A SNAPSHOT OF ALTERNATIVE CARE ARRANGEMENTS IN PARAGUAY

QUALITY CARE FOR EVERY CHILD

SOS CHILDREN'S VILLAGES INTERNATIONAL

Based on SOS Children's Village's assessment of a state's implementation of the UN Guidelines for the Alternative Care of Children.

A loving home for every child

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In 2011, SOS Children's Villages International, along with child rights experts Nigel Cantwell and Prof. June Thoburn, developed an assessment tool[i] to measure a state's implementation of the UN Guidelines for the Alternative Care of Children. This tool is meant to be used as research foundation for countries participating in the SOS Children's Villages global advocacy campaign: Care for ME! *Quality Care for Every Child.*

The assessment tool is a long and complex diagnostic instrument. Undoubtedly, many states will not have sufficient data available to answer all the questions contained in the assessment and no single state will have implemented all the provisions for family support and alternative care as laid out in the UN Guidelines for the Alternative Care of Children. Nevertheless, SOS Children's Villages national associations were ask to complete as much of the tool as possible, given the available data in their country. The three main steps for completing the assessment are:

1. Desk research of existing secondary and meta data, from state, non-state and international sources;
2. Interviews with key service providers, service users and management; and
3. Compilation of the final report, including this summary.

A full version of the original data can be made available upon request. Requests can take up to 90 days to complete the request. Please contact Emmanuel.sherwin@sos-kd.org for further assistance and questions.

The target groups of this study are: can be defined as:
Children in alternative care: Those children and young people who, for any number of reasons, live outside their biological family and are place in formal or informal care arrangements such as residential care, SOS families, foster care or kinship care.
Children at risk of losing parental care: children whose families are in difficult circumstances and are at risk of breaking down. They may be experiencing any number of challenges including, but not exclusively: material poverty, substance abuse, poor parenting skills, disability and behavioural issues.
A full version of the original data can be made available upon request. Please contact Emmanuel.Sherwin@sos-kd.org for further assistance and questions.

Next Steps

SOS Children's Villages calls on all states, civil society partners, inter-governmental agencies, human rights institutions and individuals, to use the data contained in this report to defend the rights of children and families. To work together or individually to bring about a lasting change in a child's right to quality care. If possible, in each of the countries where the assessment was carried out, SOS Children's Villages, in cooperation with key partners, will initiate an advocacy campaign on one or more of the recommendations contained within the report. Please contact the SOS Children's Villages national office if you wish to know more, support or become involved in the campaign.

Disclaimer:

While all reasonable efforts have been made to ensure the accuracy and legitimacy of the data in this report, SOS Children's Villages cannot be held liable for any inaccuracies, genuine or perceived, of the information retrieved and presented in this document. The purpose of this report is to offer an insight into the state's attitude and recourse to alternative care and any human rights violations therein. SOS Children's Villages will not assume responsibility for the consequences of the use of any information contained in the report, nor for any infringement of third party intellectual property rights which may result from its use. In no event shall SOS Children's Villages be liable for any direct, indirect, special or incidental damage resulting from, arising out of or in connection with the use of the information.

Executive summary

Paraguay has sufficiently comprehensive legislation and policy on children and adolescents' rights. The 1992 Constitution, the *Code of Childhood and Adolescence* and the *Adoption Law*[ii] all aim to ensure the rights of children in alternative care. In addition, mechanisms such as the *Family-based Care Programme for Children and Adolescents "Protection and Support"*,[iii] and the *Regulations for the Authorisation and Operation of Shelter Homes for Children and Adolescents under the Special Protection System*,[iv] directly regulate key aspects of the alternative care system. Further policies include the *National Policy on Childhood and Adolescence* (POLNA), the *National Action Plan*, the *National Plan for Preventing and Eradicating Sexual Exploitation of Children and Adolescents*, and the *National Plan for Promoting Life and Health Quality for Adolescents 2010–2015*.

Measures are in place to prevent family separation and are managed through two programmes: "*Tekoporã*", under the Secretariat of Social Action and "*Abrazo*", through the National Secretariat of Childhood and Adolescence. There is also a *National Policy on Special Protection* that is currently in the process of approval, which aims to address the challenges of the care system based on a model of deinstitutionalisation of children and adolescents.

Despite the number of laws, regulations and policies, there is still a long way to go to ensure their effective implementation. The National Secretariat for Childhood and Adolescence (SNNA), the Alternative Care Unit (UCUIDA) and the Adoption Centre, are responsible for implementing the *National Policy on Special Protection* and the de-institutionalisation process. In order to do this, there has been an increase in resources allocated to each of the offices. The money allocated to the SSNA will financially support alternative care in private institutions – 57 of the 61 alternative care institutions are private. In 2012, the Adoption Centre received a 500% increase in its budget from 2011, which may assist in reintegrating children with their families or in formal adoption processes.

There remain challenges for the alternative care system, however. According to the study interviews, past budgets have been insufficient to promote adequate operations of the institutions, and the additional funds allocated to the SNNA are likely to have only minimal impact. There is a considerable lack of personnel, and their training is deficient, leading to a large number of volunteers working in the sector and performing tasks that should be undertaken by professionals.

The latest official data (2010) reveals shortcomings in the system. Although there are 61 alternative care institutions for children, including institutional, residential and family-based care, only 13 (21%) are authorised by the Municipal Council for Children and Adolescents' Rights (CODENI), meaning that many go unregulated. Furthermore, the system exceeds its capacity by 503 children, as there are 2,006 children in a system designed for only 1,503.[v] Finally, of greatest concern in light of the deinstitutionalisation process, while only 16% of children are admitted into the care system on a permanent basis, a considerable number of children in short-term placements remain in institutional care for several years, undermining transitional policy arrangements and the principle of deinstitutionalisation.

In the future, the de-institutionalisation strategy will demand further measures, including the approval of PONAPROE. This needs to be accompanied by the strengthening of the UCUIDA and the Adoption Centre, which in addition to increased budget allocations means working more closely with alternative care institutions, including those in the private sector, to ensure that they operate effectively and foster conditions for children to stay in institutional care only as a transitional measure, rather than as a long-term solution.

Overall, the standards of care, the national policy framework and the over reliance of volunteers to do the work of professionals, fall short of the state's obligations under the *UN Convention on the Rights of the Child* and the *UN Guidelines for the Alternative Care of Children*.

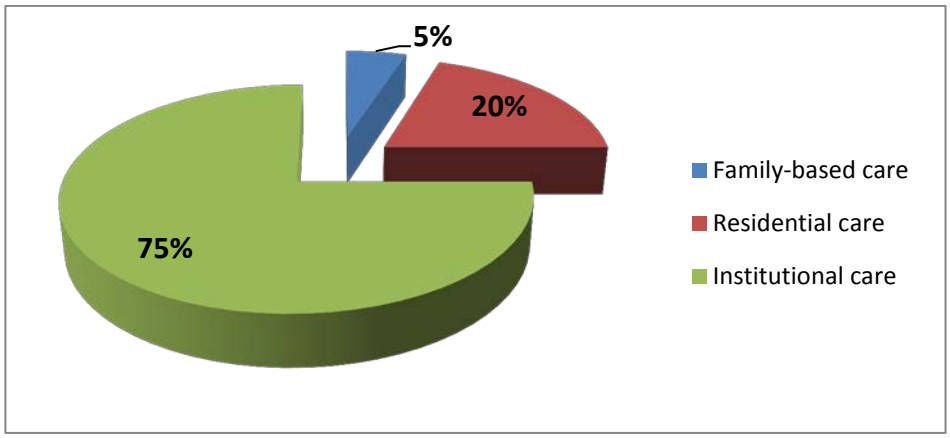
Results

Number of children in other alternative care placements	Capacity	Actual
Total	1,503	2,006
Source: SNNA/ UCUIDA - 2010.		

Comment: There are no disaggregated data available for these children.

In December 2010, the UCUIDA reported that there were 61 alternative care centres, housing 2,006 children between 0–18 years old. However, considering the number of facilities and levels of staffing, capacity should not exceed 1,503, suggesting that the system was overpopulated in excess of 503 children.

Alternative care placements in the country

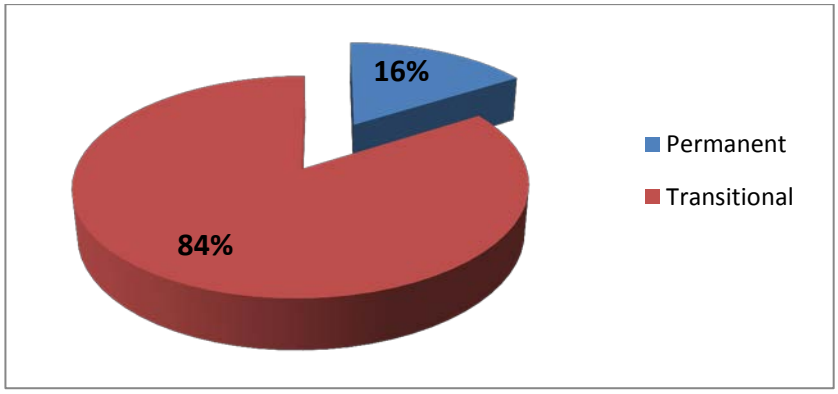


Source: Memoria del Centro de Adopciones 2010.

Of the 61 institutions, 57 are administered by religious associations, foundations or private entities, two are administered by the Ministry of Justice and Work (*Ára Pyahu y Quinta Mitãi*) and the final two are administered by city councils; one is located in Ciudad del Este,"*Abrigo del Este*", and the other in Asunción, "*El Abrigo*".[vi]

The Municipal Council for Children and Adolescents' Rights (CODENI) has authorised 13 alternative care institutions nationwide. This means that 48 care institutions are left unregulated. There are three possible alternative care placements: family-based care, residential care and institutional care.[vii] The coverage of each placement is distributed as follows: 75% institutional care, 20% residential care and 5% family-based care. Of the alternative care institutions, 64% admit children of both sexes; 25% admit only girls and 11% admit only boys.

The placement status of children, adolescents and young people in alternative care institutions



Source: Memoria del Centro de Adopciones 2010.

Children in alternative care institutions can be classified as either 'transitional' (short-term) or 'permanent' (long-term). In 2010, 84% of children and adolescents had a 'transitional' status, but remained in care institutions, without assistance to reintegrate with their families or find permanent residential or family-based care, for several years.[viii]

Most, institutions have teams in charge of family reintegration, for which maintaining family bonds is a guiding principle. Where this is not possible, alternative family environments should be sought through the adoption process. In 55% of cases. these teams were created by the institutions as an initiative of managers and their teams, while the remaining 45% of institutions work with teams of field co-workers through the "Jajotopa Jevy" project, that seeks to support institutions with the task of maintaining children's links with their families.

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Recommendations

1. Civil society should promote public policies assuring an active role of the state in implementing the *UN Guidelines for the Alternative Care of Children*, including the creation of a single national body to mange the implementation.

2. Promote public policies towards providing services to strengthen the families of children, adolescents and young people at risk of losing parental care.

3. The state and civil society should engage regional expertise in the promotion of family-based care, such as kinship care and foster care and small-scale residential care models, with the intention of deinstitutionalising alternative care.

4. The state should make further efforts to ensure that family bonds are maintained and enriched, in all forms of alternative care, especially in transitional care where the intention is for children to return to their families.

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Glossary

Foster family: The child or adolescent deprived from his/ her family by court order lives with a foster family temporarily or permanently through placement process. The foster family or person taking care of the child or adolescent is responsible for providing food, care and protection to him/ her as part of a family environment.
To appoint the foster family, the judge should consider the kinship and relationship with the child or adolescent and should verify if the family is suited for caring for him or her as well as following up with the care provided to guarantee that the rights stated is this Code are realised. Once the foster family is appointed, it could not be changed without the respective judge's authorisation. In cases of children under six years old, adoption should be the primary option. (Code for Childhood and Adolescence, art. 103/105.) It should be noted that the child or adolescent may not be adopted by the foster family except in cases duly founded by the Adoption Centre.

Foster care: Children and adolescents deprived of parental care by a court order and children and adolescents who voluntarily choose to live with foster families due to a direct intervention related to a rights violation. (Regulations on the authorisation and operation of foster care homes for children and adolescents in the special protection system; N° 25/06").

[i] The original version of the tool can be found here: http://www.sos-childrensvillages.org/What-we-do/Child-Care/Quality-in-Care/Advocating-Quality-Care/Pages/Quality-care-assessment.aspx
[ii] Translator's note: The names of the laws, decrees, regulations, policies and bodies mentioned in this document have been translated for the reader's comprehension purposes. They are not the official names in English since no official translation was found.
[iii] Established by Executive Authority Decree N° 5196/2010.
[iv] Approved by Resolution N° 25/2006 of the National Secretariat of Childhood and Adolescence.
[v] While official data was obtained from this source, it should be noted that there is data from private institutions stating that the number of children and adolescents in alternative care is higher. This is an example of the data inconsistency, but at the same time, indicates that alternative care institutions are over their capacity.
[vi] Memoria CA/SNNA 2010.
[vii] Even though residential care is implemented by institutions it is different from institutional care due to its family-based model.
[viii] Memoria CA/SNNA 2010.