile reporting 28 per 10,000 (hence, in the lower half). However, considering the wide range of the region, the median (20 per 10,000) may be more useful to consider, in which case Chile is slightly above the median.

The information about the ages of children living in residential care is incomplete, but available data shows an important number of infants and small children living in this type of care. For example, children 0 to 5 years represent 26% of the total number of children in institutions in Argentina and, 25% in Brazil. Children 0 to 4 years represent 12% of the total in Guatemala and 17% in Panamá, whilst children aged 0 to 3 years represent 8% in Uruguay (UNICEF, 2013) and 10% in Chile (SENAME, 2013a).

### 3.2. Environment

Regarding size, many countries in the Region still have very large institutions contrary to international recommendations (e.g., El Salvador has an institution for 600 children; Honduras for 492 children with youth and adults living together; and in Guatemala there is an institution with capacity for 1000 children). In contrast, following the Children's Rights Committee recommendations for "*the transformation of the existing institutions with preference to small residential centres that are organized according to the children's rights and needs*" (Children's Right Committee, 2006, p.32), some countries have recently established standards for a maximum number of children in each home (e.g., Brazil and some regions of Argentina with 20 children).

As stated by UNICEF (2013), in many countries children's homes don't have sufficient technical, financial and human resources. This can impact on the care provided, hindering the personal relationships between carers and children. Therefore, some countries have started to implement actions such as the individual plan of intervention in Brazil and Chile in order to develop a more personalised care (UNICEF, 2013) and the approval of regulations for residential placements (e.g., staff levels) according to international standards in Peru, Brazil and Chile. However much has yet to be done regarding the evaluation of the practical implementation of these measures.

Other countries have developed different initiatives to improve the situation of Out-of-home care (SOS villages; Relaf, 2010). For example, Paraguay initiated the closure of state homes for babies and has begun to develop family-based care together with adoption programs and the reunification with biological families for children under three. In Brazil a national plan was implemented which identifies key issues for public policies aiming to support parents and families. In Chile, policies to prevent child separation from biological families have reduced the percentage of children under protectional measures actually living in residential care from 62% in 1990 to 26.3% in 2005 (Relaf, 2010).

In the majority of the countries in this Region, institutions and children's homes are run by the private sector. In some countries the State provides financial support for these initiatives and controls and supervises their quality. However, in many other countries, private institutions are run almost without any regulation, support or control, which is a

potential source of harm for children living in them (Relaf, 2010). This is despite the requirement on the State to monitor and evaluate quality of care (Children's Right Committee, 2006).

### 3.3. Foster and kinship care

In many Latin American countries, informal kinship care has existed for long time with formal foster care programmes beginning to be developed in Argentina, Paraguay, Chile, Colombia, El Salvador, Honduras, Guatemala, Dominican Republic and Peru. However there is a lack of evaluation of outcome. In addition, the number of children in those settings is still small, with a lack of supervision detected in many countries in which these programs are officially implemented, generating an important potential risk for these children. For example, in Haiti the authorities have no regulation about any kind of foster care (UNICEF, 2013).

*“There is a need to further such initiatives in the context of processes of deinstitutionalisation that are not measured only in terms of reduction in the number of children in institutions but also must consider other indicators such as quality of life of children that have been transferred from institutions and the effects of deinstitutionalisation in their development” (UNICEF, 2013)*

## 4. Chilean Situation

### 4.1. Historical background

In the late 18<sup>th</sup> century, only one institution in Chile took care of vulnerable children, with no governmental support. Approximately, 250 years later, there are 253 residential settings in Chile and the State subsidy is supported by a legal framework and public policy in childhood rights protection. This change has resulted from a variety of influences, including differing moral/social perspectives, political changes (such as an early civil war in 1891, a long dictatorship after a coup de state in 1973 and the recovery of democracy in 1990) and, more latterly, international factors.

The first institution for children in care started in 1758, The Foundlings' House (“La Casa de Expósitos”), created by a Christian charity, its aim was “to offer spiritual and material support to abandoned children” (Rojas, 2010) and it cared for 50 children. However, the lack of stable governmental support and reliance on charitable donation led to periods of instability. By the early 19<sup>th</sup> century, Chile had high rates of illiteracy, indigence and birth-rate. Many children that were born in poverty were ‘given’ to richer families as a way of ensuring they would have food and a place to live. The Foundlings House installed a ‘lathe’

(small circular revolving window) where people could leave their babies to be taken into care anonymously (Rojas, 2010).

By 1832, the Foundlings House came under government administration and was re-named the “House of Orphans”. Whilst it provided an alternative to extreme poverty, usually the children had several paid ‘mothers’ (for the purposes of gaining breast milk) and changed houses several times in the first few years, until they were given to a family to serve as a servant, apprentice or companion. A lucky few children were returned to their biological mother after their first few years (Rojas, 2010). Overall, the focus was on physical care and, sometimes, education. However, conditions were very deficient and the rates of infant mortality were extremely high (80%; Schonhaut, 2010). Hence, it was not a positive solution for those in hardship.

In 1853, the House of Orphans was taken over by a Religious Congregation (The Sisters of the Providence), who created a big institution with a school and workshops, and centralised the children in care. The number of children rose and several other institutions were opened in different regions of the country. The main reason for the placement in these institutions was economic difficulties and the informal system of placement (as opposed to formal adoption) continued. By 1895, there were 13 institutions in Chile for the care of children in poverty (Milanich, 2009).

#### **4.2. Legislative background**

The first legislation in Chile that defined an important role of the State in the care of vulnerable children (the *Protection of the Helpless Infancy*) was not promulgated until 1912, but it was the beginning of social policies regarding childhood. Its practical application was small, being mainly concerned with so-called ‘delinquent’ children (Biblioteca Nacional, 2014), that were taken off the street and confined in correctional houses. However, also at the beginning of the 20<sup>th</sup> Century, there were different initiatives around the world for the protection of children, especially those in vulnerable situations. In 1924, the Geneva Declaration stated the commitment to provide the best for children regardless of their ethnicity, nationality or belief.

This was the beginning of the consideration of children as the subjects of rights in Chile and, in 1928, the “Law of Minors” was promulgated, introducing the concept of children not only having the right to receive physical care and education, but also social and ‘happiness’ rights (Rojas, 2007). Finally, the State began to have a role related to social needs, at least in theory. In reality, implementation of these measures lagged behind the legislation. The latter was being influenced by world movements seeking a more integral vision of childhood, whilst the day to day practices were more focused on dealing with ongoing poverty and poor social conditions.

In 1940-50, important changes were made to children's institutions, including the abolition of the *lathe* (place for abandonment of infants). Even then, it was determined that living in an institution should be a temporary measure, and the integral development and social inclusion of vulnerable children started to be considered. By 1950-1960, several legal reforms were dictated for safeguarding the situation of 'children in an irregular situation', such as abandoned or living in extreme poverty. Notably, whilst the vision underlying this concept was protection, there was also a correctional view of children as beings that needed to be adapted to their social environment (Fundación León Bloy, 2009). Indeed, 'vulnerable children' and 'youth delinquency' were often confused terms.

In the following few decades, the situation for children mirrored the political situation, with changes undertaken in line with those wielding political power:

- 1966: the National Council of Minors was created (CONAME law 16,520) to organise services for children in 'irregular' situations; the State was given a *Guarantor* role responsible for providing the resources to solve the social needs of vulnerable children.
- 1973: coup d'état, a military junta violently assumes the power and this determines a series of changes in public policies. Regarding the childhood protectional system, in 1979 the National Council of Minors was dissolved and the National Service of Minors (SENAME law 2,465) was created (as part of the Ministry of Justice). The role of the State changed from *Guarantor* to *Subsidiary* transferring a payment for each child to different organisations.
- 1980s: a large part of Chile's economic and social role was transferred to the private sector and market regulation (Alvarez, 1994). This impacted on the functioning of children's homes with economic criteria ruling decision making.
- 1990: with the reinstatement of Democracy after 17 years of a dictatorial regime, Chile ratified the International Convention for the Rights of the Children and this was followed by an important number of programs and initiatives focused on childhood. For the first time in 7 years, the subsidy per child increased.
- 2000 onwards: new changes were made to the programs offered by SENAME, and the vision of the child as the *subject of rights* replaced that of interventions being *correctional*. The child was located in the centre of the public policies (Fundación León Bloy, 2009).
- 2004: Family Courts were created (law 19.968) to resolve all family and childhood matters.
- 2006: an Integral Program of Protection of Infancy and Childhood was established with the aim of "providing equal opportunities for the development of the children

regardless their social origin, gender, conformation of their home or any other potential factor of inequity” (Consejo Presidencial de la Infancia, 2006, p.11).

- 2014: A National Council for Childhood and Youth was created by the new government with the aim of coordinating all the Governmental initiatives to protect and support children and youth in Chile giving emphasis on considering Children as Subjects of Rights.

Thus, in the last century, social conditions and public policies in Chile have changed dramatically, moving from a focus on infant mortality rates to children’s obesity and chronic illnesses, from fighting for survival to more integral development and from abandoned/marginal children to children as the subjects of rights. However, high levels of inequity are still present and, in this context, the implementations of public policies have important challenges.

#### **4.3. The current situation for Children in out-of-home care in Chile**

In 2009, the UN General Assembly adopted the Guidelines for Alternative Care of Children that aimed to help governments ensure that child protection programs effectively protect children’s rights in a family environment (UN, 2009). These recommendations have had an impact in Chilean public policies: the situation of Children in alternative care is in transition with some recent reports that identify a mixture of new programs developing foster care and family-type children’s homes considering the importance of a stable and sensitive relationship with carers, but with a few old big institutions remaining and some poor conditions of care still existing.

For many years there was a sustained movement towards children as the subject of ‘rights’ replacing the correctional view and an emphasis on providing early support for the family. However in the last official report (SENAME, 2013b), new categories were introduced as reasons for placement; these included “Child in Moral or material danger”, “Child living in area of social exclusion” and “family in extreme poverty”, which can be interpreted as a setback, considering that in these situations children need to be separated from their families instead of providing financial and social programs of support to enable the family to overcome the situation of vulnerability. Overall, there has been a tendency in recent Chilean public policies to emphasise the reunion of the child with the biological family as soon as possible and limits have been imposed to length of placement (leading sometimes to more frequent changes in placements in order to achieve these length times targets rather than a real and effective solution). There has been an emphasis in the continuity of family relationships, which includes allowing and promoting visits of biological parents during institutional or foster placements, however the quality of these relationships and the impact



of visits for the child is not frequently assessed, creating a potential disruption in the child's wellbeing. Foster Care has been introduced as a priority for children under 3 years old. However little evaluation of these measures has been conducted and some initial data indicates significant problems have appeared in the process.

Recent general reports have raised concern for the evaluation of quality of care provided in both settings (SENAME, 2011b) and special commissions have been established for its investigation (Poder Judicial, 2013), leading to the closure of some children's homes and the creation of the National Council for Childhood and Youth in 2014.

#### **4.3.1 Rates**

According to the last published statistics (INE 2012), in Chile there are 4,469,160 children and youth overall, representing 26.86% of the total population. During 2013, due to the violation of their rights, 174,358 of these children were under some kind of protectional measure, such as non-residential, day care centre support (ambulatory care) or residential care (i.e., institutional or foster placement) (SENAME, 2013a). This represents 3.9% of the 0-17 year old population. There are different factors present in children subjects of protectional measures such as maltreatment or abuse (57.2%), school nonattendance (7.2%), drug problems (2.9%), in street situation (1.9%), sexual exploitation (1.2%) and work exploitation (0.6%); (SENAME, 2013b).

#### **4.3.2 Child Protection System**

The decision for placement of a child in alternative care is made, in all cases, by the judicial system in particular the Family Courts. As outlined above, the child protection system for children and youth in Chile is managed mainly by private institutions supervised and financed partly by the National Service of Minors (SENAME), part of the Ministry of Justice. The SENAME has a diverse remit, dealing with a) Child Protection (Children's Rights protection, Residential Centers, Diagnosis and Special Programs including Foster Families), b) Adoption and c) Youth in conflict with Justice. This multiplicity of areas to cover can sometimes result in difficulties to achieve an adequate control of the large number of institutions and programs in the different areas. The SENAME awards subsidies to institutions (private, charities, ONGs) through procurement according to the number of places available and a variable amount for every child (depending on the type of intervention and increased by factors such as age, complexity, coverage and geographic zone). The subsidization is measured in a unit (Unit of State Subsidy or USS) the value of which is adjusted each year according to the measure of inflation. One difficulty is the USS does not cover the total costs of care and the institutions must generate

the missing resources. However, in most of the cases, the institutions have few if any additional resources available (Fundación León Bloy, 2009), which is likely to impact on the quality of care.

#### 4.3.3. Number of children and type of care<sup>2</sup>

In 2013, 18,878 of the 174,358 children in protection programs lived in some kind of alternative care. This represents 42 per 10,000 of the 0-17 total population. Of those 13,238 (70.1%) lived in children's homes and 5,640 (29.9 %) in foster care. Compared to the countries in which data is available, the number of children in Alternative care in Chile is in the lower half. It is difficult to know if this reflects the impact of early preventive programs addressed to support vulnerable families, or reflects more informal family networks still existing (such as grandparents living with the family and taking care of the children) and cultural factors such as the strong family tradition (mentioned by Thoburn (2007) as an important factor in the rates of other countries such as Italy and Spain) Another possible explanation is the difference in methodologies to register data as mentioned in section 2.

Currently in Chile, there are 253 children's homes programs, most of which are managed by the private sector (mainly charities or linked to churches), supervised and partly financed by the State. They are usually divided by age (infants, pre-school, and 6 years and up) in many cases also by gender, with some focusing on a specific population (i.e., children with disabilities, pregnant adolescents, children with incarcerated parents). Children normally "graduate" from one Home and are moved to another on reaching a certain age. The concept or ethos underlying this measure is that residential placement should be a temporary measure and that children are better cared for when living with others of the same age in order to better meet developmental and educational needs. The emphasis is working with biological family in trying to get parental skills to allow children to return home with their parents. If this is not possible efforts are made to find someone in the extended family suitable of taking the child in care.

This division of age ranges and gender creates difficulties in the stability of affectional bonds with caregivers, and is also an obstacle for groups of siblings staying together. As little data is available regarding the changes of placement, and present data suggesting a high number of children with long placements, efforts should be made to address the damage of separating sibling groups.

In response to international recommendations and new regulations in Chile (SENAME 2007; UN, 2009), institutions have been changing from big orphanages to small and more

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<sup>2</sup> Numbers for statistics on present situation in Chile are based in SENAME, 2013a and b reports unless stated in references. Numbers have been converted to percentages or rates in order to make comparisons possible.

'family like' ones. Indeed, the majority (60%) now have a maximum capacity of 30 children (SENAME 2013c). The bigger institutions that still exist all have a maximum capacity of under 100 children and, even then, some of them are divided into smaller units with different houses (like the SOS villages), so they are unlike 'traditional', large institutions. However there are a few large institutions still remaining (SENAME, 2013c).

In the last few years the use of foster families has increased and the Government has included this as a formal program with legal support (law number 20,032) since 2005. This had the impact of more financial support for the development of the foster care program increasing the number of children placed with foster families and reducing the residential placements in a slow, but continuous, trend (i.e., in 2009 18.5 % of children in alternative care were living in foster families while in 2013 they reached 29.9%). Special emphasis has been on foster placements for children under 6 years old.

There has been little evaluation of the results of these placements and problems have been detected as can be seen in a recent study (Martinez, 2010) where important issues in the recruitment of foster families were mentioned. These relate to difficulties in finding families motivated to foster, the approval of foster parents based more on their motivation than on their real capability for caring, low financial support and difficulties in the supervision of foster families. Another problem mentioned in this report was the fact that in many cases the foster families are kinship and whilst this maintains social and environmental ties, could potentially perpetuate the interactional patterns that generated the vulnerability of the children. Importantly, the foster care system is not centralized. Rather, a number of programs are run, all by different institutions, and with their own model of intervention.

Similar issues were raised a year later in a report made by the National Observatory of Foster Families in December 2011. Specifically, issues included: difficulties in the diffusion of the program; a low number of carers available; problems in appropriate selection of foster parents and difficulties with kinship families due to the lack of parental competences. However, some positive experiences were also stated (i.e., the use of validated measures to assess parental competences in some cities) as well as noting that some areas of the country had a preferred option for foster care instead of residential placements (SENAME, 2011).

In one study with foster carers in Chile compared to Spain, it was found that the great majority of foster parents in Chile were the biological grandparents and they tended to foster groups of siblings. The greater percentage of the carers had a low educational level. According to foster parents' perceptions, the adaptation of the children to the placements was very good. However, in contrast to Spanish, Chilean foster parents had higher number of stressful events and the perception of social support was lower. In both samples the total level of stress had a negative correlation with the level of satisfaction with the fostering

experience but in the Chilean sample levels of parental stress were higher and had a positive correlation with the length of placement (Jimenez & Zavala, 2011).

#### 4.3.4. Age of Children in Care

As can be seen from Table 3, the number of children in residential placements seems to grow in a direct proportion with their age. Thus, the largest percentage of children (26.7%) are between 12 and 15 years old, with another quarter (25.3%) aged 16 plus including older than 18 (some living in residential placements for children with disabilities that require more prolonged care). Despite the UN Guidance, one in ten (10.8%) children living in residential care are 0 to 3 years old. However, the number of children 0 to 3 living in children's homes represents a rate of 14 per 10,000 which is similar to the mean rate for Europe (14.4 per 10,000) but considering the wide range of the European Region (0 to 60 per 10,000) it is still higher than many countries.

In the case of children placed with foster families, the relationship between age and number is different with a bigger percentage of children from 0 to 3 years old (16.39%) and also higher percentages of children aged 11+ under (65.48%). These numbers can reflect the recent emphasis of placement of children under three years old in Foster Care rather than children's homes when possible.

**Table 3 Children in residential and foster care by age (Chile)**

| Age                  | <i>Residential care</i> |            | <i>Foster care</i> |            |
|----------------------|-------------------------|------------|--------------------|------------|
|                      | N                       | %          | N                  | %          |
| Less than 1 year old | 394                     | 3.1        | 68                 | 1.36       |
| 1-3                  | 951                     | 7.7        | 748                | 15.03      |
| 4-5                  | 778                     | 6.3        | 635                | 12.76      |
| 6-7                  | 1069                    | 8.65       | 602                | 12.09      |
| 8-9                  | 1244                    | 10.07      | 621                | 12.47      |
| 10-11                | 1433                    | 11.60      | 586                | 11.77      |
| 12-13                | 1635                    | 13.24      | 590                | 11.85      |
| 14-15                | 1665                    | 13.48      | 486                | 9.76       |
| 16-17                | 1560                    | 12.63      | 463                | 9.30       |
| 18 or more           | 1567                    | 12.69      | 177                | 3.5        |
| In gestation*        | 40                      | 0.32       | -                  | -          |
| No information       | 11                      | 0.09       | -                  | -          |
| <b>TOTAL</b>         | <b>12347</b>            | <b>100</b> | <b>4976</b>        | <b>100</b> |

\*In these cases, the adolescent mother is placed in an institution by judicial order to protect her and the unborn child; if an adult, the placement is voluntary.

#### 4.3.5. Placements

*Reasons for Placement.* In 2013, the main reasons given for taking children into residential care were Parental Inability of one or both parents (16%), Neglect (14.3%) and in third place “Moral or Material Danger” (11.3%).

In Foster Care, the reasons are the same but a higher percentage is for Neglect (36.2%) followed by Parental Inability (24.1%) and “Moral or Material Danger” (9.5%)

Overall the first two reasons reflect the fact that the majority of children placed in alternative care are not orphans, but are placed outside the family for protection due to neglect. The concept of Parental Inability as a cause does not provide enough information about whether it can be improved with an adequate support to the family or whether it is a more stable condition that may place the child in a situation for long term alternative care. The third reason as noted previously, was not included in previous reports and it reflects there are still many children living in alternative care due to reasons more linked to family facing material/financial problems that should be supported in other ways rather than placing the child outside their family.

*End of Placement.* In 2013, 6,574 children ended their alternative care placements, of these 4,758 left residential care and 1,816 left foster care. Although placements can only come to an end by virtue of a Judicial Order, the official statistics stated the following main reasons:

1. Ordered by the judicial system (35.3%)
2. Achievement of the objectives in the intervention plan (24.9%)
3. Relative or other adult assumes the protector role (12%)
4. Moved to other placement (6.35%)<sup>2</sup>

Other frequent reasons for the end of placement were: escape, maximum age for that placement, and resolution of the violation of rights. There are also a proportion of children that leave the placement for adoption.

Overall, reasons for placements are not always clear in relation to the outcomes achieved and if it means an end of alternative care or just a change of placement.

*Average length of stay.* In institutional care, the majority of children that ended placement in 2013 had been in their last placement for more than one year (but less than two). There were also a high number of children placed for less than six months (19%). These numbers however could be hiding the real extent as there is no information available regarding if these children finished institutional placement or were simply moved to another institution. On the other hand there were a large number of children that had lived for 5 to 10 years in their last placement (11%), contrary to UN guidelines.

In foster care the most frequent length of the last placement was 1 to 2 (33%) years followed by 2 to 3 years (21.1%). The other relatively high frequencies were 1 to 6 months

and 6 to 12 months. No high frequencies were observed for longer placements in this group. Again, the lack of data regarding possible changes of placements instead of a real end of placement makes this data difficult to analyse.

*“It is unacceptable that institutions aimed to the protection of children actually restrict their rights, that a boy or a girl suffers violence in their family, home, school or neighbourhood... It is urgent that we make a qualitative jump, and that we actively work in efficient and transversal policies in children’s rights”. (Bachelet, 2004)*

#### **4.3.6. Summary of Chilean Situation**

In summary, currently in Chile there is a mixture of old institutions, new more “family-like” homes and Foster Care programs (including kinship care), with a special emphasis for children under three years old following international recommendations. However, little evaluation has been conducted in the different settings. In addition, some of the reasons for placement (such as “family in extreme poverty” or “material danger”) still reflect problems that could be solved in other more preventive ways, supporting the family instead of placing the child in alternative care.

Emphasis has been on stability of family bonds by encouraging family visits, however, the quality of these bonds and the impact of the visits to the children are not always assessed and considered. This together with the concept of parental inability which is not always clarified as being stable or subject to change with intervention, can sometimes lead to longer placements in which the child lives in Alternative Care and continues to have sporadic or stable contact with the biological family but does not return to it; this does not allow for a longer term plan of care. In terms of assessing outcome, data regarding the end of placement does not always reflect the outcomes for the children and can sometimes hinder changes in placement and instability. Furthermore, emphasis on short term placements can lead to changes and instability, which can have more negative effects on the child than the actual length of time in care, hindering the achievement of a stable and nurturing relationship with a stable caregiver. In this sense, time-length must be considered along with other factors and not as an aim in itself. Although a short term placement can be the best alternative for a great number of children, some others may need long term good quality placements that consider a stable carer. Decisions about end of placement must be followed up ensuring it is not just a change of placement in order to achieve institutional timelines and regulations.

Looking at a broader, policy level, despite some important Governmental programs and improvements there remains a lack of resources (human, technical and material) and

insufficient State support that can impact on the quality of care provided. Whilst the vision of children as the subjects of Rights has been incorporated on a theoretical basis, it is not always implemented in reality. Thus, although the view of children and adolescents is starting to be considered in the evaluation of the programs, much has still to be done and evaluations of the programs and quality of care are necessary in order to consider the best way to achieve the needs and rights of the children in alternative care.

## 5. Conclusions and Recommendations

A large number of children around the world live in alternative care, however data is very difficult to compare due to the lack of systematization, different methods for data collection and types of reports available. Countries also vary widely both in the number of children in care and in their public policies. These differences make no single country representative enough of all to be the basis for global public policies. In addition, international recommendations are often based on research conducted mainly in a few developed countries, with little research conducted in Latin America and less wealthy nations. Thus, de-institutionalisation policies should consider different kinds of children's homes around the world and whether they have different outcomes for children. Similarly, the development of foster care programs and other types of alternative care should be based on the local situation and characteristics in order to make them possible to implement (see Table 4 for a detailed description of recommendations in Alternative Care for Latin America and Chile).

Public policies and Child Welfare Services should specifically focus on the achievement of a stable and personal relationship with a primary caregiver, and must also reflect particular conditions of different regions of the world in order to be translated into realities that effectively protect children's rights.

**Table 4. Recommendations for Alternative Care for Latin America and Chile**

| <i>Area</i> | <i>Problem/Situation</i> | <i>Recommendations</i> | <i>Comments/details</i> |
|-------------|--------------------------|------------------------|-------------------------|
|-------------|--------------------------|------------------------|-------------------------|

|   |   |  |   |
|---|---|--|---|
| <p><b>General</b></p>                                   | <p>Huge <b>inequities</b> in the Region and the high concentration of wealth in Chile</p> <p>Weak role of the State, and market regulation of Alternative Care</p> <p>Children still not conceived as subjects of Rights in many initiatives.</p> | <p>Elaborate <b>public policies</b> aiming to solve these high levels of social inequities.</p> <p>There is a need to evaluate the impact this can have on the quality of care for LAC.</p> <p>Develop a centralized governmental body that ensures all initiatives regarding childhood matters have a Children's Rights perspective</p> | <p>The huge <b>inequities</b> in the Region and the high concentration of wealth in Chile have a negative impact on children, and this is especially true for LAC who are in a most vulnerable situation.</p> <p>Is the role of the State just to pay for services or does it have a duty in guaranteeing the respect of children's rights and providing quality of care for these children?</p> <p>In Chile the recently created National Council for Childhood and Youth could be the instance for this matter.</p> |
| <p><b>Data</b></p>                                      | <p>Lack of comparable data.</p>   | <p><b>Elaboration of systems for registering data</b> and evaluating outcomes of alternative care programs.</p>  | <p>Network with other countries of the regions in order to have similar systems for registering data, making comparison between countries possible. Consider the use of the Manual for the Measurement of Indicators for Children in Formal Care (UNICEF, 2009)</p>   |
| <p><b>Reasons for placement in Alternative Care</b></p> | <p>High number of children that are in alternative care due to reasons linked to socio-economic problems.</p>   | <p><b>Early intervention programs</b> should be developed.</p>   | <p>Socio-economic problems could be solved with an early support for families, in order to prevent the separation of children from their families.</p>  |
| <p><b>Residential Care</b></p>                          | <p>The <b>criteria</b> of separating children by gender and age have the effect of separating groups of siblings and frequent changes of placement.</p>   | <p>When establishing <b>criteria</b> of ages for different placements, the need of stability in the affectional bonds with Carers should be taken into account.</p> <p>Impact of separation from siblings should be taken into account when <b>decisions about the best alternative</b> care for each child are made.</p>                | <p>Separation from siblings and frequent changes of placements due to "graduation" at certain ages that can result in multiple changes of Carers can have a negative impact on the emotional development of children.</p>   |



|             |   |   |   |
|-------------|---|---|---|
| Foster Care | <p>In Chile, the need for alternative care to be a <b>short term measure</b>, has recently led to the elaboration of <b>regulations</b> that institutions must comply with a potential increase in number of placements.</p>                    | <p>The <b>length of placement should not be used as an isolated measure</b> by itself. In order to <b>monitor</b> this, when an end of placement is determined, the new and the reasons for that move should be clearly stated.</p> | <p>Maximum lengths of placements have the potential negative effect of generating an increase in the number of placements, with children transferred from one institution to another in order to achieve the time targets. Instead an individual plan considering stability of affectional bonds and the particular requirements should be considered.</p>                                      |
|             | <p>Some countries in Latin America, including Chile, have started to establish a <b>maximum number of children</b> per institutions, seeking to develop a more family-like type of care. <b>No evaluation of the outcomes is available.</b></p> | <p>There is a <b>need to study the impact of these measures in quality of care and outcomes for children</b></p>  | <p>Data of evaluation could be compared with other types of care (big institutions or foster care) in these same countries in order to elaborate public policies for Children in Alternative Care.</p>  |
|             | <p>Many countries in the world have faced difficulties in the implementation of foster care programs. This is an initiative starting to develop in Latin America, and specifically in Chile.</p>  | <p><b>Supervision and evaluation of the implementation of Foster Care in each country.</b></p>  | <p>Before decisions are made to close institutions, the foster care programs must be better established and evaluated to ensure they do not result in lower quality of care, are less supervised or with poorer outcomes than previous institutional care. Care must be taken to ensure it is progress and better for the child, rather than a quick reaction that is not well thought out.</p> |
|             | <p>Initial studies in Chile have shown <b>low levels of social support</b> for foster parents.</p>  | <p><b>Develop social networks for Foster Families.</b></p>  | <p>This can have an impact on the quality care and on the stability of placements.</p>  |
|             | <p><b>Difficulties in finding families</b> motivated to foster.</p>   | <p><b>Developing campaigns to motivate.</b><br/><br/><b>Generate better training and support and improve financial aids.</b></p>  | <p>Difficulties in finding families can lead to accepting foster parents with not always the best capabilities or parental competencies. Hence, before installing a Foster Care program, the conditions for its success should be provided.</p>   |

|   |  |  |  |
|---|--|--|--|
| <p><b>Emotional Development of Children in Alternative care</b></p> | <p>Preliminary data of research in Chile about attachment with caregivers suggests different characteristics and outcomes from other regions of the world.</p> <p>Alternative Care Policies in the Region have only recently started to consider the <b>importance of the relationship with a caregiver.</b></p> | <p>The relationship between children and their temporary caregivers needs to be the <b>focus of studies in this Region.</b></p> <p>Importance of affectional bonds and emotional development should be a main topic that must be included in <b>training programs for all people working with children in Alternative Care</b>, from those elaborating public policies and programs to those directly taking care.</p> | <p>A positive relationship with a stable Carer can potentially be a positive and repair factor for Children in Alternative Care . To make this possible it should be included as a <b>main topic in Alternative Care policies</b> considering training and support for Carers and a follow up.</p> <p>For training Carers a very good free online resource is the Fairstart program, with a Spanish version available (Rygaards, 2008)</p> |
|---|--|--|--|

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**Highlights**

- An overview of the situation of Children in Alternative Care around the world is presented.
- We describe the present situation in Latin America with a focus in Chile.
- Characteristics of Care Systems vary widely across the different countries.
- Public Policies in Child Welfare need to consider local characteristics.
- Specific recommendations for Latin America and Chile are presented.