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Alternative Child Care and Deinstitutionalisation

A case study of Chile

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Executive Summary

Introduction

The European Commission Directorate-General for International Cooperation and Development (DG DEVCO) commissioned SOS Children's Villages International to undertake case studies of arrangements for 'alternative child care' in six non-European countries across three continents to help inform the EU's future strategy for provision of support for children in countries outside Europe. This report is a case study of one of the six countries, Chile. A companion report provides a summary of alternative child care across Central and South America. 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).

Methodology

The methodology employed for this study included a literature review undertaken through a key word search in the database Web of Science and other web-based search. Literature was also supplied by contacts in Chile. One international consultant conducted interviews with key informants and one national staff member of SOS Children's Villages conducted interviews with children and young people.

The socio-economic context

In 2015, the population of Chile was reported to be 17,948,141.¹ Approximately 13% of the population live in rural areas², with the vast majority of the remaining citizens located in areas in and around the capital of Santiago.³ In 2013, approximately 29% of the population were under the age of 18 years (4,532,000) and 7% were under the age of 5 years (1,244,000)⁴. In 2014, average life expectancy was 81.5 years and in 2015, under-five mortality rate was estimated at 8.1 per 1,000 live births.⁵

In 2009, only 41% of families were headed by two parents.⁶ In the same year, the proportion of children born outside marriage was 58.4%.⁷

Chile is classified by the World Bank as being in the high income group.⁸ Over the last two decades, Chile is noted for having made progress in reducing its poverty rate, which

¹ Source: <http://databank.worldbank.org/data/reports.aspx?source=2&country=CHL>

² *ibid.*

³ Source: <https://www.cia.gov/library/publications/the-world-factbook/geos/ci.html?>

⁴ Source: data extracted from UNICEF (2015) *State of the World's Children*

⁵ Source: <http://databank.worldbank.org/data/reports.aspx?source=2&country=CHL>

⁶ UNICEF (2011) *UNICEF Chile Country Programme Report 2012-2016*. UNICEF Chile

⁷ *ibid.*

is now lower than most other Latin American countries. However, data collated by the United Nations Development Programme (UNDP) in 2009, shows poverty affected 15.1% of the population with children being the most affected (24.5% of children under the age of 3 years, and 21.5% of children aged between 4 and 17 years).⁹

Why are children placed in formal alternative care?

Children are placed in alternative care as a measure of protection. Overwhelmingly it is claimed that poverty is no longer the driving factor, although still an underlying concern. Children are removed from parental care through a judicial order when there are concerns of abuse and neglect. Informants spoke of a 'violation of rights', which they explained as being the terminology used for abuse and neglect.

What types of alternative care are available?

The most common form of care is informal care within extended families. This is mostly undocumented and unregulated. Lack of research means it is not possible to identify the benefits and challenges this form of care offers children in Chile.

The most utilised form of formal alternative care is residential care. In 2015, a total of 11,429 children were recorded as having been in residential care. Approximately 98% of residential facilities are managed by non-governmental bodies, with some of the largest and longest established organisations being affiliated to the Catholic Church. Residential facilities vary in size from those accommodating 10 children to several housing over 150.

There are legal provisions for foster care in Chile, and it is a form of care that is becoming more culturally acceptable. Approximately one third of children in formal alternative care are living in foster placements. Between January and December 2012 a total of 5,121 children (26%) were in foster care compared to 14,677 (74%) in residential facilities.¹⁰ The majority of foster care placements are within the extended family of the child. Investment is required to strengthen fostering services in Chile.

Adoption is the responsibility of the National Service for Minors (Servicio Nacional de Menores) (SENAME), and four accredited non-state organisations. In 2015, a total of 1,388 children received adoption status conferred by a judge and 510 children were matched with foster parents. The adoption process was described by informants for this study as long, bureaucratic and complex.

⁸ Source: <http://databank.worldbank.org/data/reports.aspx?source=2&country=CHL>

⁹ UNICEF (2011) UNICEF Chile Country Programme Report 2012-2016

¹⁰ UNICEF (2013) UNICEF Chile 2013 Annual Country Report

What are the structures and processes governing alternative care?

As identified by an informant interviewed during the field research, 'Chile lacks a comprehensive rights protection law, as a law of this type not only recognises basic rights of child protection but should also establish effective mechanisms to exercise, protect and promote systemically'. To address this gap in legislation, the Government of Chile has developed a new 'Child Law', which is currently awaiting the approval of Congress.

The National Council for Children (the Council) was created in 2014 as a Presidential advisory body to bring together the work of various government agencies and direct their actions towards the realisation of children's rights. The Council is currently working on government reforms to the national child protection system.

The Ministry for Justice and Human Rights is responsible for delivery of child protection and child care services. This is delivered through SENAME. SENAME also holds responsibility for the regulation and monitoring of residential care and other care services. Although it has oversight of state funded child care services and some regulatory duties, it is assessed as weak, under-resourced and staffed by professionals lacking the skills and knowledge with which to fulfil their roles and responsibilities. The Government has recognised the weaknesses of SENAME and are currently finalising plans that would see the replacement of SENAME with a new government body responsible for the protection of children. The Government of Chile has set a target of 2018 to complete reforms, although it is anticipated this target will not be realised.

Family courts also play a significant and important role as primary gatekeepers. All formal care decisions should go through these courts. This includes the issuing of orders mandating services of family support for the prevention of separation, placement in alternative care, and the return of children in alternative care placements to their families.

Non-governmental organisations play a significant role in the delivery of alternative child care in Chile, many of which are affiliated to the Catholic church. There is a government mandated accreditation process that NGOs must abide by. This process also allows them to bid for government funding with which to deliver children's residential and outreach services.

A primary weakness in terms of mandatory technical standards and mechanisms for child protection is the lack of standardised tools and methodology for all aspects of the continuum of case management and care provision. In particular, there is a concern that the lack of standardised, comprehensive assessments means judgements are being made about alternative care placements on the subjective opinions of each individual decision maker.

How is the workforce trained and supported

There are passionate, knowledgeable and experienced people in the country, many of whom work in non-state organisations. However, throughout this research, the need to increase the knowledge and skills of those working in child protection and alternative care was raised consistently by informants.

In addition to this identified need for capacity building, professionals, especially within the Government sector, face a number of challenges. These include poor remuneration, low morale, high workloads and a lack of financial and other resources with which to deliver services.

One consequence of the poor availability of case management tools and mechanisms, coupled with generally poor technical capacity and differing personal attitudes within state and non-state agency workers, means decision-making for children and families remains a highly subjective matter.

There are social work programmes at undergraduate and graduate levels, and academic research is being undertaken in university departments. However, informants were united in calling for much more investment in the skills of all those working with children and an inter-sectoral approach to child protection.

What is working and what is not working?

A significant change in the child protection system over the past 25 years has been the refocussing of use of alternative care away from the driving factor of poverty to one that is a measure of protection. In addition, there are passionate and dedicated people working with children in Chile bringing innovation and energy to improving care provision and moving forward reforms.

There are, however, a number of weaknesses in the national child protection and child care system. These include major concerns regarding capacity, skills, knowledge and abilities of some of the workforce, and most especially those working within government agencies. Challenges also relate to lack of investment in all aspects of service development and delivery, as well as fragmentation and gaps in legislation and policy. There are specific issues regarding the lack of effective and systematic case management tools, including those of referral, assessment, care planning, monitoring and review. In addition, the poor participation of children and families in decision making processes remains a concern to many.

The most common form of care is informal within the extended family although little is known about children in these situations. Non-state organisations provide almost all of the residential child care in Chile, and although there are some innovative practices within agencies determined to improve the quality of care, standards of provision within residential facilities remain highly variable. Due to the lack of sufficient availability of

family-based alternatives, placement in residential facilities remains the most utilised form of alternative care provision in Chile.

It is the responsibility of the Government of Chile to ensure effective accreditation, regulation and inspection processes. Although systematic inspections are being undertaken, the lack of monitoring with regards to the quality of care afforded to individual children is noted to be a weakness in the Government assessment and inspection process.

It is positive how the Government of Chile and child protection professionals in non-state organisations continue to identify weaknesses within the child protection system and are taking some steps to address this situation. Investment is being made to implement law and policy that gives precedence to prevention of family separation, provision of family-based alternative care and reintegration. The capacity of the Government child protection agency, SENAME has been identified as a specific weakness. The decision to replace SENAME with a new agency holding the mandate for child protection has been welcomed by many, although it is concerning there are still no specific plans for the realisation of this objective.

The Government recognition that major reforms are required is seen as extremely positive by many child care professionals and overall there is much optimism that child protection and child care provision in Chile will continue to improve.

Recommendations

- 1 The Government of Chile, in partnership with non-state providers should re-orientate funding away from residential facilities whilst increasing investment in high quality family-based alternative care, prevention of family separation and reintegration services.
- 2 Increasing efforts should be made by all professionals in Chile to consult and involve children, parents and caregivers in decisions affecting them, and ensure decision making in the best interests of the child.
- 3 The Government of Chile should work closely with a range of non-state organisations, children and families, to develop a costed and time bound strategic plan for reform of the national child protection system and deinstitutionalisation.
- 4 Collaborative efforts by government, non-government, associations and schools of social work should continue to strengthen and scale up training, supervision for and, accreditation of, social workers and all other professionals, including the judiciary, involved in child protection and alternative care.
- 5 The Government of Chile should improve and standardise and the use of inter-sectoral case management tools and mechanisms that safeguard gatekeeping processes, including those of referral, assessment and care planning, monitoring and review.
- 6 All efforts should be made to improve a multi-sector approach toward development and delivery of the child protection system in Chile. This includes additional support for efforts by the National Council for Minors at a ministerial level and further investment in multi-sectoral coordination at municipal levels, essential for effective local solutions to local concerns.
- 7 The Government of Chile should increase the rigour and range of data collected to inform evidence based policy and planning, including the triangulation and analysis of qualitative, quantitative and longitudinal data by which indicators for change can be developed and outcomes for children measured. This should include efforts to ensure actions of regulation and inspection include qualitative aspects of child care.

Introduction

Many millions of children around the world live in residential institutions where they lack individual care and a suitable environment in which to fulfil their full potential. Increased awareness of the considerable risks these children face in terms of negative social, cognitive and physical development has prompted ongoing international debate and guidance on deinstitutionalisation and development of policy and practice that gradually eliminates the use of such harmful alternative care practices.

Investing for children's 'best interests' is a priority for the EU and protecting and promoting child rights is at the heart of EU external action. The EU considers that deinstitutionalisation of children through prevention of family separation and encouragement of suitable family-type alternative care solutions is a case of social investment for the best interests of the child. It has therefore invested in deinstitutionalisation in specific geographical areas.

On the basis of its commitment to the comprehensive promotion and protection of the rights of the child, the European Commission intends to increase its knowledge of progress in deinstitutionalisation and alternative child care reforms in countries across the world, and on how current challenges might be addressed. For these reasons, the European Commission's Directorate-General for International Cooperation and Development (DG DEVCO) commissioned SOS Children's Villages International to undertake case studies of arrangements for 'alternative child care' in six non-European countries in three continents, to help inform the EU's future strategy for provision of support for children in countries outside Europe.

The countries selected for study were: Chile and Ecuador in South America; Nepal and Indonesia in Asia; Nigeria and Uganda in Africa. SOS Children's Villages International engaged the services of researchers from CELCIS, based at the University of Strathclyde, Glasgow to assist in compiling the case studies.

This report, a case study of Chile, was compiled by a combination of a desk exercise - which involved reviewing documents sourced by both a literature search and received from contacts in Chile - and conducting interviews with key informants during a field visit which took place in July 2016. The report should be read alongside a separate report of a desk study of deinstitutionalisation in South and Central America and the synthesis report, *Towards the Right Care for Children: Orientations for reforming alternative care systems. Africa, Asia, Latin America* (European Union, Brussels, 2017).

Aim and scope

In order to understand what can be actively undertaken to promote and implement policy and practice for deinstitutionalisation, 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. It is also important to know about the elements of the

child protection system that function to prevent unnecessary placements into care, or provision of suitable alternative care placements other than institutionalisation if needed. To this end, this study has considered a body of literature that documents these factors.

The aim of the research undertaken in Chile was to gain deep understanding of the following:

- What are the socio-economic and cultural contexts in which child care reforms are taking place?
- Why children are placed in alternative care?
- What types of alternative care are available?
- What are the structures and processes governing alternative care, including the legal and policy framework, funding, government and non-governmental structures, and services for child protection/child care delivery?
- How is the workforce (e.g. social workers and caregivers) organised, trained and supported?
- What is working and what is not working in terms of child care reforms? What are the main challenges and opportunities?

Glossary of terms

Alternative care: This includes formal and informal care of children without parental care.¹¹ 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 years.¹²

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.¹³

Formal care: All care provided in a family environment which 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 as a result of administrative or judicial measures.¹⁴

¹¹ UN General Assembly. *Guidelines for the Alternative Care of Children* (2010): resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142.

¹² based on Article 1 of the UN Convention on the Rights of the Child (CRC) (UN, 1989).

¹³ UN General Assembly. *Guidelines for the Alternative Care of Children* (2010): resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142. .Article III, 29a.

¹⁴ *ibid.* Article III 29b.ii.

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.¹⁵

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, 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.¹⁶

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.'¹⁷ Kinship care is 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.'¹⁸ 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.¹⁹ 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.²⁰

Small group homes: Where children are cared for in smaller groups, with usually 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.²¹

Terminology

In Chile, the term 'rights violations' is used in reference to children who have been abused or neglected. Informants referred to residential facilities providing alternative

¹⁵ *ibid.* Article III, 29c.ii.

¹⁶ *ibid.* Article 29b.i.

¹⁷ *ibid.* Article III, 29c.i.

¹⁸ UN General Assembly (2010) *Guidelines for the Alternative Care of Children*. Article 29b.i.

¹⁹ *ibid.* Article 29b.i.

²⁰ *ibid.* Article III, 29c.iv.

²¹ NGO Working Group on Children Without Parental Care Geneva (2013) *Identifying Basic Characteristics of Formal Alternative Care Settings For Children: A Discussion Paper*.

care for children as 'residences'. The term foster care is used in Chile not just in relation to children formally placed with a non-biological family but can also be used to denote placement in extended family care and in residential facilities. With regards informal care, the term 'extended family care' is the phrase most used by professionals in Chile, rather than kinship or informal care.

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 this embraced care in which a child was placed within kinship care, within another family, 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 terminology²² used for different forms of care are:

- 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 reached²³)
- 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)²⁴

Furthermore, other documentation²⁵ of child care in Chile refers to 'programas de acogida familiares' (family welcome programmes) which include:

- familias de acogida simple (individual house families)

²² Aldeas Infantiles SOS Internacional (undated) *El Derecho del Niño y la Niña a un Cuidado de Calidad : Informe ee Situación Sobre la Implementación de las Directrices Sobre las Modalidades Alternativas de Cuidado de los Niños en Chile*. Aldeas Infantiles SOS Internacional, Oficina Internacional Región América Latina y el Caribe.

²³ *ibid.*

²⁴ Aldeas Infantiles SOS Internacional (undated) *El Derecho del Niño y la Niña a un Cuidado de Calidad : Informe ee Situación Sobre la Implementación de las Directrices Sobre las Modalidades Alternativas de Cuidado de los Niños en Chile*. Aldeas Infantiles SOS Internacional, Oficina Internacional Región América Latina y el Caribe.

²⁵ SOS Children's Villages Chile and the Centre for Monitoring of the Catholic University of Chile (2013) *A Snapshot of Alternative Care Arrangements in Chile*. SOS Children's Villages International. Innsbruck: Austria. Page 115.

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

As there is still no internationally agreed definition for children's residential 'institutions', the researcher has chosen to use the term 'residential facilities' in this study to denote the wide range of provision including those that are small and large, offering different standards of personal care and differing living conditions.

A further challenge in compiling this report has been the use of the word 'orphan' and understanding the extent to which this refers in literature to children who have lost both parents as a result of death. In different studies the term might also include a combination of those who have lost either one or both parents, or children living away from their family.

Methodology

The methodology employed in this study has been guided by recognition of a systems approach to child protection.²⁶ 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.²⁷

Desk exercise

A literature search was carried out using the search engine Web of Science. Searches were also made using websites including those of the Government of Chile, UNICEF, Better Care Network, Save the Children and others as well as use of the Google search engine. In addition, source documents were provided by key informants during the field visit. The literature was reviewed by assessing the relevance of articles to the seven key questions listed in the aim and scope section above.

Field visit

The main fieldwork took place between 28th June and 6th July 2016 with a total of seven days being allocated to visits to residential facilities and the offices of key informants. The arrangements for visits and interviews were made by the staff of SOS Children's Villages, Chile. The interviews were predominantly carried out in Santiago with travel to two sites in Valparaiso. Clearly these visits could only provide a snapshot of the lives of children in alternative care in a country as large and diverse as Chile. However, key informants provided detailed and rich insight into the child care context and current issues.

The following interviews were conducted:

- 47 key informants
- 11 children and young people
- 2 young people who have left care
- 4 adults in an SOS Children's Villages reunification programme

Table 1, below, provides details of the individual and group interviews conducted.

²⁶ 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.

²⁷ 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.

Table 1: Details of interview conducted with key informants

Interviewee(s)	Location	Date
Briefing with 2 staff members of SOS Children's Villages Chile	National office of SOS Children's Villages Chile	June 28th 2016
Director of SOS Children's Village Valparaiso & 3 staff members of SOS Children's Village Valparaiso	SOS Children's Village Valparaiso	June 28th 2016
8 representatives of national non-governmental agencies providing residential care: Hogar de Cristo, Protectora de la Infancia, Fundación San Jose, Fundación Chilena para la Adopcion, Fundación Mi Casa, Fundación Pleyades, Aldeas Infantiles.	National Office of SOS Children's Villages Quito	June 29th 2016
Director of SOS Children's Village Santiago & 5 staff members of SOS Children's Village, Santiago	SOS Children's Village, Santiago	June 29th 2016
Attendance at international seminar on alternative child care: 'Evidence and experiences for restitution of the right to live in a family'	Pontificia Universidad Catolica de Chile	June 30th 2016
UNICEF staff member	Public location	June 30th 2016
2 Family Court Judges & 2 members of Family Court Technical Team	Family Court Room, Santiago	July 1st 2016
Manager of SENAME foster care programme for infants & 6 members of SENAME foster care programme for infants	Office of SENAME foster care programme (FIE) for infants, Santiago	July 4th 2016
Director of Programmes	Office of ADRA Foster Care Programme	July 4th 2016
4 individuals representing 3 families in SOS Children's Village reunification programme	SOS Children's Village, Santiago	July 4th 2016
Director of the National Council for Children 4 staff members of the National Council for Children	Office of the Government of Chile, National Council for Children	July 5th 2016
Director of Government Residential Facility	Government Residential Facility, Valparaiso	July 5th 2016
Director of Mi Casa Foster Care Programme 5 staff members of Mi Casa Foster Care Programme	Office of Mi Casa	July 6th 2016
Director	Fundacion Pleyades	July 6th 2016

Interviews with key informants

Interviews were conducted using a standard 'research interview guide' which was prepared for all six country case studies comprising the overall report to be delivered to

the European Commission. The guide was varied appropriately to suit the responsibilities and knowledge of particular informants. Interviews took between 30 and 60 minutes and most were at the upper end of that range.

Access to informants was negotiated in advance by the national SOS Children's Village Office in Chile. The contact was by a letter of introduction along with an information handout, 'Alternative Child Care in Chile: Information for Interviewees'. This information was emailed or hand-delivered, as appropriate for the location. Interview arrangements were typically confirmed by telephone. The research instruments are provided at Appendix 1: Research instruments used with key informants.

Informants were invited to review the information sheet immediately prior to the interview and request clarification if required. Consent forms were explained to, and completed by, informants. Informants could elect to be interviewed 'on the record', i.e. indicating they were happy to be quoted in the report, or 'off the record'. Permission was also requested to record the interview. Most informants elected to be 'on the record' and to be recorded. Where informants declined to be recorded, hand-written notes were taken.

The majority of the interviews and focus group discussions were conducted jointly by the international researcher supported by a member of SOS staff. A translator was also present.

A standard 'wish list' was prepared for the key informant interviews in all countries, as below.

- A representative of the European Commission office;
- Representatives of relevant government departments – particularly Ministry/Department of social services/child protection or equivalent;
- Representatives of national NGOs/charities working on child care/organisations running institutions;
- Representatives of international agencies, e.g. UNICEF, Save the Children;
- Representatives of regional agencies if present in the country;
- Social workers or equivalent;
- Other child care workers, e.g. staff and/or managers in institutions/foster care services;
- Foster/kinship carers and parents.

The researcher was able to conduct interviews with the range of informants required apart from a representative of the European Commission Office, which was unfortunately due to an administrative error within the SOS Children's Villages office.

Interviews with children and young people

Work to gather the views of children and young people was conducted through group activities and individual interviews, as laid out in Table 2. The work with the children and young people was undertaken by a national consultant specifically engaged to conduct the work with children and young people. A standard set of questions was used, varied according to age and time available. Although the questions were asked through group discussion, each session also included a confidential activity in which children/young people were invited to write on coloured 'post-it' sheets things they were happy about and things that made them worried and place them in either a 'happy bag' or a 'worry bag'. Children were also asked if they would like to write a letter to another child who might be in the same situation as themselves in future and what advice would they offer.

The interviews with children detailed in Table 1 and Table 2 were arranged in a similar way to those with the key informants. An information sheet for children and young people was prepared. A member of staff from the Child SOS Children's Villages provided information to the representatives of organisations responsible for the care of the children and young people to be interviewed, the goal of working with children and young people and a request this information be shared with possible participants. Each organisation selected children and young people who were to be part of focus groups and interviews. Previous to the focus group or interview with children and young people, the national consultant explained the objectives of the work, and requested permission to continue. Children were also provided written consent sheets to sign. The research instruments used with children are provided in Appendix 2: Research instruments used with children.

Table 2: Details of interviews and group work conducted with children

Interviewee(s)	Location	Date
6 girls residing in SOS Children's Village Valparaiso	SOS Children's Village Valparaiso	June 28th 2016
2 young people who left care	SOS Children's Village Valparaiso	June 28th 2016
3 children in foster care programme	Office of ADRA Foster Care Programme	July 29th 2016

Analysis

Verbatim transcripts were made from each interview and group discussions with key informants. Nvivo 10 was used to code and identify emerging themes, thus enabling more systematic analysis.

Limitations

Due to time and budget restrictions field work was only undertaken in Santiago and Valparaiso. These visits only provided a snapshot of the lives of children in alternative care and the efforts towards child care reform that are underway. However, significant efforts were made to meet with the most relevant stakeholders during the field work, and each informant provided detailed and rich insights into the child care context and current issues.

What are the socio-economic and cultural contexts in which child care reforms are taking place?

Geography

Chile is a country situated in South America, bordering the South Pacific Ocean, Argentina, Peru and Bolivia. Chile covers an area of 756,096 km².²⁸

Figure 1: Chile²⁹



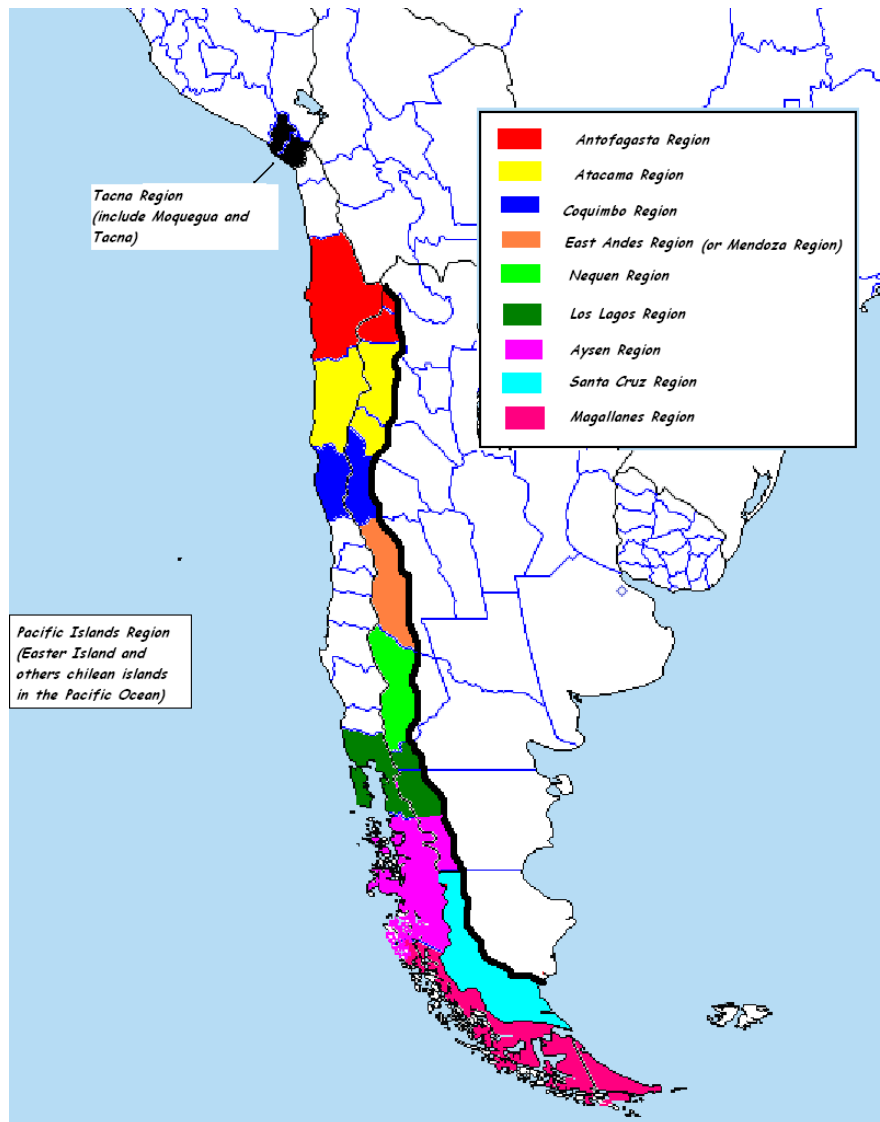
²⁸ Source: <http://databank.worldbank.org/data/reports.aspx?source=2&country=CHL>

²⁹ Source: <http://uk.pinterest.com/pin/60165344992676947/>

Chile: Zones and States

Chile is comprised of 15 regions: Aysen, Antofagasta, Araucania, Arica y Parinacota, Atacama, Biobio, Coquimbo, Libertador General Bernardo O'Higgins, Los Lagos, Los Rios, Magallanes y de la Antartica Chilena, Maule, Region Metropolitana (Santiago), Tarapaca, Valparaiso.

Figure 2: States of Chile³⁰



Population

In 2015, the population of Chile was reported to be 17,948,141.³¹ Approximately 13% of the population live in rural areas³² with the vast majority of the remaining citizens

³⁰ Source: <http://www.lahistoriaconmapas.com/atlas/map-provincas/Chile-provincas-map.htm>

³¹ Source: <http://databank.worldbank.org/data/reports.aspx?source=2&country=CHL>

³² *ibid.*

located in areas in and around the capital of Santiago.³³ The far north and the extreme south of the country are relatively underpopulated.³⁴

The population is almost equally divided between female and male (50.50% female and 49.49% male).³⁵ In 2013, approximately 29% of the population were under the age of 18 years (4,532,000) and 7% were under the age of 5 years (1,244,000)³⁶. In 2014, average life expectancy was 81.5 years, and in 2015 the under-five mortality rate was estimated at 8.1 per 1,000 live births.³⁷

In 2009, only 41% of families were headed by two parents.³⁸ In the same year, the proportion of children born outside marriage was 58.4%.³⁹ Current estimates show the composition of the population to be 88.9% white and non-indigenous, 9.1% Mapuche, 0.7% Aymara 0.7%, and 1% other indigenous groups.⁴⁰

Chile is described as a country that has a fertility rate below replacement level, low mortality rates, and life expectancy on par with developed countries.⁴¹ The estimated population growth rate for 2016 is 0.8%.⁴²

Economic context

Chile is classified by the World Bank as being in the high income group.⁴³ Over the last two decades, Chile is noted for having made progress in reducing its poverty rate, which is now lower than most Latin American countries. However, its severe income inequality ranks as the worst among members of the Organization for Economic Cooperation and Development (OECD).⁴⁴

In 2015, unemployment was estimated to be 6.4%.⁴⁵ In data collated by UNDP in 2009, it was noted that poverty affected 15.1% of the population, with children being the most

³³ Source: <https://www.cia.gov/library/publications/the-world-factbook/geos/ci.html?>

³⁴ *ibid.*

³⁵ UNICEF (2011) *UNICEF Chile Country Programme Report 2012-2016*. UNICEF Chile.

³⁶ Source: data extracted from UNICEF (2015) *State of the World's Children: Reimagine the Future*.

³⁷ Source: <http://databank.worldbank.org/data/reports.aspx?source=2&country=CHL>

³⁸ UNICEF (2011) *UNICEF Chile Country Programme Report 2012-2016*. UNICEF Chile.

³⁹ *ibid.*

⁴⁰ Source: <https://www.cia.gov/library/publications/the-world-factbook/geos/ci.html?>

⁴¹ *ibid.*

⁴² *ibid.*

⁴³ Source: <http://databank.worldbank.org/data/reports.aspx?source=2&country=CHL>

⁴⁴ Source: <https://www.cia.gov/library/publications/the-world-factbook/geos/ci.html?>

⁴⁵ *ibid.*

affected (24.5% of children under the age of 3 years, and 21.5% of children aged between 4 and 17 years).⁴⁶

Between 2003 and 2013, real growth averaged almost 5% per year.⁴⁷ In 2015, GDP (Purchasing Power Parity) was estimated at \$422.4 billion and GDP per capita at \$23,500. Services provides the majority of income (61.6%) followed by industry (35%) and agriculture (13.2%).⁴⁸

Political context

Prior to the arrival of the Spanish in the 16th century, the Inca ruled northern Chile while the Mapuche inhabited central and southern Chile. Although Chile declared its independence from Spain on 18th September 1810, a decisive victory over the Spanish was not achieved until 1818. In the War of the Pacific (1879-1883), Chile defeated Peru and Bolivia and won its present northern regions. After a series of elected governments, the three-year-old Marxist government of Salvador Allende was overthrown in 1973 by a military coup led by General Augusto Pinochet. Pinochet ruled until a freely elected president was inaugurated in 1990.⁴⁹

Since 1990 Chile has been a Presidential Republic. Congress consists of a Senate and a Chamber of Deputies. The President is directly elected and the Cabinet is appointed by the President. Since March 2014, the President and Head of Government has been President Michelle Bachelet Jeria of the Chilean Socialist Party. This is her second time in office, her previous post being 2006 to 2010 when she was the first female to hold the position. Perhaps relevant to the pivotal role she has played in championing reforms to the child protection system, is her previous experience as the Under-Secretary-General and Executive Director of UN Women. She has also worked for the Pan-American Health Organization, the World Health Organization, and Chile's National AIDS Commission.⁵⁰ Her presidency will end in 2017.

Religion

Religious beliefs and practices are reportedly very important to many people in Chile. Catholicism predominates across the country with 63% of the population being of catholic belief and 14% being Protestant or Evangelical.⁵¹ Religious bodies are relevant to the growth of alternative child care in Chile due to their ongoing contribution to social

⁴⁶ UNICEF (2011) *UNICEF Chile Country Programme Report 2012-2016*. UNICEF Chile.

⁴⁷ Source <https://www.cia.gov/library/publications/the-world-factbook/geos/ci.html?>

⁴⁸ *ibid.*

⁴⁹ Source <https://www.cia.gov/library/publications/the-world-factbook/geos/ci.html?>

⁵⁰ Source: <http://www.unfoundation.org/features/cwwl-bios/current-cwwl-members/Michelle-Bachelet.html>

⁵¹ Source: <http://www.worldatlas.com/articles/largest-religions-in-chile.html>

welfare programmes. Many of the original residential child care facilities that continue to be providers of formal alternative care were developed by church bodies.

Education

In 2014, it was estimated that 91.3% of children of relevant age completed primary school with gender parity in enrolment in primary and secondary school that same year.⁵² In 2014, education expenditure was estimated to be 4.6% of GDP and in 2015 literacy rates were calculated to be 97.5%.⁵³

The education system in Chile comprises three types of schools: municipal, private subsidised and private non-subsidised. Municipalities administer municipal schools through the Department of Municipal Education, whilst private providers manage both private subsidised schools and private non-subsidised schools.⁵⁴ Since 2002, the highest proportion of government education financing was on primary education, followed by expenditure on secondary education.⁵⁵

Health

In 2014, health expenditure was estimated to be 8.2% of GDP⁵⁶, with an average increase in health spending at a rate of around 6% per year in real terms since 2010⁵⁷. In 2009 the World Health Organisation identified a quarter of adults as being obese. Smoking and alcohol consumption were also recognised as other factors impacting on health. Other concerns include cardiovascular disease, acute respiratory infections and cancer.⁵⁸ In 2015, it was estimated that 32,300 people were living with HIV/AIDs, of which 400 died in that year.⁵⁹

What are the reasons children enter formal alternative in Chile?

Being at risk of, or subject to, abuse and neglect is the predominant reason children are entering formal alternative care in Chile. These are referred to specifically as 'rights violations' in Chile. It has not been possible to source data relating solely to entries into formal alternative care but in 2015, as a result of protection related referrals, there was a total of 116,652 cases referred to residential and non-residential services as ordered by

⁵² Source: <http://databank.worldbank.org/data/reports.aspx?source=2&country=CHL>

⁵³ Source: <https://www.cia.gov/library/publications/the-world-factbook/geos/ci.html?>

⁵⁴ Source: http://ec.europa.eu/eurostat/statistics-explained/index.php/Chile-EU_-_statistics_on_education

⁵⁵ *ibid.*

⁵⁶ Source: <https://www.cia.gov/library/publications/the-world-factbook/geos/ci.html?>

⁵⁷ Source: <http://www.oecd.org/els/health-systems/Briefing-Note-CHILE-2014.pdf>

⁵⁸ Source: <http://www.who.int/gho/countries/chl.pdf?ua=1>

⁵⁹ Source: <https://www.cia.gov/library/publications/the-world-factbook/geos/ci.html?>

family court judges. Of these, 1,971 were children with disabilities. As illustrated in Table 3, this is an increase from 94,675 cases in 2006. It should be noted, however, that it is not stipulated whether this data includes children who entered the system more than once during the year.⁶⁰

Table 3: Number of children’s cases referred by Family Court for protection support services⁶¹

Year	Number of cases
2006	94,675
2007	96,423
2008	102,999
2009	88,476
2010	91,513
2011	96,431
2012	97,494
2013	104,032
2014	111,440
2015	116,652

During the field work for this study, when informants were asked about the reasons children came into their care programmes, responses included cases related to ‘physical and psychological mistreatment, ‘sexual abuse’, ‘exposure to violence’ including ‘violence within the home’, parental negligence’, ‘abandonment, drug addiction by parents, and high social vulnerability’. Children are also referred to alternative care due to ‘mental illness of parents or alcoholism or drug addiction or maybe because they are sent to prison’. It is of note that informants for this research only attributed abuse to members of the family and not to other adults in the community, perhaps corresponding to reports that the subject of abuse remains a taboo subject especially outside a household.

Informants spoke of abuse of children being set within a context of high levels of **crime and violence** within the community and the domestic environment. Cebello et al. noted, how ‘family violence is a widely prevalent and serious problem in Chile’.⁶² They also provide details of a study in which 80% of women reported physical, emotional or sexual abuse by a male partner or relative in their homes. A 2013 UNICEF study⁶³ reported that

⁶⁰ Government of Chile (2016) Anuario Estadístico Sename 2015. Ministry of Justice and Human Rights, SENAME. Santiago: Chile

⁶¹ ibid

⁶² Ceballo, R., Ramirez, C., Castillo, M., Caballero, G.A. & Lozoff, B. (2004) Domestic Violence and Women’s Mental Health in Chile. *Psychology of Women Quarterly*, 28 pp.298–308 (p.299)

⁶³ UNICEF (2013) *UNICEF Chile 2013 Annual Country Report*.

violence against children and adolescents is a common phenomenon in Chile, both within the family and in the institutions that should be responsible for their protection. The study demonstrated how 51.5% of the surveyed students attending 8th Grade reported having been victims of physical violence in the family.

Many informants also linked violence against children to the **drug and alcohol addictions of adult carers**. An informant from the judiciary spoke of research undertaken by the Family Courts which found 80% of the cases they had received were as a result of a carer's drug and alcohol abuse. Much of the child **abandonment** is also attributed to parental drug and alcohol use, as well as changes in the family situation i.e. separation and/or re-marriage. Young and single teenage mothers also relinquish their babies due to lack of partner/family support or difficulties faced as a result of pregnancy out of wedlock.

Neglect is a further reason children are being placed in alternative care. When informants were questioned about the degree of neglect that might result in children being placed in care, one respondent thought it was the inability 'to provide basic needs such as food, shelter and probably clothing, health, mental health, physical health...negligence would be defined as 'not doing' or 'stop doing'. However, another said that neglect 'is a concept that is not so clear'. Informants also pointed out that the thresholds used to make such a decision depended on the individual decision maker: 'it depends on the criteria of the judge. Sometimes children are seen as being in the system because of not going to school or some others are objects of serious issues and have not been looked after, for example children of drug dealers'.

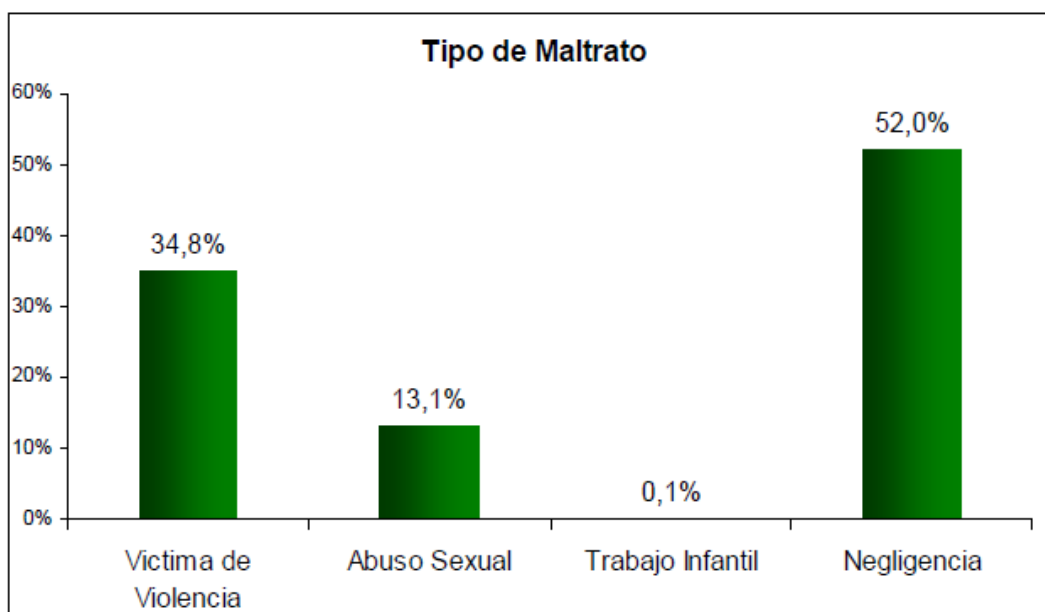
Although most key informants stated cases of physical or sexual abuse as the reason children come into their care, data drawn from studies actually suggests neglect is the predominant recorded reason. A 2010⁶⁴ report found reasons for protection concerns included parental negligence (29%), abandonment (18%), abuse (22%), drug use (17%) (although no clarification if this is the child or the carer), child labour (1.4%), and mothers unable to take responsibility (8.8%). However, the same report goes on to show that abuse also related to 89% of children's cases, although only 32% of case files contained specific information to that effect (3,042 of 9,508 cases). As illustrated in Figure 6, analysis of the cases of 5,544 children in residential facilities in 2010 found reported reasons for their placement to include neglect (52% / 2882 cases), violence (35% / 1,931 cases), sexual assault (13% / 724 cases) and child labour (0.1%).⁶⁵

Figure 3: Reasons for children's placement in residential facilities in 2010⁶⁶

⁶⁴ Martinez, V. (2010) *Resumen ejecutivo: Caracterización del perfil de niños, niñas y adolescentes, atendidos por los centros residenciales de SENAME*. Government of Chile & UNICEF.

⁶⁵ *ibid.*

⁶⁶ *ibid.*



Several informants spoke of trans-generational and inter-familial patterns of abuse. One informant explained how 'there are trans-generational problems, so there are parents who cannot be parents. They have been sons of parents that didn't protect them in a good manner and didn't shelter them'. Another described the 'trans-generational patterns that mean brothers, parents or grandparents are unable to be in charge of children'. Others noted how lack of attachment between parents and children was also a trans-generational concern, particularly when family members 'never really had the experience of having, or being connected, to such a bond. There are parents whose rights have also been violated'.

Unlike some other countries, **children with disabilities** do not form the majority of children in care. In 2009, 7% of children in residential facilities had a disability.⁶⁷ Of these children, 60% were described as having an 'intellectual disability', 14% a physical disability and 14% a 'mind' disability. In total, 7% had multiple physical and mental disabilities. It was considered that in 27% of cases the disability was moderate or severe.⁶⁸ Informants also spoke of children being placed in care due to having parents with disabilities and the poor access to specialist support services that might have prevented these families from becoming separated.

Although not a significant factor, **child labour** has been identified as one reason children are placed in alternative care. It was estimated that in 2013, the number of children aged between 5 and 14 years old in child labour (classified as 'work that deprives

⁶⁷ UNICEF & Government of Chile, SENAME (2010) *Resumen ejecutivo: Caracterización del perfil de niños, niñas y adolescentes, atendidos por los centros residenciales de SENAME.*

⁶⁸ *ibid.*

children of their childhood, their potential, and their dignity, and that is harmful to physical and mental development') was 82,882 (3% of that age group).⁶⁹

In many countries **poverty** is recognised as a significant factor contributing to the use of alternative care. Informants acknowledged that before the restitution of democracy in Chile in 1990, children in residential homes were predominantly there 'for reasons of poverty...and often children in those organisations, institutions, were the evidence of the lack of social policies more than the protection of the child'. Poverty was correlated with bad parenting and in this manner a significant factor in children being removed from their family. Policy relating to alternative care in Chile is now moving toward addressing this issue by placing emphasis on a system that primarily admits children to care for protection reasons. One informant stressed how 'it is not because they are poor but because their rights have been violated'.

It is also recognised that abuse of children in Chile is something that permeates all socio-economic strata of society, and it is possible to find negative attitudes and behaviours in families 'with a good or higher income'. However, where poverty does play a significant role is the manner in which informants believe children from poorer families are more likely to come to the attention of the national authorities. For example, informants spoke of how the police are more likely to enter poorer households. As one informant noted, 'violence is cross sectional but in the case of poverty, this is taken to the court and parents lose the possibility to keep children. In the case of non-poverty we don't know what happens'. This situation is further compounded by difficulties for some families in accessing services that might help prevent separation. For example, 'there are some basic structural problems such as access to housing, access to education, so they do not enter into the system due to poverty... it is because a mother lives in a small room and of course there is no possibility for her to get a house'.

In 2015, Muñoz-Guzmán et al.⁷⁰ found 69% of children in residential facilities in Chile were from poorer backgrounds. They also illustrated the correlation between parent's education and children in care: 65% of parents had only completed primary education, 10% had no formal education and only 20% had completed secondary education. A 2004 report on violence in the home also found correlations between 'low socioeconomic status, a generational presence of domestic violence in the family of origin, high stress levels, [and] social isolation'.⁷¹

⁶⁹ *ibid.*

⁷⁰ 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.

⁷¹ Ceballo, R., Ramirez, C., Castillo, M., Caballero, G.A. & Lozoff, B. (2004) Domestic Violence and Women's Mental Health in Chile. *Psychology of Women Quarterly*, Vol. 28 pp.298–308.

What are the documented outcomes for children that have been in alternative care in Chile?

No reports have been found during this research project that provide documented outcomes for children in either formal or informal alternative care in Chile. Practitioners interviewed for this report acknowledged the emotional impact that abuse, separation from family and placement in care can have on children. They also acknowledged that many of the children they worked with, depending on the severity of each case, needed psycho-social and other support services, with the aim of mitigating harmful affects. Some informants also spoke of the particularly complex support needs of those children who had spent many years in a residential facility either when leaving care at the age of 18 years, or if moved into another form of alternative care.

Children in alternative care in Chile

How is informal care used in Chile?

The researchers noted that the terms 'informal care' or 'kinship care' were not distinctly used by key informants or in the literature reviewed for this study. In most reports, when translated from Spanish to English, the term 'extended family' was most commonly used.

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'.⁷² 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'.⁷³ It may be formal or informal in nature; it is considered formal when it has been ordered by a competent administrative body or judicial authority.

In the absence of any recent official data published on children without parental care, information in this study draws on interviews with key informants and a small number of research reports. This information indicates how a significant number of children live in informally arranged extended family care in Chile.

⁷² UN General Assembly. *Guidelines for the Alternative Care of Children* (2010) resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142.

⁷³ *ibid.*

When informants were asked if they thought informal care should be regulated by the State there was a mixed response. Some informants saw the positive aspects of informal care as including the fact that:

'Children are not taken out of their environment so they keep their friendships, their school their neighbours...they are not taken away, as happens when they are placed in a residence, where the child is basically kind of punished, when the child is taken away and the family remain in the same place. They are not the ones moved from there.'

Others recognised that some children may not be with the most appropriate carers, even though they are members of extended family, and that 'the bad thing about the informal situation is that there are some unstable situations both for the child and the family. There is no process for supporting that unless the family requires it...they cannot apply for benefits'. Reports also raise concerns regarding such care 'exposing some children to greater risk exploitation or abuse'.⁷⁴

In addition, informants also noted how formalising informal care would pose a massive challenge to the care system, as well as possibly deterring family members who do not want to become involved with the authorities from taking children into their homes.

⁷⁴ Aldeas Infantiles SOS Internacional (2013) *Panorama de las Modalidades de Acogimiento Alternativo en Chile*. SOS Children's Villages International, Innsbruck: Austria. Pages 6 -7.

What types of formal alternative care are available in Chile?

Residential facilities and foster care are the two types of formal alternative care currently used in Chile. In 2009, of the total number of children in formal care, 78% were in residential facilities and 22% in foster care.⁷⁵

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.⁷⁶

According to Law 20.032 (Reglamento. Párrafo 2º Article.28), residential facilities in Chile are defined as being:

For the care of children and adolescents in a stable manner, with the purpose of providing shelter, food, recreation, early stimulation, emotional and psychological support, ensuring access to education, health and the other services necessary for their welfare and development.⁷⁷

Residential facilities are provided by the Government of Chile and by non-state providers. Non-state providers must be accredited by the Government, a status that also allows them to bid for government funding. During the field research for this study, no one identified the presence of non-accredited residential facilities. The Ministry of Justice and Human Rights' website publishes a list of accredited residential facilities each year. As of

⁷⁵ Martinez, V. (2010) *Resumen ejecutivo: Caracterización del perfil de niños, niñas y adolescentes, atendidos por los centros residenciales de SENAME*. Government of Chile & UNICEF.

⁷⁶ UN General Assembly. *Guidelines for the Alternative Care of Children* (2010) resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142.

⁷⁷ Martinez, V. (2010) *Resumen ejecutivo: Caracterización del perfil de niños, niñas y adolescentes, atendidos por los centros residenciales de SENAME*. Government of Chile & UNICEF.

2016, there were 272 non-state and 10 Government facilities with a total provision of 10,216 places.⁷⁸

As illustrated in Table 4, in 2015 a total of 11,492 children entered residential care (the data source does not stipulate whether this figure includes multiple entries of the same children in any given year). This data indicates a gradual decline in the number of children in residential facilities from 20,049 in 2006 to 11,492 in 2015.

Table 4: Total number of children entering residential facilities in Chile⁷⁹

Year	Number of children *
2006	20,049
2007	18,577
2008	18,218
2009	17,853
2010	17,321
2011	16,877
2012	15,639
2013	13,984
2014	12,785
2015	11,492

*Note: these figures may include multiple entries of the same child in any given year

The Government of Chile has a complex system of residential care provision, as depicted in Table 5, which illustrates there are 15 different categorisations of residential facilities being managed by Government and non-state providers.

Table 5: Number of children entering residential facilities by type in 2015⁸⁰

Residential Facilities	number of children
1. Temporary residential diagnostic Centers for infants (0 to 2 years old) (CLA*)	135
2. Temporary residential diagnostic Centers for infants (2 to 6 years old) (CPE)	254
3. Residential facilities for children with disabilities (6 to 17 years old) (RAD)	141
4. Residential facilities for protection of children with moderate mental disabilities (under 18 years old) (RDD)	216

⁷⁸ Source: <http://www.sename.cl/web/>

⁷⁹ Government of Chile (2016) *Anuario Estadístico Sename 2015*. Ministry of Justice and Human Rights, SENAME. Santiago:Chile

⁸⁰ Government of Chile (2013) *Anuario Estadístico Institucional : Servicio Nacional de Menores Año 2013*. SENAME, Ministry of Justice.

5. Residential facilities for children with severe and profound intellectual, sensory or physical disability (under 18 years old) (RDG)	955
6. Residential facilities for children removed from family care for protection as per court order (6 – 17 years old) (REM)	3,372
7. Specialised residential facilities for children removed from family care for high risk protection as per court order (6 – 17 years old) (REN)	108
8. Specialised residential facilities for children removed from family care due to endangerment as per court order (0-5 years old) (RLP)	571
9. Residential facilities for high risk protection concerns of mothers under 18 years old at and their babies as per court order (RMA)	144
10. Residential facilities for protection of mothers under 18 years old and their babies as per court order (RPA)	307
11. Residence Facilities for serious protection level of concern of infants (0 to 2 years old) abandoned or neglected as determined by family court (RPL)	119
12. Residence Facilities for medium level of protection (6 to 17 years old) as determined by family court (RPM)	3,763
13. Residence Facilities for serious protection concerns (0-6 years old) as determined by family court (RPP)	921
14. Residential Facilities of children whose mothers are imprisoned	23
15. Specialized Residential facilities for children under 18 years separated due to serious long term violations as determined by family court (RSP)	463
Total	11,492

In addition, figures are published separately for the Government managed Residential Centres for Direct Attention (CREAD). In 2015, a reported 2,753 children aged 0 – 17 years of age had been recipients of this service.⁸¹ These facilities are for children described by the Government as exhibiting risky behavior, including use of drugs, serious emotional conditions, those found on the streets, rescued from child labour, and in conflict with the law. Access into one of these Centres was granted to the international researcher. The Centre we visited houses several groups of children, each segregated and locked into different parts of a large residential complex. This includes, for instance, adolescents in conflict with the law who also have protection needs, children with different degrees of disabilities, female adolescents who have suffered severe abuse and migrant children. The visit only lasted a few hours, however, the impression given, and confirmed by a member of staff, is that children sent to this Centre are those with complex concerns that other residential facilities will not, or cannot, support. The physical conditions were harsh, although the staff seemed to have a warm attitude towards some of the children.

⁸¹ Ministry of Justice and Human Rights (2016) Bases Técnicas Oficinas de Protección de Derechos del Niño, Niña y Adolescente 2015.

Members of a focus group discussion conducted during the research, comprising 8 representatives of non-state providers of residential care, provided examples of different forms of facilities available in Chile. These ranged from small agencies with one residential facility housing a maximum of 10 young children to organisations with 3, 7 and 8 facilities housing 80, 300 and 150 children respectively. There are also 13 SOS Children's Villages in Chile.

Within the group of informants, the longest established organisations, and those also providing the larger and greater number of residential facilities, were those supported by the Catholic Church. For example, 3 of the organisations have been providing residential services for 120 years, 75 years and 33 years respectively. A representative from one Catholic organisation spoke of their concern about new and complex expectations in relation to the way residential care is to be provided, and especially the growing trend in the use of smaller units. This is, the informant noted, a 'pressure from the ones who are controlling us'. However, representatives of other organisations welcomed wholeheartedly the changes, and the focus on smaller and more family-type care provision, outreach family support work and reintegration. All the non-state residential facility providers in the group said they also place children for adoption.

Age and gender profile of children in residential facilities

Although it is a focus of the Government policy to prevent babies and infants under the age of 3 years from receiving care in residential facilities, nevertheless, they continue to be placed there. In 2009, as a percentage of all children in residential care, 63% of children were aged 0 to 6 years old.⁸² The remaining 37% were in foster families. In 2009, a total of 59% of children in residential facilities were female and 41% male.⁸³ This corresponds closely to previous data collected in 1997, which indicated 58% of children in residential facilities were female and 42% male.⁸⁴

Time spent in residential facilities

The research of Martinez published in 2010⁸⁵ draws on data from 10 residential facilities. The researchers found that 45% of the children in these facilities had been there for more than 2 years and 33% more than 3 years. In 2009, the average length of stay was 2.7 years.

When speaking about length of time children spend in care, one informant spoke of a 'residential culture' and how 'often professionals forget that this is a temporary measure'. As an example, one informant spoke of how, when they asked some residential workers what they have done about reintegration of children who had been in their care for several years, they answered 'nothing'. Another informant spoke of how residential staff,

⁸² Martinez, V. (2010) *Resumen ejecutivo: Caracterización del perfil de niños, niñas y adolescentes, atendidos por los centros residenciales de SENAME*. Government of Chile & UNICEF. Santiago: Chile.

⁸³ *ibid.*

⁸⁴ *ibid.*

⁸⁵ *ibid.*

'hang on to children'. Informants also linked excessive periods in care to lengthy court procedures, complexity of family reintegration processes and the extended periods of time it takes to complete adoption.

Entry into and exit from residential facilities

Placement of a child in a residential facility requires a court order from a family court judge. Matinez,⁸⁶ comparing data from 10 residential facilities, found in 1997 that grounds for admission of children were strongly associated with poverty, whilst in 2009 cases were more closely related to protection risks. In 2009, 88% of children had entered residential care as a result of a family court decision, 7% had their case pending and for 5% there was no indication of their status.⁸⁷

Regarding children leaving residential facilities, although available information was noted as being incomplete⁸⁸, approximately 43% of children left due to 'fulfilment of objectives' for the child and families having resolved initial problems. Approximately 70% of children were reunited with their families, 19% went to another residential facility and 5% went into foster care. The study does not account for the additional 6%.

Quality of care in residential facilities

It has been difficult to find many detailed evaluations assessing the quality of care in residential facilities in Chile. In 2015, Muñoz-Guzmán et al.⁸⁹ made reference to a 2013 evaluation conducted by the Government of Chile with the support of UNICEF in which findings revealed serious violations within residential facilities. Information gathered during the field work for this study suggests the quality of care varies across Chile depending on the provider, although most informants agreed that conditions in residential facilities directly managed by the Government were amongst those with the poorest standards. During the period of research for this study, the deaths of two children in two different residential facilities were under investigation by public authorities.

Informants spoke of some of the problems that exist in residential facilities, including, to varying degrees, poor infrastructure, numbers of children in excess of registered capacity, and the lack of professionalism of residential workers.⁹⁰ One informant spoke of how, in their opinion, many residential workers have only a 'technical view of the work and they don't really see the sensitive' issues concerning children. She also stated that

⁸⁶ *ibid.*

⁸⁷ *ibid.*

⁸⁸ *ibid.* Page.10

⁸⁹ 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.

⁹⁰ *ibid.*

many children are not receiving individual attention or the range of support and specialised services they need as a result of their previous exposure to abuse and other harsh treatment.

The 2010 research conducted by Martinez⁹¹ in 10 residential facilities, housing between 18 and 73 children, noted how some residential facilities, especially the larger ones, failed to improve their services sufficiently both in terms of the physical environment and the quality of individual care being offered. This was attributed to the lack of professional skills and knowledge of residential workers, low morale, difficult working conditions, long hours and poor remuneration. Reporting on physical conditions, Martinez's study⁹² found buildings designed to facilitate communal living still provided large shared bedrooms and bathrooms etc., leaving children devoid of any privacy or individual space. Despite government policies and regulations calling for care to be centred on affection and emotional support, in some facilities children's daily regimes and activities were regimented by rules, routines and penalties such as those for 'bad' behaviour.⁹³ The international researcher for this study noted how the physical and social environment of residential facilities were more suited to personal and individualised care in the smaller group homes that were visited.

Regulation and inspection of residential facilities

There are specific Government regulations and operating procedures relating to delivery of residential care. It is the role of the government agency, SENAME, to carry out inspection of accredited non-state providers. Many of these regulations are published on the website⁹⁴ of the Ministry of Justice and Human Rights. It is also the responsibility of Family Court Judges to visit and review conditions in residential facilities within their geographical jurisdiction every six months.⁹⁵ A number of inspection reports produced by judges and the Technical Teams attached to Family Courts are also available on the aforementioned Ministry of Justice and Human Rights website.

Regular inspections of residential facilities managed by non-state providers in receipt of State funding is undertaken by SENAME according to published criteria. Inspections cover assessment of the physical environment, financial accounts, aspects of children's care including education, health and provision of food and monitoring of individual care plans. Some informants are dissatisfied with inspections as they predominantly cover administrative factors. They would like to see increased attention to inspecting the

⁹¹ *ibid* Page.58

⁹² *ibid* Page.77

⁹³ *ibid* Page.58

⁹⁴ Source: <http://www.sename.cl/wsename/estructuras.php?name=Content&pa=showpage&pid=29>

⁹⁵ Government of Chile (2014) *Anuario Estadístico Institucional : Servicio Nacional de Menores Año 2010*. SENAME, Ministry of Justice

quality of personal attention and care given to children, including their psychosocial well-being. In addition, they thought more emphasis should be placed on checking if regulations have been applied regarding entry of children and the length of time they are spending in care. One informant believes, however, that although inspections are regularly undertaken, findings are not systematically acted upon and as a result 'many children are still in residences when they don't really need to be there'.

Informants are also concerned that standards governing provision of residential services cannot actually be met with the amount of funding they receive through government grants. This is engendering some resentment toward inspections and SENAME demands. In this respect, SENAME is viewed as a regulator although some informants spoke of how they would prefer the relationship to be more of a supportive partnership.

Funding of residential facilities

During the field work, the international researcher was informed of just one accredited residential facility not in receipt of government funds: a small residential home for 10 young children. All other non-state agencies are hold service agreements awarded by SENAME to provide residential care. The basic allowance per capita is 153,000 pesos per month (approximately \$230) although informants spoke of receiving up to 600,000 per month. This amount is expected to cover all costs relating to staffing, physical infrastructure, food, clothing and social activities. Additional allowances are available for complex cases, as for example children who have a drug addiction or require psychological support. All non-state providers interviewed for this study said the amount they receive from the Government is unrealistic, leaving them with the burden of having to find additional funds. As an example, one informant said their organisation had to find an additional 40% to meet real costs. Informants said the additional funds they raise come from sources within the country. In their 2015 report Muñoz-Guzmán et al. have also noted how professionals:

[...] claim that funding from the State is insufficient both to maintain the appropriate running of a residential service...to provide decent care that at least covers the basic needs of the children in their care; far less could one think they will be given high quality professional and technical care and that the support programs to which they have access may also be of high quality.⁹⁶

The one provider interviewed for this study that is not receiving state funds spoke about the freedom they felt this allowed in terms of innovation. They are concerned that per capita payments from SENAME stifles the motivation of some other residential providers, and especially the principle of returning children whenever and as quickly as possible, to

⁹⁶ 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. Page 230.

their families or into other forms of family-based care. The informant said there is a misconception their model is more expensive than others, when they believe their costs are actually no more than some of the larger residential facilities in the country are spending. It costs an average of 600,000 pesos per child per month to care for children in the small group home. For this amount the Director believes they are able to offer a more individualised and higher quality of care than some other providers. When asked why other providers did not copy their model, the intensity and complexity of individual care they offer to their children and families was considered one possible deterrent.

Deinstitutionalisation

Over the past 25 years there has been an estimated reduction of almost 50% of the children who are placed in residential facilities each year.⁹⁷ Informants attribute this achievement to the refocussing of policy and laws to place an emphasis on prevention of family separation, development of foster care and promotion of adoption services. However, although such programmes have contributed to this achievement, government and non-government organisations acknowledge that further improvements are badly needed if the use of residential facilities is to be *'the last one, the exceptional one'*. A particular focus of national deinstitutionalisation aspirations led by the National Council for Childhood under the Ministry of Justice is the aim that no child aged 0-3 years old will be in a residential facility by 2018.

Government officials interviewed for this study acknowledge the need for greater investment in the capacity of government and non-state providers, so as to further reduce reliance on residential facilities and increase the quantity and quality of family-based alternative care and family support services designed to prevent family separation. They also spoke of further reforms needed in respect of residential models of care and how the Government is looking to international experiences for examples. However, Government employees also noted the *'need to advance and create a consensus with organisations'*, as well as overcoming the complacency and resistance of some residential care providers, related to their belief that children are better off in their care rather than in family-based alternatives.

Non-state providers spoke of their awareness of government plans to lessen reliance on residential facilities whilst increasing quality of care provision in general. Of the informants interviewed for this study, the majority were positive about these changes with just one or two of the larger, more established providers expressing some concerns about having to change practices.

Children's experience of living in residential care

Interviews with children and young people were conducted as group activities. A number of standard activities were used according to age and time available. Included in each

⁹⁷ Figure provided by Government Official during interview

session was a confidential activity in which children/young people were invited to write on coloured 'post-it' sheets things they were happy about and things which made them worried, and place them in either a 'happy bag' or a 'worry bag'. Information provided by 8 children living in an SOS Children's Village is set out below in Figure 4 Experiences of children living in residential care. Children were also asked if they would like to write a letter to another child who might be in the same situation as themselves in future and what advice would they offer. An example of a letter written by a child in a residential facility can be found in Figure 5.

What makes me happy

Children wrote of the importance of family. When the children each drew a flower and placed the people most important to them in the petals, predominantly they placed fathers, brothers, sisters, their house 'aunt' in residential care.

Children wrote of support and solidarity from their friends in the residence: 'When I arrived here I made friends and had good moments with my friends.' One child referred to the children in their house as 'sisters'.

Indicative of some messages indicating how many of the children were happy to be living in their residence is the comment placed in a 'happy bag' telling how one child 'enjoyed being with the family, laughing and singing and having a good time with my family.' Children also wrote about the importance, and of having a good time with, their house 'aunts'.

What makes me worried

Children wrote about their anxiety being separated from their family and how that upset them. In addition they carried many concerns with them about family members they had left behind: 'I worried in case on day something happens to my grandmother' and, 'I worried that my mother and father will get sick or something will happen to them.'

When asked about their journey into care a number of children specifically mentioned SENAME and how they were frightened of SENAME and the role the agency had played in removing them from their families; 'I was worried that my brother and I would be taken away by SENAME' and, 'I was afraid that SENAME would take me and my mother told me to be quiet so that they would not do

anything'. One child wrote of how once in care, 'SENAME visitors took away my peace.'

Some reflected on living in care with comments related to lack of privacy, fights and the difficulty when they first arrived being 'left with a family I didn't know.' One older child actually referred to the living in a 'jail' with a 'warden'. A couple of children are particularly worried about what will happen if the Children's Village closes.

Letters

Children were asked if they would be willing to write letters to other children who might be coming into care and what advice they would offer. Extracts from these letters include:

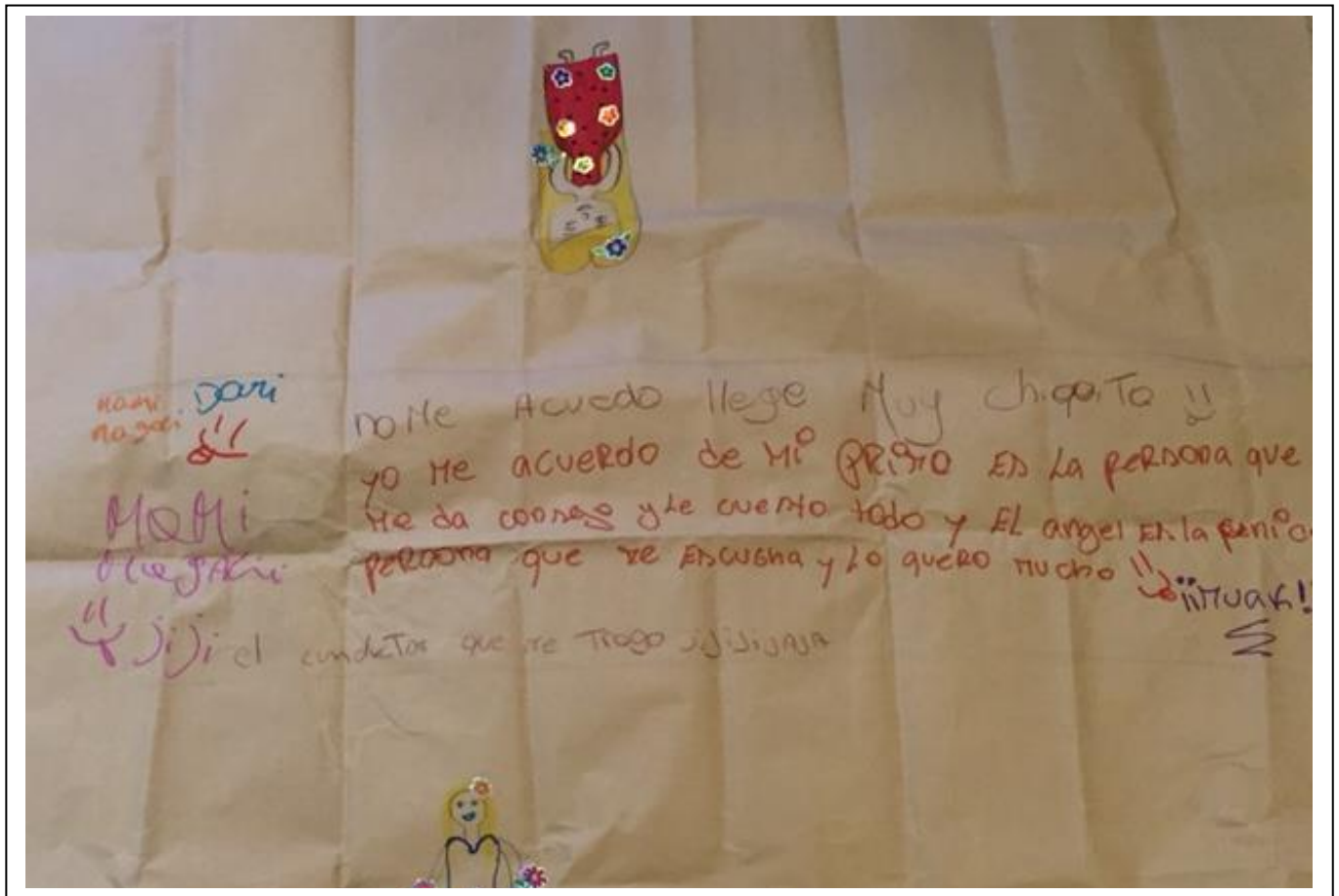
'I write to tell you this place is beautiful – it is always clean. I like it a lot'

I love you very much, you are grumpy, but I love you very much, but here in the village there is a lot of love and most of the time you have a good time'

'I feel very good here. It is great and when you live here. I will appreciate it most when you live with me when we don't have our mothers and fathers'

Figure 4 Experiences of children living in residential care

Figure 5: A letter from a child in residential care



ноав
пазав
Davi
!!

Mami
Puejaki

!!
Jiji

no me acuerdo llege muy chiquito !!
yo me acuerdo de mi primo es la persona que
me da cosas y le cuento todo y el angel es la peno
persona que se escucha y lo quiero mucho !!
JITUAN!
=

el condetor que se trago jijijsjs

Foster Care

Formally administered foster care services are being developed in Chile as an alternative to residential care. Foster families are known as 'familias acogida'. It is noted that informal kinship care and small group homes are also sometimes referred to as 'foster care'. The Government has also developed three specialist categories of foster care, for children who have experienced serious abuse, for older children and for children with disabilities.⁹⁸ Approximately one third of children in formal alternative care are living in foster placements. Between January and December 2012 a total of 5,121 children were in foster care, compared to 14,677 in residential facilities.⁹⁹ This meant of all children living in formal alternative care, 26% were in foster placements and 74% in residential facilities.¹⁰⁰

The maximum number of children that can be legally fostered in one household is 5. The majority of foster care placements are within the extended family of the child. For example, one non-state foster care service agency interviewed for this study, places approximately 80% of children with extended family and 20% in non-biological families.

Four national NGOs have been designated by the Government to provide foster care services. In addition, SENAME has recently developed its own foster care service in three regions of the country, which focuses particularly on young children. Foster care agencies receive cases referred by family courts as well as being directly contacted by organisations managing residential facilities.

Government policy states that foster care should be temporary. The teams in the two foster care agencies visited as part of the field work for this study affirmed this is indeed a primary principle governing their work, with 'the priority of the programme is the child to return to their own biological family, mother, father or extended family, aunts or uncles'. Figures of children leaving foster care provided by interviewed members of a government foster care team illustrate that to date, of children they have placed in foster care, 5% have been reunified with parents, 10% have been adopted and the rest remain with extended family. This government service has been operating for 2 years.

Technical Guidelines for foster care issued by the Government of Chile require assessments to be carried out that evaluate the psychological, social and legal suitability of perspective carers. Informants from two foster care agencies provided details of what they described to be in-depth assessment, training and matching processes. It is estimated that of all applicants assessed and trained by one provider, only 10% are finally selected. The team also highlighted the expense of this process, involving home

⁹⁸ Aldeas Infantiles SOS Internacional (2013) *Panorama de las Modalidades de Acogimiento Alternativo en Chile*. SOS Children's Villages International, Innsbruck: Austria. Page.10.

⁹⁹ UNICEF (2013) UNICEF Chile 2013 Annual Country Report.

¹⁰⁰ *ibid.*

visits, psycho-social profiling and intensive training during which carers are continually assessed. Both agencies spoke of how important it is that prospective carers have realistic expectations, particularly if they will be caring for a child who has suffered serious abuse or spent many years in a residential facility.

The Ministry of Justice and Human Rights website¹⁰¹ provides information on the qualities being sought in foster carers. The information explains that families do not have to be of any particular socio-economic group or educational background, but rather can be an 'ordinary' family that have the natural skill and ability to sensitively care for a child. The information also describes the need for creating affectionate bonding, whilst also making it known this is a temporary placement and the child will leave. In this respect, one agency spoke of how one important component of training for carers 'is associated to the separation and the mourning that they are going to have in the future'.

In 2015, Muñoz-Guzmán et al.¹⁰² reported on the weaknesses in recruitment standards and protocols related to foster care services. One informant also noted how 'because this is a service that is just starting...it is complex to meet the standards'. Another spoke of how their agency has developed their own technical requirement for recruitment and matching procedures, and how these standards went beyond government guidance. A third informant would like there to be more shared opportunities between agencies to develop and improve the standards and procedures for foster care. The need for more training so as to improve the implementation of foster care procedures was also raised.

Even though informants generally believe that foster care even in non-biological families will become a more culturally accepted practice, currently not enough foster carers are coming forward. In particular, very few are willing to care for disabled children, larger groups of siblings and older children. A family court judge said that, although foster care was her preferred option, she continues to place more children in residential facilities due to lack of foster care placements: 'we would like to have these alternatives but there are not enough'. Informants spoke of the need to invest in raising public awareness and the utilisation of national publicity campaigns. One agency even spoke of how they have decided to go door to door in the local community as part of their efforts to find foster families. They also believe one of the most effective ways of recruitment is encouragement from, and finding ways to share experiences of, current foster carers.

Muñoz-Guzmán et al.¹⁰³ attributed weak promotion, lack of financial incentives and poor professional support as particular challenges to extending foster care services.

¹⁰¹ Source: <http://www.sename.cl/wsename/estructuras.php?name=Content&pa=showpage&pid=13>

¹⁰² 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.

¹⁰³ *ibid.*

There is no mandatory requirement to pay foster care allowances, however, individual foster agencies are utilising allowances to support foster carers. Examples of this support included assistance accessing specialised services for children with complex needs including psycho-social support or finding schools that will admit children with complex needs.¹⁰⁴ When informants were asked whether they thought foster carers should be paid, there were different opinions. One informant spoke of how:

'Giving money to the families is a complex issue because it is connected to the model of foster family, which is a solidarity model, but which is installed in a country that has an economic model, neo-liberal model, capitalist model where the basic rights of human beings are not covered. So therefore this solidarity model in a neo-liberal model it doesn't really fit. ... yes there are some families that have altruistic motivation they want to be responsible for this child but we are still a programme that is considered as an elite programme because one person who cannot take responsibility for a child because of economic reasons even if they have the emotional conditions, the psychological conditions or family conditions to be in charge of a child they cannot because they don't really have the economic capacities.'

One informant believes 'if you don't give this economic support you are limiting this service for children'. Another is concerned that a policy of no economic support will result in children being placed in foster care away from their families. The informant told us:

'[...] away from their families and their own cultural context where they have lived before. So in that context, not giving this economic support limits who could be foster families. I wouldn't tell them they are going to be receiving a certain amount of money per child, but we should assess the conditions of the family and how much is needed.'

¹⁰⁴ Aldeas Infantiles SOS Internacional (2013) *Panorama de las Modalidades de Acogimiento Alternativo en Chile*. SOS Children's Villages International, Innsbruck: Austria. Pages 6 -7.

According to informants, once a child is placed with foster carers, regular monitoring and support visits are being undertaken. A representative of one foster care agency said some families require follow up visits every two weeks, and others spoke of even more intense frequency. One informant spoke of how:

'In our experience the social workers have gone twice or three times during a week but it all depends on each individual case and there we should have the sensitivity and we should analyse together with the team how to intervene when we visit them in their homes and how many times, for how long, how many hours and so on.'

It is also expected that children in foster care should retain contact with their parents and other family members whenever safe to do so. Ongoing assessments of the situation of birth families means agencies are expected to revise plans every three months and present any changes to the court. One informant explained how 'in parallel we are working with the foster family and also with the origin family, assessing the possibility for the child to return to their origin family'. Another informant explained how visits were dependent on court rulings:

'They will set the frequency of the visits or maybe the prohibition. So we need to take care of when the court say we should supervise the visit with the child with the family of origin...The programme can also suggest to the judge the visits, the frequency, if there is an option or the possibility of a family. We may also suggest this to start a connection between the family so in that sense the judge also pays attention to us. So the priority of the programme is the child to return to their own biological family, mother, father or extended family aunts or uncles.'

One issue of concern raised by informants is the fact that foster carers are legally prohibited from adopting the children they care for. Muñoz-Guzmán et al.¹⁰⁵ have identified this as a 'flaw' in the system.

¹⁰⁵ 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.

Children's experience of living in foster care

As described earlier in this study, interviews with children and young people were conducted as group activities. Due to time restrictions of the national researcher only 3 children in foster care were interviewed. The small amount of information they provided is contained within **Error! Reference source not found..**

What makes me happy

For those children placed in foster care with extended family, they highlighted the importance of living with family. One child wrote they are 'happy to be with my family', another how 'it makes me happy that my whole family is together' and a third expressed their happiness at now having their grandparents take care of them.

What makes me worried

Children wrote about their anxiety being separated from their family and how that upset them. In addition, they carried many concerns with them about family members they had left behind. For example, one child is worried in case: 'something happens to my sister who always helps me when I am in trouble'.

Letters

Children were asked if they would be willing to write letters to other children who might be coming into care, and what advice they would offer. Extracts from these letters include:

'You can play, you can draw, you can write whatever you want.'

'You can play, and write a lot and do fun activities.'

'I want to tell you that having a family is super... because you feel wanted, you feel welcomed, protected and you feel very happy and they love you.'

Figure 6: Experiences of children in foster care

Prevention of family separation

Informants spoke of how aspects of primary prevention are being realised in Chile through universal access to services such as health, education and social protection. Programmes of secondary prevention act as a 'safety net' for children and families in vulnerable sectors of the population, including the Government's multi-sector programme launched in 2006, 'Chile Grows with You'. This programme has the principal aim of well-being for all children aged between 0 – 6 years, with a specific focus on children in vulnerable families.

The purpose of this initiative is equal opportunities for children from the earliest stages in life, by improving access to education, maternity care and health services for all children. The initiative provides direct support targeted at helping the poorest 40% of households; those who make less than 300,000 pesos (approximately \$450) per month. A number of informants spoke of the importance of this initiative, whilst also questioning the particular effectiveness for children in families where protection issues were a heightened concern.

The focus of prevention overseen by the Ministry of Justice and Human Rights is particularly aimed at delivery or commissioning of services targeting secondary and tertiary levels of prevention. For example, the Government Offices of Protection of Rights (OPD) have a remit to work promote and develop plans that increase the protection and delivery of rights of children.¹⁰⁶

A new initiative being rolled out across the country by the National Council for Minors is the establishment of Prevention, Participation and Local Management Units (UPP). These Units are aiming to improve coordination between different ministry offices at a local level and enhance efforts to strengthen the protection and rights of children.

Non-state providers also play a notable role in developing and implementing outreach and family support services in Chile, focusing on secondary prevention work with children and families identified as vulnerable to separation, as well as tertiary prevention with families that have been reunited with their children. To deliver such programmes, non-state providers must receive Government accreditation, a status that also provides eligibility to bid for government funding.

During the research for this study it has not been possible to quantify the outreach of different prevention services, the quality of implementation or the outcomes for children. Information gathered from informants describing 'ambulatory' services, the term used in Chile for outreach work, indicates there is a growing awareness of the importance of such provision and practice, whilst actual delivery remains fragmented. In this manner,

¹⁰⁶ Ministry of Justice and Human Rights (2013) Bases Técnicas Oficinas de Protección de Derechos del Niño, Niña y Adolescente.

informants from Government services and non-governmental organisations identified a number of major challenges. These included an overall weakness in the functioning of SENAME, a general lack of skills at all levels of service provision, low levels of funding, as well as a need to improve quality of any available training and sector coordination. In addition, a need to change the attitudes of some workers, particularly in relation to the importance of prevention and reduced reliance on residential facilities as the primary form of alternative care, was identified.

Reintegration and Leaving Care

Reintegration

Policies issued by the Government of Chile recognise the importance of reintegration of children who have been placed in alternative care back with their parents, wherever and as quickly as possible.¹⁰⁷ The importance of reintegration was affirmed by all front line professionals interviewed for this study, and some spoke of work being developed by a number of residential care providers to reunify children and families. Although the Government of Chile publishes annual statistics of children in contact with the child protection system, no data has been sourced that indicates the number of children returned to either parental or extended family from formal alternative care. One informant working in a foster care agency reported that only 5% of the children they placed in the past two years had been able return to parental care.

Informants spoke of the different challenges facing practitioners in respect of reintegration. Someone outlined how 'there is no work being done to facilitate the process... There are no human capacities or resources to make it possible'. Another spoke of the:

'need to improve the work. What we have seen in residences is the work is really weak there. They concentrate a lot on the intervention and assessment but the thing that value is not placed on that much is reunification or the resources to support this with the family after the child goes back in the family. It is also really complex. The intervention as a goal; sometimes it isn't even considered. Reunification is not considered as a goal in the intervention plans.'

In their research on the alternative care system in Chile, Munoz-Guzman et al. noted how, 'poor outcomes and several complaints to the judicial system against residential services for children have triggered a deep review of the Chilean child welfare services,

¹⁰⁷ 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 p225.

particularly in relation to family reunification'.¹⁰⁸ In addition, practitioners interviewed for their study acknowledged the 'methodological shortcomings addressing family reunification intervention. In general, they believe they do not have the required specialization in order to work with this population and its complexities'.¹⁰⁹

Informants also spoke of the complexity involved in children being able to safely return to many households where serious violations occurred. This included lack of professional skills to effectively facilitate family reunification and poor access for some families to the range of services they needed, as for example, support for those with drug and alcohol addictions. Others noted how some residential settings still develop children's care plans without goals for reunification and how '*sometimes it isn't even considered, the reunification is not considered as a goal in the intervention plans*'.

One interviewee believed, however, that an emphasis on reunification '*at any cost*', may be leading to hasty and poor decision making. Others think the court offers parents too many chances to change their behaviour, which is resulting in children remaining in care for too long before other alternatives are considered.

One important aspect to the success of reunification policies and programmes is the attitudes of those responsible for facilitating the process. In this respect, concerns of some informants are echoed in the study of Munoz-Guzman et al., which stated:

The behaviour of professionals and staff who work directly with children appears suspicious and somewhat stigmatizing of birth families, which tend to be defined as inadequate and not deserving of the care over their children. This attitude is rooted in a pro-institutionalizing organizational culture that prevails and has been legitimized for many decades. The recent introduction of a children's rights and pro-family-reunification approach has been unable to substantially modify this attitude, even though its persistence is counter-productive for the aims of the current intervention.¹¹⁰

¹⁰⁸ 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. Page 225.

¹⁰⁹ *ibid.*

¹¹⁰ 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 Page 229.

Leaving Care at 18 years of age

Although government guidance calls for children to have leaving care plans, very little information was gathered during this study on young people who are expected to graduate out care once they reach the age of 18 years. Although it is understood a number of NGOs do provide some support to care leavers, only one organisation, SOS Children's Villages, actually provided any specific detail of their programme. The work undertaken with young people leaving the Villages includes preparation of leaving care plans, work in advance of their leaving, and support with education fees and housing once they have left.

A number of informants identified the way in which support is withdrawn by care providers once a young person reaches 18 years old. 'We work with children up to 18' said one informant, 'as at 18 they are adults and are considered to be adults. And we don't see beyond this because we only work up until they are 18. We are only in charge of children'. Another identified how 'most of the organisations finish their intervention when the child leaves the institution and that is one of the big challenges of the system'.

One informant spoke of how young people 'are really afraid of leaving the residence; [they say] we don't have a family what am I going to do? The residence is my family'.

Young people's experience of leaving care

As described earlier in this study, interviews with children and young people were conducted as part of the field work. Unfortunately, due to the restricted time available of the national consultant, only 2 young people who had left the care of an SOS Children's Village in Chile were interviewed.

When asked what had made them happy, they indicated they had been happy when they were living in residential care, and provided such comments as 'I enjoyed being with the family, laughing and singing and having a good time with my family'. Interestingly, there were no comments in the 'happy' bag about their experience of transitioning out of care.

When the young people were asked about what makes them worried they mentioned their concerns of how they now experience 'instability' in their lives. They also indicated the concerns related to employment, the need to be ready to work and worries about finding a job. One young person wrote of how 'at the beginning it was really difficult to get used to the atmosphere and I didn't manage very well'.

Adoption

In 1999, Law Number 19.620 established a national adoption system in Chile. The Law mandated powers of oversight of the adoption system to the National Service for Minors (SENAME) and legal authority to Family Courts in granting adoption status when in the best interest of the child. Also incorporated into this Law are the physical, psychological, moral and social criteria to be met by prospective adopters. Those eligible to adopt include married heterosexual couples, unmarried females and female widows. The Law allows for the pre-natal consent of mothers who decide to give their child for adoption before birth and establishes safeguards with respect to inter-country adoption. Chile is party to the Hague Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption.

A child can only acquire the legal status necessary for adoption if parents have either relinquished parental rights, or have been deprived of them by a court. A member of the judiciary interviewed for this study explained how families who seek to relinquish their children are encouraged to reconsider their decision. The informant also spoke of parents who, although not willing to care for their child placed in alternative care, nevertheless resist giving their consent for adoption. As a result, children can remain in residential care for substantial periods of time until a resolution is reached. In all cases, a Family Court Judge must assess the competency of parents and any efforts to ensure the safety of children within their own family before a decision about adoption is reached.

The Government has published guidance on both national and international adoption procedures, many of which can be found on the website of the Ministry of Justice and Human Rights.¹¹¹ Examples of other guidance on adoption services can also be found in a publication produced by the four non-state organisations accredited by SENAME to provide adoption services.¹¹² This publication describes the process applied to each step of assessment, matching and finalisation of the adoption process.

Staff of one non-state adoption agency confirmed they recruit approximately 70% of those who apply to adopt, following what they described as a '*rigorous*' selection and training process. The agency registers more perspective adopters than children available for adoption. Although there are an estimated 11,500 children in residential facilities, the agency estimate only 5% have adoption status.

Members of one government and one non-state provider of adoption services were interviewed for this study. They spoke of the lack of understanding and/or belief of residential workers regarding adoption and their failure to follow proper case management procedures in this respect. One interviewee noted how there is a prejudice

¹¹¹Source: <http://www.sename.cl/wsename/estructuras.php?name=Content&pa=showpage&pid=520>.

¹¹² Fundacion Chile de la Adopcion, Funcacion San Jose para la adopcion, Mi Casea Fundacion, & ICYC (undated) *Información y funcionamiento del sistema actual de adopción en Chile*.

against adoption and how *'that has a high cost for the child'*. Another also spoke of the *'prejudice and a lack of understanding. There are some wrong ideas but there is also a lack of information'*.

A member of a Family Court team informed the researcher that the majority of children placed for adoption are those living in residential facilities. The number of children receiving adoption status per year, as indicated in Table 6, has risen slightly between 2006 and 2015 from 1,168 to 1,388.¹¹³ Figures also indicate that many more children have received adoption status than were matched to adopters each year.

Table 6: Adoption data 2006 - 2015¹¹⁴

Year	Total number of children given adoption status	Total number of children adopted
2006	1,168	433
2007	1,124	442
2008	837	492
2009	787	503
2010	923	660
2011	1,100	605
2012	1,383	605
2013	1,346	596
2014	1,352	590
2015	1,388	510

¹¹³ Ministry of Justice and Human Rights (2016) *Bases Técnicas Oficinas de Protección de Derechos del Niño, Niña y Adolescente 2015*.

¹¹⁴ *ibid.*

As shown in Table 7, in 2015, of a total 510 children for whom the adoption process was completed, 102 were placed through inter-country adoption.¹¹⁵

Table 7: Country of destination for children adopted in 2015¹¹⁶

Place of destination	Total number
Chile	408
Italy	75
Norway	8
France	8
Australia	5
Belgium	4
New Zealand	2
TOTAL	510

Table 8 indicates how over 75% of adoptions are directly arranged by SENAME and the remainder by the four accredited non-state agencies.¹¹⁷

Table 8: Number of children matched to adopters by agency in 2010 - 2015¹¹⁸

Year	Fundación Chilena de la adopción	Fundación San José para la Adopción	Fundación Mi Casa	I. Chileno de Colonias y Campamentos	Sub-total: Non-state agencies	Total: SENAME	TOTAL
2010	24	50	24	4	102	401	503
2011	40	47	29	4	120	540	660
2012	42	41	33	2	118	487	605
2013	34	50	18	3	105	491	596
TOTAL	140	188	104	13	445	1919	2364

¹¹⁵ *ibid.*

¹¹⁶ *ibid.*

¹¹⁷ Source : <http://www.sename.cl/wsename/estructuras.php?name=Content&pa=showpage&pid=522>

¹¹⁸ Source : <http://www.sename.cl/wsename/estructuras.php?name=Content&pa=showpage&pid=522>

Staff of one non-state adoption agency noted how the majority of applicants want to adopt healthy children under the age of 3 years old. Finding placements for older children, groups of siblings and children with disabilities remains a challenge. This is borne out by the data in Table 9. In 2015, the largest percentage of children placed into adoption were those aged 0-3 years.¹¹⁹

Table 9: Age of children adopted in 2015¹²⁰

Year	Total number
Unborn	16
Less than 1 year	237
1-3 years old	178
4-7 years old	139
8 years and older	30

Informants spoke of their concerns as to the length of time it takes to decide on whether or not the most suitable course of action for a child is to place them into adoption, and then to complete the actual process. In contrast to this understanding, data in Table 10 indicates how in 2015, over 50% of children (259 out of a total of 510) completed the adoption process upon receiving the appropriate status from a Family Court in less than 6 months.¹²¹

Table 10: Children adopted in 2015¹²²

Length of time adoption completed after receiving adoption status	Total number
More than 5 months	259
6-11 months	66
12- 17 months	35
More than 18 months	60
Unknown	90
TOTAL	510

In 2011, the University of Chile published an assessment of the Law 19.620.¹²³ Findings linked the 15% increase in adoption over a previous 5-year period with improved

¹¹⁹ Ministry of Justice and Human Rights (2016) Bases Técnicas Oficinas de Protección de Derechos del Niño, Niña y Adolescente 2015.

¹²⁰ *ibid.*

¹²¹ *ibid.*

¹²² *ibid.*

adoption procedures. The report concluded that, in general, legislation complies with the guiding principles of adoption in respect of participation of the child, the importance of family of origin and integrity of the adoption process. However, the research also highlighted some weaknesses in practice. These included the lack of financial resources and investment in human resources to match legal aspirations, resulting in insufficient support in the first instance to birth families and poor national outreach of adoption services. Concerns were also expressed concerning levels of subjectivity in decision making processes and weaknesses in meeting obligations of the Hague Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption. Findings also drew attention to conflicting responsibilities of adoption agencies tasked with the adoption process whilst also mandated to work with a child's biological family on reunification. The 2011 study¹²⁴ also noted how Family Courts have been criticised for taking an average of two and a half years to process adoptions, attributed in part to excessive efforts to reconcile a child with their biological family when recommendations by participating agencies are to the contrary. This last finding does not however, correspond with the Government statistics as illustrated in Figure 12.

¹²³ Bularz, V.V. (2011) *La Adopción En Chile: Falencias Y Debilidades De La Ley 19.620; Memoria de Prueba para optar al grado de Licenciado en Ciencias Jurídicas y Sociales*. Universidad de Chile, Facultad de Ciencias Jurídicas y Sociales, Escuela de Derecho.

¹²⁴ *ibid.*

Some informants believe adoption is now being sought too quickly. Others think there is too much emphasis placed on protecting the rights of the parents rather than the child:

'Sometimes those teams are afraid of starting the adoption process because children are receiving some visits from time to time - poor quality visits. It is not really nourishing the child emotionally but they don't really dare to start an adoption process. They feel sorry for the grandmother or the mother. Even though there is no possibility for the child to live with that grandmother or mother.'

Some interviewees drew attention to how 'costly and exhausting' the process can be for those wishing to adopt as well as restrictions on eligibility with preference being given to heterosexual married couples considered to have sufficient economic resources. One additional issue as highlighted by Munoz-Guzman et al. is how:

[...] adoption and foster families are currently mutually exclusive and differentiated programs, to the extent that a foster family is legally prevented from becoming the adoptive family of the children they host, and that families interested in adoption cannot be a foster family.¹²⁵

Furthermore, a number of interviewees expressed concerns that adoption is still a closed process in Chile, meaning a child is not supposed to have knowledge of, or contact with, their biological family until they reach the age of 18 years old, unless the adopter undertakes this on the child's behalf.

¹²⁵ 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. Page 9.

The legal and policy framework that governs alternative care

Assessing the investment made by the Government of Chile in development of laws, statutory guidance and standards to meet different aspects of child protection and child care, Fuentes has noted how:

Overall, the three democratic governments after the military regime advanced important measures to protect the rights of the child and managed to incorporate international standards within domestic law by approving several conventions. In addition, the first and third governments pursued specific action plans concerning children, which helped to mobilize important sectors of society.¹²⁶

Following independence in 1990, Chile signed and ratified the United Nations Convention on the Rights of the Child (UNCRC). Chile is also party to the Hague Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption. A list of all the international conventions relating to child protection and child care signed and/or ratified by Chile can be found in Appendix 3.

The Constitution of Chile guarantees rights to all citizens. However, the Constitution only refers to children specifically in three articles related to nationality, citizenship and education. A 2015 critique of the Constitution, whilst recognising that children are 'conferred the same basic rights as other individuals'¹²⁷, noted they are 'articulated from the perspective of the parent's relationship to their child and exhibit a bias toward the parent's rights over their children'.¹²⁸ Child rights have been incorporated into a range of criminal and civil laws including those of health, education and protection from abuse and neglect.

The 1999 Law on the Adoption of Minors (N°19.620), and subsequent amendments, detail the process and procedures for national and intercountry adoption. This law also stipulates that it is only SENAME and specifically accredited non-state providers that may undertake adoption procedures whilst legal adoption status can only be conferred on a child by a Family Court Judge. Legislation particularly relevant to alternative care is the 2004 Law on Family Courts, (N° 19.968) and the Minors Act (N° 16.618). These laws provided the establishment of Family Courts and their powers and legal measures with regard protection of children and adolescents.

¹²⁶ Fuentes, C.A. (2007) *Protecting the Child: Civil Society and the State in Chile*. Institute of Development Studies. P. 10

¹²⁷ Eshel, K., Jansen, L., Samaha, M. & Trujillo, P. (2015) *Advocacy dossier UNICEF Chile : Constitutional Reform, Comparative case studies, and Youth Participation*. Page 5.

¹²⁸ *ibid.*

- The 2005 Grants Law (N° 20.032) mandated for a system by which non-state providers must seek government accreditation and comply with technical conditions in order to receive eligibility to bid for funds with which to implement child care programmes, including residential facilities. The body mandated in law to administer the fund is SENAME. One aim of this law was to encourage specialisation and competition between organisations. This law also tasked SENAME with the role of supervising and guiding the work of the successful bidding organisations. Informants noted how this leaves SENAME without the authority to engage, regulate or supervise services that are not directly funded by it.
- Examples of national policy include the previous National Policy Plan for Children (2000-2010) developed under the auspices of the Ministry of Justice in conjunction with the National Service for Minors. This policy also prompted the process of 'Integral Reform of the Justice System and protection of Children and Adolescents in Chile' to 'ensure the protection of the rights of children and adolescents, adapting practices and the legislative framework to the spirit and content of the Convention on the rights of the Child'.¹²⁹
- A range of technical standards and guidance for all aspects of implementation and regulation of protection services and alternative care have been issued by the Government of Chile. Examples of Technical Specifications outlining specific objectives, expected results and minimum indicators include statutory guidance for the Government's Child Protection Offices (OPD)¹³⁰, the Government's diagnostic service (DAM) and provision of residential care. This guidance, along with other technical specifications and evaluations of service provision, can be found on the Government of Chile website.¹³¹

However, despite the numerous laws currently in force, there is no one law that unifies the protection of children's rights in a systematic and comprehensive manner. Recognising this omission, a newly developed 'Child Law' is now under consideration by Congress, with an anticipation that it will be accepted into legislation before the end of 2016. In addition, a bill that would establish a Secretariat for Childhood and Adolescence under the remit of the Ministry of Social Protection is also under consideration, as well as legislation that would create the Office of the Ombudsperson for Children.

Informants were positive about the new 'Child Law' awaiting ratification, and hoped it will provide a more comprehensive and inter-sectoral mandate for children's rights including the right to protection. In terms of efficacy of existing legislation and standards,

¹²⁹ Ministry of Justice and Human Rights, SENAME (2015) *Sistemas Locales de Protección de Derechos de la Infancia-Adolescencia: Una Aproximación Conceptual y de Aplicación Práctica*.

¹³⁰ Ministry of Justice and Human Rights (2015) *Bases y Orientaciones Técnicas: Línea de Acción: Oficinas de Protección de Derechos del Niño, Niña y Adolescente 2015-2018*.

¹³¹ Source: <http://www.sename.cl/wsename>

informants did not express any specific concerns and recognised the greater challenge lies in the actual implementation of laws, policies and standards.

- Informants also spoke of the political will that has been so important and necessary in driving legal and policy developments forward. In particular, the President of Chile has been extremely instrumental in advancements of legislation and administrative changes for the protection of children, and those currently working on such reforms are hoping that the changes under consideration will be endorsed before the end of her presidential term next year.

What are the structures responsible for governing and delivering alternative care?

The role of State Departments

The **National Council for Children** was created in 2014 'as a presidential advisory body that integrates the efforts of various government agencies, coordinating and directing their actions towards the design and establishment of a comprehensive system of guarantees of the rights of childhood and adolescence'.¹³² Informants working in the secretariat of the National Council spoke of their understanding of child care reform and deinstitutionalisation. They recognise it is not just about closing residential facilities but creating an effective child protection system to prevent unnecessary family separation and provide other suitable alternative care options. They also spoke of the need to create an inter-sectoral approach and of the work over the past two years to improve inter-ministerial coordination, especially between the Ministries of Justice and Human Rights, Health, Education, Justice and Social Development. In addition, recognising the importance of local solutions for local issues and challenges related to provision of local services, the Council has been working on inter-sectoral coordination mechanisms at a regional level with pilots in two specific regions. Although there has been some interaction with managers of residential facilities as part of these coordination efforts, participation of non-state organisations does not appear to be a priority.

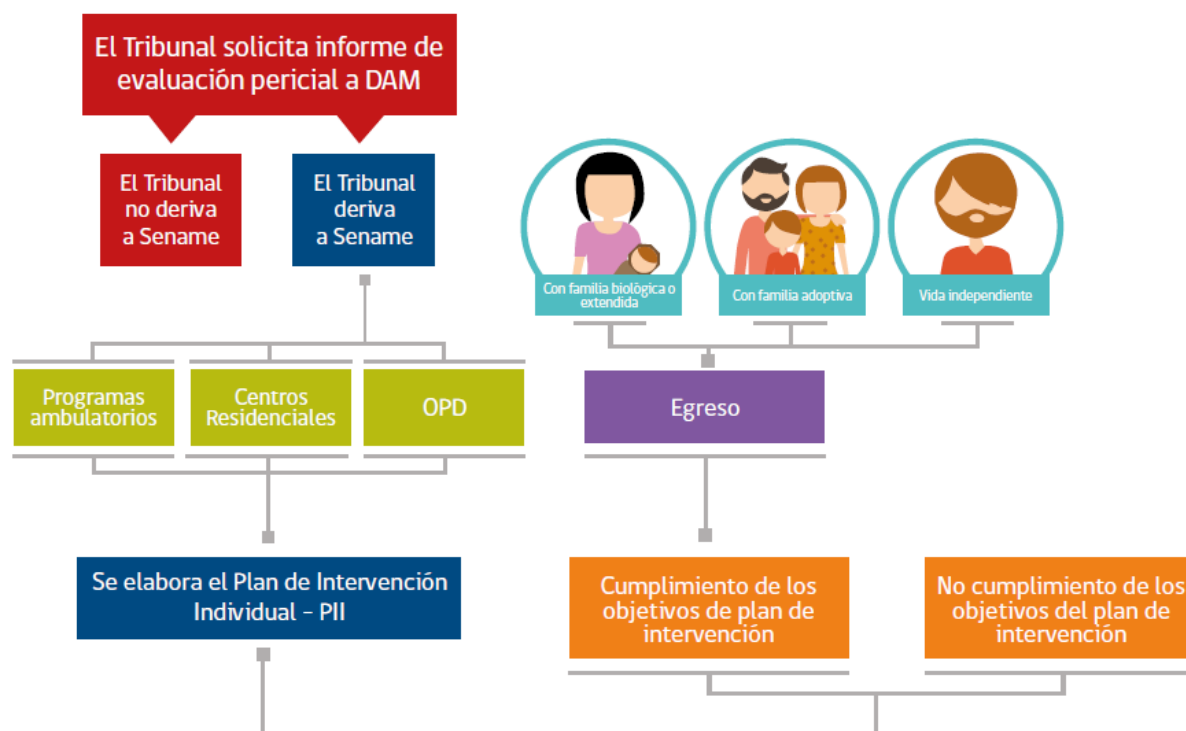
The Council has also held responsibility for overseeing development of the new 'Child Law', currently under consideration by Congress, as well as plans to replace SENAME with a new government agency that will have oversight and responsibility for national child protection services. The Council spoke of plans to commission a study on residential care in Chile with a view to '*limiting*' its use. Informants realise that the reforms they outlined are long term, complex, ambitious, and require substantial resource investment. They spoke of the particular challenge convincing the Ministry of Finance to help them overcome the '*great difficulty or problem working with inter-sectoral budgets. The budget allocations are for sectors. There is a budget for health, for education, for each of the ministries and we haven't really got a joint budget for addressing children in residences to be executed together by the different ministries*'.

The **Ministry for Justice and Human Rights** is responsible for delivery of child protection and child care services through **The National Service for Minors** (*Servicio Nacional de Menore*)(**SENAME**). SENAME holds particular responsibility for collaborating with the judicial system to ensure implementation of measures and programmes for children who have had, or are at serious risk of having, their protection rights violated, and for children in contact with the law. SENAME has a mandate to coordinate, regulate and provide oversight of child protection services, including those which prevent family

¹³² Source: <http://www.consejoinfancia.gob.cl/consejo/que-es-el-consejo/#mision>

separation, provision of alternative care, and adoption. SENAME categorises services according to the severity and complexity of protection violations. These services are delivered directly by SENAME programmes as well as through accredited non-state providers financed through a government bidding process. Figure 7 is an illustration taken from a report¹³³ issued by the Government of Chile that depicts the structures and procedures to deliver child protection and child care as overseen by SENAME.

Figure 7: Structure and Processes governing child protection and child care procedures¹³⁴



As the diagram illustrates, in order to deliver appropriate services, SENAME has oversight of a number of different specialised units situated at a local level across Chile, including Offices for the Protection of Rights (OPD). Outreach prevention and support programmes (Programas Ambulatorios) and Residential Care (Centros Residenciales) can be delivered directly by SENAME, in partnership with local authorities or, contracted out to non-state providers. SENAME also manages centres specifically created to undertake detailed assessments of child protection cases through its Diagnostic Programme (DAM).

¹³³ Government of Chile (2016) *Anuario Estadístico Sename 2015*. Ministry of Justice and Human Rights, SENAME. Santiago: Chile.

¹³⁴ Government of Chile (2016) *Anuario Estadístico Sename 2015*. Ministry of Justice and Human Rights, SENAME. Santiago: Chile 2015. Page 37.

Office of Protection of Rights

As of December 2015, there were 120 Offices of Protection of Rights (OPDs) situated across the country at municipal level, co-funded by SENAME and municipalities and 6 managed by non-state providers but accredited and funded by SENAME.¹³⁵ A responsibility of OPDs is oversight of local child protection practices including acceptance of referrals from different sectors, family or community members and response to children identified at risk of, or subject to, all forms of abuse and neglect. The work of OPDs has two principal components. The first being 'Rights Protection'¹³⁶ through direct programme response to cases considered low risk and low complexity requiring a non-residential intervention level of short duration. In these cases, OPD intervention teams should offer families access to appropriate support services that prevent and address violations. Cases considered as medium or high risk should be referred by OPD to Family Courts.

The second responsibility is inter-sectoral management with an emphasis on development of local protection systems that help community respect for child rights and child protection.¹³⁷ OPDs are expected to network with other sectors and organisations to 'identify and generate commitments for establishing early warning systems to prevent the criminalization and re-victimization of children'.¹³⁸ Within these responsibilities OPDs are mandated to actively promote child rights; develop local policy for children to be integrated into municipal plans; strengthen collaboration and knowledge exchange through sector networks; strengthen parental skills; promote child participation; and create effective referral mechanisms.¹³⁹ OPDs also manage grants awarded to non-state organisations that deliver child protection services.

SENAME Diagnostic Programme

Children referred to the SENAME managed Diagnostic Programmes (DAM), are those identified by Family Courts or the Prosecutor's Office as being at possible risk of, or subject to, abuse and neglect. The role of DAM is to undertake rigorous assessments of specifically identified children and families.¹⁴⁰

¹³⁵ Ministry of Justice and Human Rights (2015) *Línea de Acción: Oficinas de Protección de Derechos del Niño, Niña y Adolescente 2015-2018*.

¹³⁶ Government of Chile, Ministry of Justice and Human Rights (2016) *Catastro de la Oferta Programática de la red SENAME*. Departamento de Planificación y Control de Gestión Santiago, Agosto 2016.

¹³⁷ Government of Chile, Ministry of Justice and Human Rights (2016) *Catastro de la Oferta Programática de la red SENAME*. Departamento de Planificación y Control de Gestión Santiago, Agosto 2016.

¹³⁸ Aldeas Infantiles SOS Internacional (2013) *Panorama de las Modalidades de Acogimiento Alternativo en Chile*. SOS Children's Villages International, Innsbruck: Austria.

¹³⁹ Ministry of Justice and Human Rights (2013) *Bases Técnicas Oficinas de Protección de Derechos del Niño, Niña y Adolescente*.

¹⁴⁰ Aldeas Infantiles SOS Internacional (2013) *Panorama de las Modalidades de Acogimiento Alternativo en Chile*. SOS Children's Villages International, Innsbruck: Austria. Pages 5-6.

Informants spoke of their concerns relating to the work of DAM. A principal concern is the length of the assessment process. As one informant noted, *'some take 4-5 months in assessing and informing the court and in those 4-5 months the child is still living in the situation'*. The second issue is a perceived *'weakness'* in the quality and depth of assessments:

DAM only do a social assessment and that social assessment sometimes only has an interview. They don't visit the house. The rest of the family is not known. There are no instruments to describe the real situation of the family so the assessment is incomplete. And that means we have to do the assessment once again.

SENAME Service Delivery

SENAME categorises the services offered to children and families according to low, medium and high risk and complexity. Listed below is the range of services delivered by SENAME or accredited agencies that corresponds to these different levels of risk, as well as by age categories, levels and forms of disability, and other criteria.

- Day and Residential diagnostic Centres (CLA)(CPE)
- Prevention Programmes delivered through community mechanisms for the promotion of child rights, community awareness and development of protection skills in family and community settings (CFP)
- Focused Prevention Programme for low risk and low complexity cases through provision of family support/parenting services (PPF)
- Specialised Programme for child victims of sexual exploitation including support services for repatriation, family reintegration, and provision of alternative care (PEE)
- Specialised Programme for street children (PEC)
- Specialised Programme for children subjected to serious abuse (PRM)
- Specialised Programme for children committing sexual abuse (PAS)
- Integrated Specialist Intervention Programme for Children subject to serious neglect, abandonment and exploitation (PIE)
- Legal Representation for children and families attending judicial proceedings (PRJ)
- Outreach programmes for at risk children with disabilities (PAD)
- Emergency Response (24 hours) to children in high risk situations (including education and drug and alcohol specialisms) (PIE 24 Hours) (PDE) (PDC)
- Foster Care Programmes (FAS) (FPA) (FAE) (PRO)
- SENAME foster care service for infants- Host Family Programmes (FAE AADD)
- Family reintegration programme for children over age of 3 years in alternative care (PRI)

- 11 SENAME run Specialised Residential Centres for children with complex protection requirements (including children with disabilities) and children in conflict with the law under 14 years old (CREAD)
- Residential facilities for children removed from family care for protection reasons (0–17 years old) (REM) (REN) (RLP) (RPL) (RPM) (RPP) (RSP)
- Residential facilities for children with disabilities (RAD-PER) (RDD) (RDG)
- Residential facilities for vulnerable mothers under 18 years old and their babies (RMA) (RPA)
- National and Inter-Country Adoption (PAG)

An observation is the complexity created by such categorisation of programmes, as also highlighted in interviews with some of the non-state providers bidding for government contracts to deliver these different components of child care and child protection services:

All the interventions and multiple diagnosis is an issue because the system and the programme offered from SENAME is divided so there are different programmes, one for sexual abuse and the other to respond to mistreatment and many other programmes like family intervention. So in the end each of them have a different diagnosis and the information is never cross checked or unified.

Accreditation and inspection of non-state child care service providers

In 2005, Law 20.032 mandating regulations for government grant procedures allowed for SENAME funds to be used to contract out services. SENAME publishes technical guidelines for applicants wishing to become an accredited provider of child protection and child care services. The selection process is governed by what are known as 'Technical Degrees' also published on the SENAME website.¹⁴¹ The accreditation process involves an assessment of the services being provided by the non-state providers. Once a non-state provider has received accreditation, they are then able to bid for the right to deliver the different SENAME categorised services. It is understood that one reason the open bidding process was established was a way of encouraging non-state providers 'to specialise their services and increase competition'.¹⁴² Accreditation also means non-state providers can bid for SENAME funds associated with the implementation of different services.

¹⁴¹ Source: <http://www.sename.cl/wsename/estructuras.php?name=Content&pa=showpage&pid=6>

¹⁴² Aldeas Infantiles SOS Internacional (2013) *Panorama de las Modalidades de Acogimiento Alternativo en Chile*. SOS Children's Villages International, Innsbruck: Austria. Page.7

A report released by SOS Children's Villages in 2013¹⁴³ called attention to the fact SENAME:

[...] does not have the authority to get involved, regulate or supervise facilities that do not receive government subsidies or other government facilities that might deal with children without parental care, such as rehabilitation or psychiatric services, effectively undermining Chile's commitment to protect children's rights.

Professional Capacity of SENAME

Government and non-government informants spoke of concerns regarding lack of technical capacity within SENAME to coordinate and provide front line services, as well as weakness in their ability to regulate, support and guide non-state provision. One informant said:

'I think SENAME should be eliminated. It is not justified, it does not make sense because we have been working a long time and the result is not as expected. Not because those people don't want to do their job, it is because we still continue to be in a system where we cannot give universal coverage for family and children's rights.'

Another informant spoke of the poor and '*debatable*' abilities of SENAME, and most especially those of DAM, where technical abilities vary greatly across the country, leading to lack of consistency in terms of content and quality of assessments. Other informants identified the work of SENAME as:

'Biased, because there is a stigmatisation issue there. Children today, they are afraid of SENAME – they fear SENAME because it is a threatening organisation. Because unfortunately, and you can see in the publications at a national level, unfortunately the rights of the child has not been respected.'

and

'I believe that SENAME has a perspective that still doesn't match or doesn't agree a child to have rights. Although in the documents or in the discourse we talk about children as subjects for rights, in practice it is not like that.'

¹⁴³ *ibid.*

Informants also recognised the need for a 'global change in the protection system so as to have higher level of quality, because today there are important gaps and deficiencies.'

As previously noted in this study, the National Council for Childhood are in the process of proposing a new structure for the delivery of the child protection system, with plans to abolish SENAME and create new two new bodies. These proposals include a separate body for Juvenile Justice to sit within the Ministry of Justice and an agency for child protection situated within the Ministry for Social Development. It is understood this separation of duties will address current deficiencies and allow for a more focused and specialised approach, by which 'each area is going to be developed with people who are trained in the specific themes'. Informants spoke of their aspirations for the Ministry of Social Development, including provision of additional resources and specialised service provision 'in the case of special protection, in things associated to violence prevention, family intervention, deinstitutionalisation and foster care'.

Informants from non-state organisations acknowledged the importance of this restructuring and are hoping this will create a more specialised protection service with new professional standards. When asked what they think should replace SENAME, one informant answered:

'[...] that the Ministry of Social Development should be coordinating all the organisations and ensure each organisation do their work. That is what I would do. And if there is any organisation that in my opinion should be established it would be an Ombudsperson for Children and the body to establish the guarantee of the children's rights.'

In conclusion, as noted by informants and also reported in evaluations and assessments of child protection in Chile, the principal bodies and structures responsible for child well-being and protection are highly fragmented, are not collaborative and lack the necessary resources. Analysis of findings leads to the conclusion that currently the Ministry of Justice and Human Rights is not taking effective control of the structure and mechanisms of a national child protection system. In addition, the fragmentation of law and policy making, lack of oversight and coordination for child protection, and the complexity by which components of service delivery are structured, are challenges still to be addressed.

The role of the judiciary

Family Court judges, and court Technical Advisors, are primary gatekeepers. A child can only be placed in formal alternative care on the order of the judiciary. It is in the Family Court that judges decide if a child can remain with their parents or extended family. Where necessary, the Courts can remove a child from their caregivers, order placement in formal care, deprive parental rights, and confer adoption status.

Technical Advisors appointed to the court are usually social workers and psycho-social specialists. Informants working within the family court system described such appointments as prestigious, requiring substantial previous professional experience. However, another informant noted these coveted positions can also be susceptible to 'political' influence.

Although policy indicates only high risk protection cases should come to court, informants spoke of the failure of SENAME processes, especially those of OPD, in assessment and referral, that is resulting in cases of all levels of risk and complexity reaching the courts. This was confirmed by informants working within the judicial system, and reports showing 70% of all cases go directly to the courts due to SENAME organisations not able to divert cases when possible.¹⁴⁴

This situation, wrote Cortes and Concha:

Is like a wake-up call for the establishment of local entities that can address issues in a more immediate environment and could reduce the number of cases goes directly to courts and that may not have need for judicial intervention.¹⁴⁵

It is such inefficiency, as noted in an SOS Children's Villages report, that creates 'bottlenecks and delays referrals of children to specialized foster care interventions and other alternatives'.¹⁴⁶

Informants from judicial services hope the new 'Child Law' currently under consideration by Congress will provide a clearer definition of the roles and responsibilities of the administrative and judicial services, and provide for a child protection system that functions with relevant expertise employed within more effective professional child protection structures.

¹⁴⁴ SOS Children's Villages Chile and the Centre for Monitoring of the Catholic University of Chile (2013) *A Snapshot of Alternative Care Arrangements in Chile*. SOS Children's Villages International. Innsbruck: Austria.

¹⁴⁵ Cortés, C. & Concha, M. (20XX) *Resumen Ejecutivo: Diagnostico del Sistema de Cuidados Alternativos del Estado de Chile*. Centro de Medición de la Universidad Católica de Chile, MIDE UC. Santiago: Chile.

¹⁴⁶ SOS Children's Villages Chile and the Centre for Monitoring of the Catholic University of Chile (2013) *A Snapshot of Alternative Care Arrangements in Chile*. SOS Children's Villages International. Innsbruck: Austria.

Adding to the overburdening of court services are incomplete initial assessments of children and their families, thus creating additional work for the Technical Advisors who must gather additional information before decisions can be taken. Although legislation endows Family Judges with powers of decision making, it is noted how this is 'usually with limited information and a lack of standardized criteria'¹⁴⁷ on which to decide on the future of a child.

Informants working in Family Courts said that whenever possible, and if in the best interest of the child, they endeavour to keep children out of alternative care and most especially out of residential facilities. In addition, if alternative care is necessary they try to ensure this is in a location close to the child's family. Lack of other suitable alternatives such as foster care placements and sufficient access to family support services were identified as challenges that often prevented them from making the most suitable decisions for a child.

Family Court judges must review all their case decisions every 6 months. They also hold regulatory responsibilities, and must visit residential facilities within their jurisdiction every 6 months. An informant working within a Family Court highlighted how important this inspection is, due to the sense of responsibility when placing a child into a particular residential facility. In terms of follow-up, however, a number of informants felt some judges did not fulfil these reviews effectively.

Family Court judges are tasked with ensuring children participate in decision making. Informants confirmed that judges do systematically hold discussions with children during court proceedings. These discussions usually take place in the court room with appropriate staff present. Informants spoke of the different degrees to which judges actually take into account the wishes of children. The manager of a small group home presented the case of a 15-year-old girl currently in her care, for whom a judge had made a decision completely against the girl's wishes. The girl was returned to her family and was subsequently sexually abused. The judge claimed they had listened to the concerns of the girl, however, when the transcript of the original court proceedings was listened to, it was clear this had not been the case. This, said the informant, reflects the differing abilities of Family Court judges to respect and understand the right of a child to fully participate in decision making and to truly take into account their fears and wishes.

¹⁴⁷ 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.

Munoz-Guzman et al. conclude that court decisions are not guided sufficiently by appropriate technical guidance leading 'all too often to inappropriate decisions that go against the best interests of the child'.¹⁴⁸ One informant spoke of the need to create 'better tools for the court when deciding the separation of the child from their biological family'.

Some informants indicated judges are interpreting policy based on preservation of family life in a manner that means some children at risk are remaining with their families in an unsafe environment. However, other informants believe judges are too quick to place children in residential facilities with due in part to a lack of understanding regarding importance of family-based care as well as being considered a much easier option to implement. It is also understood that decisions are being made by different individuals with very different degrees of understanding of child rights and applied with a subjectivity dependent on individual beliefs and knowledge. In this respect, informants recognise the need for additional training for members of the judiciary in child rights and child protection

The role of the police

Unfortunately, very little information was found in the literature reviewed for this study regarding the role of police and child protection in Chile. Furthermore, informants made very few references to the work of police, even though they are one of the first response services that identify children at risk, especially in cases of violence in the home and children found on the streets. Informants working in the judicial system acknowledged the role of the police in referring cases to the courts. Police also have a specific role to play in investigating alleged cases of violence and sexual abuse, along with the Prosecutor's Office.

The role of non-state providers

A number of informants interviewed in the course of this study impressed the researcher with their passion, dedication, knowledge and aspirations for children in their care. Many of these were working in non-state organisations.

As acknowledged throughout this report, the role of national non-governmental organisations is pivotal in the development and provision of alternative care services in Chile. This provision is, in part, the result of the historical role the Catholic Church has played as a provider of welfare and charitable services. Most recently, laws permitting accreditation and government funded contracts to be awarded to non-state organisations for provision of alternative care and associated services has also contributed to their increasing role in the sector. Of note is the very small number of international organisations working in Chile.

¹⁴⁸ 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.

Informants spoke of some of the challenges facing non-state providers of care services. These include the sometimes contradictory relationship they have with government bodies. Government departments are regulating and funding their work whilst also relying on their contributions to innovate within the system. On the whole, informants feel their participation in policy and reform is insufficient, whilst considering their own services to be of higher quality than those of SENAME. They would like the Government of Chile to enhance their role in terms of policy, planning and standards of technical expertise. They would also welcome further opportunities to be part of strategic planning of Government reforms of standards for the child protection and child care system. As one informant said, 'nothing is standardised - each residence and each outreach programme work according to their own criteria or their own professional criteria but if we had everything standardised we could move forward quicker and better'.

Although not raised as an issue during the field work in Chile, a concern noted during the literature search is the many international agencies advertising for volunteers to work with children, including those in 'orphanages', which can be found on the pages of website search engines. An extract from one organisation called VE Global is calling for volunteers to work in Santiago 'in a number of different residential homes, where we care for children who have been removed from their own homes'.¹⁴⁹ Another agency, A Broader View, calls for volunteers to support the children of Chile in a 'very large orphanage'.¹⁵⁰ A third agency, Volunteer Match, also advertises for volunteers to 'work at a local children's home which doubles as an orphanage and day care. Volunteers assist the local staff with the basic needs such as feeding, bathing and clothing, as well arrange games and day trips with the kids'.¹⁵¹ Only one of these three agencies indicated that police checks would be required.

¹⁴⁹ Source: <http://www.ve-global.org/about-us/where-we-work/>

¹⁵⁰ Source: <https://www.abroaderview.org/volunteers/chile>

¹⁵¹ Source: <https://www.volunteermatch.org/search/opp410562.jsp>

What are the methods and processes used within the alternative care system?

Referral and assessment procedures

Referrals of children considered to be at risk received by SENAME or other bodies including Family Courts, might be initiated by children themselves, family members, different professionals including those from health, education and law enforcement, and members of the general community. Although it is the role of OPD to consider initial referrals many are being sent directly to other organisations including Family Courts,

NGOs, and the Prosecutor's office. OPD should also assess whether cases are of low, medium or high risk and complexity and decide which cases should be referred on to Family Courts.

Informants advised that due to the poor quality of initial assessments, Technical Advisors working in Family Courts are often tasked with gathering information. The Family Courts can also request a more in-depth assessment of a child through the SENAME diagnostic centres, the DAM. Several informants spoke of the poor capacity of DAM and how it can often take up to '4-5 months in assessing and informing the court and in those 4-5 months the child is still living in the situation'.

Overwhelmingly informants raised concerns regarding the lack of systematic use of standardised assessment tools and protocols and the resultant subjectivity and differences in thresholds used in decision making. In particular, non-state providers highlighted the lack of assessment and decision making skills in many SENAME offices. Comments included:

'We need to do assessments again. There is no way for us to get that information so that finally the child needs to tell the story once again so that is re-victimisation.'

'Assessments don't really meet all of the elements or considerations required or needed to have an overall view of the particular situation affecting the child.'

'We get reports, not really assessments, and they are subjective reports. Yes, it is a social report issued by one organisation but it is based on the opinions of one professional.'

'In general terms the preliminary information is incomplete. It is not appropriate and the information is not enough.'

'There is no standardised system. The technical basis for the work of SENAME requires there should be a diagnosis but they don't say how to do it.'

'There are also other occasions where we get cases when no assessment was done regarding the vulnerability and we only have the reason for the child entering our care. Then we need to start assessing from zero.'

One informant did defend the current situation saying that not all assessment teams were doing a poor job and an initial assessment should only be regarded as a snapshot in time of a situation, recognising there will be a need for further investigation.

Several informants referred to an assessment tool that SENAME has endorsed and now being used by some organisations. However, the tool is not systematically applied by all agencies, in addition to which individuals have to pay to be trained to use it. One informant whose job it is to receive children into their residential facility spoke of how they knew of this tool but they rarely receive children for whom it has been used.

Another informant expressed their concern as to lack of direction from SENAME in terms of assessment and other tools to be used:

'It is not clear which instruments to use. We don't have the licenses to access ENFACE which is one of the instruments that SENAME recommends for measuring parental skills... so it is up to the individual person to measure mental health, mistreatment, resilience. All of the things that we should measure, and what we measure, and how we measure, it depends on each single professional and this is one of the big issues we have nowadays...when the child enters [our care] the question is what happened before and in that sense things are done randomly.'

One informant recognised the need for assessments to be undertaken by multi-disciplinary teams *'and not only professionals from the court but also from the protection system so together they can determine the reasons and the circumstances that make this child have to go into a residence, and the work to be done beyond that'*.

However, when informants were asked if, even despite poor assessments, the decisions being made in relation to the children being sent into their care were the right ones, there was overwhelming agreement as noted in the following quotations that the vast majority of decisions were the right ones:

‘Yes, they are the correct children.’

‘Up until now most of the children we have received are those who have their rights violated.’

‘We don’t really have children for whom I would say there was no risk. Our children were at risk.’

Nevertheless, all informants agreed there is an urgent need for SENAME to issue improved technical guidance and standards for assessments and decision making procedures that are not just ‘the technical basis for measurements and minimum standards associated to infrastructure and other principle declarations’, but provide in-depth understanding of all aspects of a child’s life, underpinned by the principles of necessity and suitability.

Care planning and review procedures

Once the decision to place a child in alternative care has been made, the government requires individual care plans to be developed and periodically reviewed.

In this respect, according to Government issued Technical Guidelines, a child in residential care should have an ‘Individual Intervention Plan’ (Plan de Intervención Individual). All children who are placed in alternative care should have their cases reviewed on a regular basis. This includes consideration by the judge who made the order for care placement every six months. Technical Guidance stipulate how Individual Intervention Plans should be designed with the primary aim of family reintegration and active involvement of family members. In the case where there is no responsible adult, as for example in cases of abandonment or relinquishment/removal of parental rights, the Plan should also consider the feasibility of adoption.

Inspection of residential facilities undertaken by teams from SENAME and from Family Courts includes checking that intervention plans have been developed and are being followed. According to staff of residential facilities the visits from SENAME should occur every three months and Family Court judges every six months. Following the SENAME inspection a report is created with recommendations for improvements if necessary. In general, informants from residential facilities think the standards set by SENAME for such aspects as physical environment, financial controls and systems and procedures are high. What they would like to see is more attention given to reviewing the personal care and support offered each child. There is also a general understanding that standards set out in the Government's Technical Guidance are not achievable with the amount of funding SENAME provides.

One informant spoke of how important it is to develop care plans with the participation of families: 'but what I want is the person, the adult, to know why and we should build the intervention plan together'. She confirmed that three month plans are reviewed with the family and they assess whether advancement have been made towards the set goals. Another informant spoke of the plan as a 'road' and a 'pathway' for a child. The achievement of these plans are dependent on 'several factors associated to the professional intervention and the adherence of the biological family, and if they work together on the intervention'.

However, a member of an adoption agency spoke of the weakness of some of the intervention plans passed on to them, how systematic reviews are not being done well and instances where no work at all has been carried out with the child's family. They spoke of plans that claim 'the child has been supported, but there is no analytical revision of what has been done by professionals. Also the protection measurements are renewed but not really through family intervention as it should be done'. As a result, when an adoption process is started, they have to start simultaneous work with the family and plans for possible reintegration.

Participation of children and young people in care planning and review procedures

Very little information was forthcoming during interviews regarding the degree of children's participation in initial assessments and decision making. As previously mentioned, some informants did speak of the participation of children in care planning and the development of their Individual Intervention Plans.

According to regulations, children should actively participate when their case is presented to a Family Court and to this end, the judge is tasked with the responsibility to discuss the case with the child. Informants confirmed this is a process that is routinely undertaken. However, they also said it is the manner and degree to which each judge listens, asks for a child's opinion and fully takes their wishes into consideration that varies greatly. As one informant said, 'the judge usually listens to them, he doesn't really

ask for their opinion, but he listens to what type of rights violation they may be suffering and according to that the judge makes a decision’.

Informants from foster and adoption agencies all reassured the researcher that children are involved to some degree in decisions regarding their placement with a family. They said that children were also able to express their opinion once they had been introduced to perspective carers. One informant spoke in depth of a particular case when a young girl insisted that she did not want to return to her family and wished to be adopted even though her sister decided differently. Another gave the example of a child who, when she met a family she had been matched with, was very clear she did not want the matching to proceed.

A national initiative managed by SENAME and conducted each year since 2004, is consultation with children through a programme called ‘My Opinion Counts’. It was stated in the 2014 report¹⁵² of this programme how Article 12 of the UNCRC has been fundamental to this campaign, helping to ensure a child’s right ‘to participation in all matters affecting them within the family, schools, community and institutions’ in Chile. Between 2004 and 2011 SENAME and the offices of OPD conducted national consultation with the participation of 185,286 children and young people.¹⁵³ Particular themes of this campaign have included the right to be protected, to live in a family, to receive a good education, and to be well cared for by a parent or another responsible adult. In 2013, children were asked to rank these and other issues by degrees of importance. The results show right to play was most important to children, scoring 18.3% of the votes (13,815), followed respectively by the right to be respected regardless of colour, characteristics of my body, or place they live (13,621), the right to live with my family (12,508) and the right to be in school and receive a good education (8,449).¹⁵⁴

How is the workforce (e.g. social workers and caregivers) organised, trained and supported?

Capacity of the workforce

The responsibilities of the state run bodies within the Ministry of Justice and Human Rights responsible for delivering child protection and child care programmes have been described elsewhere in this report. Teams within these different units are comprised of a range of professionals including social workers, psychologists, managers and administrators.

¹⁵² Ministry of Justice and Human Rights, (2013) *Informe Nacional - 5ª Consulta "Mi Opinión Cuenta" 2013*. SENAME, Ministry of Justice and Human Rights.

¹⁵³ *ibid.*

¹⁵⁴ *ibid.*

During the field work for this study, the researcher noted how there are many passionate, knowledgeable and experienced people working in the child care sector. However, informants identified serious shortcomings in professionals' working practices, and the need to improve skills, knowledge and understanding in general. It was recognised by informants working within government departments, for example, that many staff in State child protection and child care bodies lack necessary technical ability coupled with attitudes that do not match the aims of legislation, policies and Government vision, One informant spoke of how:

'Some people have been working for many, many years in the system, for 20 or 30 years, who have not changed their perception of children and families... and especially their vision to deinstitutionalisation and family preservation.'

In 2012, Flores et al.¹⁵⁵, comparing the job satisfaction of social workers from government and non-government agencies, found those employed in non-state organisations were more fulfilled by their work. The research also highlighted the manner in which public services lack clear definition regarding role and function, poor dissemination of information necessary for social workers to carry out their tasks and, bureaucratic resistance to decentralisation of service delivery as affecting the sense of worth and participation of government staff. This may, in part, be accountable for reports that 'government has lost significant, experienced, empathetic and knowledgeable personnel'.¹⁵⁶ Conversely, non-state organisations were recognised as having more clarity in terms of their role, as well as greater flexibility and participatory approach to work.¹⁵⁷

In 2015, Muñoz-Guzmán et al.¹⁵⁸ identified a number of challenges facing social workers and concluded that shortage of funds was resulting in 'precarious working conditions'. They also reported on the low wages, reduced staffing, overburdened teams, under-specialisation and high staff turnover as 'having a drastic negative impact on the quality of the interventions and especially on the coaching received by the biological families and foster families'.¹⁵⁹ In terms of workload, the study highlighted how limited staffing and high caseloads meant the time working directly with families was insufficient, thus impacting on the quality of support they could offer.

¹⁵⁵ Flores, R., Miranda, P., Muñoz, C. & Sanhueza, G. (2012) Chilean social workers and job satisfaction: The impact of psychological states and role stress. *International Social Work*. Vol 55(3) pp.353– 368.

¹⁵⁶ *ibid.*

¹⁵⁷ *ibid.*

¹⁵⁸ 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.

¹⁵⁹ *ibid.*

One informant particularly noted how care staff 'are working under a lot of pressure but there is no self-care or psychological support' that would be especially beneficial for those constantly working on complex child protection cases.

For these reasons and others, the Government of Chile is now exploring ways to reform the national child protection system, including the replacement of SENAME and the restructuring of protection and child care staffing. One informant spoke of how staff not able or willing to improve their attitude and abilities might be released from their contracts. They told us:

'We need to make a separation between two different types of workers. The ones who are interested and they want to become specialised and work under the new system. On the other hand we have the workers who are blocking any type of reform because they have some permanent contracts and for whom this change is not going to be convenient for them. So what the State should do is strengthen the relocation of these workers or give them incentives to retire.'

Training

In recognition of the need to improve skills right across the child protection and child care sector, reforms to the national child protection system currently being developed under the leadership of the National Council for Children will, in the future, include plans to improve formal education and training programmes for social workers and other professionals. In this respect, informants from the National Council highlighted the importance they place on working with centres of learning 'for the creation of research and assessment for the policy we want or are trying to implement' and particularly mentioned a number of universities that continue to raise standards and specialisation within child protection professionals. However, other informants spoke of their perception of university standards and how these needed to improve as 'there are many universities with training which is just not so good. So it is not necessarily the fact they are professionals that assures they give the proper training for the interventions required for our type of work'.

The importance of Family Courts and the teams of Family Judges and court Technical Advisors have been highlighted previously in this report. Informants said that further specialism in child rights and child protection should be especially provided to Family Court Judges. As one member of the judiciary themselves acknowledged, 'in Chile judges have some specialisation but this is associated with personal motivation and is not necessarily in alignment with the provision of our organisation'. They went on to say that if judges want to enhance their knowledge and skills, this often has to be at their own cost and in their own time.

NGOs providers are recognised as being one of the main providers of in-service training: 'most of the training courses especially specialisation courses come from international bodies that finance and promote these activities and they also come from civil society organisations'.

Overall the breadth of training required amongst those working in child protection and alternative care includes the application of case management tools and processes, a deeper understanding and knowledge of child development, improved communication skills with children and families and, a better understanding of how to apply such child centred principles as 'best interest of the child'.

Data and Information Management Systems

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.¹⁶⁰

There is a considerable amount of statistical data gathered from service providers in Chile and published each year in the annual reports of the Ministry of Justice and Human Rights. However, the substantial quantities of data published in these reports lack any meaningful analysis.

Informants advised that the information requested of alternative care service providers is not only very statistical in nature but does not reflect the true picture of what is happening to children. For instance, the manner in which data is collected and published by SENAME does not reflect how many children return to the care system throughout the year or a detailed understanding of how and why they entered care. Furthermore, there is no qualitative information regarding the standard of individual personal care offered each child and no measure of outcomes for children. This reflects how information gathered through inspection, regulation and reporting is also not capturing information related to the quality of care and development of children.

It has not been possible during this research to fully assess the quality and rigour of data collection and analysis methods employed throughout Chile. However, one informant identified how professionals in Chile 'are really without information...that allows us to set clear goals for what we want to achieve'. This observation along with the manner in which statistics are published, suggests information is not being fully utilised in a way that effectively informs policy and programme development in Chile.

¹⁶⁰ 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.: 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.

How do cultural attitudes and norms affect the care of children?

As mentioned previously in this report, abuse of children is set within a context of high levels of crime and violence in the community and in the home. Many informants spoke of the prevalence of inter-generational and inter-familial violence. Furthermore, although child rights are embedded in Government policy, the actual knowledge and understanding of the roles and responsibilities of duty bearers is identified as poor throughout Chilean society.

With specific reference to alternative care provision, findings of research undertaken in 2015 recognised how families in contact with the care system were 'perceived by the professionals from residential programs in a rather negative light. The biological families, in particular, are seen through a stigmatizing prism'.¹⁶¹ Front line workers admitted to 'possessing stigmatizing perceptions towards biological families' and referred to families as not being 'good enough to raise their children'.¹⁶²

Many informants expressed concerns about old-style paternalistic attitudes that linger within both the professional and public spheres. These attitudes perpetuate the idea that parents are 'blameable' with state care remaining the best option for many children who come to the attention of government services. This culture of blame is noted to be most prevalent amongst some SENAME employees, as well as a number of workers in the larger and older NGOs providing residential care.

It must be noted, however, that there is acknowledgment of the excellent understanding of child protection and best practices for child care also to be found amongst professionals in Chile. The international researcher for this study, for example, was especially impressed with the dedication and knowledge of many of those who were interviewed.

Funding

The Government of Chile is the principle funder of residential care, foster care, adoption and other protection services. This funding is provided through direct service provision and grants to accredited non-state providers.

The vast majority of residential facilities are managed by non-state providers, many of whom also provide outreach support services. A 2013 report published by SOS Children's

¹⁶¹ 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.

¹⁶² *ibid.*

Villages International,¹⁶³ identified how the monthly allowance set by the Government for grants to residential care providers only covers basic needs such as food, hygiene, clothes etc. and does not allow for any specialist attention children may require. Some informants also believe that the per capita funding formula for residential care applied by the Government means it remains in the providers' best interest to retain as many children in their facilities as possible. Informants also noted how the process of bidding against each other for government funding has resulted in the reluctance of non-state providers to share evidence of good practice with each other.

All non-state providers interviewed for this study identified the shortfall in funding provided by the Government in terms of actual costs to provide care services. One informant calculated that the funds they receive from the State covers only 50% of the actual costs to run their residential facilities, with the additional monies having to be raised from elsewhere. It is also recognised that child welfare services in general are overburdened, with extensive waiting lists and without the funds to meet the demands placed on them.¹⁶⁴

When non-state providers were asked where they received additional funds from, they indicated this predominantly comes from inside Chile and not from international sources. For instance, SOS Children's Villages, although one of the few agencies with an international affiliation, employ a substantial fundraising team to raise funds inside the country.

¹⁶³ Aldeas Infantiles SOS Internacional (2013) *Panorama de las Modalidades de Acogimiento Alternativo en Chile*. SOS Children's Villages International, Innsbruck: Austria.

¹⁶⁴ *ibid.* Pages 5-6.

What is working and what is not working in terms of child care reforms?

Key lessons learned, challenges and opportunities

'[...] the child is basically kind of punished because it is the child taken away and the family remain in the same place, they are not the ones moved from there.'¹⁶⁵

This section of the report describes key lessons learned in relation to what is working, what are the challenges faced, and opportunities to move forward.

Seven key lessons learned include:

- 1 Delivery of a child protection and child care system is complex and requires a long term commitment to a system wide reform process.
- 2 The need to address insufficient investment in human resources is essential to the scale up and strengthening of the child protection system.
- 3 The need to improve coordination and multi-sectoral planning and delivery of systems and services that protect children.
- 4 The necessity of gatekeeping mechanisms to prevent unnecessary care placement as well as preventing long term stays in alternative care
- 5 The necessity of a range of effective services across the continuum of care
- 6 Improved use of data and evidence as a driver of change
- 7 Increased participation of children and families

1. Delivery of a child protection and child care system is complex and requires a long term commitment to a system wide reform process

The process of developing, delivering and continuing to increase effectiveness of a child protection system is complex. It requires political will and commitment as well as sufficient investment in terms of finances, human resources and the dedication and time of a range of stakeholders.

A significant achievement in Chile over the past 25 years has been the refocussing of an alternative care system from one that predominantly placed children into residential care as a direct result of poverty to one that addresses protection concerns. However, although there has been a reduction by almost 50% of children placed in residential facilities between 2009 and 2015, nevertheless national child care reforms have been slow. Whilst lack of cohesion in law and policy has impacted on standards of delivery, the

¹⁶⁵ Quotation from an informant interviewed during field work

principal bodies and structures responsible for child wellbeing and protection also remain fragmented and lacking in sufficient human, financial and other resources.

It is positive that these challenges have been identified by the Government of Chile, and deliberations are underway in regard to the restructuring of ministerial bodies responsible for the oversight and management child protection and reforms to the national child protection system. This will include the replacement of the current government child protection agency SENAME with a new agency.

Although there is no comprehensive strategic plan yet issued that provides details of these reforms, it is recognised that long term efforts will be required to achieve substantial changes. It is also understood that efforts must be applied to consolidating laws and regulations, increasing the numbers and the skills of child protection and child care professionals and, a commitment made to the inter-sectoral use of budgets from different ministries. In addition, improved gatekeeping mechanisms, further development of, and access to, universal and specialised family support services and standardised case management processes must be developed. This should be coupled with campaigns that raise the awareness among professionals and the general public about child rights, and the creation of safer home and community environments for children.

What is currently lacking in the steps to develop a strategic plan for child protection and child care reforms is sufficient opportunity for a full and open dialogue between government and non-state providers. This is particularly important in light of non-state organisations being the providers of almost all residential care in Chile, and their increasing responsibility for prevention and reintegration, foster care and adoption services. The experience of non-state providers in the development of innovative and new programme ideas should most definitely be capitalised upon.

A strategic plan that maps all steps to be taken toward achieving comprehensive reforms to the national child protection system, developed with full participation of all relevant stakeholders including children, should consider all aspects of the following components:

- 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 and access to alternative family-based care
 - Services that aid prevention of family separation
 - Provision of alternative forms of family-based care
 - Support for reunification of children from alternative care back with parents/family
- Adoption
- Data management and accountability mechanisms
- Promoting positive social attitudes and practices

Elements of change include a new 'Child Law' currently under consideration in the Congress that would provide an overarching piece of legislation for child protection. It is anticipated this law will increase even further the mandate for reform and promote a cohesive approach to child protection and child care. A second piece of legislation also awaiting approval will create an Office of Ombudsperson for Children. The hope being this appointment would champion the rights of children regardless of the political affiliation of any future government.

Political will is fundamental to guarantee ongoing commitment to, and investment in, child protection reforms. The personal interest and political will engendered by the current President of Chile has been highly instrumental in the acceleration of child protection reforms in the past few years. A concern now is that this political will may be lost with a change of government following elections in 2017 and efforts may be needed to secure the same level of political commitment from the next government.

2. The need to address insufficient investment in human resources is imperative to scale up and strengthening of a child protection system

Efficacy of a child protection and child care system, including actions for deinstitutionalisation, is significantly influenced by the abilities and size of the workforce and in countries where they exist, the provision and skills of social workers. Evidence suggests that it is not just those directly working in social work however, but other professionals who should also contribute to a multi-sectoral approach to child care. In this way, it is recognised that teachers, police, health workers, 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. In addition, noted as particularly relevant to successful delivery of deinstitutionalisation policy are staff currently working for, and within, children's residential facilities and the requirement for their cooperation and any necessary re-training.

During the field work for this study, the researcher noted how there are many passionate, knowledgeable and experienced people working in the child care sector.

However, as also noted in this report, a substantial challenge to the effective management, oversight and delivery of child protection and child care services for children in Chile is the lack of overall capacity in the workforce, particularly within Government agencies. In this regard however, it is also important to identify the everyday challenges facing employees of State bodies in particular. These include a shortage of staff; high workloads and staff turnover; low morale; little access to training and skill development; and in general, a bureaucratic style of management that limits motivation and innovation.

Most particularly, if the Government of Chile's aspirations for an improved child protection system are to be realised, consideration must be made to increase investment

in the knowledge and skills of all professionals who hold responsibility for child protection and child care oversight, management and delivery, and most especially the improvement in quality of social work skills. During interviews with government bodies, although this need was acknowledged, improved quality and access to social work education and training opportunities for concerned professionals do not yet appear to be of the highest priority. In respect of this matter, it is important the Government and non-state service providers strengthen the capacity of not just social workers but all those with responsibility for child protection including judges, lawyers, residential care workers, police, psycho-social specialists, trainers, policy makers and managers.

A small number of identified universities are recognised for their efforts to raise the quality of social work training. However, significant investment is required to scale up training and supervision of professionals both through academic and in-service training that provide the necessary competencies to support the care and protection of children in families and in communities. In addition, raising awareness through training and increased knowledge will help contribute to the changing of any entrenched poor attitudes professionals may have toward vulnerable children and families.

3. The need to improve coordination and multi-sectoral planning and delivery of systems and services that protect children

Efforts to promote inter-sectoral coordination is important in uniting all formal and non-formal actors and service provision at national, regional and community level for the delivery of child care reforms. 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 if supported by common protocols and procedures. The use of mutually agreed priorities, clear identification of roles and responsibilities, coupled with joint mechanisms that effectively link children and families with the most appropriate personnel and services are also some of the advantages of good coordination and cooperation.

Weakness in coordination amongst different Ministries in Chile is a recognised constraint to improving an integrated approach to child protection and reforms to the current child protection system. The National Council for Childhood have identified this shortcoming and for the past two years have actively pursued improvement to high level ministerial coordination as well as piloting a more integrated and inter-sectoral approach to child care at a local level within two regions of the country. It is understood that such efforts remain a serious challenge even though they have had Presidential support.

Those working within non-state organisations currently providing a range of child care services would welcome the opportunity for increased dialogue and inclusion in current planning to improve the national child protection system. This is particularly important in

light of their current role as major alternative care and family support service providers and the opportunity to capitalise on the skills and knowledge some currently apply to innovative programme developments. Perhaps the reflection of informants from non-state providers regarding the sometimes strained relationship they have with SENAME, who are the commissioners, regulators and inspectors of their services, is of relevance to this lack of opportunity to participate in strategic planning.

In Chile, additional efforts are required to secure improvements to multi-sectoral working practices that could more effectively address the root causes of family separation by ensuring access to social services, social protection and a range of other basic and specialist forms of support. This would not only require a strong national body with the mandate for oversight and coordination of a child protection system but also ensuring all those with responsibilities toward children are trained and supported to work together with the same standards, methodologies and case management procedures.

4. The necessity of Gatekeeping mechanisms to prevent unnecessary care placement as well as preventing long term stays in alternative care

Gatekeeping is essential to the functioning of a child care system. Gatekeeping is about making informed decisions, through a consistent and informed process, about care that is in the best interests for those children who are at risk of losing, or already without, parental care. It entails systematically applied procedures to ensure that alternative care for children is used only when necessary and that the child receives the most suitable support to meet their individual needs. It supports the reintegration of children already in alternative care back into their own families and communities. Gatekeeping mechanisms are not only for a country's equivalent of a social worker, but should also be applied by members of all sectors that regularly come into contact with children and have a role to play in ensuring the most appropriate care for children.

A fundamental requirement to meet these principles is not only a work force skilled in the implementation of all aspects of gatekeeping, and sufficient financial investment in service provision, but also the development and effective implementation of case management tools, procedures and mechanisms. A principal weakness in provision of child protection and child care in Chile is the lack of methodology being systematically applied to all aspects of case management, and most especially to those of assessments and informed decision making in the best interest of the child. In addition, the participation of children and their families in these processes is understood to be particularly weak. As a result, one concern is the degree of subjectivity being applied by many decision makers, especially when they lack experience and competencies or, indeed, positive attitudes that help guarantee the most appropriate decisions for each child are being made.

While some key regulations and national technical standards and regulations for protection processes and care services are in place, there is still work to be done to improve this statutory guidance and ensure adequate implementation. For example, some organisations are aware of, but not using, available assessment tools. This may be due to the demand by Government that training and use of these mechanisms must be paid for by the user, coupled with a lack of guidance mandating their use. In addition, there is a noted desire amongst non-state providers for the Government to increase the value of qualitative standards that measure the emotional and developmental outcomes of children in alternative care.

In summary, it is recognised how additional attention to, and investment in, all aspects of statutory guidance, technical procedures, operational standards and quality assurance mechanisms are needed in Chile to guarantee improved decision making, preventing unnecessary entry into alternative care and providing the most suitable responses when children are in need of protection.

5. The necessity of a range of effective services across the continuum of care

In order to ensure the most suitable care for each individual child is provided, it is necessary to have a continuum of care options. In Chile, focus in law and policy places primary emphasis on children remaining in parental care in the first instance, followed by preference for extended family care when alternative care is necessary. When these options are not possible, temporary foster care in non-biological families followed by residential care are the next options, with adoption as a last resort. However, implementation of these laws and policies remain a challenge, and residential care is still the most used form of formal alternative care.

Concerns related to residential facilities include the length of children's stay in care, the different quality of personal care of children currently offered by various providers, and some resistance to change, particularly amongst the larger more established organisations. One reason for ongoing reliance on residential care is the under development of foster care services. In 2013 for example, only 26% of children in formal alternative care were in foster care placements in comparison to 74% in residential facilities. The majority of these foster care placements were with extended family. Issues related to foster care include a shortage of carers and the quality of assessment, matching and follow up. There is also a particular need to motivate people who would be willing to care for older children, disabled children and groups of siblings. It is essential that the Government of Chile constantly review the range and quality of family based care and ensure the safety of children whilst in these alternative placements.

Procedures to support efforts of prevention and reunification are reiterated in law and policy. This includes policy that mandates foster and residential care should be a temporary form of alternative care and all efforts to be made to reunify children with

their own parents or extended family. As with other care and protection mechanisms in Chile, there is an increasing focus on outreach work to offer family support with the aim of family preservation and reunification especially by non-state organisations. Government bodies however, are still failing to allocate sufficient resources to affectively match the rhetoric of policy aspirations in this regard. Some informants also noted the reluctance of some residential care providers to work with families towards reunification because the retention of children in their facilities guarantees their sustainability.

Investments are being made in improving adoption procedures both within government and non-government agencies. A current concern relates to new regulations stating adoption procedures should be started once a child has been in care for 9 months. It is feared this will result in reintegration efforts being rushed and children being returned to home environments that are still not safe. The adoption process is also described by some as being too long, bureaucratic and complex. This may be reflected in the fact that in 2015 only 5% of children in alternative care had adoption status even though they have remained in care for long periods of time. Finding adoption placements for older children, children with disabilities, and children from ethnic groups, remains a challenge even though there are more families coming forward to adopt than children on the adoption register. Positive developments are reflected in the reversing trend of national in comparison to inter-country adoption, with the former now being the greater.

In conclusion, although legislation and policy promotes the prevention of unnecessary separation, provision of suitable family-based alternative care, and parent and child reunification, even with most recent achievements in these areas of work, there is a greater need for investment in the processes and skills required to bring about safe and effective care provision and service delivery.

6. Improved use of data and evidence as a driver of change

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 care reforms and system building. In addition, such evidence is important in ensuring appropriate care planning, tracking and case review for individual children. It is important that efforts are made therefore to ensure good standards and rigour of data collection and compatibility of research methodology including conformity in the use of variables and definitions.

There are mandatory reporting systems required of those providers responsible for child protection and alternative care services. Statistics relating to child protection services are regularly collected and published annually by SENAME under the direction of the Ministry of Justice and Human Rights. However, although these reports contain copious statistics there is little or no analysis of the data provided. In addition, very little of the information contained within these reports relate to use of residential care. There is no qualitative information collated by service providers and no effort made to measure actual outcomes

for children. This is reflected, for instance, in the lack of information gathered through inspection, regulation and reporting relating to the quality of personal care and development of children.

It has not been possible to assess the quality and rigour of data collection and analysis methods in Chile. However, one informant did identify how professionals in Chile *'are really without information...that allows us to set clear goals for what we want to achieve'*. This observation, along with the manner in which statistics are published, may reflect a need to improve the way data is collected and used to inform policy and programme development in Chile.

7. The need for increased participation of children and families

Although the importance of participation of children and families in decision making related to alternative care is mandated for in the policy and legislation of Chile, this is not being fully realised in practice. It is reported that judges do systematically meet with children when making court rulings about their care. However, it is not known how many judges are actually making decisions that directly take into account a child's wishes. The foster care and adoption agencies visited during this research also provided information as to how children participate in final decision making about their care placements.

Informants for this study overwhelmingly agreed however, that children and families do not systematically participate in decision making, they do not always have options fully explained to them and are not fully engaged in the process of assessments, decision making and care planning.

There is much international evidence to suggest the participation of children and families in all aspects of care planning is essential to achieving the most appropriate and suitable decision for each child. It is important therefore, that child care providers in Chile increase their understanding, skills and practice in terms of child and family participation, and ensure that meaningful inclusion of children's ideas, hopes and aspirations are incorporated into all the work they undertake together.

Recommendations

- 1 The Government of Chile, in partnership with non-state providers should re-orientate funding away from residential facilities whilst increasing investment in high quality family-based alternative care, prevention of family separation and reintegration services.
- 2 Increasing efforts should be made by all professionals in Chile to consult and involve children, parents and caregivers in decisions affecting them, and ensure decision making in the best interests of the child.
- 3 The Government of Chile should work closely with a range of non-state organisations, children and families, to develop a costed and time bound strategic plan for reform of the national child protection system and deinstitutionalisation.
- 4 Collaborative efforts by government, non-government, associations and schools of social work should continue to strengthen and scale up training, supervision for and, accreditation of, social workers and all other professionals, including the judiciary, involved in child protection and alternative care.
- 5 The Government of Chile should improve and standardise and the use of inter-sectoral case management tools and mechanisms that safeguard gatekeeping processes including those of referral, assessment and care planning, monitoring and review.
- 6 All efforts should be made to improve a multi-sector approach toward development and delivery of the child protection system in Chile. This includes additional support for efforts by the National Council for Minors at a ministerial level and further investment in multi-sectoral coordination at municipal levels essential for effective local solutions to local concerns.
- 7 The Government of Chile should increase the rigour and range of data collected to inform evidence based policy and planning including the triangulation and analysis of qualitative, quantitative and longitudinal data by which indicators for change can be developed and outcomes for children measured. This should include efforts to ensure actions of regulation and inspection include qualitative aspects of child care.

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Appendix 1: Research instruments used with key informants

Participant Information Sheet

Dr. Chrissie Gale
University of Strathclyde
Lord Hope Building
141 St James Road
Glasgow
Scotland

My name is Dr Chrissie Gale and I have been asked by the European Commission and SOS Children's Villages International to conduct a study on alternative child care in Ecuador.

I would like to invite you to participate in this research. So that you can make an informed decision about participation, this information sheet will provide you with more details.

Please do not hesitate to ask me any questions or, to request any additional information you might need before deciding whether or not to participate.

What is this study about?

This aim of this study is to gain an understanding of the alternative child care system in Ecuador.

Why have you been contacted?

You have been contacted because of your professional knowledge, interest and understanding of child care reform in your own country

What would my participation include?

We are requesting your participation in an interview. The interview will be about alternative child care in your country. The interview should last no more than one hour in total.

We are particularly interested in understanding the situation of children in alternative care, where they are and the reasons a decision was made to place them there. We are also interested in understanding the services available to help prevent children being separated from parental care. In addition we would like to understand the child care reforms that have taken place in your country over the past 5 years and what you think were the successes and challenges of the programme and policies.

How do I inform you of my decision to participate or not to participate?

Before the interview you will be provided with a form to read with questions about your

willingness to participate. If you are happy to go ahead with the interview, we will ask you to kindly sign the form. If you give your consent to participate you can also choose whether or not to answer particular questions during the interview.

Confidentiality

If you do not want your name mentioned in the research report you can indicate this on the consent form.

If you provide your consent we would like to digitally record the interview.

Copies of the interview will not be available to anyone other than the researchers.

Thank you

Consent Form for Professionals and Carers

Alternative Child Care Study in Ecuador

Please answer the following questions to the best of your knowledge

I confirm that:	YES	NO
I have understood what my participation involves and how the information I provide will be used		
I understand that my participation is completely voluntary and I am free to withdraw as a participant at any time		
I agree that the information I provide can be used in a research report		
I agree my name can be used in the research report if an additional request is made		
I agree to the recording of this interview		

I hereby fully and freely consent to my participation in this study
Participant's signature: _____ Date: _____
Name in BLOCK Letters: _____

To be returned to: Chrissie Gale, University of Strathclyde, Glasgow, Scotland

Appendix 2: Research instruments used with children

Text of the Decision-Making Information Leaflet for Children

What is this leaflet for?

This leaflet is to help you understand what our 'research' is about, and why we are interested in listening to what you have to say.

What is research?

Research is about finding out more about something - it is like exploring.

What is this research about?

This research is about children and decisions that are made about them. It is especially about decisions that are made when you are looked after away from home.

Who makes the decisions about where you live? what you do?

How much say do you have?

It is especially about children aged 10-17.

Why are we doing this research?

We think it is important to listen to children. We would like to hear about your experience

Who are we?

My name is Chrissie Gale I have worked with children before. I have a job working with social workers in a University in Scotland, UK.

What will we be doing?

We want to meet about 45 children to listen to their views. All the children are aged between 10 to 17 years and most are looked after away from their home. We hope to meet girls and boys.

Will you be one of them?

We hope you would like to meet us. We will be asking the person who looks after you to ask you if you are willing to meet us.

What will the meetings be like?

We hope that the meetings will be interesting and fun. We have different activities which may help you to think about your experience of where you live, who has made decisions about you live, and what you think about this..

If you meet us will you be with other children?

Yes we would like to invite you to come to be with a group of about 10 other children. All these children will be about the same age as you and will have had some similar experience to you.

We think that some children may find it easier to say what they think with other children. Also, it should be fun and interesting.

Who will be told about what you say?

Everything that you tell us in our meetings will be confidential. This means that we will not tell anyone else what you say.

However, if you agree we would like to tape record our meetings. This will make it easier for us to remember what you tell us. We won't let anyone else listen to the tapes.

How will we tell other people what children think?

Other people are really interested in knowing what children think. So, we will write some reports about what children say is important to them, but we won't name anyone's names.

Also, we hope that you may like to make something that adults can listen to or read about, to let them know what children think.

What will happen next?

If you are willing to meet us we will make arrangements with you, and your carer.

Do you have to agree to meet us?

No, it is your choice whether you take part. It will always be your choice to meet us.

Why should you agree to meet us?

- It is a chance to say what you think
- Your views will be seriously listened to
- We hope the meetings will be interesting and fun

My participation

Who am I?

My name is Chrissie and I work at the University of Strathclyde in a country called Scotland. I'm visiting Ecuador to make an assessment of child care in your country...



←--- This is me!

WHAT WOULD WE LIKE TO TALK TO YOU ABOUT?

Today I would like get to know a bit about you. You might want to ask me some questions too. But you don't have to talk about anything private if you don't want to. You can decide what you want to talk about or not. Here are some of my ideas for what we might talk about....

Who is important to you?

E.g. who are the people who are important in your life and if you have any worries who do you go to

What kind of things or people do you think can help you and other children and young people?



WHO WILL KNOW WHAT I'VE SAID?

If it's okay, we will be writing some things down. These are just for me to remember what we did together. I won't use your real name.

OK I WANT TO DO IT! If you are happy to talk to me today I would ask you to just put your name on the form below.

My Consent form

My name is and I am happy
for you to meet me and for me to tell you more about myself.

My signature.....

Date.....

Thank you! 😊

Appendix 3: Human Rights Instruments Signed and Ratified by Chile

Human Rights Instruments signed and Ratified by Chile	Signed	Ratified
International Convention on the Elimination of All Forms of Racial Discrimination :1969	1966	1971
International Covenant on Civil and Political Rights :1976	1969	1972
Optional Protocol to the International Covenant on Civil and Political Rights :1976	NA	1992
Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of the death penalty :1991	2001	2008
International Covenant on Economic, Social and Cultural Rights :1976	1969	1972
Optional Protocol to the International Covenant on Economic, Social and Cultural Rights :2013	2009	NA
Convention on the Elimination of All Forms of Discrimination against Women :1981	1980	1989
Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women :2000	1999	NA
Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment :1987	1987	1988
Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment :2006	2005	2008
Convention on the Rights of the Child :1990	1990	1990
Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict :2002	2001	2003
Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography :2002	2000	2003
Optional Protocol to the Convention on the Rights of the Child on a communications procedure :2014	2012	2015
International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families :2003	1993	2005
International Convention for the Protection of all Persons from Enforced Disappearance :2010	2007	2009
Convention on the Rights of Persons with Disabilities :2008	2007	2008
Optional Protocol to the Convention on the Rights of Persons with Disabilities :2008	2007	2008

Source; <http://indicators.ohchr.org>