

LUMOS

**IN THE NAME
OF CARE AND
PROTECTION:**

**CHILD
INSTITUTIONALISATION
IN LATIN AMERICA AND
THE CARIBBEAN**



IT IS HOPED THAT THIS REPORT WILL BE A USEFUL TOOL FOR EVERYONE WHO WORKS TO GUARANTEE THE RIGHT OF CHILDREN AND YOUNG PEOPLE TO LIVE IN FAMILIES.

ACKNOWLEDGEMENTS AND AUTHORS

This report was written by **Lumos** and developed in collaboration with the **Inter-American Children's Institute (IIN)** of the OAS and **RELAF** (The Latin American Foster Care Network for the Right to community and family-based care for children and adolescents).



A family for all children

Authors: Natalia Varela and Lina Gyllensten

Technical review and input: Daphne de Souza Lima Sorensen

Translation support: Emiel Coltof

Design: 59deluxe and Annabel Dakin

Cover image: © Fundamor Colombia



Daniel Claverie
Victor Giorgi



Oscar Melchor
Maria Sánchez Brizuela
Matilde Luna

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FOREWORD

These are unprecedented times. A pandemic is ravaging across the globe with devastating impact. Some of the immediate effects are becoming clear, but the long-term impact is one of great uncertainty. While the Latin America and the Caribbean region has strong, progressive foundations in child rights, it is also one of the most violent and unequal regions in the world. The impact of COVID-19 will be substantial and multifaceted.

The effects will be felt throughout the community. Household income will be reduced for many, and sustainable livelihoods affected. Numerous people are part of the informal sector and have no safety net to support them as circumstances change. There are already 185 million people living poverty in LAC, which is estimated to increase to 220 million; with those living in extreme poverty expected to increase from 67 million to almost 90 million. Many more vulnerable families and children will be created as a consequence of the pandemic – and for those already in a vulnerable situation, the challenges they face will become more severe.

There is a common narrative that the virus affects children to a lesser extent. However, although not affected in the same way as adults, children can become silent victims – deprioritised as attention is directed towards constraining a virus, rather than building a community. Illness or even death of parents and other caregivers has a profound impact. Especially the children who are looked after by elderly relatives; as even if they are not sick, they may not be able to continue to help out due to the risk of contracting the virus.

Access to health care and other services is already poor and inconsistent in many places across the region, which will be compounded by the influx of COVID-19 patients. This is particularly pressing for children with disabilities, who often have additional barriers to access healthcare services and can struggle to have their healthcare needs met. The consequences of the measures to combat the virus also include increased risk of domestic violence and specifically violence against children, who may be confined in the home of an abuser. Even before the virus, around a third of women in LAC had suffered from intimate partner violence in their lifetime. The region has the highest rate of child maltreatment in the world, where tens of thousands of children die every year due to domestic violence. It is evident that the already stretched social welfare system will struggle to ensure children's safety.

All of these issues will increase the risk of family separation in the region, and in some cases may lead to increased institutionalisation. In institutions, as has been seen in residential care for older people, children are especially vulnerable to the pandemic due to the congregated setting and staff turnover, which increase the risk of contracting and spreading of the virus.

The pandemic has also given rise to a multitude of safeguarding concerns, especially in relation to the lack of monitoring of care placements, as there may be fewer visits by other professionals and by family members to the institutions. In addition, with fewer children going to school or accessing community services – there are fewer opportunities for professionals to identify concerns with their welfare. With reduced government budgets there is a risk that children's services suffer further, and other donor support may also diminish.

We have yet to see the full impact of the pandemic, but it is already clear that vulnerable families and children will need extra support to prevent their separation. Despite the grim circumstances of the current situation, this is an opportunity to assess the use of institutions and fulfil children's right to grow up in families. Where institutions have closed or prevented admissions, it has demonstrated that children can be looked after in families. The evidence on the impact of institutionalisation has shown us that they need to be. **Children belong in families, not institutions.**

EXECUTIVE SUMMARY

Millions of children across the world are living in institutions, separated from their families in the name of care and protection. They are growing up without the love and attention they need to thrive, which only a family can provide. Children have a right to family care, yet many continue to be placed in institutions across the globe; due to poverty, war, natural disaster, discrimination, gender inequality, disability, abuse and neglect, migration and social exclusion. A lack of services and support in the community often means parents are forced to place their child in an institution.

It is a problem that largely remains hidden from view, despite the risk of severe harm to children, their development and chances in life. Transforming care and redirecting support away from institutions to meet children's needs in the community can be a challenging prospect. Particularly in countries struggling with inequality, violence, war and poverty, and where communities do not have sufficient basic services, especially in rural areas. There is often a lack of belief that family care and community-based services can meet children's needs well and a lack of understanding that family-based care can be affordable and sustainable. However, experience in some countries of the Latin American and Caribbean region (LAC) is beginning to show that transformation is possible, and cost-efficient, when governments take responsibility, lead and work together with partners.

Children in Latin America and the Caribbean have been placed in residential institutions in the name of care and protection since colonial times. Communities in the LAC region have had a long history of being subjected to patriarchal and colonialist control which has left a legacy of violence, discrimination and inequality. There are important factors affecting institutionalisation in the region. Child maltreatment and abuse are reportedly the main drivers of institutionalisation here, but there are many other factors and complex intersections. Poverty, lack of access to services and violence are driving families to search for residential settings, including so-called protection institutions and boarding schools, in the quest to access to basic rights, such as protection, food, shelter and education. Violence and poverty are also driving families and children to migrate in search of better opportunities or simply to stay safe.

To identify and untangle the drivers of institutionalisation in the LAC region, it is imperative to understand the complexity of the social/cultural, economic and environmental aspects.



Social drivers such as **violence, child maltreatment, sexual abuse, gender inequality**, the increasing number of people being incarcerated, as well as discrimination due to disability, ethnicity, and special health conditions such as HIV/AIDS, may all increase the risk of children being put into institutions.



Economic drivers: poverty makes families and children vulnerable, affecting access to healthcare, education, housing and other basics such as quality food. Poverty and **lack of access to services** could also force families or unaccompanied children to migrate in search of more and better opportunities. Sometimes family members will migrate alone, leaving other members, including children, behind.



Environmental drivers such as **earthquakes, hurricanes, floods, tsunamis and landslides** put families and children in immediate danger. They may also cause widespread disruption and loss for families and communities, which increases the risk of institutionalisation.



To address this complex problem, understanding the scale and nature of institutionalisation is essential. However, institutions are often unregistered or unrecorded and few countries have a centralised system for counting the numbers of children in institutions, or systems in place to monitor their care. This is exacerbated in countries where institutions are predominantly run and funded by private organisations and individuals, rather than state authorities, as well as where state governance is weak. When children are not counted, it is impossible to develop, or fund plans or policies based on evidence to address the issues which lead them to be separated from their families.

In the LAC region, estimates of children and young people living in so-called protection institutions range from 230,000 to around 375,000. Some estimates are based only on administrative data, representing just the tip of the iceberg, and others are from non-official sources (such as NGOs and foundations) and it is common to find conflicting data among sources when up-to-date public information is not available.

For this report, an estimate of 187,129 children in protection institutions was calculated based on the data available.¹ However, the real number may be much higher, not just because of the lack of data, but also because there is no common definition of what an institution is. For example, if children living in other institutional settings such as boarding schools were also counted, the number would increase by several hundred thousand. By adding the available boarding school information for only three countries – Colombia, Chile and Mexico – **the overall estimate could increase to more than 360,000 children living in institutional settings.**

Although placement in boarding schools is generally voluntary, the reasons for admissions are often similar to those of institutions, such as poverty and lack of access to services. Children have the right to education but that does not mean they should be denied the right to grow up and thrive in a family. The boarding schools also share relevant characteristics and risks with institutional settings, for example, they often isolate children from the community and restrict access to their family, especially children and young people from indigenous communities or of African descent. This clearly demonstrates the importance of the understanding of the definition of ‘institution’ when counting children outside family care.

Care can be provided successfully in families and services in the community. This includes children and young people with disabilities and special health needs. However, children and families still face barriers to accessing universal services in the LAC region, including education and healthcare, as well as targeted support services and alternative care. The care transformation process should pay special attention to these factors, as it is about reinvesting funds in higher quality services that better meet the needs of a greater number of children. It is crucial that all countries establish a registry that includes all types of care: whether they are public or private, and however they are financed, data must be collected in all settings to monitor their work and care for children. This data is essential to effectively plan care transformation, end the reliance on institutions and ensure better solutions for vulnerable children.



There is still a long way to go to achieve transformation of care systems across the LAC region. However, there are significant developments which can be highlighted:

- Government initiatives in different countries pursuing thoughtful transformation processes of their protection systems based on the best interests of children and young people.
- Initiatives of various non-governmental actors and residential care providers that want to transform their services.
- The progress in censuses, record keeping and the development and implementation of monitoring tools.
- The progress made in raising awareness about the negative effects of institutionalisation on children and young people.

There are still great challenges to overcome, notably the persistent absence of reliable data on child protection systems to enable effective planning, leaving many children and young people invisible. However, the progress made has helped to demonstrate that children and young people do not need to grow up in institutions, they can have their rights fulfilled and needs met in families and the community.

**FOR THIS REPORT,
AN ESTIMATE OF
187,129
CHILDREN IN
PROTECTION
INSTITUTIONS
WAS CALCULATED
BASED ON THE
DATA AVAILABLE**

SUMMARY RECOMMENDATIONS:

TO LATIN AMERICAN AND CARIBBEAN STATES

- Establish or improve systematic data collection and analysis of children and young people outside family care, based on clear and consistent definitions.
- Improve awareness about the harm of institutionalisation and the importance of family-based care.
- Prioritise investment in care transformation over the maintenance of outdated institutional systems.
- Develop a clear regulatory framework to support initiatives to transform care, ensuring the best interests of children are the central focus, and remove barriers to effective care transformation.
- Empower children and young people to participate fully at all stages of the transformation process.
- Ensure that families and children have access to a comprehensive set of universal and targeted services.
- Establish clear laws against corporal punishment and violence against children, and multi-disciplinary services to tackle child maltreatment and abuse, to prevent institutionalisation and family separation.
- Increase efforts to alleviate poverty, focusing on the most vulnerable communities, ensuring that children are not unnecessarily separated from their families.

TO CIVIL SOCIETY ORGANISATIONS AND DONORS

- Work together with and support national and local governments on care transformation.
- Invest in rigorous monitoring and evaluation of reform processes.
- Ensure that learning is captured and shared.
- Enact internal regulations to prohibit investment in institutions and divert funds to care transformation.
- Prioritise investment in care transformation, and family and community-based services, such as inclusive education, community healthcare, housing, family support services and alternative family care.
- Discourage orphanage 'voluntourism' and safeguard children in orphanages from unvetted visitors and volunteers.

TO RESEARCHERS AND ACADEMIA

- Support strategic reviews of the systems of looking after vulnerable children, to enable evidence-based planning for care transformation.
- Support the design and planning of evidence-based interventions to be implemented and adapted to new contexts, systems, cultures and population groups.
- Empirically examine interventions to evaluate outcomes for children and families.
- Identify areas of research which can support care transformation and the implementation of family-based care.

PURPOSE

The purpose of this document is to map the scale and nature of institutionalisation across the LAC region, gathering up-to-date information from each country as far as possible and identifying patterns and developments. To provide a fuller overview of the issue, aspects such as a brief history of institutionalisation in LAC and an analysis of the drivers of institutionalisation are included, as well as a look at child protection systems, and examples of initiatives to transforming care in the region.

It is hoped this report will be of use to:

- Governments in the LAC region
- Service providers, including institutions considering reform
- Civil society organisations and movements who have been working on this issue throughout the LAC region for many years
- Other stakeholders across the region who are interested in addressing institutionalisation and transforming care for children.

METHOD AND LIMITATIONS

This report relies primarily on desk-based research. A literature review was carried out through a systematic exploration of academic literature and databases, grey literature and web-based searches, as well as identification of relevant additional documents, reports and materials. A set of search terms relevant to each thematic area was determined in order to source information. Searches were carried out in three languages: English, French and Spanish.²

Where possible, information about the number of children in institutions and the number of institutions (both private and public) was officially requested from national information systems, to include up-to-date data. Key informant interviews with experts from academia and other stakeholders, such as government officials, were also conducted to provide insight into the numbers.

When gathering information across such a broad area, there are significant limitations in the data. These limitations made it difficult to clearly distinguish to what extent the data sets are comparable across countries, although a focus on the themes and patterns was discernible.

The challenges in collecting information included:

- Reliable data about children in care and other situations of vulnerability is scarce for most of the countries in the region.
- There is no commonly agreed definition of what an institution is, and the interpretation varies from country to country and between different stakeholders.
- Lack of consistency and communication between the different official bodies holding information was an issue in several countries, where isolated records contained scant or poor-quality information.
- Some official government web pages were non-existent or out of date.
- There was conflicting data among different sources such as NGOs and government departments and up-to-date public information was almost never available.

Data in this report should therefore be treated as the best estimate based on the available data at the time of publication.



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INSTITUTIONALISATION AROUND THE WORLD

Millions of children worldwide live in residential institutions including so-called orphanages, that deny them their rights and cannot meet their needs.³ On average more than 80% are not orphans but have at least one living parent and with a little additional support, most children could live with their birth or extended families.⁴ Many children are placed in institutions due to poverty, war, natural disaster, discrimination, disability and social exclusion.⁵ Lack of services and support in the community can mean that parents are forced to leave their child in an institution.⁶ Children may also be admitted to institutions for the purpose of exploitation⁷ and can be actively 'recruited' to orphanages, often using promises of education or food, in order to attract volunteers, donations and other funding; a form of exploitation increasingly being recognised as 'orphanage trafficking'.⁸

Governments in many countries believe that providing care and protection to children through institutions is the most cost-effective option. However, research from a wide range of countries has shown that institutional care is more expensive than family-based alternatives.⁹ An assessment of the available evidence found that on average, institutional care is eight times more expensive than providing social services to parents and children; it is up to five times more expensive than foster care and twice as expensive as community residential homes or small group homes.¹⁰ Transforming care must not be viewed as a cost-cutting exercise. Instead, this should be a process of reinvesting funds in higher-quality services that meet the needs of a greater number of children and families.

To tackle the drivers of institutionalisation, it is important to understand the complexity of the political, economic, social/cultural and environmental conditions faced by countries.¹¹ This report provides an overview of the main drivers of institutionalisation in the Latin American and Caribbean (LAC) region and explores the overlap and interconnections between them.

1.1 THE HARM OF INSTITUTIONALISATION

More than 80 years of research from across the world has demonstrated the different types of harm caused by institutionalisation to children who, deprived of loving parental care, can suffer life-long physical and psychological negative effects.¹² Due to an absence of emotional and physical contact and insufficient one-to-one interaction with a responsive caregiver, children in institutional care settings face difficulties forming secure attachments which are essential to healthy development.¹³ This inability of institutional environments to meet children's individual needs can lead to developmental delays and challenging behaviours.¹⁴ The landmark Bucharest Early Intervention project found that young children raised in institutions had considerably under-developed brains compared with those in foster families.¹⁵ Even short-term placements in institutional care can damage a child's physical and mental health, with young children being most vulnerable.¹⁶ According to numerous studies, children who remain in institutions after the age of six months often face severe developmental impairment, including intellectual and physical delays.¹⁷

The negative effects of Institutionalisation on children include:

- More likely to form insecure attachments
- Developmental delays
- Challenging behaviours
- Under-developed brains
- Intellectual and physical delays

MANY CHILDREN ARE PLACED IN INSTITUTIONS DUE TO POVERTY, WAR, NATURAL DISASTER, DISCRIMINATION, DISABILITY AND SOCIAL EXCLUSION



The impact of institutions can also severely limit the future life chances of the children who grow up in them and young people leaving institutions often continue to face significant challenges.¹⁸ Studies have shown that care leavers are more likely to be involved in criminal activity, that institutions are ineffective in preventing criminality,¹⁹ and that young people leaving institutions are at increased risk of prostitution and suicide.²⁰ Young people leaving institutions are especially vulnerable to these risks because they have had fewer opportunities to develop the social skills and networks they need to live successfully and independently in the community.²¹ These poor outcomes for children result in high potential social and economic costs to society.²²

Institutions themselves are also a high-risk environment. Children in institutions in many countries experience various forms of neglect, abuse and maltreatment.^{23, 24} Even in institutions without harsh disciplinary regimes, children are often neglected.²⁵ The situation is similar in countries where residential care has more and better resources with a smaller number of children per facility, and the prevalence of physical and sexual abuse in residential care is also higher than in other forms of care.^{26, 27}

1.2 WHAT IS AN INSTITUTION?

A main challenge to ensuring that children in all relevant settings are included in data collection is that there is no universally accepted definition of an 'institution'. 'Residential' and 'institutional' care may be used interchangeably, or a narrow definition of an institution is applied, focused for example on only one size or type of provider. Therefore, clarity around definitions and terminology is essential to provide accurate numbers, by identifying what is being measured and what is not being measured. This report defines an institution as any residential setting where an 'institutional culture' prevails. Children living in an 'institutional culture' are isolated from the broader community and are compelled to live with children to whom they are not related. These children, and their families, do not have control over their lives, or decisions that affect them. Crucially, the requirements of the organisation tend to take precedence over the children's individual needs.²⁸

An institution would include at least one (often more) of the following key factors:

- Children are arbitrarily separated from their parents (and often their siblings) and raised by personnel who are paid to care for them, and who usually work in shifts.²⁹
- Numbers of unrelated children live together in the same building or compound.
- The child does not have the opportunity to form a healthy emotional attachment to a primary caregiver.
- The setting is isolated from the broader community and is distinctly identifiable as being outside the broader community (for example, by the use of measures like high walls or fences, barbed wire, guards on the gate, or provision of a school on-site).
- Contact with the birth and extended family is not actively encouraged or supported and is at times discouraged.
- Care is generally impersonal, and the needs of the organisation come before the individual needs of the child. This may lead to a range of neglectful behaviours on the part of personnel (for example, children are not fed sufficiently, babies are left in soiled nappies for long periods and not being comforted) and the use of restrictive or dangerous measures to control children's behaviour (such as physical punishment, tying children up or the use of psychotropic drugs).³⁰

This definition covers arrangements more commonly known as orphanages, compound/cluster facilities, reception centres for unaccompanied refugee children, residential health facilities and psychiatric wards, and residential special schools.

1.3 HUMAN RIGHTS LAW AND POLICY

The Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities

As the most comprehensive international legal framework related to children, the United Nations Convention on the Rights of the Child (UNCRC) is the primary protective framework for all children. It outlines a range of children's rights that, taken together, suggest that most children should live with and be cared for by their birth families.³¹ It is the primary responsibility of parents to raise their children and it is the responsibility of the state to support parents in order that they can fulfil that responsibility.³² But it is important to view the UNCRC in its entirety and not to select individual rights while excluding the importance of others. For example, placing children in residential institutions so that they can access healthcare or education, denies them their right to live with their family and to be included and participate in the life of the community. Therefore, article 2 is of prime importance, since it emphasises the rights of *all* children, irrespective of background or disability, to access *all* their rights. In addition, the Convention on the Rights of Persons with Disabilities (CRPD), while relating to all people with disabilities, reaffirms and specifies children's rights including the right to live with their families and be included in the community, be included in education that meets their needs without segregating them from their peers, and to participate in decisions that affect them.³³

The American Convention on Human Rights and the Inter-American Convention on the Elimination of all Forms of Discrimination Against Persons with Disabilities

The American Convention on Human Rights (Pact of San José) has been ratified by most countries in the region. Article 17 confirms that "The family is the natural and fundamental group unit of society and is entitled to protection by society and the state." and article 19 states that "Every minor child has the right to the measures of protection required by his condition as a minor on the part of his family, society, and the state." In addition, while article 27 recognises that some rights may be suspended in emergency situations, many articles are specifically excluded, including articles 17 and 19. The Inter-American Convention on the Elimination of all Forms of Discrimination Against Persons with Disabilities offers further protection for children with disabilities, including non-discrimination and the need for accessible services.³⁴

Inter-American system for the protection of human rights

The inter-American human rights system (IAHRS) was created through the adoption of the American Declaration of the Rights and Duties of Man in 1948. The Inter-American Commission on Human Rights (IACHR) was created in 1959. The IACHR is a principal and autonomous organ of the Organization of American States ("OAS") whose mission is to promote and protect human rights in the American hemisphere.³⁵

The American Convention on Human Rights was adopted in 1969 and entered into force in 1978. The Convention defines the human rights which the ratifying states have agreed to respect and ensure. The Convention also creates the Inter-American Court of Human Rights (IACHR) and defines the functions and procedures of both the Commission and the Court.³⁶

In 2013, the IACHR launched the report: 'The right of the child to the family. Alternative care Ending institutionalization in the Americas'. This report provides an analysis of the regional context and highlights the precarious environment affecting thousands of children in the Americas. It identifies the principles and protection guarantees that should be implemented where alternative care is necessary. The report urges states to put an end to the institutionalisation of children through a planned process that adequately addresses children's need for protection and their best interest. It establishes the applicable standards related to alternative care and makes specific recommendations to the states.³⁷



Guidelines for the Alternative Care of Children

The Guidelines for the Alternative Care of Children (the Guidelines) were adopted in 2009 to aid in the implementation of the UNCRC. They affirm that actions taken concerning children must ensure that they remain in familial care and that children outside the home are reunited with families.³⁸ The policy encourages states to provide services that support struggling families as part of social welfare services.³⁹ If parents are unable to adequately look after their children, even with the availability of appropriate support, the state is responsible for protecting the rights of the child and must work to place children in alternative care.⁴⁰

There have been several initiatives to support the application of the Guidelines. In 2011, UNICEF, in collaboration with the civil society organisations part of 'Red Latinoamericana de Acogimiento Familiar' (RELAF), produced a resource toolkit that outlines the structures for the implementation of alternative care in emergency situations, including violent conflict, refugee crises, natural disasters, and health epidemics.⁴¹ Additionally, in 2013, UNICEF introduced a guide on implementing the Guidelines, which serves as a resource for the creation of care reform policies at the national level.⁴² It also established a Tracking Progress Initiative that helps monitor the implementation of the process.⁴³ This toolkit was recently used in Costa Rica where it generated important inputs for the country to be able to promote the necessary changes and improvements needed for institutional practices to meet the minimum standards and criteria established by the United Nations.⁴⁴

Resolution on the Rights of the Child

On 18th of December 2019, the United Nations General Assembly (UNGA) adopted a historic resolution on the Rights of the Child, which focused specifically on children without parental care.⁴⁵ The Resolution, which was adopted by consensus, gives an unprecedented political and human rights imperative for States to transform care systems for children, and contains some ground-breaking recommendations for Member States.

The Resolution emphasises the importance of growing up in a family environment and calls on States to provide support to families and to prevent the unnecessary separation of children from their parents. Notably, for the first time, Member States collectively expressed their deep concern over the harm that institutionalisation and institutional care can cause to children and called for institutions to be progressively phased out. The Resolution calls on States to implement the Guidelines for the Alternative Care of Children and urges States to strengthen child welfare and child protection systems and improve care reform efforts. It recognises the large global data gap on children without parental care, calling on States to improve data collection, information management and reporting systems. In addition, in another first for a UNGA Resolution, it recognises the link between orphanage tourism and child trafficking, urging States to take appropriate measures to prevent and address the harms related to orphanage tourism and volunteering.

1.4 THE ABSENCE OF UPDATED RELIABLE DATA

The actual number of institutions in the world, and the number of children living in them, is unknown.⁴⁶ However, a recent global study drawing on 344 data points across 136 countries, estimates the population of institutionalised children at 5.4m worldwide.⁴⁷ Few countries have a centralised system for counting the numbers of children in institutions,⁴⁸ and/or sufficient systems in place to monitor the care of children in institutions.⁴⁹ This is exacerbated in countries where institutions are predominantly run and funded by private organisations and individuals, rather than the state authorities, and where state governance is weak.

It is common, especially in low- and middle-income countries (LMICs), that most institutions are unregistered or unrecorded. For example, research in Haiti suggests that 85% of institutions are unregistered.⁵⁰ This issue is a major obstacle to measurements at country level and any estimate attempting to provide the total number of children in institutions needs to account for this gap. There are already a number of methodologies developed by experts estimating the number of missing children from current data collection, which can be learned from. A comprehensive modelling study carried out in Cambodia showed that an estimated 48,775 children live in institutions. This is over four times higher than the official government estimate of 11,453.⁵¹ This example illustrates that when institutions are not captured in official data, it can result in large-scale underestimates of the number of children living in them. Furthermore, national efforts to count children and ascertain what is happening to them, such as censuses, tend to be carried out using household surveys, which means that children in institutions or other situations of vulnerability (for example, children living on the streets) are not counted.⁵² This is also true of international efforts to monitor the development of children, for example the Demographic and Health Surveys and the Multiple Indicator Cluster Surveys, an estimated 369 million are missing worldwide from these sampling frames, many of them children.⁵³

ENSURING ROBUST AND CONSISTENT METHODS ARE USED TO COUNT CHILDREN IN INSTITUTIONS IS VITAL; IF THEY ARE NOT COUNTED, THEY ARE EASILY FORGOTTEN



Where groups of children are not included in national statistics and other official registries, it is not possible to develop evidence-based policy and plans to address the issues they face, nor to allocate appropriate resources.



2

CONTEXT OF INSTITUTIONALISATION IN THE LAC REGION



Latin America is an ethnic-geographical denomination from the 19th century to identify a region of the American continent in which the population speaks a majority of romance languages derived from Latin (mainly Spanish, Portuguese and French), with the exception of parts of the Caribbean where English is spoken.⁵⁴ The region has a population of more than 632 million⁵⁵ and spans over 2,951,000km² (8,475,000mi²). It consists of 33 countries and has 15 dependent territories ruled by the UK, Netherlands, France or the US.

This report is focused on the 33 independent countries of LAC.

ORPHANAGES AND RESIDENTIAL SCHOOLS ESTABLISHED DURING THE COLONIAL ERA BASED ON THE ASSUMPTION THAT INDIGENOUS CULTURE WAS UNABLE TO ADAPT TO A RAPIDLY MODERNISING SOCIETY AND THAT THEY WERE NOT ABLE TO TAKE PROPER CARE OF THEIR CHILDREN

Brief history of institutionalisation in LAC

After over 300 years of colonial rule, all of Latin America, except the Spanish colonies of Cuba and Puerto Rico, claimed their independence from the Iberian powers between 1808 and 1826.⁵⁶ However, legacies of the colonial system are still evident today, including the institutionalisation of vulnerable children. Institutionalisation was established in the LAC region to protect and care for children in the colonies.⁵⁷ Orphans or children from families that did not live up to the perceived economic and moral standards of the time, for example children conceived outside marriage or as a consequence of rape, were often cared for by religious communities in institutions, including so-called orphanages.⁵⁸

As a result of colonialism and the slave trade, the LAC region has a diverse population, with many ethnic groups of different ancestries, the majority of which are either of European, indigenous, or African descent, or a mix of any of these.⁵⁹ The history of racism towards indigenous and people of African descent has been widely recognised.⁶⁰ One example is the orphanages and residential schools established during the colonial era based on the assumption that indigenous culture was unable to adapt to a rapidly modernising society and that they were not able to take proper care of their children. For example, in Peru under colonialism, children were divided into different types of institutions that were responsible for their care and education according to their race, origin and other conditions.⁶¹ Children who were considered to be the most vulnerable in the region, like orphans, abandoned children, children with challenging behaviour or with disabilities, were primarily cared for by the church. This care was based on the premise of the church as a protector and supporter of the vulnerable, but with a moralist charitable ethos.⁶² The presence of religious institutions is still significant in the region, and there are more than 2,400 institutions run by catholic groups.⁶³

This protectionist model persisted throughout the twentieth century despite the legislative advances made related to child protection.⁶⁴ The basis of this model is a legal framework which gives the state the right to intervene in precarious situations when vulnerable people are involved.⁶⁵ Children and young people who have been victims of abuse, have been abandoned, or have been in conflict with the law, are all included under this definition of vulnerability.⁶⁶

Progress on guaranteeing children's rights

Since the passing of the UN Convention on the Rights of the Child (CRC) in 1989, most Latin American countries have made significant changes in their legislation to protect children and young people.⁶⁷ The CRC contributed to the 'Holistic Protection Doctrine', which recognises children and young people as full rights holders.⁶⁹ However, the comprehensiveness and effectiveness of national child protection systems vary greatly within the region.⁷⁰

In 2018, Plan International, Save the Children, UNICEF and World Vision presented a tool to measure the child protection systems of the region. The tool evaluates to what extent minimum standards are met and assesses the presence of a protection system which addresses and prevents violence, abuse and exploitation.⁷¹ A subsequent comparative study of the countries in the LAC region shows dramatic differences across countries in progress in guaranteeing the rights of children.⁷²

The models of protection in the region were analysed and divided into three categories: Pre-convention, Mixed and Rights-based.⁷³

PRE-CONVENTION MODEL

The CRC has been ratified, but is only in the early stages of adoption. Although it is enforceable, the national regulatory frameworks have not been adequate, and therefore it is difficult to implement reform. This situation characterises the Caribbean region.⁷⁴

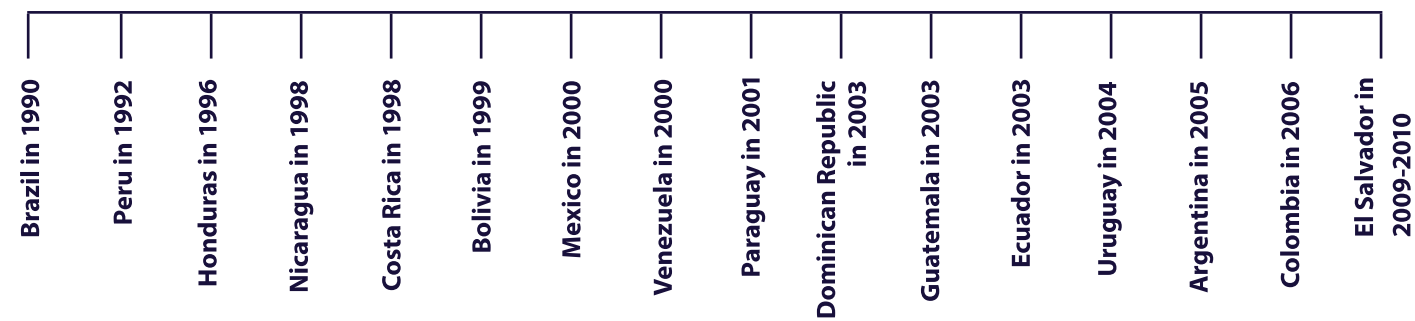
MIXED MODEL

The CRC is in force and has influenced policy, but a comprehensive legal and legislative framework to protect children and young people has not yet been adopted. Examples include Chile, Panama and Haiti.⁷⁵

RIGHTS-BASED MODEL

The CRC has facilitated significant policy changes, where a legal and institutional model is adopted based on the CRC. Examples include Argentina, Colombia, Guatemala and Mexico. (See box below for complete list).⁷⁶

Countries in Latin America that have adopted changes in legislation and policy towards comprehensive protection of children and young people – a Rights-based model.⁷⁷



However, despite the advances in legislation, many countries in the region struggle to dismantle unwieldy administrative and judicial structures to implement models that offer comprehensive protection and guarantee children's rights. Outdated structures and mindsets exist in parallel with new models and knowledge, preventing full implementation of the CRC.⁷⁹ This is evident in the lack of large-scale care reform in the region and continued use of institutionalisation to care for children in the name of protection.



IT IS CRUCIAL THAT A CHILD PROTECTION SYSTEM IS GROUNDED IN A COMPREHENSIVE LEGISLATIVE FRAMEWORK, DEFINING THE MANDATE AND AREAS OF RESPONSIBILITY OF THE RELEVANT ACTORS.⁷⁸

Research on institutionalisation in LAC

Over the past decade in the LAC region, there has been a growing interest in institutionalisation, its effects on children and transforming care through a shift towards family and community-based approaches. Organisations such as RELAF, SOS Children Villages and UNICEF have been working for children's right to live and thrive in family and community-based settings across LAC.

The first regional publication that gathered information on this topic, from 2010, is based on research conducted by RELAF. The report 'Children and young people without parental care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life' collates research carried out in thirteen countries throughout the region.⁸⁰ It brings together quantitative information and comprehensive qualitative analysis, which have formed the basis for further research and advocacy activities in the region.⁸¹

In addition, academics have generated a body of evidence around the effects of institutionalisation in different countries in the region; examples include:

A study conducted in two countries in **Central America** provided descriptive empirical information on the environment, organisational structure, caregivers, caregiver-child interactions, children's general behavioural development and challenging behaviours from three institutions for young children.⁸² The study found that the institutions were clean, but they were cramped; they had noteworthy low scores on quality environment measures, and caregivers provided routine caregiving with limited emotion, responsiveness, support, empathy, or guidance.⁸³ The children in these institutions displayed high frequencies of indiscriminate friendliness and aggressive/violent behaviours.⁸⁴

A 2017 report based on the monitoring of the Protection System in **Argentina** assessed 41 institutions caring for a total of 503 children. It found that 44% of the institutions were overcrowded, 47% were in poor condition, presenting problems such as humidity, water leaks and lack of natural light, and in 88% of the institutions there was a lack of professional staff.⁸⁵

In **Colombia**, a quasi-experimental study with a target group (institutionalised children with developmental trauma disorder DTD⁸⁶) and a control group (children living with birth families) matched by sex, age and sociodemographic conditions found that institutionalisation amplifies the symptoms of DTD and affects the relational developmental domain and prosocial-altruistic behaviour.⁸⁷

In **Chile**, the government commissioned a quasi-experimental study where institutionalised children and their alternative caregiver were evaluated pre- and post-intervention. The study found that 53.2% of institutionalised children exhibited insecure attachment and behaviours, which may lead to vulnerability in present and future development.⁸⁸

In **Mexico**, a study with a non-probability sampling identified the different stress levels experienced by institutionalised children, and the types of coping strategies they used in comparison with non-institutionalised children. The results showed higher levels of stress in institutionalised children and a higher likelihood of using dysfunctional and emotional coping strategies.⁸⁹

A quasi-experimental study (111 institutionalised children and 111 matched controls) in **Venezuela** found that institutionalised children and young people have lower psychosocial and academic competences, as well as more behavioural problems than young people living in their birth families.⁹⁰



In São Paulo, Brazil, there will be a gold standard randomised control trial (RCT) comparing enhanced institutional care with enhanced foster care; using Video-feedback Intervention to Promote Positive Parenting (VIPPP), designed to improve attachment and sensitive caregiving. Through an array of behavioural assessments, interviews, and neuro-imaging techniques, the project will examine the impact of institutional care on child socioemotional (attachment), brain, psychological, and behavioural development. There will also be a study of the cost-benefit of the different forms of care. This Early Institutionalization Intervention Impact Project (EI-3)⁹¹ will be led by the world-renowned researchers from the Bucharest Early Intervention Project.⁹²



2.1 THE SCALE OF INSTITUTIONALISATION IN THE LAC REGION

There is a lack of reliable data and information relating to the number of children living in institutions in the LAC region.⁹³ Estimates range from 230,000 to around 375,000 children.⁹⁴ The considerable variations between the estimates relate to different ways of defining an 'institution' and issues related to data collection and management.⁹⁵

In 2013, UNICEF Latin America and the Caribbean regional office published the report 'Situation of children in childcare and protection institutions in Latin America and the Caribbean'.⁹⁶ The report was developed based on a survey carried out within the framework of the Inter-American Commission report and describes and analyses the situation of children and young people in Latin America and the Caribbean in care institutions. This report was the most comprehensive overview of this area and the first to provide estimates per country on the total number of children in institutional care in the region.

A comparison between the 2013 UNICEF report which outlined the situation related to children and young people in institutions, and the 2010 RELAF Project – the Latin American Foster Care Network and SOS Children's Villages International report – showed that the type of data source used was also a factor, as there may be a bias in which figures were selected for reporting.⁹⁷ In addition, a significant number of institutions are private and so may not be included in official data collection.⁹⁸

When researching the number of children in institutions for this report, reliable data on the protection systems and other vulnerable groups was scarce for most of the countries. There was also conflicting data among different sources (governments and NGOs, etc.) and up-to-date public information was almost never available as official government websites were non-existent or out-of-date. Lack of consistency between the different bodies holding information was an issue in several countries, meaning that there were many isolated records containing scant or poor-quality information, which did not amount to a comprehensive overview. Therefore, there are significant limitations to the data and particularly to the extent to which it is comparable.

Institutionalisation in numbers

In this report the approximative number of children in institutions is based on the most recent data available from the 33 countries in LAC. Official data was prioritised, but only found in 12 countries: **Argentina, Bolivia, Colombia, Costa Rica, Dominican Republic, Ecuador, Guatemala, Guyana, Honduras, Mexico, Panama and Paraguay.**

When official data was not available, data from the most recent reports from UN agencies, NGOs and independent consultants, as well as other available research work, was sourced. This was the case for 19 countries: **Antigua and Barbuda, Barbados, Belize, Brazil, Chile, Cuba, El Salvador, Grenada, Haiti, Jamaica, Nicaragua, Peru, St Kitts and Nevis, St Vincent and the Grenadines, St Lucia, Suriname, Trinidad and Tobago, Uruguay and Venezuela.**

For **Bahamas** and **Dominica** no data was found.

RELIABLE DATA ON THE PROTECTION SYSTEMS AND OTHER VULNERABLE GROUPS WAS SCARCE FOR MOST OF THE COUNTRIES

Number and rate of children in institutions in LAC

Country	Number of children in institutions ⁹⁹	Rate of institutionalisation (10,000)
Antigua & Barbuda	38 ¹⁰⁰	14.1
Argentina	7,705 ¹⁰¹	5.6
Bahamas	No Data ¹⁰²	
Barbados	127 ¹⁰³	19.2
Belize	157 ¹⁰⁴	11.2
Bolivia	8,369 ¹⁰⁵	20.2
Brazil	36,929 ¹⁰⁶	6.3
Chile	12,248 ¹⁰⁷	26.8
Colombia	12,861 ¹⁰⁸	9.1
Costa Rica	1,222 ¹⁰⁹	9.1
Cuba	400 ¹¹⁰	1.8
Dominica	No Data	
Dominican Republic	648 ¹¹¹	1.7
Ecuador	2,552 ¹¹²	4.6
El Salvador	1,772 ¹¹³	8.7
Grenada	78 ¹¹⁴	22.9
Guatemala	3,863 ¹¹⁵	5.5
Guyana	600 ¹¹⁶	21.5
Haiti	25,344 ¹¹⁷	59.0
Honduras	6,736 ¹¹⁸	21.7
Jamaica	4,195 ¹¹⁹	51.1
Mexico	25,667 ¹²⁰	6.1
Nicaragua	716 ¹²¹	3.3
Panama	1,689 ¹²²	13.2
Paraguay	1,700 ¹²³	6.6
Peru	19,000 ¹²⁴	18.2
St. Kitts & Nevis	34 ¹²⁵	34
St Vincent & the Grenadines	39 ¹²⁶	11.8
St. Lucia	23 ¹²⁷	4.4
Suriname	3,000 ¹²⁸	171.4
Trinidad & Tobago	660 ¹²⁹	19.8
Uruguay	3,757 ¹³⁰	40.9
Venezuela	5,000 ¹³¹	4.8
Total: 187,129	Regional rate: 9.4	

The number of children in protection institutions in the region estimated in this report is 187,129, with a rate of institutionalisation of 9.4 per 10,000 children. This is almost identical to the recent UNICEF study which estimated 185,000 children in residential care and a rate of 94 per 100,000 children.¹³²

However, if children living in other institutional settings, such as boarding schools, were also counted – even if only from three countries, as shown below – the number would increase significantly, to more than 360,000.¹³³

CHILE: 69,457¹³⁴

COLOMBIA: 34,979¹³⁵

MEXICO: 74,703¹³⁶

**179,139 + 187,129
= 366,268**

**TOTAL
187,129**

Although placement in boarding schools is generally voluntary, the reasons for admissions are similar to those of institutions, such as poverty and lack of access to services. The boarding schools share relevant characteristics and risks with institutional settings, for example children can be isolated from the community with restricted access to their family. This clearly demonstrates the importance of the definition of what an institution is when counting children outside family care.

This research also found that there are at least 6,471 institutions in the region, of which 4,978 are privately-run, 1,440 are state-run and 533 institutions where the management was not clear (see table type of institutions in LAC countries).

Type of institutions in LAC countries

	Private	% Private	Public	% Public	Not clear	% Not clear	Total per country
1. Antigua & Barbuda ¹³⁷	2	40%	1	20%	2	40%	5
2. Argentina ¹³⁸	443	65%	240	35%			683
4. Bahamas ¹³⁹	7	100%		0%			7
3. Barbados ¹⁴⁰		0%	10	100%			10
5. Belize ¹⁴¹		0%	10	100%			10
6. Bolivia ¹⁴²	80	100%		0%			80
7. Brazil ¹⁴³	1758	67%	866	33%			2624
8. Chile ¹⁴⁴	322	97%	10	3%			332
9. Colombia ¹⁴⁵	290	98%	6	2%			296
10. Costa Rica ¹⁴⁶	54	56%	42	44%			96
11. Cuba ¹⁴⁷		0%	3	100%			3
12. Dominica ¹⁴⁸		0%	1	100%			1
13. Dominican Republic	72	90%	8	10%			80
14. Ecuador ¹⁴⁹	27	31%	9	10%	51	59%	87
15. El Salvador ¹⁵⁰	71	85%	13	15%			84
16. Grenada ¹⁵¹	4	80%	1	20%			5
17. Guatemala ¹⁵²	134	95%	7	5%			141
18. Guyana ¹⁵³	19	86%	3	14%			22
19. Haiti ¹⁵⁴	569	99.6%	2 ¹⁵⁵	0.4%			571
20. Honduras ¹⁵⁶	199	95%	11	5%			210
21. Jamaica ¹⁵⁷	60	100%		0%			60
22. Mexico ¹⁵⁸	452	83%	93	17%			545
23. Nicaragua ¹⁵⁹	25	100%		0%			25
24. Panama ¹⁶⁰	59	100%		0%			59
25. Paraguay ¹⁶¹	63	91%	6	9%			69
26. Peru ¹⁶²	68	71%	28	29%			96
27. St. Kitts & Nevis ¹⁶³	1	100%		0%			1
28. St Vincent & the Grenadines ¹⁶⁴	5	100%		0%			5
29. St. Lucia ¹⁶⁵	2	100%		0%			2
30. Suriname ¹⁶⁶	46	98%	1	2%			47
31. Trinidad & Tobago ¹⁶⁷	40	91%	4	9%			44
32. Uruguay ¹⁶⁸	106	62%	65	38%			171
33. Venezuela							
Total:	4,978		1,440		53		6,471

Venezuela had a network of public institutions. But, after the economic crisis (2014), the institutions were collapsing, with some at risk of closing because of a shortage of funds and others critically lacking in resources.¹⁶⁹

2.2 DRIVERS OF INSTITUTIONALISATION IN LAC

To identify and untangle the drivers of institutionalisation in the LAC region, it is necessary to understand the complexity of the social/cultural, economic and environmental aspects.^{170 171}

- **Social drivers** such as violence, child maltreatment, sexual abuse, armed violence, gender inequality, the increasing number of people being incarcerated, as well as discrimination due to disability, ethnicity, and special health conditions such as HIV/AIDS, may all increase the risk of children being put into institutions.
- **Economic drivers:** poverty puts families and children in situations of vulnerability as it may affect access to health, education, housing and other basics such as quality food, and increase the risk of institutionalisation with the aim of meeting basic needs. Poverty and lack of access to services could also force families or unaccompanied children to migrate in search for better opportunities, sometimes leaving other family members, including children, behind.
- **Environmental drivers** such as earthquakes, hurricanes, floods, tsunamis, and landslides put families and children in immediate danger. It may also cause widespread disruption and losses for families and communities,¹⁷² which increases the risk of institutionalisation for protection and not being able to meet basic needs. Following emergency events, children may also be affected emotionally, for example they may be unable to sleep and fear leaving their home¹⁷³ and physically as emergencies tend to increase the perpetration of violence against children.¹⁷⁴

The main drivers of institutionalisation in LAC are presented here under each of these specific categories. However, it is crucial to be mindful of the overlap and interconnections between them. When communities and families face a number of these drivers at once, their vulnerability is intensified, and children are even more likely to end up in institutions.



ENVIRONMENTAL DRIVERS SUCH AS EARTHQUAKES, HURRICANES, FLOODS, TSUNAMIS, AND LANDSLIDES PUT FAMILIES AND CHILDREN IN IMMEDIATE DANGER





RESEARCH HAS SHOWN THAT CHILDREN IN INSTITUTIONS ARE SIX TIMES MORE LIKELY TO SUFFER PHYSICAL ABUSE THAN WHEN PLACED IN FAMILY-BASED CARE.¹⁷⁷

2.2.1 SOCIAL DRIVERS

Among the common drivers for institutionalisation researched for this report, child maltreatment and sexual abuse were the most prevalent across the region. While abuse and maltreatment can be legitimate reasons for removing a child, they should be placed in a family and community-based alternative where their needs can be met and further traumatising prevented. Research has shown that institutionalisation amplifies the symptoms of developmental trauma disorder (DTD)¹⁷⁵ and affects prosocial behaviour.¹⁷⁶ In addition, institutions are not a protective environment, and research has shown that children in institutions are six times more likely to suffer physical abuse than when placed in family-based care.¹⁷⁷

Based on the official data (where available) or the most recent published literature, the following drivers of institutionalisation was identified for each country in the LAC region.

Country	Drivers of Institutionalisation
Antigua & Barbuda	Abandonment/neglect, physical and sexual abuse and juvenile delinquency. ¹⁷⁸
Argentina	Violence and maltreatment 52.6%, abandonment 22.8%, sexual abuse 19%. ¹⁷⁹
Bahamas	Maltreatment and abandonment, poverty, children of migrants without documentation. ¹⁸⁰
Barbados	Orphanhood, abandonment, illness and incapacity (whether short or long-term) of parent or guardian, eviction, child abuse and neglect and for the purpose of adoption. ¹⁸¹
Belize	Physical or sexual abuse, abandonment, neglect, or children becoming orphaned. ¹⁸²
Bolivia	Maltreatment, child sexual abuse. psychosocial risk: malnutrition, abandonment, poverty. ¹⁸³
Brazil	Poverty was the principal factor (24.2%). Other important factors include: abandonment (18.9%); domestic violence (11.7%); chemical dependence or drug addiction of parents or guardians (11.4%); homelessness (7%); or becoming orphaned (5.2%). ¹⁸⁴
Chile	Orphanhood, natural disasters, war, illness, family violence, addiction, difficulty accessing healthcare, child labour, commercial sexual exploitation, and migration. ¹⁸⁵
Colombia	Maltreatment, sexual violence, use of psychoactive substances, child malnutrition. ¹⁸⁶
Costa Rica	Family violence, neglect, abuse, disability, and being orphaned. ¹⁸⁷
Cuba	Severe disability, abandonment, and mental health problems of parents. ¹⁸⁸
Dominica	No information.
Dominican Republic	Abandonment, maltreatment, sexual abuse. ¹⁸⁹
Ecuador	Neglect, maltreatment, abandonment, sexual abuse, addiction. ¹⁹⁰
El Salvador	Maltreatment, abandonment, gangs and organised crime, and HIV/AIDS.
Grenada	Abuse and neglect. ¹⁹¹
Guatemala	Extreme poverty, family violence, neglect, disability, culture of violence, abandonment, and migration. ¹⁹²
Guyana	Neglect and abuse, death of caregiver, alcohol and drug abuse, abandonment, imprisonment of parent/s, children found on the street, single-parent family without financial means, sexual exploitation. ¹⁹³
Haiti	Poverty and a lack of access to health care, education and social services. ¹⁹⁴
Honduras	Abandonment, maltreatment. ¹⁹⁵
Jamaica	Child abuse, maltreatment ¹⁹⁶ , neglect, behavioural problems, sexual abuse. ¹⁹⁷
Mexico	Maltreatment/abuse, poverty, abandonment, disability, orphanhood, and unaccompanied migrant children. ¹⁹⁸
Nicaragua	Poverty, maltreatment and violence, access to services, abandonment, disability and natural disasters. ¹⁹⁹
Panama	Access to education, 'social risk', maltreatment, abandonment, malnourishment, sexual abuse. ²⁰⁰
Paraguay	Abandonment, poverty and maltreatment. ²⁰¹
Peru	Maltreatment, poverty, abandonment, disability, child labour.
St. Kitts & Nevis	Sexual abuse, neglect and abandonment. ²⁰²
St Vincent & the Grenadines	Abandonment, being orphaned, imprisonment of parents, poverty, homelessness, and intellectual or physical disability. ²⁰³
St. Lucia	Abandonment, abuse, substance abuse by parents, poverty, and domestic violence. ²⁰⁴
Suriname	Unstable family relationships, disability, and poverty. ²⁰⁵
Trinidad & Tobago	Abandonment, all forms of abuse, domestic violence. ²⁰⁶
Uruguay	Maltreatment and poverty. ²⁰⁷
Venezuela	Before the economic crisis (2014) the principal driver was abuse or neglect, in 2018 abandonment due to poverty. ²⁰⁸

a) Child maltreatment:

Child maltreatment is one of the principal drivers of institutionalisation in LAC. The region has the highest rate of child maltreatment in the world²⁰⁹ and nearly 80,000 children die every year due to domestic violence.²¹⁰

Research from the United States has highlighted that the accepted use of corporal punishment is closely associated with the risk of physical abuse.²¹¹ It also states that there is no clear line between legal corporal punishment and abusive corporal punishment – both are part of the same continuum and only differ in severity and frequency.²¹² Research has also found that children who are physically punished by their parents are seven times more likely to be severely beaten than children who are not physically punished and more than twice as likely to suffer injuries that require medical attention.^{213 214} Physical punishment of children is a human rights issue.²¹⁵ In LAC, only 10 countries have specific legislation to prohibit corporal punishment in various settings such as the home, school, alternative care centres and penal institutions. They are: **Argentina, Bolivia, Brazil, Costa Rica, Honduras, Nicaragua, Paraguay, Peru, Uruguay and Venezuela.**²¹⁶

In Caribbean countries, the acceptance of corporal punishment as a method of discipline is greater than in Latin American countries.²¹⁷ For example, in **Jamaica**, approximately 80% of children experience some form of psychological or physical violence administered as discipline.²¹⁸ In **Argentina**, according to UNICEF, 46.4% of parents use physical violence as a way of disciplining children and teenagers.²¹⁹ An official report in **Colombia** describes that parents and family members are the main perpetrators of violence against children (child maltreatment). Child maltreatment, alongside sexual abuse, is the main driver of institutionalisation in the country.²²⁰

Despite regional efforts, two out of three children suffer from violent discipline and one in two is victim of physical punishment.²²¹ Corporal punishment continues to be rooted and socially tolerated and prevails even in those countries that have legally prohibited it.²²²

Maltreatment has been associated with a negative impact on children, including neglectful parental conduct and violence in adulthood, contributing to an intergenerational cycle of neglect and abuse.²²³ Families caught in this cycle of maltreatment form one of the highest risk groups, and sometimes also experience extreme levels of poverty, social exclusion, psychiatric symptomatology (both parents and children) and stressful life events.²²⁴ It is imperative to develop comprehensive interventions and policies focused on prevention, which help families to tackle violence, prevent sexual abuse, and promote secure attachments between parents and children, instead of only focusing attention on protecting children affected by the loss of parental care. This is important not only to protect children from harm and to prevent the loss of parental care but also to break the intergenerational cycle of neglect and abuse.^{225 226}

DESPITE REGIONAL EFFORTS, TWO OUT OF THREE CHILDREN SUFFER FROM VIOLENT DISCIPLINE AND ONE IN TWO IS A VICTIM OF PHYSICAL PUNISHMENT



b) Sexual abuse:

Sexual abuse was found to be another key driver of institutionalisation in the LAC region in this study, with **Belize, Jamaica and St Kitts and Nevis**, reporting it as the main cause. The Inter-American Court of Human Rights notes that sexual violence, particularly against girls, is widespread in the LAC region, with several countries having some of the highest rates worldwide.²²⁷ Around 1.1 million girls in LAC have experienced sexual violence.²²⁸ The patriarchal systems present in LAC societies enhance and systematise gender inequality, increasing the vulnerability of children and young people. Sexual violence produces and reproduces the patriarchal relations based on the intersecting inequalities of gender, age, ethnicity, class and socio-economic position.

Patriarchal relations persist in many LAC societies and shape key institutions. Therefore, those who commit acts of sexual violence are rarely held accountable.²²⁹ In many places, justice sector employers are focused on physical evidence and mistreat girls and women who come to make a sexual abuse complaint.²³⁰ Failure to sanction perpetrators is manifested by the very low rates of prosecution for those responsible for sexual abuse, exploitation and other forms of sexual violence towards children.²³¹ Efforts have been made to advance on criminal sanctions for sexual aggressors, but rates of conviction are still low and little attention has been given in low- and middle-income countries to change or control sexual aggressor's behaviour.²³²

When children experience or are at risk of sexual violence and it is in their best interest to be separated from their family, it is important to ensure that they are cared for in a safe environment where further traumatisation can be avoided. As stated before, an institutional setting may amplify trauma further.²³³

c) Neglect:

Neglect is the ongoing failure to meet a child's basic needs. It refers to a lack of care that is expressed as an omission to act or not attending to children's needs.²³⁴ It is dangerous, and children can suffer serious and long-term harm. Children may be left hungry, without adequate clothing, shelter, supervision, or medical care.²³⁵ Neglect was found to be the principal driver of institutionalisation in **Ecuador and Guyana**. **While genuine child abuse and neglect can be a compelling reason for removing a child from their family, often what looks like neglect – and is officially recorded as such – can in fact be due to the effects of poverty, especially when families struggle to meet their children's material needs and when inadequate housing means that living conditions are detrimental to the child's safety and well-being.**

d) Abandonment

Abandonment is defined and interpreted in many different ways²³⁶ but it often has a negative connotation.²³⁷ It is used to describe many different types of situations regardless of the intention of the parents.²³⁸ Similar to the issue of neglect, abandonment often have a different root cause, such as poverty or stigma. Parents do not necessarily mean to 'abandon' their children but place them in an institution because it is the only support they can find, and they may feel they have no other option. A study conducted in Brazil demonstrated that poverty is a major factor in the placement of children in institutions and showed how this often became a form of abandonment.²³⁹ Abandonment is one of the main causes found in this report. Countries such as **Antigua and Barbuda, Dominican Republic, Honduras, Paraguay, Saint Vincent and the Grenadines, Saint Lucia and Trinidad and Tobago** report abandonment as the main cause of institutionalisation.

THE INTER-AMERICAN COURT OF HUMAN RIGHTS NOTES THAT SEXUAL VIOLENCE, PARTICULARLY AGAINST GIRLS, IS WIDESPREAD IN THE LAC REGION

e) Youth crime

In the LAC region, crime and violence disproportionately affect young people, both as victims and as perpetrators.²⁴⁰ Since the UNCRC, juvenile justice systems have been established in several LAC countries.²⁴¹ Children or young people who commit crimes may be subject to detention or an alternative sanction, depending on the severity of the crime.²⁴² There have been concerns in recent years that the approach to juvenile justice in the region is too simplistic and repressive, and there have been arguments for ensuring that responses to these issues need to focus more on an evidence-based approach.²⁴³

Young people in detention centres are at extreme risk of suffering violence.²⁴⁴ In Brazil, gang-related rivalries have led to extreme situations of violence including beatings, stabbings, rapes and murders between children in detention centres.²⁴⁵ Another example of children's rights being violated inside detention centres is found in Barbados, where corporal punishment is a lawful disciplinary measure. On conviction of an offence, children and young people may be sent to a Reformatory and Industrial School (Juvenile Offenders Act, art. 16). The Reformatory and Industrial Schools Act (1926) authorises corporal punishment as a disciplinary measure on boys (art. 31) and allows a magistrate to order whipping as a punishment for attempted escape (art. 34).²⁴⁶ In Honduras there are around 574 young people in juvenile detention centres²⁴⁷ and those who belong to gangs are separated according to their gang membership and do not have the right to participate in any activity proposed by the detention centre.²⁴⁸ Jamaica has the highest number of young people convicted of crime in the Caribbean region.²⁴⁹

A study in Chile found that 12 months after leaving institutional care, when of legal age, 8% of children end up in the juvenile justice system. The study also found that factors such as early entry into institutions, school dropout, drug use, the number of times the child had entered child protection programmes, and child labour, correlated positively with entering juvenile justice programmes once they left the institution.²⁵⁰

Brazil

Violence and crime are one of the main risks for children in Brazil. One of the most striking figures is the homicide rate. From 1990 to 2014, the number of homicides among young people in Brazil went from 5,000 to 11,100 cases a year.²⁵¹ That means that in 2014, every day, 30 children/young people were murdered. The problem of violence in Brazil is primarily linked to the illicit and lucrative activity of drug trafficking.²⁵² Starting at 12 years old, children can be sent to juvenile detention centres, which now house over 18,000,²⁵³ and there are some concerning proposed laws which would result in people as young as 16 being sent to adult prisons.

Honduras

Honduras struggles with poverty and violence. More than half the people live below the national poverty line and 43% of them suffer extreme poverty.²⁵⁴ Children and families are widely affected by violence – 33 children out of 100,000 are victims of extreme violence, most of which result in death.²⁵⁵ Gang violence is another major issue. The 'maras', violent streets gangs (found also in El Salvador and Guatemala) often take over entire neighbourhoods. Gangs specifically attract children, who are predominantly recruited in poor neighbourhoods.²⁵⁶ Gang-related violence is a key factor pressuring people, including unaccompanied children, to leave the country.²⁵⁷

There are approximately 150,000 orphaned children in Honduras as a result of political and economic instability. Gangs often serve as a substitute family to children who have lost their family or have had problems with them (failed to provide love, respect and positive adult role models).²⁵⁸ Poverty, social exclusion and a lack of family support frequently drive children into criminal activities,²⁵⁹ which increases their risk of ending up in detention centres.

f) Violence and armed conflict

LAC is one of the world's most violent regions; even though it accounts only for 8% of the world population, it sees over 35% of the world's murders.²⁶⁰ Violent contexts such as war and armed conflict put children at increased risk of violence, including sexual violence and death, attacks on schools and hospitals, forced recruitment and abduction.²⁶¹ Research has also found that previous exposure to war-related trauma can contribute to dysfunctional interactions within the family and increase the risk of child maltreatment.²⁶²

Colombia

More than 50 years of internal conflict in Colombia has had a profound impact on the country and has affected the families, schools, and communities in which children develop and grow. Because of the conflict, children may be forcibly displaced, risk becoming orphans or being – temporarily or permanently – separated from their families, abandoned, or experience other trauma amid anxiety and uncertainty.²⁶³

More than 2.2 million children and young people are direct victims of the armed conflict.²⁶⁴ Death, displacement and forced recruitment affect children's rights to life and freedom of thought, conscience and religion and the right to grow up with their family.²⁶⁵ Colombia has 7.4 million internally displaced people – the highest number in the world.²⁶⁶ The most recent National Mental Health Survey reveals that 13.7% of children between 7 and 11 years old, and 18.3% of 11 to 17-year olds, have been displaced.²⁶⁷ Forced migration increases the risk of poverty and social exclusion,²⁶⁸ which in turn increases the risk of family separation and institutionalisation. Boarding schools in Colombia's rural areas are used as a way of protecting children from armed violence.²⁶⁹ However, not only does this separate them from their families and isolate them from the community, it also fails to remove the risk of forced recruitment.²⁷⁰

El Salvador

More than 10 years (1980-1992) of civil war in El Salvador between the government army and the insurgent (guerrilla) forces have impacted the country profoundly. It is estimated that around 25% of the guerrilla combatants and 20% of the government army were children.²⁷¹ Children in El Salvador are exposed to high levels of violence in the community. As gangs and organised crime affect their lives and the lives of their families, many chose to migrate north towards the USA border.²⁷² Gangs and organised crime are also a major factor that drives parents to send their children away from their community or country in the name of protection. Some children become unaccompanied migrants,²⁷³ others are placed in institutions or end up in the juvenile justice system.

Whilst presented as separate sections, it is important to consider gender, as well as ethnicity, within any analysis as these are cross-cutting issues.

g) Increasing number of incarcerations

There has been a significant increase in the number of people in incarcerated in LAC in recent years.²⁷⁴ This can lead to children being deprived of their caregiver and risk being placed in an institution; those who lack family and local community networks are particularly vulnerable.²⁷⁵ Organisations in the region are advocating for the need to look at alternatives for caregivers, and for the children, to prevent family separation.²⁷⁶

MORE THAN
2.2
MILLION CHILDREN
AND YOUNG PEOPLE
ARE DIRECT VICTIMS
OF THE ARMED
CONFLICT
IN COLOMBIA

h) Violence and gender inequality

Domestic violence is another important driver of institutionalisation as it is linked with child abuse.²⁷⁷ It is estimated that 10% to 50% of women in the LAC region have experienced domestic violence from their partner.²⁷⁸ Women in the LAC region are exposed not only to violence but also to societal norms that reinforce gender inequality,²⁷⁹ driven by a culture of machismo that often literally kills women. The term 'femicide' was used to give visibility to the phenomenon and to speak of its complexity.²⁸⁰ Data for 2017 shows that there was a total of 2,559 women victims of femicide in LAC.²⁸¹

The Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women, known as the Convention of Belém do Pará, was adopted in 1994. The convention defines violence against women, establishes that women have the right to live a life free of violence and that violence against women constitutes a violation of human rights and fundamental freedoms.²⁸² To ensure effective implementation, the Follow-up Mechanism to the Belém do Pará Convention (MESECVI) was created in 2004.²⁸³

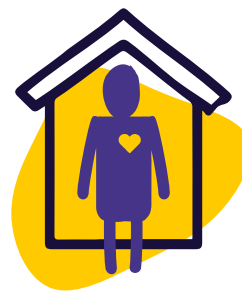
Gender inequality is a particularly important driver to consider, in a region where 1 out of 3 households are headed by a woman.²⁸⁴ In the region, women's poverty has increased, 40% of rural women over the age of 15 do not have their own income, even though they work on a daily basis.²⁸⁵ Inequality has put women in the LAC region at greater risk of poverty.²⁸⁶ This is especially concerning when considering that the LAC region has the second-highest rate in the world of pregnant teenagers.²⁸⁷ Teenage pregnancies are common among vulnerable populations; the circumstances may hinder young mothers' psychosocial development and is associated with poor health outcomes and an increased risk of maternal death. Children born to teenage mothers are also at greater risk of having poor health and falling into poverty.²⁸⁸ These aspects can increase vulnerability and the risk of institutionalisation. Sexual and reproductive health services for women are needed in the region to improve women's health, reduce unplanned pregnancies and abortions.^{289 290}

i) Discrimination

To understand the pathways to institutionalisation it is important to acknowledge how different aspects of social and political discrimination such as race, class, age, religion, disability, sexual orientation, overlap with gender – this is known as intersectionality.²⁹¹

People of indigenous or African descent are more likely to face extreme poverty, social exclusion and lack of access to services, which can lead to institutionalisation. Ignorant and racist attitudes based on the idea that some groups are not good parents can also lead to institutionalisation.²⁹²

INEQUALITY HAS PUT WOMEN IN THE LAC REGION AT GREATER RISK OF POVERTY



IT IS ESTIMATED THAT 10% TO 50% OF WOMEN IN THE LAC REGION HAVE EXPERIENCED DOMESTIC VIOLENCE FROM THEIR PARTNER.²⁷⁸



Ethnicity

In most of the countries in the LAC region, there are significant indigenous and ethnic minority communities. Although only in three countries does the indigenous community make up a large segment of the population: Guatemala and Bolivia where they represent over 40%, and in Peru just under 30%.²⁹³

Indigenous people and those of African descent face discrimination in several areas, such as health, employment, income, education and housing. For example, health disparities among population groups are the result of complex dynamics between social exclusion, poverty, adverse environmental factors and cultural and behavioural factors.²⁹⁴ Indigenous children experience a high level of poverty, well above those experienced by non-indigenous children.²⁹⁵ Data from seven countries in the region showed that stunting is over twice as high for indigenous children under five as for the non-indigenous children, ranging from 22.3% in Colombia to 58% in Guatemala.²⁹⁶ All these aspects have an effect on the overrepresentation of indigenous children in LAC institutions.²⁹⁷

Around 25% of Latin Americans self-identify as of African descent.²⁹⁸ There is a highly heterogeneous population across the LAC region, but also shared common history of violence, displacement, exclusion and racism.²⁹⁹ A clear example is the overrepresentation of black young people as homicide victims in **Brazil**. Their homicide rate is almost four times higher than that among whites: 36.9 per 100,000 population, against 9.6 among whites.³⁰⁰ While specific data about children of African descent in institutions in LAC was not found, research has found that black children are involved in cases of child abuse and neglect at approximately twice the rate of white children. Results based on national child abuse and neglect and child health data in the USA indicated that increased exposure to risk factors such as poverty was a significant factor, rather than then prevailing existing explanation of reporting bias.³⁰¹

HIV/AIDS

An estimated 1.5 million adults and children are living with HIV in the LAC region.³⁰² The Caribbean region has the world's second-highest HIV prevalence.³⁰³ The health and well-being of HIV positive people depend on the daily intake of antiretroviral (ART) drugs for the rest of their lives. Yet many people, especially children, find it difficult to take. The reasons include the rigid schedule, the unpleasant taste – bitter especially to children, shortages of medicines at medical centres, clinics and other treatment locations, lack of adequate nutrition, economic resources, awareness or support, and HIV-related stigma and discrimination. Skipping HIV medicines makes the virus multiply, increasing the risk of the virus mutating and becoming drug resistant.³⁰⁴

A study published in 2014 stated that the LAC region has the highest ART coverage of any low- or middle-income region in the world, although women and children being less likely than men to receive treatment.³⁰⁵ The barriers to access for young people are far-reaching. Medical centres are often in urban areas; stigma and fear prevent carers from bringing their children for HIV testing and treatment; treatment is difficult to administer for children; there is a lack of training and support not just for families but for carers and healthcare workers to provide HIV services for children, and there are not enough HIV medicines developed specifically for children's needs.³⁰⁶ All these barriers, including the death of one or both parents due to AIDS, increase the use of institutions to provide care for children. Institutionalisation has in many countries become the only viable option to care for these children, who are often living with HIV as well, especially for those children living in poor areas.³⁰⁷

**AN ESTIMATED
1.5
MILLION ADULTS
AND CHILDREN
ARE LIVING WITH
HIV IN THE
LAC REGION**

A systematic literature review of the institutionalisation of children living with HIV in the LAC region, conducted in 2012, highlighted the complexity of the phenomenon. The review found that the physical needs of children living with HIV in institutions are met effectively. The strictly scheduled routines of institutions allow for regular medical care, routine medical examinations and timely administration of medications, which are crucial components for the treatment's success.³⁰⁸ However, vital emotional needs are not met in an institutional setting and the review found that institutions are inadequate in stimulating genuine family relationships. Research states that children living with HIV in institutions risk falling into a pattern of complex grieving, which is often manifested in depressive symptoms, anxiety, guilt, anger, hostility and loneliness.³⁰⁹ Furthermore, HIV-positive children who have lived in institutions from a young age can also struggle to develop emotionally.^{310 311} This could be explained by the lack of close and meaningful interaction, attention and affection provided by carers at institutions. AVERT, an international HIV/AIDS organisation, states that the most important support and protection for children with HIV come from family, friends and community, and their research supports the idea that removing children from their families should only be a last resort.³¹²

However, the experience of care transformation in Colombia has demonstrated that when prepared well, HIV positive children from institutions can be placed in families and have excellent results. Follow-up reports show positive trajectories for children placed into family and community-based care. Contrary to fears at the outset of the care transformation process, improvements were reported in children's physical and mental health, as well as in their behaviour and educational performance (this experience is further detailed in Section 3.2, Experiences of transforming care in the region).

Disability

Estimates suggest that there are at least 8 million children with disabilities under the age of 14 in the LAC region.³¹³ Children with disabilities often face a lack of access to universal and targeted services, as well as discriminatory attitudes.³¹⁴ In many cultural contexts, discriminatory attitudes towards children with disabilities lead to increased institutionalisation, as children are segregated from families and communities. Moreover, associations between disability and poverty are well established in both developing and developed countries.³¹⁵ Research has found that there is a tendency towards an over-representation of children with disabilities in institutions.³¹⁶ Furthermore, children with disabilities or special health needs are generally more likely to stay longer in institutions.³¹⁷ In **Brazil**, a study found that 42% of children in institutions for disability spent more than half their lives there.³¹⁸ Families caring for children with special needs or disabilities are often told to place their children in institutions for special care.³¹⁹ Yet, the UN Convention on the Rights of Persons with Disabilities in Article 23 prioritises family-based care for children with disabilities.³²⁰ In 2016, RELAF and UNICEF published a document highlighting the need for a new generation of public policies in the region aimed at actively protecting the rights of children and young people with disabilities deprived of family care or at risk of being separated.³²¹

Colombia, Honduras and Uruguay have special institutions to care for children with disabilities.³²² However, with support, it is possible to ensure that children with disabilities have their needs met in family and community-based settings. It is essential that rights such as education and healthcare are not met in a way which violates other rights, such as the right to family and to be part of the community.³²³

**CHILDREN WITH
DISABILITIES OFTEN
FACE A LACK OF
ACCESS TO UNIVERSAL
AND TARGETED
SERVICES, AS WELL
AS DISCRIMINATORY
ATTITUDES**

2.2.2 ECONOMIC DRIVERS

a) Poverty:

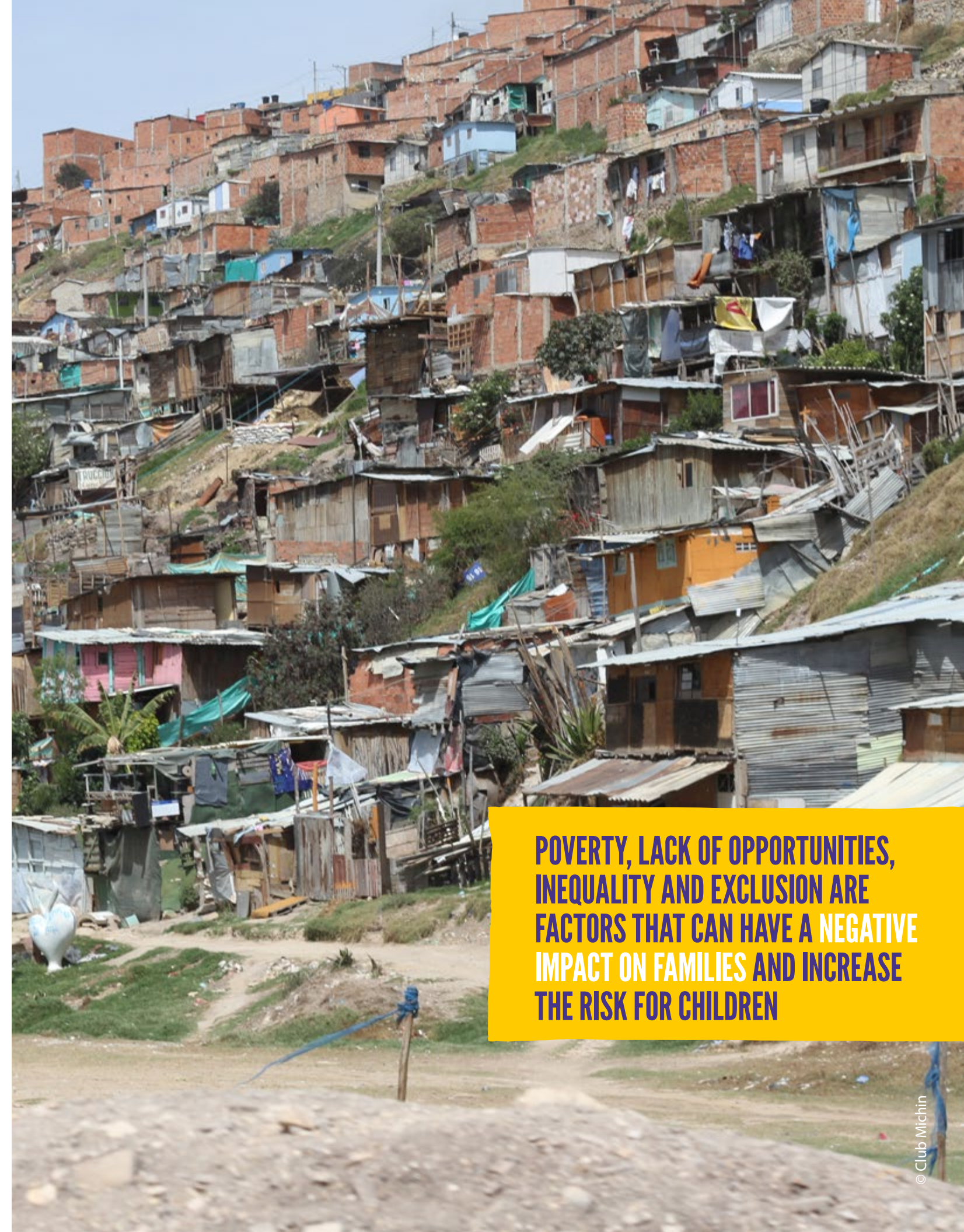
Poverty, lack of opportunities, inequality and exclusion are factors that can have a negative impact on families and increase the risk for children.³²⁴ Children in families facing poverty are at greater risk of being institutionalised, becoming street-connected or victims of sexual exploitation, including child trafficking.³²⁵ In addition, associations between disability and poverty are well established in both developing and developed countries.³²⁶

The Gini coefficient for LAC countries

The Gini coefficient is a single number aimed at measuring the degree of inequality in a distribution. The Gini coefficient range from 0 (complete equality) to 1 (complete inequality).

Country	GDP Per Capita (2011 PPP \$) 2017 ³²⁷	Gini Coefficient ³²⁸
Antigua & Barbuda	21,491	-
Argentina	18,934	42.4
Barbados	16,978	-
Bahamas	27,718	-
Belize	7,824	-
Bolivia	6,886	44.6
Brazil	14,103	51.3
Chile	22,767	47.7
Colombia	13,255	50.8
Costa Rica	15,525	48.7
Cuba	-	-
Dominica	9,673	-
Dominican Republic	14,601	45.3
Ecuador	10,582	45.0
El Salvador	7,292	40.0
Grenada	13,594	-
Guatemala	7,424	48.3
Guyana	7,435	-
Haiti	1,653	41.1
Honduras	4,542	50.0
Jamaica	8,194	-
Mexico	17,336	43.4
Nicaragua	5,321	46.2
Panama	22,267	50.4
Paraguay	8,827	47.9
Peru	12,237	43.8
St. Kitts & Nevis	24,654	-
St Vincent & the Grenadines	10,727	-
St. Lucia	12,952	-
Suriname	13,767	-
Trinidad & Tobago	28,763	-
Uruguay	20,551	39.7
Venezuela	16,745 (in 2014)	46.9

CHILDREN IN FAMILIES FACING POVERTY ARE AT GREATER RISK OF BEING INSTITUTIONALISED



POVERTY, LACK OF OPPORTUNITIES, INEQUALITY AND EXCLUSION ARE FACTORS THAT CAN HAVE A NEGATIVE IMPACT ON FAMILIES AND INCREASE THE RISK FOR CHILDREN

In the LAC region:

- According to the UN Development Programme, 38% of the population is considered vulnerable.³²⁹
- 10 of the 15 most unequal countries in the world are found here.³³⁰
- Around 74 million (12.4% of the region's population) live on less than US\$2 per day, and over half of them are children.³³¹
- There are 5.1 million children with stunted growth³³² (impaired growth and development that children experience from poor nutrition, repeated infection, and inadequate psychosocial stimulation) and 0.7 million children wasted (low weight-for-height).³³³
- Rural poverty grew by 2 million people between 2014 and 2016, reaching a total of 59 million. Between 2014 and 2016, both poverty and extreme poverty increased by two percentage points each, reaching 48.6% (59 million) and 22.5% (27 million), respectively.³³⁴ Eliminating rural poverty is fundamental to tackling illicit drug trafficking and human trafficking.³³⁵

Removing children from their families due to poverty represents a violation of Article 27 of the CRC, and the UNCRC Committee has urged States parties to ensure that poverty does not lead to out-of-home placements.³³⁶

b) Migration and refugees:

In the LAC region, there are an estimated 6.3 million migrant children, many of whom are facing life-threatening situations and multiple forms of violence.³³⁷ Children and families migrate in search of security and better opportunities, to overcome poverty and exclusion and to flee violent gangs and organised crime that threatens their life. Some children travel to reunite with their families (many of them to North America³³⁸) where their parents have migrated earlier to send money home, while children have been left behind to make their way later once the parents are established.³³⁹ Families, and children who are often unaccompanied, often travel along dangerous routes and engage with smugglers to help them cross borders across the continent. Children, unprotected and alone, become an easy target for traffickers and are exposed to abuse and exploitation.³⁴⁰

In 2014, the IACHR issued an advisory opinion on 'Rights and guarantees of children in the context of migration and/or in need of international protection'. This statement from the IACHR was key to establishing minimum standards for the origin-, transit- and destination-states, that guarantee the rights of migrant children in the region.³⁴¹

Venezuela

The International Organization for Migration (IOM) estimated that the number of refugees and migrants from Venezuela worldwide reached 3 million in 2018, making it one of the most significant humanitarian crises of our time.³⁴² More than 1.2 million people are in Colombia,³⁴³ a high percentage of them children and young people.³⁴⁴ Colombia has the highest number, followed by Peru, with over half a million, Ecuador with over 220,000, Argentina with 130,000, Chile with over 100,000 and Brazil with 85,000.³⁴⁵

The significant economic crisis in Venezuela, one of the most severe in recent history, experienced an annual hyperinflation of close to 500,000% (as of September 2018).³⁴⁶ This has affected 90% of the population, increasing the levels of poverty and adversely affecting wellbeing.³⁴⁷



In 2017, 60% of the population reported having insufficient resources to feed their families and it was estimated that Venezuelans lost an average 11kg of body weight per person.³⁴⁸ On the Colombia-Venezuela border there are issues with trafficking, prostitution, gender violence, and children being abandoned; and the migrant flow is so high that the organisations who work with protecting children are overwhelmed.³⁴⁹

Forced migration puts children at risk of being separated from their families. It puts families at risk of extreme poverty and lack of access to food, appropriate shelter and basic services.³⁵⁰ Reportedly, parents are leaving their children in institutions to ensure that they have access to food.³⁵¹ There are no official figures on the number of children left in institutions in Venezuela since the crisis began. However, from the information available it may be deduced that there has been a significant increase, as in 2017 the number of families applying to leave their children in the largest institution in Venezuela was six times the number of applications in 2016.³⁵² Furthermore, economic reasons are now being listed as a driver for institutionalisation where abuse and maltreatment were previously the main ones.³⁵³

There have also been reported cases of Venezuelan children being separated from their families in Colombia in the name of protection. The Colombian Institute for Children and Families (ICBF), which is the government authority that oversees child protection, states that no child, (Venezuelan or Colombian) should be separated from their families for economic reasons.³⁵⁴ However, the economic vulnerability of Venezuelan families has indeed led children to lose their parental care.^{355 356}

US - Mexico border

In recent years, Mexico has faced a striking humanitarian crisis as thousands of children from Central America and Mexico (21,537 from Honduras, Guatemala and Salvador and 18,754 from Mexico) crossed illegally (and unaccompanied) over the US border. Mexican immigration authorities apprehended more than 20,000 unaccompanied children from El Salvador, Guatemala, and Honduras in 2015 and more than 14,000 in the first 10 months of 2016; the majority of them were detained.³⁵⁷

In May 2018, a 'zero tolerance' policy was announced by the US Attorney General. All adults apprehended during unauthorised crossing of the Southwest US border would be criminally prosecuted,³⁵⁸ meaning any children travelling with them were taken away. In the weeks after the announcement, the Department of Homeland Security separated over 2,600 immigrant children from their parents and other accompanying adults. Once children were separated from their parents/family, they were labelled as unaccompanied minors and transferred to migrant detention centres in highly questionable conditions.³⁵⁹ There is, for example, one mega detention centre for children that can house over 2,000 children, which is run by a for-profit company in the US.³⁶⁰ There are reports of children being maltreated, undernourished and denied adequate medical care in US detention centres,³⁶¹ as well as being put at risk of sexual abuse.³⁶²

These children are sometimes detained for long periods of time before being reunited with their families. They may be placed in foster care families under the custody of the Office of Refugee Resettlement (ORR), which contracts foster care providers around the US. This means that while family-based care is provided, the children are sometimes placed far away from where their caregivers were detained.³⁶³ As well as this, parents and caregivers often do not know where children have been sent, and even when they do, still have difficulty maintaining regular communication with them. The deportation of caregivers has further impeded family reunification.³⁶⁴

CHILDREN AND FAMILIES MIGRATE IN SEARCH OF SECURITY AND BETTER OPPORTUNITIES, TO OVERCOME POVERTY AND EXCLUSION AND TO FLEE VIOLENT GANGS AND ORGANISED CRIME THAT THREATENS THEIR LIFE

MEXICO HAS FACED A STRIKING HUMANITARIAN CRISIS AS THOUSANDS OF CHILDREN FROM CENTRAL AMERICA AND MEXICO CROSSED ILLEGALLY OVER THE US BORDER

c) Trafficking

A growing body of research documents the connection between institutionalisation and trafficking.³⁶⁵ Around the world children are being trafficked in and out of institutions.³⁶⁶ The physical and psychological effects of staying in residential institutions, along with community isolation and often deficient regulatory oversight by governments, place these children in situations of increased vulnerability to human trafficking³⁶⁷ and many children are known to disappear from institutions.³⁶⁸

The exploitation of children in institutions for the profit of individuals has been recognised internationally as a form of trafficking.³⁶⁹ Institutions continue to rely on donor funding, receiving much of their funding from individuals and international NGOs.³⁷⁰ Although it is assumed that much of this funding is provided with the intention of directly supporting children, case studies from several countries have shown evidence of children in institutions being exploited in order to attract funding.^{371 372} There are huge amounts of money involved in this 'business', for example, previous Lumos research estimated that over US\$100 million in international donor funding goes to institutions in Haiti every year. However, this remarkable investment does not necessarily translate into high quality of care in the best interests of children.³⁷³

Voluntourism

Volunteer tourism or 'voluntourism' is a way of travelling which includes volunteering in the local community. Orphanage voluntourism is one of its forms, which can involve the donation of money and goods, attending performances,³⁷⁴ or short-term engagement in daily caregiving activities with children and youth living in residential care.³⁷⁵ This type of caregiving can have a negative effect on children's wellbeing, young children being especially vulnerable.³⁷⁶ The recurring experiences of establishing and disrupting attachments resulting from short-term volunteering present considerable and unnecessary risks of psychological harm.³⁷⁷

In addition, foreign funding and orphanage tourists and volunteers can be a significant profit source for the orphanage industry. Orphanage trafficking provides a continuing supply of children to meet the demand for orphanage tourism and foreign aid funding, acting as a driver to the unnecessary separation of children from their families.³⁷⁸

Voluntourism is still practised in several countries in the LAC region such as Argentina, Brazil, Chile, Ecuador, Guatemala, Mexico and Peru where multiple web pages advertise opportunities to volunteer and visit or care for children in institutions.

Orphanage volunteers may have the best of intentions, but they may unwittingly be doing more harm than good.

Birth registration in the region

Birth registration is the official recording of a child's birth by the government. It establishes the existence of the child under the law and offers the basis for safeguarding many of the child's civil, political, economic, social and cultural rights.³⁷⁹ Proper birth registration has been acknowledged as a major tool in the fight to prevent child trafficking, child labour, illegal adoption and sexual exploitation.³⁸⁰ In the LAC region, 3.2 million children under five are not registered - one in every four of these children live in Mexico.³⁸¹

Mexico

In recent years, the Mexican government has had ongoing discussions about the need for new legislation on foster care and adoption, as well as the importance of data on children in institutional care.³⁸² These discussions have been linked to the trafficking of children in institutions in the country, the lack of reliable information on the children in institutions and in relation to adoptions.³⁸³

Mexico is in a unique situation when it comes to trafficking as it links Latin America with the US. Many traffickers use Mexico as a transit country to bring children illegally into the US and Canada. Although these children may be from different parts of the world, according to the Government of Mexico, most of the non-Mexican trafficked children come from Central America, with 90% from Guatemala, Honduras and El Salvador.³⁸⁴

Some of them end up being exploited in Mexico instead, and a significant number of Mexican children are trafficked within Mexico, often having been lured from poor rural areas to urban, border and tourist areas, and used for sexual exploitation. Some estimates suggest that of the 150,000 children living on the streets, 50% are victims of trafficking for sexual purposes.³⁸⁵

d) Access to services

Closely related to poverty, the lack of access to universal services puts families at risk of separation, as they might take drastic measures to make sure their children get the things they need. When struggling to access universal services such as health or education as well as targeted support services, parents might be forced to put children in institutions, separating them from their family and community. For example, in **Panama**, approximately 37.6% (around 640 children) of children who are institutionalised in the country are placed there by their parents to access school services.³⁸⁶

Health

The LAC region has made meaningful progress toward Universal Health Coverage (UHC), with increases in coverage and access to health services, a rise in public spending on health, and a decline in out-of-pocket payments.³⁸⁷ Nevertheless, there is still significant inequity in health coverage and gaps in addressing health challenges in the region.³⁸⁸ This is particularly pressing for children with disabilities, who often have additional barriers to access to healthcare services and can struggle to have their healthcare needs met.³⁸⁹

People and children with special health care conditions such as HIV/AIDS can also struggle to access appropriate healthcare and treatment. Stigma and discrimination prevent parents from bringing their children to medical centres for HIV testing and treatment, which are often not available in rural areas; treatment is difficult to administer for children; there is a lack of training and support not just for families but for carers and healthcare workers to provide HIV services for children, and there are not enough HIV medicines developed specifically for children.³⁹⁰ All these barriers, including being orphaned due to HIV/AIDS, enhance the use of institutions to provide care for children.³⁹¹

Another example is that, while healthcare is hypothetically free and accessible for all, in countries like **Colombia** which has a public health system, timely high-quality healthcare is usually provided only for people who pay to access private healthcare. Additionally, people living outside big cities struggle to access quality healthcare centres, especially in regions with large indigenous and minority ethnic communities.³⁹² The situation is similar in **Bolivia** where there are significant inequalities in economic and social status, and in access to, and quality of, basic services.³⁹³

**MANY
TRAFFICKERS
USE MEXICO
AS A TRANSIT
COUNTRY TO
BRING CHILDREN
ILLEGALLY INTO
THE US AND
CANADA**

Education

Despite efforts and progress, many children in the LAC region are still not receiving a high-quality education.³⁹⁴ In dispersed rural areas or in violent contexts, boarding schools are often the only available option for children to access education.

As boarding schools are generally under the Ministry of Education and thought of as an educational service, they are not monitored by the protection system and are not perceived as a 'traditional' institution. However, although placement in boarding schools is voluntary, the reasons for admissions are similar to those of institutions, such as poverty, access to services, etc. Boarding schools also share relevant characteristics with institutional settings, for instance:

- Large numbers of unrelated children live together in the same building or compound.
- Sometimes, settings are isolated from the broader community.
- Contact with the birth and extended family is limited.
- Care is generally impersonal, and the needs of the organisation come before the individual needs of the child.

Many boarding schools in the region were set up by Christian missions as part of a 'civilization' process. During the 20th century, in countries like **Brazil, Colombia, Dominican Republic, Mexico, Paraguay and Peru**, boarding schools where Spanish (or Portuguese, in the case of Brazil) was strictly enforced as part of a common practice to 'pacify' indigenous communities.³⁹⁵ In their regional report on discrimination against children and young people in institutions, RELAF and UNICEF explore the indigenous education shelters programme for indigenous children and young people in Mexico and showed that despite the good intentions of providing education, this type of initiative ended up creating situations of discrimination.³⁹⁶

Boarding schools are still an important service used in the region to guarantee the right to education. However, in fulfilling their right to education children should not be denied the right to grow up and thrive in a family. Children placed in boarding schools are likely to be isolated from the community with restricted access to their family. Sometimes, these children are at risk of harm, facing situations like physical and mental abuse and, in the case of Colombia, the risk of being illegally recruited for armed groups.³⁹⁷

Countries and governments in the region should reflect on how to guarantee access to universal services, including education, without hampering other fundamental rights like the right to live and thrive in a family. Children need families and a lack of access to services should not be the reason to separate them from their families. It is essential that families have access to a range of universal services and the support of targeted or specific services if needed.



CHILDREN PLACED IN BOARDING SCHOOLS ARE LIKELY TO BE ISOLATED FROM THE COMMUNITY WITH RESTRICTED ACCESS TO THEIR FAMILY

Boarding schools in Colombia

In 1959, the rural school boarding programme was proposed to promote the social and economic rehabilitation of the regions affected by political violence, and to raise the level of education in rural areas of Colombia.³⁹⁸ Currently, there are approximately 555 educational institutions with boarding school programmes in Colombia, with approximately 34,979 children enrolled.³⁹⁹ The average number of pupils is around 60, but there are 15 boarding schools with more than 60 children and one even has 1,200 children resident.⁴⁰⁰

Boarding schools are mainly located in rural areas. An assessment of boarding schools carried out in 2013 found that 41.9% of children were admitted because there were not enough schools in rural areas. Often the nearest school was too far away to be accessible and 12.6% did not have access to the relevant level of education in the community.⁴⁰¹ As a result, many families decide to admit their children to a boarding school; some from Monday to Friday only, others for a full month, or for the whole school year. There were also 12.1% who were admitted due to financial problems, meaning that sending children to boarding school was a way of ensuring they have adequate food; also 10.9% did not have any adult to care for them.⁴⁰² All of these reasons are similar to the reasons for admission to other types of institutions. Many boarding schools do not have enough budget to meet these needs, and as a result, the care for the children is very mixed, in some schools, children do not get three meals a day and are often hungry.⁴⁰³

During visits conducted by Lumos to boarding schools in Colombia, it was found that the timetable of classes was sometimes far from ideal for families and children. As is common in rural areas, activities start very early with classes starting sometimes at 6am and ending at 1pm. If children need to travel long distances to access school every day, it makes sense to spend the night. Nonetheless, if schedules were better adjusted to the needs of children and their families, some children might have the time to travel to and from school every day. However, for children and families living far away from the boarding school, shifting schedules would not fix the problem and therefore other alternatives must be considered according to context.

Boarding schools in Colombia are not subject to the same child protection requirements as institutions, because of their educational classification. It is common for a schoolteacher to stay and take care of the children, without any protection standards or appropriate supervision, and also for the children to be left unattended. Some of the care staff receive food and board in return for looking after the children, others are paid sometimes by donations from parents, and there is also the position of "ecónomo", who is responsible for students' wellbeing outside of school hours. However, there are reported cases of mistreatment, sexual abuse and enforced recruitment by guerrilla groups.⁴⁰⁴

Boarding schools in Chile

In Chile there are around 70,000 children living in boarding schools – 67% of the children are placed in public/state boarding schools and 33% in private ones.⁴⁰⁵ While the number of boarding schools has decreased from 575 in 2013 to 479 in 2016, this is still a large number. The main reason for children being placed in boarding schools in Chile is to access good quality education. Families in rural areas cannot access schools due to long distances and lack of transport.⁴⁰⁶ Other reasons include disability and poverty,⁴⁰⁷ which are similar to the reasons for admission to other types of institutions.

AN ASSESSMENT OF BOARDING SCHOOLS CARRIED OUT IN 2013 FOUND THAT

41.9%

OF CHILDREN WERE ADMITTED BECAUSE THERE WERE NOT ENOUGH SCHOOLS IN RURAL AREAS

THERE ARE APPROXIMATELY 555 EDUCATIONAL INSTITUTIONS WITH BOARDING SCHOOL PROGRAMMES IN COLOMBIA, WITH APPROXIMATELY

34,979

CHILDREN ENROLLED



2.2.3 ENVIRONMENTAL DRIVERS

a) Natural disasters and climate change:

The LAC region is highly exposed to different natural disasters, such as earthquakes, floods and hurricanes. The Caribbean is one of the most vulnerable parts of the region due to the high-density population in the areas where disasters strike.⁴⁰⁸ 57 million people in LAC were affected by natural disasters between 2005 and 2012.⁴⁰⁹ All countries across the region have been impacted by at least one disaster since 1980.⁴¹⁰ Furthermore, a recent UN report prepared by international expert Phillip Alston warns that poor people will bear the brunt of climate change and that around 120 million more people could be pushed into poverty by 2030, arguing this could potentially undo the last 50 years of progress in development.⁴¹¹

After a natural disaster, children may require special protection. Children who have been orphaned or separated from their families are at greater risk of violence, abuse, neglect and exploitation.⁴¹² Humanitarian aid efforts may focus on providing institutional care for separated and vulnerable children.⁴¹³ It is essential that international aid and reconstruction support focuses on keeping children safe and families together. Without family protection, children are at risk of illegal adoption, child marriage and trafficking. The chaos that comes with disasters, the increased vulnerability of already vulnerable families and the increased risk of separation from family and community life, often generate opportunities to exploit and abuse children.⁴¹⁴

Haiti earthquake

Haiti has experienced a number of disasters such as earthquakes and hurricanes. In January 2010, it was struck by a 7.0 magnitude earthquake, which was the most devastating natural disaster ever experienced in the country.⁴¹⁵ Approximately 3 million people were affected; around 250,000 people died, and 300,000 people were injured, and around 1.5 million were forced to live in makeshift internally displaced persons camps.⁴¹⁶ Following the earthquake in January 2010, the number of orphanages in Haiti increased by at least 150%.⁴¹⁸ Institutions have since become the go-to international response to child vulnerability, undermining national-level efforts to create a broader child protection and social welfare system.⁴¹⁹ Rather than providing temporary shelter while families were located, institutions became a permanent solution in Haiti.⁴²¹

In October 2016, Haiti was affected by Hurricane Matthew, a category four hurricane. UNOCHA estimated that 2.1 million people were affected, of which 1.4 million people needed humanitarian assistance.⁴²² Pilot research to determine the feasibility of evaluating the movement of children into residential care following an emergency was conducted in Haiti after this crisis.⁴²³ Nonetheless, robust measurement of new arrivals to institutions was not feasible. Conclusions of the research indicate that many of the challenges encountered are likely to be encountered in humanitarian emergencies in other settings. The authors recommended approaches that incorporate household survey methods to ascertain movement into institutions based on reports from caregivers, as this may be more reasonable in countries with poor pre-existing governance systems and weak registries and records for institutions.⁴²⁴

FOLLOWING THE EARTHQUAKE IN JANUARY 2010, THE NUMBER OF ORPHANAGES IN HAITI INCREASED BY AT LEAST

150%



It is crucial to be mindful of the overlap and interconnections of the main drivers of institutionalisation in the LAC region presented above, as they are rarely solitary.

The intersection or co-occurrence of these drivers **exacerbates the vulnerabilities of families and communities and increases the likelihood of institutionalisation.** For instance, an indigenous female-headed family living in a rural area affected by armed conflict that is struck by a landslide will likely struggle harder to cope, as discrimination, poverty, lack of access to services and violence will probably hamper the possibility that she will overcome the situation. When families face a number of these drivers at once, their vulnerability is deepened, and the risk that children end up in institutions is increased.





3

**TRANSFORMING
SYSTEMS OF CARE**

Transforming care for vulnerable children, moving away from a system that relies on institutions and towards family care and community-based services is a complex process.

Crucially, the purpose of reform is not to cut costs, but to take funds which would be spent on institutions and reinvest them in family and community-based services, to support more children and produce better outcomes. **It involves:**

- Developing community-based services and approaches that prevent admissions of children to institutions, and that give children and families support within their communities to allow them to stay together
- Based on comprehensive assessments and careful planning, transferring all children currently in institutions to families, or family and community-based care placements, that respect their rights and meet their individual needs: no child should be left behind
- Ring-fencing and protecting resources (financial, human and material) from institutions and transferring them to newly developed community-based services, providing long-term sustainability
- Developing and deploying sufficient professional capacity and expertise to manage this complex process of change
- Changing attitudes, policies and practices
- Empowering children and families to take a lead role in the process of change.

When an adequate system of family and community-based services is available and accessible to everyone, most cases of family separation and institutionalisation can be prevented, as children and their families can access the support they need within their own communities. This means most children living in institutions could be successfully reunited with their birth families or extended/foster family, and most children will not need to be removed from their families in the first place.

To implement and achieve care transformation, a full range of family and community-based services must be available, including both universal and targeted services. Where they do not already exist, these services must be developed. Universal services are those which should be available and accessible to everyone, regardless of race, gender, disability, sexual orientation, religion, ethnicity or nationality. They include education and health services. Targeted services are aimed at the children and families that have additional needs and require extra support.



This can be provided through targeted health, education and social services based within the community. **These services include:**

Services for families:

- Social services with supervision, monitoring and ongoing training for the personnel.
- Family support services offering a range of practical and material support for families, including specialised support for children with disabilities and their families.
- Services based in hospitals or health centres to support new parents.
- Community health professionals to support new parents at home and ensure early identification of vulnerable families and children with additional needs.
- Services around sexual and reproductive health, including family planning.
- Classes to help parents develop skills to better care for their children, including for example 'positive masculinity' for men and other approaches that challenge the region's entrenched gender roles and inequities.
- Legal aid and support for victims of gender-based violence (GBV).
- Early childhood services such as daycare centres and children's centres.
- Inclusive education for all children, specially adapted for children with disabilities.
- Support services to prevent all forms of child maltreatment, including services to address domestic violence and substance abuse in the home, and support for parents struggling with mental illness or trauma.
- Financial assistance to prevent or address poverty.



Emergency intervention services:

- Specialised services to address cases of child abuse and neglect.
- Emergency housing and support for adults and children fleeing domestic violence.
- Crisis intervention services to support children and their families to address difficult situations which affect their well-being.
- Emergency foster families for children who must be removed from families.
- Support services for vulnerable children and those with specific needs:
- Early diagnosis and intervention services for children with disabilities.
- Housing adaptations, technical aids and assistive technologies for children with disabilities.
- Short breaks (respite care) to give children with disabilities or complex needs and their families a break from their usual routines and caring roles.
- After-school and holiday clubs for vulnerable children.
- Emotional and behavioural support in schools.
- Therapy and rehabilitation services such as physiotherapy, occupational therapy and speech and language therapy.
- Child and adolescent mental health services (CAMHS) for young people with mental health support needs.



Substitute family care:

- A range of different types of foster care based on comprehensive assessments and careful matching.
- Adoption.



Specialised residential care:

- Small group homes for a minority of children with multiple, complex needs – these homes look after small groups of children (ideally no more than six) and have highly qualified and trained personnel.



Care leavers' services:

- Support to care leavers and those preparing to leave care, to become financially independent, develop independent living skills and build up support networks in the community.
- Access to suitable housing.



Humanitarian response

Even in times of crisis, the approach to child protection must always be a long term one. In countries where there is a high risk of humanitarian disaster, it is important that there is preparedness and a system in place before a crisis hits, to increase resilience and mitigate its effects on vulnerable children and their families.⁴²⁵ In the early stages of planning a response to an emergency, the needs of children who have been separated from their families must be considered, as well as family tracing and how to prevent further separations. There may also be a need to look at protection from exploitation, such as being recruited into armed forces.⁴²⁶ Any institutional care which is required after an emergency must only be used as a last resort and must be short-term in nature.

The government and aid organisations should ensure that existing institutions are included in the response to emergencies, as the poor conditions of many orphanages mean that those living in them are particularly vulnerable to disaster. However, this must be done in a way which complements the transition to community and family-based care for children.



IN COUNTRIES WHERE THERE IS A HIGH RISK OF HUMANITARIAN DISASTER, IT IS IMPORTANT THAT THERE IS PREPAREDNESS AND A SYSTEM IN PLACE BEFORE A CRISIS HITS, TO INCREASE RESILIENCE AND MITIGATE ITS EFFECTS ON VULNERABLE CHILDREN AND THEIR FAMILIES

3.1 POLICY AND CAMPAIGN TO TRANSFORM CARE IN THE LAC REGION

In 2009, the United Nations General Assembly adopted the Guidelines for the Alternative Care of Children.⁴²⁷ The guidelines are based on two principles: first, ensure that children do not find themselves in alternative care unnecessarily (the necessity principle) and, second, ensure that the type and quality of care provided are appropriate to the rights and specific needs of children (the appropriateness principle).⁴²⁸ Article 21 states that: *“In accordance with the predominant opinion of experts, alternative care for young children, especially those under the age of 3 years, should be provided in family-based settings”*.⁴²⁹ The guidelines (article 22) also promote the development of alternative care in the context of an overall deinstitutionalisation strategy.

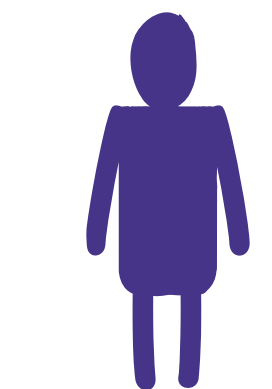
Based on these guidelines a LAC regional campaign led by the Inter-American Commission on Human Rights (IACHR), the Latin American and Caribbean Chapter of the Global Movement for Children (MMI-CLAC), the Latin American Foster Care Network (RELAF), the United Nations’ Special Representative of the Secretary-General on Violence against Children, and UNICEF was launched in 2013 to put an end to the placement of children under three years of age in residential care/institutions.⁴³⁰ Three Latin American presidents (Costa Rica, Honduras and Paraguay) backed the campaign.⁴³¹ The campaign was one of the first public acknowledgements of the importance of ending institutional care, based on the harmful effects of residential care during the early years of children’s development.⁴³² This was an important initiative that moved forward the care transformation process in the region.

In 2013, RELAF published guidelines for the deinstitutionalisation (DI) of children under three. The guidelines were produced with the input of experts working in DI in eight different countries of the region.⁴³³ Later in 2016, RELAF and UNICEF published a deinstitutionalisation assessment and monitoring tool. The tool is used to visualise the current situation of children in institutions. It provides a complete overview of all the children and young people under 18 in residential care, with a focus on children under three and larger institutions.⁴³⁴

3.2 EXAMPLES OF INITIATIVES TO TRANSFORM CARE IN THE REGION

In the LAC region, there are several countries that have implemented initiatives to start a process to transform care, transitioning from reliance on residential institutions to family and community-based care.

In **Argentina**, the government department focused on children, young people and families (Secretaria de la niñez, adolescencia y familia’ or SENAF), has been leading on a care transformation plan to transfer children in large institutional services to family-based care, either back with their birth families or in foster care, and small residential groups, since 2003.⁴³⁵ In 2005 the ‘National Law for the Integral Protection of the Rights of Children and Young People’ was passed, which explicit stated that institutionalisation should be an exceptional measure of last resort and that family-based care should always be prioritised.⁴³⁶ The number of children placed in SENAF institutions through the past years has been:



● 2003 – 253 children



● 2011 – 53 children

● 2014 – 0 children.⁴³⁷

Number of children placed in SENAF institutions

Overall data from **Argentina** from 2014 shows a reduction of children in institutional care:

- 7,705 children were living in institutional care facilities (public and private) and 1,514 in family-based care settings.⁴³⁸
- Of the 7,705 children who were in institutions, 2,570 were in public and 5,135 in private institutions.⁴³⁹
- There were 583 institutions in Argentina; 219 public, 324 private (NGO) and 40 without agreement with the government.⁴⁴⁰



In Colombia, the government has accepted the UN Guidelines for the Alternative Care of Children, and on 6 December 2017, the House of Representatives approved Law 310, which seeks to define the legal situation of the 125,000 children and young people under the protection of the ICBF, in order to ensure that they spend less time in institutions, providing consensus on the importance of family-based care and minimizing the length of time that children spend in institutions.

Since 2015 in **Colombia**, Fundamor, a renowned NGO that specialises in providing services for HIV-positive children, has worked to transform its institution and move children to family-based care. In the 1990s insufficient access to adequate healthcare, coupled with poverty, led parents of HIV-positive children to bring them to the Fundamor institution.⁴⁴¹ Over time, the leadership of Fundamor noticed that while children received good healthcare, nutrition and education, they were not developing as they would in a family environment. Fundamor became concerned about the children’s independence and ability to cope in the community once they left the institution. It sought out a range of partners and, with training, guidance and funding from Lumos, it embarked on a process of transforming care. Since 2015, Fundamor has worked in partnership with Lumos to ensure the care transformation process is carried out thoughtfully, striving at all times to ensure each child’s best interests were met.⁴⁴² They also put a significant effort into strengthening its child participation and involved the children in decision making and planning throughout the process.

At the outset, there were concerns that children’s health would deteriorate, and that their quality of life would decrease when they moved from the institution to the community. However, this has not been the case.⁴⁴³ **Data from 43 children relocated from Fundamor demonstrates that:**

- 85% of children were reported to have adapted well to their new placements
- 94% of them were reported to have made new friends
- 71% of children were reported to have ‘easy access’ to health and education services in their community – despite the existing barriers to accessing services
- 68% were attending school or another form of education.

Overall, the care transformation was a success, with most children placed in sustainable family environments that met their needs and improved their quality of life and inclusion in society. All children and families are still being monitored to ensure children are thriving and safe. Unfortunately, physical and mental health deteriorated for 5 children and young people (12%) after they left the institution. Fundamor with the support of Lumos continues to follow up to ensure improvements in the health of these children. The reform process undertaken by Fundamor demonstrated not only that transforming care for children and young people in Colombia is possible, but also that institutions can lead the process.⁴⁴⁴

OVERALL, THE CARE TRANSFORMATION WAS A SUCCESS, WITH MOST CHILDREN PLACED IN SUSTAINABLE FAMILY ENVIRONMENTS THAT MET THEIR NEEDS AND IMPROVED THEIR QUALITY OF LIFE AND INCLUSION IN SOCIETY



Children's voices

Article 12 of the UNCRC states: *"States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child."*

Children have a right to participate in decisions which affect them. There is strong evidence to support the involvement of children and young people, and for policy makers and service providers to listen to them in matters that affect them.⁴⁴⁵ Children can have strong preferences about their care and offering important insights into which forms of care will best meet their needs.⁴⁴⁶ Involving children in decision making usually results in better service design as children have a different perspective on their situation and needs.⁴⁴⁷



In **Guatemala**, the Changing the Way We Care (CTWWC)⁴⁴⁸ consortium is focusing on a system strengthening approach to promote care reform. This includes working closely with the four institutions mandated with child protection and care to ensure that the care system is one that both prevents separation and promotes safe and nurturing family based-care. The key components include family strengthening or prevention efforts, deinstitutionalisation and the strengthening of family-based alternative care.

Building upon the existing commitment to care reform, as well as the community involvement, CTWWC will support the government's effort to transition residential-based services into community and family-based care, initially with one facility as a model. Simultaneously, the project will be actively engaged, together with relevant government authorities, in the collection and analysis of data to inform the wider care reform process.

In **Nicaragua**, a programme called 'Retorno Amoroso' was the first experience of care transformation in the country. At the outset there were around 3,600 children in institutions and after the programme was implemented 80% of them (2,884) were transferred to family-based care. The number of institutions was reduced from 92 to 25.⁴⁴⁹ The success of the programme was attributed to several key aspects:⁴⁵⁰



Reduction of institutions through Retorno Amoroso

1. Commitments to fundamental rights were translated into policies and strategies to provide services and prevent the loss of parental care.
2. Research and advocacy regarding the harm of institutionalisation were conducted in order to change the favourable perception that government, carers and families had about institutions.
3. Lessons learned from a first attempt to carry out a care transformation process quickly and without proper preparation were reviewed and put into practice.
4. It was acknowledged that other types of family-based care are possible and needed, besides care in birth families.
5. Work was carried out together with private institutions as well, to transform their way of care.

Another country in the LAC region that is moving forward to transform the way they care is **Panama**. Panama's government recently published a National Action plan for transforming care. The document is the result of a participatory process in which stakeholders from different sectors, including government, civil society and children, gathered to produce a thoughtful plan.⁴⁵¹ The general objective of this action plan is to guarantee the right of institutionalised children and young people to live in a family in the community, through reducing the time they spend living in institutions and promoting family reunification.⁴⁵² The document provides background to institutionalisation in Panama along with the analysis of the process and considerations for care transformation, including and highlighting the voices of children.⁴⁵³

3.3 FOSTER CARE IN THE REGION

Foster care is an important aspect of alternative care for children who are unable to live with their birth families. Gold-standard longitudinal research comparing outcomes of children placed in residential care versus foster care in Europe found that children in foster care had better outcomes in most domains of development, compared to residential care.⁴⁵⁴ They had better growth and cognitive scores than children who had lived in institutions before adoption.⁴⁵⁵ Furthermore, financial analysis has shown that institutions are not only a more expensive way to look after vulnerable children, they are also not good value for money, due to the poor outcomes for children. Supporting children to live in families is therefore less expensive and results in better outcomes for children, making it the most cost-efficient option.^{456 457}

Setting up quality foster care is challenging. The process needs to include, for example, raising awareness, developing standards and processes, training personnel, recruiting and training foster carers, and then the continuous monitoring and support to children and carers.⁴⁵⁸ Improving the quality and standards of foster and family-based care in the region is essential for a successful transition from institutional care.

Foster care is developing gradually in the LAC region, although the shape and terminology vary between different countries.⁴⁵⁹ Important initiatives to implement alternative care have been developed in a number of countries. Examples include the foster care programmes in **Argentina, Chile, El Salvador, Honduras, Peru** and **Paraguay** and the specialised foster care programme for children with disabilities in **Colombia**.⁴⁶⁰ However, placement in foster care is still significantly lower in comparison to the use of residential care.⁴⁶¹



THE US GOVERNMENT'S ACTION PLAN ON CHILDREN IN ADVERSITY (APCA) SEEKS TO MAKE INVESTMENTS INTERNATIONALLY THAT ENABLE CHILDREN TO THRIVE IN FAMILIES AND COMMUNITIES

Haiti

Haiti's national child protection agency, L'Institut du Bien-Etre Social et de Recherches (IBESR) has expressed its intention to move towards providing foster care for children and using temporary rather than long-term placements where possible.⁴⁶² They expressed their openness to working with children's institutions who are willing to work with them to transition their service from residential care to, for example, a foster care service or transitional facility. This demonstrates IBESR's stated desire to transform programmes and redirect funding and resources. Meanwhile, several international donor agencies working in Haiti, including the EU, US Government and World Bank, have been prioritising programmes that strengthen communities and enable children to be raised in families. For example, the US Government's Action Plan on Children in Adversity (APCA) seeks to make investments internationally that enable children to thrive in families and communities.⁴⁶³ The French government has allocated over US \$170,000 to IBESR to fund the process for selecting foster families, raising awareness with leaders of the community about foster care, providing training to IBESR staff and following up with children and foster families.⁴⁶⁴



4. CONCLUSION

Since the passing of the UN Convention on the Rights of the Child, most LAC countries have made significant changes in their legislation to protect children and young people. However, there is a long history of institutionalisation in the region. Based on the available data at least 187,129 children still live in protection institutions in LAC, and the research indicates that there are also hundreds of thousand children in other types of institutional settings, such as boarding schools.

The LAC region's legacy of patriarchy and colonialism, violence, discrimination and inequalities, must be acknowledged when considering the context of these numbers. Child maltreatment and abuse were found as the main drivers in the region. However, this phenomenon is complex and multicausal and there are other significant factors which lead to institutionalisation. Poverty, lack of access to services and violence are driving families to search for residential settings, such as boarding schools, to ensure that their children have access to basic rights, such as protection, food, shelter and education. Violence and poverty are also driving families and children to migrate to keep them safe or search for better opportunities. Yet these massive migrations put families at risk of increased poverty and children at risk of losing their parental care. These complex and interlinked social/cultural, economic and environmental conditions increase the risk of institutionalisation.

Transitioning to new forms of care and ensuring that all children's needs are met in the community can be a challenging prospect – particularly when countries are struggling with inequality, violence, war, poverty and insufficient universal services at the community level, especially in rural areas. There are often concerns that family and community-based services may not be able to meet children's needs effectively and that it will be a more expensive form of care and therefore unsustainable in the long term. However, when an adequate system of family and community-based services is available and accessible to everyone, most cases of family separation and institutionalisation can be prevented, as children and their families can access the support they need within their own communities. This means most children living in institutions could be successfully reunited with their birth families.

Over the past decade in the LAC region, there has been a growing interest in institutionalisation, its effects on children and transforming care through a shift towards family and community-based approaches. Organisations such as RELAF, SOS Children Villages and UNICEF have been working for children's right to live and thrive in family and community-based settings across LAC. Academics have generated a significant body of evidence around the effects of institutionalisation in different countries in the region. There are also practical experiences of countries in LAC which have shown that transformation is indeed possible.

Data is crucial for monitoring progress and evaluating the impact of programmes. To enable an effective transformation process, it is crucial that all countries 1) establish a specific registry that includes all type of care, regardless of their nature (public or private) or their source of financing, and 2) collect data to monitor their work and their care for children. The collection and use of rigorous and comprehensive quantitative and qualitative data are not only important for understanding the phenomenon of institutionalisation and the number of children in the region, but for informing accurate and effective policies, strategic planning, and supporting the development and delivery of child protection and child care programmes.



The fact that the private sector oversees institutions does not reduce in any way the obligation of states to guarantee the fulfilment of rights of children who live in them. In addition, without child protection systems based on comprehensive legislation and a regulatory framework focused on safe transition and the best interest of children, it will be difficult to ensure that the changes are sustainable.

Successful experiences of transforming care in the region are good examples that change is possible and that every child, including children and young people with disabilities and special health needs, can be successfully cared in family-based settings. For example, the experience of Fundamor in Colombia has clearly demonstrated that:

- It is possible to undertake high-quality care transformation.
- Individual service providers can lead transformation of their own care service.
- Children and young people can be supported in families and communities, including those with special health care needs such as HIV.
- Family and community-based care has better results and is less expensive than institutional care.

There is still a long way to go to achieve full transformation of care systems across the LAC region. However, there are significant developments which can be highlighted:

- Government initiatives in different countries pursuing a thoughtful transformation process of their protection systems, based on the best interests of children and young people.
- Initiatives of various non-governmental actors and residential care providers that want to transform their services.
- The progress made in censuses, record keeping and the development and implementation of monitoring tools.
- The progress made in raising awareness about the negative effects of institutionalisation on children and young people.

There are still great challenges to overcome, notably the persistent absence of reliable data on child protection systems to enable effective planning, leaving many children and young people invisible. However, the progress made together with the different experiences in the region have helped to demonstrate that children and young people do not need to grow up in institutions, they can have their rights fulfilled and needs met in families and the community.



OVER THE PAST DECADE IN THE LAC REGION, THERE HAS BEEN A GROWING INTEREST IN INSTITUTIONALISATION, ITS EFFECTS ON CHILDREN AND TRANSFORMING CARE THROUGH A SHIFT TOWARDS FAMILY AND COMMUNITY-BASED APPROACHES

5. RECOMMENDATIONS

The below recommendations build on and affirm the recommendations made over the past few decades by various organisations, such as the Committee on the Rights of the Child, the IACHR, United Nations agencies and other non-governmental organisations active in this area.

TO LATIN AMERICAN AND CARIBBEAN STATES

- Establish or improve systematic data collection and analysis of children outside family care, based on clear and consistent definitions.
- Improve awareness about the harm of institutionalisation and the importance of family-based care.
- Prioritise investment in care transformation over the maintenance of outdated institutional systems.
- Ensure transparency in public investments.
- Develop a clear regulatory framework to support initiatives to transform care, ensuring the best interests of children are the central focus, and remove barriers to effective care transformation.
- Ensure that the budgets and resources currently supporting the institutions are ring-fenced and redirected towards the new services.
- Ensure that children and young people are not unnecessarily separated from their families and are reintegrated where it is in their best interest.
- Ensure that planning and programmes are informed by data.
- Ensure that adequate time and resources are allocated to every aspect of care transformation, to ensure a high quality and safe transition.
- Empower children and young people to participate fully at all stages of the transformation process.
- Ensure that families and children have access to a comprehensive set of universal and targeted services.
- Prioritise investment in family and community-based services, such as inclusive education, community healthcare, housing, family support services and alternative family care.
- Ensure education services that guarantee both the child's right to education and to the right to grow up in a family.
- Ensure that there are effective regulations, control, and inspection of all residential care providers regardless of their nature (public or private), including boarding schools.
- Establish clear laws against corporal punishment and violence against children, and multi-disciplinary services to tackle child maltreatment and abuse, to prevent institutionalisation and family separation.
- Strengthen the enforcement of laws which punish perpetrators of child abuse and work towards its prevention.
- Ensure there are protocols and guidelines to support children in the event of their caregiver being deprived of liberty.
- Increase efforts to alleviate poverty, focusing on the most vulnerable communities, ensuring that children are not unnecessarily separated from their families.
- Acknowledge gender inequalities, which might lead to institutionalisation of children, and strengthen efforts to overcome them.
- Design disaster management approaches prioritising children's well-being and their right to be in a family.
- Involve universities and academics in inter-institutional spaces for the design, evaluation and management of the care transformation process.
- Ensure regular training, capacity-building and awareness raising for public servants and decision-makers.

TO CIVIL SOCIETY ORGANISATIONS AND DONORS

- Identify and raise awareness about care transformation among critical stakeholders, including at government level.
- Work together with and support national and local governments on care transformation.
- Allocate adequate time and resources to ensure a high quality and safe process.
- Invest in rigorous monitoring and evaluation of reform processes.
- Ensure that learning is captured and shared.
- Work with the relevant governmental authorities and other organisations to ensure that learning is captured and shared.
- Enact internal regulations to prohibit investment in institutions and divert funds to care transformation.
- Prioritise investment in care transformation and in family and community-based services, such as inclusive education, housing, community healthcare, family support services and alternative family care.
- Support governments by funding demonstration programmes in care transformation.
- Provide funds to strengthen capacity to undertake reform.
- Discourage orphanage voluntourism and safeguard children in orphanages from unvetted visitors and volunteers.

TO RESEARCHERS AND ACADEMIA

- Support strategic reviews of the systems of looking after vulnerable children, to enable evidence-based planning for care transformation.
- Support the design and planning of evidence-based interventions to be implemented and adapted to new contexts, systems, cultures and population groups.
- Empirically examine interventions to evaluate outcomes for children and families.
- Develop comparative studies about residential vs family-based care.
- Develop cost-benefit analysis for residential and family-based care.
- Identify areas of research which can support care transformation and the implementation of family-based care.
- Support the implementation of evidence-based interventions across the region to improve caregiver behaviours and child development.
- Support the process of training and preparation of foster care families.

ENDNOTES

1. Calculation based on numbers available in July 2019.
2. It is recognised that the non-inclusion of documents and information in Portuguese excludes valuable contributions that have been made in this language.
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ABOUT LUMOS

Lumos is fighting for every child's right to a family by transforming care systems around the world. We are an international charity striving for a future where every child is raised in a safe, loving home, supported by family to help them thrive.

On average more than 80% of children in orphanages have living parents, and research proves that these institutions can harm a child's growth and development. Yet there are still an estimated 5.4 million children trapped in institutions globally.

Lumos sheds light on the root causes of family separation – poverty, conflict and discrimination – and demonstrates that children can safely be united with families. By pressing governments to reform care systems, and by building global expertise and capacity with partners, we ensure no child is forgotten.

Founded by author J.K. Rowling, we are lighting a path to a brighter future where all children can grow up in a safe and loving family.

We believe in a family for all children. We are Lumos.



Fighting for every child's right
to a safe and loving family

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