

Alternative care in Latin America and the Caribbean. Overview of progress, threats and challenges

Latin American Foster Care Network (RELAF)¹

1. INTRODUCTION

The reasons for the separation of children and adolescents from their parents in Latin America and the Caribbean are diverse and complex (RELAF, 2010). Although there is progress in the implementation of foster care programs, in most countries the number of children and adolescents in family-based or foster care is much lower than those in institutions.

Despite legislative adjustments in Latin America and the Caribbean (in line with the Convention on the Rights of the Child and the Guidelines for the Alternative Care of Children) that prohibit the separation of children and adolescents from their family due to poverty, this continues to be, in some situations, the primary cause of separation, and in others, complicates processes of rights protection intervention and ultimately leads to separations that could have been prevented.

However, the following are examples of progress made in recent years, even in the context of the pandemic.

2. SOME CHARACTERISTICS OF THE SITUATION OF CHILDREN AND ADOLESCENTS DEPRIVED OF PARENTAL CARE IN LATIN AMERICA AND THE CARIBBEAN

Between 230,000 and 375,000 children and adolescents are in residential or institutional care in Latin America (LUMOS, 2019). For example, in Argentina, of the 9,219 children in alternative care, only 19.64% of these are in foster care (SENNAF and UNICEF, 2014). In Peru, according to the Min-

¹ <https://www.relaf.org/cv/CV-RELAF-2020.pdf>

istry of Women and Vulnerable Populations, only 3.87% of the 5,934 children in alternative care are in family-based care, and in Mexico, only 0.5% of 24,574 children. This trend is similar in most countries, with some exceptions such as Chile and Costa Rica (PANI and UNICEF, 2019).

There are several persistent characteristics of confinement (RELAF and UNICEF, 2016a) and deprivation of liberty, unnecessary admissions to the system, extended stays, discrimination (RELAF and UNICEF, 2013) and recurrent violations of the rights of institutionalised children and adolescents (RELAF, 2011). In particular, the situations of children and adolescents in the following groups are a cause for concern:

Children under the age of 3 (RELAF, 2013)

- Represent approximately 10% of institutionalised children.
- It is estimated that for every year that a child under the age of 3 spends in an institution, they lose 4 months of development.

Children with disabilities (RELAF and UNICEF, 2016b)

- Represent approximately 20% of institutionalised children.
- Disability is one of the main factors of their institutionalisation.
- Institutionalisation of children with disabilities tends to be longer.
- Their participation in programs on the prevention of institutionalisation, foster care, and adoption is lower than that of children without disabilities.

Unaccompanied migrant children

- The characteristics of confinement and deprivation of liberty are accentuated in the alternative care of unaccompanied migrant children.

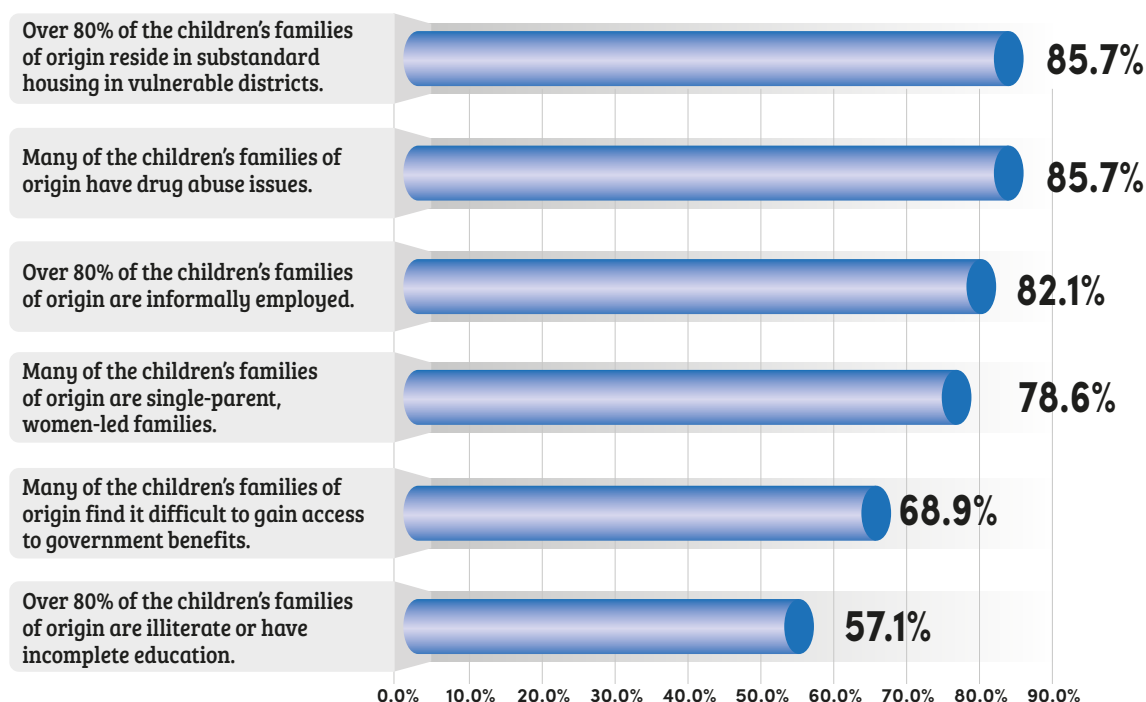
3. WHAT IS THE RELATIONSHIP BETWEEN POVERTY AND THE DEPRIVATION OF PARENTAL CARE IN LATIN AMERICA?

A study carried out by RELAF, Tejiendo Redes Infancia and the European Union (2021) uses Mexico as a case study for the region and reveals that the right to family and community life is severely threatened by conditions of poverty. 45.25% of the population is in a situation of poverty, and this figure rises to 49% in the case of children and adolescents. Situations of violence, problematic substance abuse, disability, mental health, etc., more frequently result in the separation of children from their primary caregivers when they coincide with conditions of poverty.

On the other hand, the study revealed that of the total 22,793 institutionalised children, 6,961 (30.45%) were “submitted” into care by their families because they lacked the resources and economic means to care for them and ensure that their needs were met.²

² Another case is documented in the context of a collaboration between RELAF and UNICEF for the Panamanian government. In 2015 and 2016, deinstitutionalisation experiments were developed, involving 75 children and adolescents housed in three shelters belonging to civil society. The case study revealed that 22 children and adolescents (29.5%) had been admitted ‘voluntarily’ at the request of their families due to lack of financial resources. See RELAF and UNICEF (2016c).

Similarly, from a multidimensional perspective on poverty, the study addresses the perception that the administrative protection agencies of each state (State System for Integral Family Development) have regarding the conditions in which institutionalised children and their families of origin live.

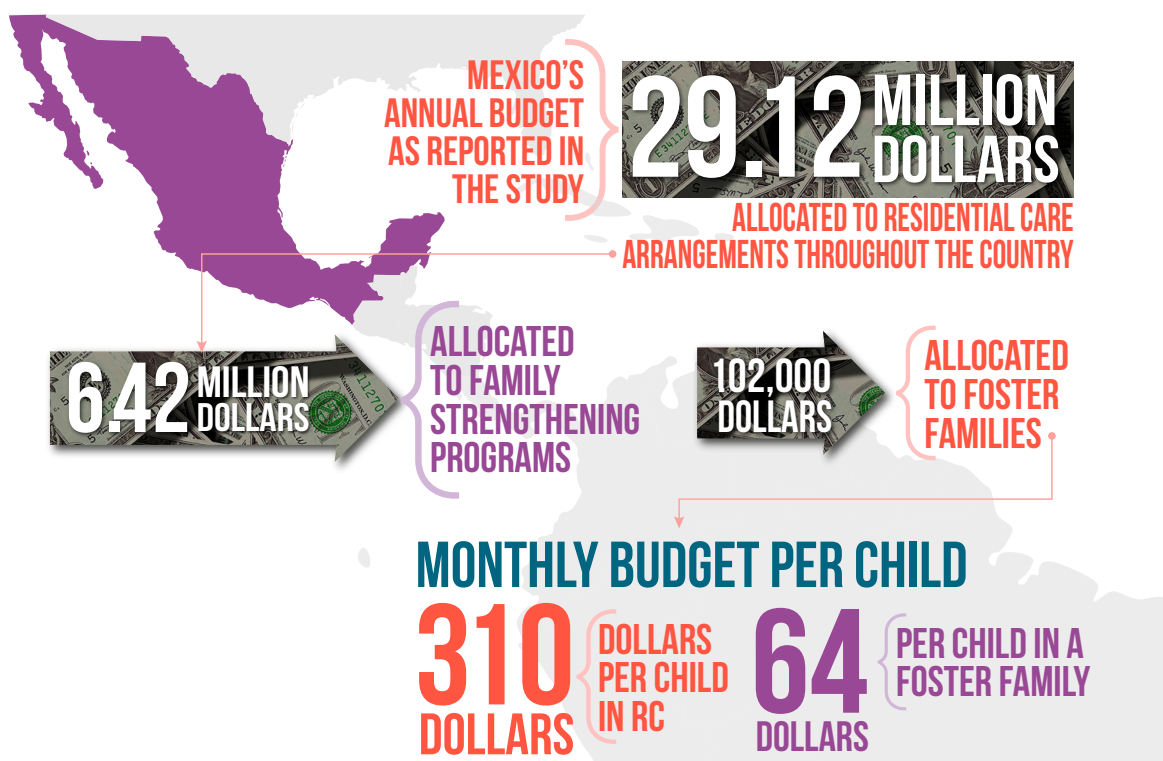


The Covid-19 pandemic has complicated the situation. According to CEPAL (2021), 'in 2019 there were 467 million people in a vulnerable situation and now 491 million are up to three times below the poverty line; that is, they receive three times less than minimum wage'. Latin American and Caribbean countries must adapt protection policies and programs, investing and redirecting resources in favour of practices that guarantee the right to family life.³

4. HOW IS PUBLIC INVESTMENT USED IN POLICIES AND PROGRAMMES TO GUARANTEE THE RIGHT TO FAMILY AND COMMUNITY LIFE IN LATIN AMERICA?

The study by RELAF, Tejiendo Redes Infancia and the European Union mentioned above analyses public investment in special protection for children and shows a disproportion between the public budgets of administrative agencies specialising in children that support alternative residential care and the investment in strengthening families and foster care programmes

³ The Covid-19 pandemic puts the fragile and incipient right protection systems at risk and generates issues in the processes of deinstitutionalisation and guaranteeing the right to family and community life. A reduced presence or absence of courts, public prosecutors or specialised prosecutor's offices has been identified, as well as the closure of care arrangements and sudden transfer of children, interruption of family bonding processes, and the unnecessary prolongation of residential alternative care, among others. For more information: https://www.relaf.org/covid-19/COVID_19_Situacion_regional_RELAF.pdf



Likewise, a study by RELAF (2019) in six countries in the region found that there is insufficient funding for programmes that favour deinstitutionalisation and, in fact, the existing funding supports the tendency to keep or retain children in alternative care in the form of residential care. The study also reveals that residential care is more costly than foster care. The overuse of residential care, coupled with the high costs associated with it, results in the inefficient investment of available resources.

5. LATIN AMERICAN BENCHMARK EXPERIENCES

5.1 Venezuela: foster care for children “left behind” with extended family

According to data from UNICEF’s regional office for Latin America and the Caribbean, it is estimated that by 2019 close to 4.3 million Venezuelans left the country (of these, approximately 1.1 million were children and adolescents).⁴

Many of the adult migrants are the primary caregivers of children whose care has been delegated informally to relatives and members of the community. These children whose parents have migrated are known as the “children left behind”.

Those who are left in charge of the care of children and adolescents may have limitations in the conditions in which they bring up the children (housing, economic or emotional problems, etc.), which increases the risk of children and adolescents losing this care and

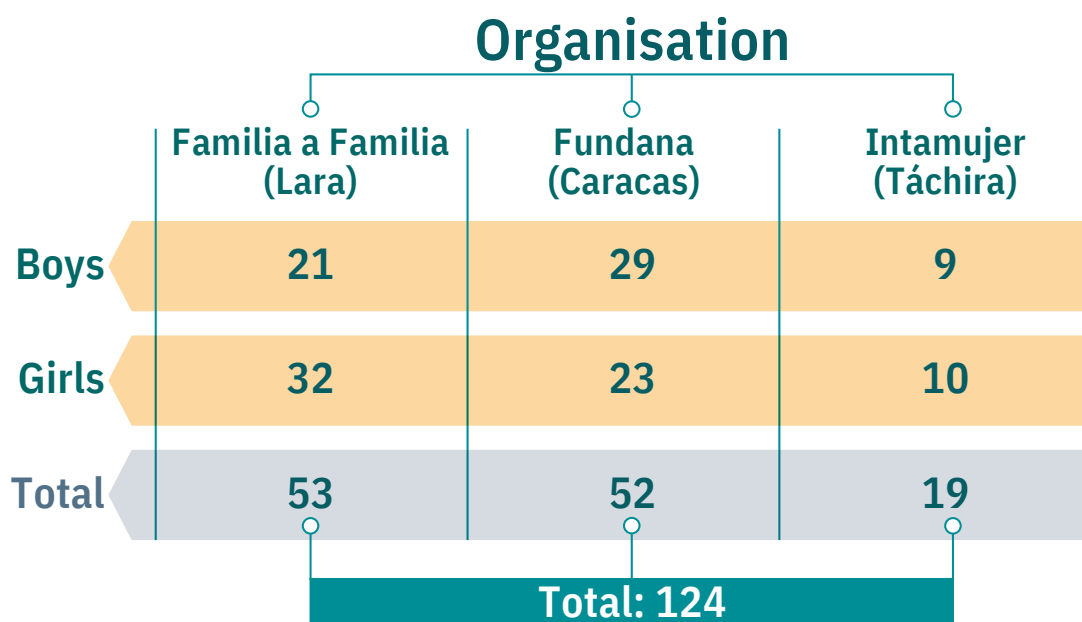
⁴ UNICEF warns that 4.3 million migrant children and adolescents from Venezuela and 6.8 million from Mexico and Central America will need humanitarian assistance in 2021. Accessed 9th June 2021. <https://www.unicef.org/peru/comunicados-prensa/unicef-advierde-4.3-miliones-ninos-ninas-adolescentes-migrantes-asistencia-humanitaria-2021>

being placed in institutions. Due to this situation, exacerbated by the pandemic, it was necessary to evaluate, strengthen and formalise these care arrangements under the terms of the LOPNNA (Child and Adolescent Protection Act) through foster care and family placement.

In March 2020, RELAF and UNICEF Venezuela collaborated to support the State and civil society in the development of tools for family-based alternative care for children and adolescents (RELAF, 2021).

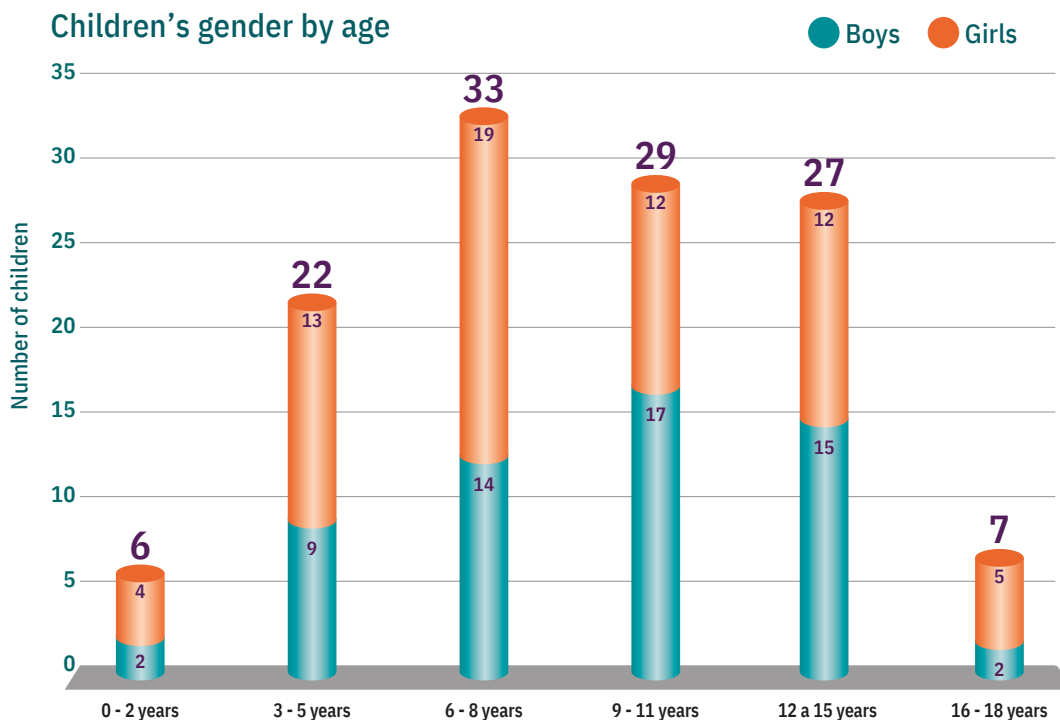
Three selected organisations (FUNDANA, De Familia a Familia and INTAMUJER) initiated foster family programmes.⁵ These were innovative experiences, particularly because of the experiences of the children, the foster families (extended family), and the alignment of the procedures and standards with children’s rights.

The programmes were set up in specific state, legal, political and institutional contexts, as part of a comprehensive rights protection system and in coordination with the agencies involved (Rights Councils, Protection Courts, etc) in the states of Lara, Caracas and Táchira. The three programmes involved 124 children and adolescents in 75 families.



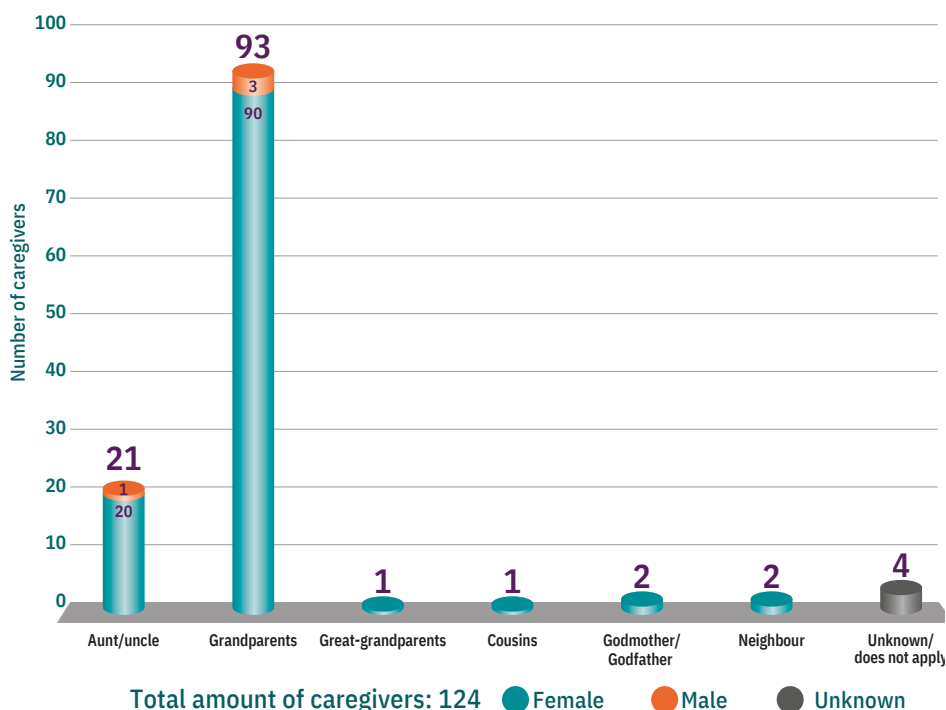
Since informal foster care was in progress in all cases, the programme was based on the identification of families in the communities, their evaluation, comprehensive support and formalisation of care, and ensuring suitability of care by extended family. It included children and adolescents of all age ranges and genders.

⁵ Of 124 families, 69% of the women had migrated abroad. From RELAF (2021), p.16.



The case studies of all three programmes show that in almost all cases the responsibility of care fell on women, particularly grandmothers and aunts.⁶

Foster care by the extended family



The programmes developed a comprehensive support strategy for foster families. This included economic support (such as through direct transfers), psychological support (both for the child and for the foster family), legal support (for the formalisation of care arrange-

⁶ Women represent 75% of the total amount of unpaid workers that care for children, the sick and the elderly; this makes them systematically poorer and has negative consequences for them and those that they care for. See ILO (2018).

ments); support for the development of family endeavours, children's education and reintegration with families of origin; medical care; and improving living conditions.

The studies confirmed the importance of extended family with comprehensive support as a resource for the care and protection of children and adolescents in foster families and in family placement arrangements.

5.2. Mexico: progress in the expansion and diversification of foster care

The installation of foster care programs has advanced in Mexico since the enactment of the LGD-NNA (Law on the Rights of Children and Adolescents) and legislative adjustments in the states.

The aforementioned study by RELAF, Tejiendo Redes Infancia and the E.U. found that 54% of Mexican states reported having foster care programmes, with 181 certified families. The vast majority of these families were not members of the children's birth families.

Between 2016 and 2018, RELAF and UNICEF (Germes Castro y Cuello Miedzybrodzki, 2018) supported the introduction of six foster care pilot programmes (Federal, Morelos, Mexico City, Chihuahua, Campeche, Tabasco). There are currently ten programmes installed in accordance with the technical guidelines developed in the pilot phase (Sonora, Guanajuato, Tlaxcala and Aguascalientes were added later on) and they include 164 children and adolescents (RELAF and UNICEF, 2018). Although the scale of the project is small, it has had a large impact:

- **Mexico City:** the programme has 50 foster families. RELAF and UNICEF are providing support to extend this to 200 families next year. Currently, training is in progress for technical teams, made up of 30 professionals and technicians who have been reoriented in their role within DIF (Integral Family Development System) for the implementation of the programme. Families that specialise in fostering children with disabilities, migrant children, and children and adolescents in conflict or processes of criminal law will be included in the consolidation and expansion phase. In turn, in coordination with the Attorney General's Office of Mexico City, the programme is integrating children and adolescents that are housed in the Office's arrangements: the CETNN and the Agency 59 and Agency 57 leisure spaces, within the context of the closure and restructuring of institutions.
- **Tlaxcala:** the programme has 10 foster families. It was initiated, with the support of RELAF, as part of a process of transformation of the alternative care and deinstitutionalisation system in the state of Tlaxcala. Tlaxcala has a public CAS (social care centre), where the number of institutionalised children and adolescents has been significantly reduced (from 80 children to 20). Efforts have been made to address entries into the system, promote the deinstitutionalisation of children and adolescents in the CAS and invest in the foster care programme. DIF redirected public resources that were intended to support institutionalisation into consolidating and expanding the foster care programme instead. It has also recently initiated a professionalised families element, with the first experiment on active professionalised foster care.

6. RECOMMENDATIONS FOR LATIN AMERICA

- 1) Invest in families: redirect spending and expand the base of support programmes for families and communities of origin to prevent unnecessary separations and promote family integration in the cases of children deprived of parental care.
- 2) Promote foster care: strengthen programmes and encourage a foster care “culture” to restructure the forms of care arrangements.
- 3) Address the entry of children and adolescents into the alternative care system and eradicate poverty as a reason for entry into alternative care.

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