

PLANNING THE DEINSTITUTIONALISATION OF CHILDREN UNDER 3

GUIDE OF CONTRIBUTIONS AND EXAMPLES FROM RESIDENTIAL CARE INSTITUTIONS' EXPERIENCES



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➔ INTRODUCTION



On 18th December 2009, the United Nations General Assembly welcomed the *Guidelines* for the alternative care of children, under resolution 64/142. This document establishes policy and practice guidelines relating to the protection of young children and teenagers deprived of parental care, or at risk of finding themselves deprived of this care. In this sense, the guidelines act as an instrument that influences the decision of senior childhood authorities on public policies and the construction of the integral protection system, and equally the decisions of professionals and operators working in agencies, organisations and programmes that take responsibility for the protection and reinstitution of the rights of children and adolescents, with particular regard to the right to live in a family and community.

Broadly speaking, the *Guidelines* for the alternative care of children promote the prevention of the separation of children and adolescents from their birth families, the reintegration of the child into their birth family, and the search for permanent solutions and appropriate alternatives for each child and adolescent according to their situation. Regarding all of these aspects, article 22 of the guidelines determines that *“alternative foster care of younger children, especially those under three years old, should be in a family environment ...”*. It then follows that institutionalisation is excluded as an alternative care option for children under the age of 3. This is because it is considered an unsuitable option, making it both urgent and necessary to promote deinstitutionalisation and prevent the institutionalisation of this age group throughout Latin America and the Caribbean. At the moment, this practice is extremely widespread, but the guidelines aim to eradicate it in the near future.

The National Childhood Service (SENAME) of Chile, the United Nations Children’s Fund (UNICEF) and the Latin American Network of Foster Care (RELAF) conducted a pilot test in the framework of the regional initiative “Putting an end to the institutionalisation of children under three in Latin America and the Caribbean” between April and December 2012. Following the *Guidelines*, this is a proposed action that aims to achieve the deinstitutionalisation of children under 3 who are currently in residential care, and to put an end to the practice of considering institutionalisation as an appropriate option for children deprived of parental care. With these objectives, the pilot study was conducted in Santiago, Chile, with the NGOs Santa Catalina Residential centre and ADRA Foundation’s Specialised Foster Family Programme “Peñalolén”.

Who should read this Guide?

This publication incorporates the example of the pilot test in Chile with other examples of deinstitutionalization in our region. As you will see, the examples are diverse, driven by various factors, marked by different political, legal, social and cultural contexts: they are specific examples of initiatives that each country is carrying out. As reflected in the Guide and in these examples, the promotion of these processes of deinstitutionalisation is the responsibility of numerous parties which make up the “Integral Protection System”. Amongst these parties, the Guide is aimed at residential care institutions, or rather, their managers and technical teams, made up of professionals and qualified operators. Being a guide for action, it works as a tool for implementing the principle of not institutionalising children under three years old, which provides specific guidance for the implementation of a process of deinstitutionalisation proposed by the managers and technical teams of the residential care institutions. Although we recognise the important role that the State plays in the integral protection system, and with this the

implementation of public policies aimed at children and their families, we appeal to and trust in the civil society, which has the responsibility and autonomy to modify and construct a system focusing on children's rights.

How was this Guide developed?

UNICEF and RELAF developed this Guide as part of a cooperation agreement between them. For this, RELAF coordinated its development with the contribution of 27 experts in 8 countries in the region, who submitted examples of deinstitutionalisation in their countries through a questionnaire. After the arrival of a preliminary version of the Guide, it was revised and validated by the same team, plus Magdalena Medina of the UNICEF Office for Latin America and the Caribbean. Her contributions in the development and validation of the Guide have been of great value. The whole team contributed to the quality of this final product, and it is expected that the guide will make a tangible contribution to the undertaking of the necessary and urgent challenge of deinstitutionalising children under 3 through residential care centres without delay.

RELAF AND UNICEF

➔ LIST OF ACRONYMS



- ➔ **CAR:** Centro de Atención Residencial (Residential Care Centre, Peru)
- ➔ **DIPROE:** Dirección de Protección Especial (Special Protection Management, Paraguay)
- ➔ **FAE:** Familias de Acogida Especializadas (Specialised Foster Families, Chile)
- ➔ **INAU:** Instituto del Niño y Adolescente del Uruguay (Children's and Adolescent's Institute, Uruguay)
- ➔ **LOPNNA:** Ley Orgánica de Protección de Niñas, Niños y Adolescentes (Organic Law for the Protection of Children and Adolescents, Venezuela)
- ➔ **NGO(s):** Non-governmental Organisation(s)
- ➔ **RELAF:** Red Latinoamericana de Acogimiento Familiar (Latin American Foster Care Network)
- ➔ **SENAME:** Servicio Nacional de Menores (National Childhood Service, Chile)
- ➔ **SPI:** Sistema de Protección Integral (Integral Protection System)
- ➔ **UNICEF:** United Nations Children's Fund;

➔ FIRST SECTION:

A chronological look at the deinstitutionalisation project

First Stage: Introduction

Second Stage: Dealing with Situations

Third Stage: Evaluation



First Stage: Introduction

1. Institutional and Contextual Assessment

The human child is born a helpless creature and is completely dependent on its mother (or whoever takes her place) to stay alive. As important as the material needs are (getting sufficient rest, eating an adequate, balanced diet on a daily basis, being clothed and housed to be protected from the cold, health care to prevent illness, amongst others) the emotional needs are equally important, and the failure to meet these is just as life threatening as failing to meet material needs. The baby needs interaction (eye contact, communication, physical presence) and permanent contact (being supported, sheltered, kept warm, kept safe) to meet its demands. In short, the baby needs to feel the unconditional presence of the person who cares for them. These basic needs are essential for the baby's existence and can only be carried out by someone with whom they have an established bond (as we have said, their mother or a suitable surrogate) who provides the one on one care that they need. Moreover, the baby needs this relationship to be predictable, orderly, consistent and secure.

Certain characteristics of residential care (rotation of staff according to their shifts, different "carers" in charge of several children at once, with varying ways of relating to the children, a lack of emotional engagement, the constant arrivals and departures of children, etc.) make these environments unsuitable for young children to grow up in. This is because the environmental and emotional conditions considered fundamental for a child to develop normally, biologically, psychologically, sociologically and culturally cannot be recreated in the same way in residential care institutions.

Research into child development has shown that, in some cases, the damage caused by the institutions in which children live *"may include poor physical health, severe hindrance in development, disabilities and potentially irreversible psychological damage. The more time spent in an institution, the more severe the effects become [...]. The risk of psychological harm and hindering of development is particularly acute for children under 4 years old as this is a critical period in which children establish relationships with their parents or carers"* (Pinheiro, 2006, p.189). On this premise, the deinstitutionalisation project aims to eradicate the institutionalisation of children under 3 years old¹, to deinstitutionalise children already in care and to prevent admitting children within this age group in to institutions in the future.

It is expected that deinstitutionalisation starts as a decision made by the relevant institutions, which

1. As defined by the *Guidelines*, residential care is care which is offered, in whatever context, to children and adolescents who do not have a family, rather than the specific characteristics of the institutions that provide these children with care. In this way, the residential care institutions "include a wide spectrum of centres that range from orphanages, which usually house a large number of children, to 'children's homes' small institutions with a format that aims to recreate a family atmosphere, housing a small number of children that are cared for by permanent members of staff, either in a closed, separate property or as part of a neighborhood" (RELAF and UNICEF, 2010, p.42) This and other conceptual definitions are found in the glossary of the friendly version of the UN Guidelines for the staff of residential care institution, entitled "Standards Guide for the personnel of public and private entities who work towards the protection of children's and adolescents' rights". Be sure to consult the Guide, which contains specific guidance and standards of practice taken from the *Guidelines*, and which is a useful tool for its application.

in turn leads to the outlining of a public policy on the matter. In order to carry this out, the first step to be taken is to perform an assessment which encompasses both the situation of children under 3 in the institution and the local and national contexts in which the process is to take place. For this, a team is formed which will later convene with all the other associates at the round table.

From an institutional point of view, the assessment contains information about the exact number of children under 3 years old living in institutions, and the situation of each one of them: the time spent in an institution, the causes for the loss of parental care, the procedure of admission to the institution (whether it was their parent's impromptu decision, an administrative procedure or a judicial procedure), family and community networks, etc. This information will make it possible to create an action plan with the objective of deinstitutionalising children, providing adequate and permanent solutions, according to each situation. This knowledge allows the technical teams to design a work plan, adjusted to the needs of each one of the children. The assessment also identifies and outlines the institutional factors that both facilitate and hinder the children's ability to leave the institution. This makes it possible to work on these factors and to make sure that the institution itself is not obstructing what it is trying to achieve. Finally, the institutional assessment contains an evaluation of the material, human and financial resources that the institution has, with the purpose of analysing the economic feasibility of the project. From this analysis, they are able to identify whether or not there is a need to collect or rearrange any funds, after which the project can develop.

The institutional assessment is complemented by a contextual politico-institutional, national and local assessment that, all together, depicts the political viability of carrying out the project. The technical team should have a concrete knowledge of both the national and local legislation in place regarding childhood and of international children's rights laws, such as the Convention on the Rights of the Child (from now on this will be referred to as 'The Convention') and the Guidelines for the alternative care of children (referred to from here simply as 'The Guidelines') which serve as a framework for actions. Furthermore, the assessment should take into consideration the characteristics that make up the National Plan for Children's Rights, if this exists, and the Integral Protection System (from here on "IPS") in general, and in particular the subsystem of children deprived of parental care, with the objective of outlining the path that the children go through once they enter this system. From this, the technical team is able to identify the root of the problems and at which stage in the system they occur, which subsequently allows them to decide on actions to help resolve or overcome said problems, so that the implementation of deinstitutionalisation will be viable in this situational context. The contextual assessment should also offer in depth knowledge of community resources, as removing children from institutions relies on this: governmental or civil society-managed family-strengthening programmes (economic help, child care services, education plans, community kitchens, therapeutic treatments and all other help that could strengthen the care that a birth family, or extended family give provides to the child), as well as fostering and adoption programmes.

2. Identifying and Summoning Members and Associates

To carry out the project of deinstitutionalisation of children under 3, the residential care institution needs to count on the support or partnership of certain parties, without which its development would be unfeasible or unsustainable over time. These parties will be identified and brought together as partners of the project.

One of these parties is the National State and/or the local government, represented by the national or local body of child protection. It is essential for the development of the project of deinstitutionalisation that the authority that exercises the presidency of IPS builds an appropriate and favourable context, so that the deinstitutionalisation projects can be carried out. The support of the State is a requirement without which the process would run the risk of being an isolated example and, in many cases, unsustainable in the long term as part of a public policy.

Another important partner is the Judicial Power, formed as much by judges as by the technical teams of

the relevant courts working on the cases of children faced with institutionalisation. In many countries in the region, judges continue to unlawfully hold maximum authority when it comes to making decisions regarding the protection of children deprived of parental care or at risk of losing it. It is therefore strategic to include the Judicial Power as a partner in the project, not only to promote the deinstitutionalisation of children, but also to make sure that they will not continue to consider institutionalisation as a viable option for children under 3 requiring alternative care. This also aims to eradicate the future placement of children in this age group in residential care institutions. The legislative power is another important associate, as from the beginning of its inclusion laws can be drafted that promote the eradication of the institutionalisation of children under three years old.

Another fundamental role in the deinstitutionalisation project is played by the organisations or programmes that the institution will work with to achieve the deinstitutionalisation of children: family strengthening programmes, the health system, the education system, social development, foster care programmes, adoption programmes, etc.

In the cases of residential care institutions managed by civil society organisations, the donors can also convene as partners, to assess the process that the institution is launching and to show their support.

Finally, international organisations that are dedicated to children's rights with a presence in a Latin American region can be partners in the implementation of the deinstitutionalization project, as their experience and recognition can help to make the subject of deinstitutionalisation part of the government's public agenda, and thus achieve government support.

An example of deinstitutionalisation in Argentina

The project for the "promotion and restoration of the right to family and community life for children and adolescents in the province of Misiones.

Deinstitutionalisation and promotion of family and community based alternative care", in Misiones Province, Argentina.

By Néstor Álvarez

"... Here there is a real chance to address specific issues such as deinstitutionalisation thanks to agreements with international agencies. The issue is addressed and discussed at inter-sectorial round tables at government and NGO level thanks to the existence of such agreements. In the case of the project of deinstitutionalisation in Misiones, UNICEF performed that role ..."

There will be partners that have been working in this line of thought and will enthusiastically receive the news of the initiation of a plan with such features, so it will not be necessary to plan awareness strategies to attract them. However, there will be other partners who will have to be approached using awareness strategies to achieve their understanding and support². The channels of communication with each of them is different: depending on the partner being approached it will be necessary to plan different strategies, such as work meetings, workshops and training. The important thing is to create places to reflect on the effects of institutionalisation on children under 3 and to review the practices that promote it from various areas of activity. From here on, it will be possible to deal with issues and convince partners of the importance of coordinated work and reaching agreements in order to achieve the desired objectives. Specific and sustainable agreements must be reached not only in relation to the deinstitutionalisation of children, but also to the prevention of future placements, with special emphasis on the prevention of the separation of children from their family, and prioritising foster care in cases where it is necessary to provide alternative care.

2. It has been taken into account that, whilst we expect that these projects will form part of the general childhood public policy which governs these types of actions, this Guide is aimed at the directors and operators of residential care institutions (managed either by the State or by civil society organisations) in order to place them in an active and creative role, ready for any deinstitutionalisation action that may be proposed.

Furthermore, the key parties of the IPS can become partners, and although they are not directly connected with the deinstitutionalisation project, they can provide support and act as agents for change and deinstitutionalisation on a larger scale.

The Judicial Power from other jurisdictions can become partners, too, for they can contribute to forging an agreement amongst their peers on the necessity to deinstitutionalise children in this age group. Other partners can be residential care institutions for children under 3, which, having been brought together, informed and made aware of the deinstitutionalisation process, may feel ready to undertake a similar process. Foster care programmes may also participate in a wider process of deinstitutionalisation because they must be prepared to take up all the demands for children under 3 requiring alternative care. Universities and colleges or professional advisors whose line of work is connected to the IPS and the subsystem of children deprived of parental care can be strong partners with regards to training professionals with a focus on Human Rights. Religious institutions of different faiths may also be summoned. In the region, these institutions use a large amount of resources on programmes for the direct care of children and their families, including residential care institutions. Finally, the local and national media can also be good associates, because their approach on the subject will be visible to the general public, and this may for example exert greater pressure on decision-making by public authorities.

An example of deinstitutionalisation in Argentina Closing homes in San Luis Province, Argentina

By Pablo González

“Between 2005 and 2006, the State played a major role in passing laws on public and social policies in the Province of San Luis: Law N° IV- 0093-2004 on Family Solidarity and Law N° I- 0536-2006 on the Prohibition of Institutionalisation in general. Both the intervention in and subsequent closure of institutions for children under 18 managed by religious congregations and the conclusion of the institutional transformation of the Psychiatric Hospital in the School of Mental Health (deinstitutionalizing the patients), were brought about thanks to these regulations.

The aforementioned laws brought about the closure of the three institutions dependent on the Ministry of Social Action: Maternal Homes, Children’s Homes and Colonial Homes, in addition to the transformation and prohibition of institutionalisation at the Ministry of Health’s Psychiatric Hospital, whilst the Ministry of Education worked on modifying the curriculum, and in some cases the full time closure of day or boarding schools.

One of the biggest obstacles facing public legislation measures is that coordinated work between the different fields has not been planned.

The institutions dependant on the Ministry of Social Action (Maternal Homes, Children’s Homes and Colonial Homes in particular) were managed by San Luis’s ancient religious congregations, meaning that closing these institutions was seen as expelling the Catholic church from the region and therefore as a deliberate political act against the Catholic church. This led to many protests supporting these religious congregations. The main obstacle of this process was the lack of strategies to raise the technical team and community’s awareness before embarking on the transformation process, which involved changing the original model to modify the discourses on childhood and adolescence and the public policies aimed at them.”

An example of deinstitutionalisation in Uruguay

Pilot test in Montevideo, Uruguay

By Judith Aude y Laura Caballero

"In Uruguay, there are normative records concerning the situation of the institutionalisation of children under 7. The Adoption of Law N° 18590 of September 2009, stipulated that under the responsibility of the judge and previous advice from the Institute for Children and Adolescents in Uruguay (INAU), children up to the age of 2 years old will not be able to remain in residential care institutions for more than forty-five days, unless an institution can be found where they can live with their parents or health reasons make it advisable to stay in properly equipped centres. Additionally, in the case of children from two to seven years old, the maximum period of stay in residential care institutions will be ninety days, subject to the same restrictions and exceptions as for the younger age group.

In Uruguay, the State has taken the initiative to promote deinstitutionalisation, through INAU with UNICEF's support. They started with a more local proposal from Montevideo, prioritising children under 7 from two centres, one state-run and the other run by an NGO in agreement with INAU. It begins with a deinstitutionalisation pilot test (including all the children under 7 in the centre, and prioritising those under 2) They performed some modifications in the internal structure of INAU: in the Study and Derivation Centre that previously dealt with the whole population of 0 to 18 years old, creating a specific centre to look after children under 7.

3. The State as a Key Partner

The role of the State as a partner in the deinstitutionalisation project is essential in order for its objectives to be achieved. As stated, it is crucial that the State play a key part in generating a suitable environment for the development of deinstitutionalisation initiatives to be undertaken by residential care institutions. For this, the State, through its governing body of public policies of children's rights protection, needs to take on the political decision to launch a deinstitutionalisation process at a national level (or local, according to the case) that aims to eradicate residential care in this specific group of children. Without this political decision, the particular example of a institution will be isolated and only relevant to the children who have left the institution. Although this is still significant, the project must aim for equality, pursuing every child's right to live in a family.

An example of deinstitutionalisation in Chile

Pilot project for the deinstitutionalisation and improvement of alternative care for children under 3 in Chile, Santiago de Chile, Chile

Information extracted from the "Final Report on the pilot project for the deinstitutionalisation and improvement of alternative care for children under 3 in Chile", Santiago de Chile, January 2013.

"In 2012 a deinstitutionalisation pilot test was carried out in Chile, as part of a regional initiative to put an end to the institutionalisation of children under 3, driven by the Regional Office of UNICEF for Latin America and the Caribbean, with the collaboration of RELAF. The leading team of the pilot project consisted of SENAME (specifically, the Department for the Protection of Rights's Programme Management), UNICEF Chile and RELAF. The pilot test aimed to contribute to the introduction of significant and sustainable changes to the policies of the provision of alternative care for children under 3 in Chile. In order to achieve this, the team opted to join the pilot test with the development of

an initiative that SENAME's Programme Management team had been conducting since 2008, which consisted of the gradual and progressive implementation of the FAE programme. This programme comprised of 47 national projects across 13 different regions in the country, with 3,252 children in foster care, mostly with their extended family (77.4%).

SENAME's Programme Management team – which formed part of the project's coordinating team – was in charge of selecting the participating institutions: an institution that offers alternative care to children under 3 and a foster care programme. One of the criteria for selecting the institutions was the quality of their work with the children and their families, for they developed a rigorous intervention process that aimed for the rapid reintegration of children into a family or guaranteeing short-term care in favour of the children's right to live in a family. The institutions that formed part of the pilot test were the FAE Programme from ADRA Chile Foundation, and the Santa Catalina residential care centre”.

4. Configuring the Round Table

The identification and summoning of partners and allies can be deduced from the configuration of the round table. This group will grow as more key parties are invited to join the initiative. The round table is configured by the managers of the residential care institution driving the project, representatives from its technical team, representatives from each body/organisation/programme that has been summoned as a partner to carry out the project and consultants with experience and knowledge on the subject. If the economic conditions mean that no consultants could be contracted, experts will be identified who could, voluntarily, contribute a specialised external view and provide free advice throughout the process. The members of the round table must plan to meet with a certain frequency. Even though new technology may well allow a good enough communication (*emails*, video conferences, *Skype* conversations, etc.), the truth is that meetings in person are important for debates, agreements and making decisions.

An example of deinstitutionalisation in Venezuela

The deinstitutionalisation of children from Casa Hogar Emmanuel, San Antonio de los Altos, Venezuela

By Anselia Bervins de Pedroza and César Pedroza

“It's been wonderful getting involved with the sole motive to help and support each of our children in finding a family. Thanks to PROADOPCIÓN, a Venezuelan NGO with a long history of accompanying, supporting and spreading the word of many Venezuelan families who wish to foster a child, siblings, or a group of children with disabilities into their family, we succeeded, and these families are able to give the children the family they need but do not have.

The Municipal Council of Law, belonging to the Libertador Municipality (Caracas) has a registered family placement programme, recognised and accepted by the Courts of Protection in our geographical zone, so it played a fundamental part by lending us its database of eligible families or evaluating, guiding and educating new candidate families in which children could be hosted temporarily.

Emmanuel Children's Home's efforts were greatly enhanced with the team from PROADOPCIÓN's “Family for Everyone” project, which added value to the project, through awareness, training, technical

assistance and direct technical support; covering the duties of the multidisciplinary technical team, and dealing with the final de-institutionalisation of the children from the home.

In this sense, PROADOPCIÓN's lawyers (Dr. Lisbeth Fagre and Giancarlos Melchionna) were vital, as they made sure that each of our children's cases were heard in the Courts of Protection, asking the litigants to remain in complete and faithful compliance with the provisions of our Magna Carta, the Organic Law for the Protection of children and Adolescents (LOPNNA) and the other laws".

5. Discussing and Drafting the Deinstitutionalisation Project

One of the aspects that gives viability to the implementation of the process is the ownership of it by those who are involved. It could be that after the institutional and contextual diagnoses, the directors and the technical team from the residential care institutions will have drafted a proposed form of action to be discussed, which is improved and validated by the Round Table. Or, it may be the case that once the Round Table is formed, the project is entirely put together by its members. The most important thing here is that it is clarified and agreed on by everyone in the Round Table, for each one will have a specific responsibility and will be involved in the process from a particular location. The agreement gives support and viability to the project, and a large part of this consensus is obtained from the commitment of all members to the contents of the Convention and the Guidelines, and to the original principle of avoiding the institutionalisation of children under 3 as everyone's goal. Without an agreement the project could be hindered in the future by misinformation, lack of communication or the non-acceptance of the roles that each person is responsible for. The participatory processes are more time consuming initially, but in general they achieve better end results.

The design of the project is always subject to adjustments that the Round Table makes as the process advances, based on follow-up tasks and monitoring. This aspect will be addressed later on.

5.1. Contents of the Deinstitutionalisation Project

There are a lot of aspects that are covered by a project that aims to deinstitutionalise children under 3. In each example, the content can vary or adapt itself according to the local situation, and to the capabilities of the parties covering the project. Nevertheless, next we will analyze some contents which are considered important to take into account when planning the project. Even though the example refers to a provincial project that aimed at closing more than 25 residential care institutions, it is useful to have it in mind when planning a project involving just one institution.

An example of deinstitutionalisation in Argentina

Project "Promotion and restoration of a child and adolescent's right to live in a family and a community in Misiones Province. Deinstitutionalisation and promotion of alternative care in family and community", Misiones Province, Argentina, 2011

Information extracted from the final report on the project "Promotion and restoration of a children and adolescent's right to live in a family and a community in Misiones Province. Deinstitutionalisation and promotion of alternative care in family and community", Misiones Province, Argentina, 2011.

"The project was implemented in 2010 in the Misiones Province, Argentina. The coordination bureau for Provincial Public Policy, dependant of the Vice Governing Body, was in charge of the general coordination. It created an interdisciplinary team that worked together with the professional team in the specific area of the Department of Provincial Childhood. UNICEF provided the project with technical assistance and systematic evaluation. With this development, it was expected that a

system capable of preventing the unnecessary separation of children from their birth families and introducing new ways to restore an institutionalised child's right to live in a family and a community would be established. The project was designed to obtain the following results:

- A single registry of the admittance and discharge of children staying in residential homes in Misiones Province. A provincial survey of residential homes and the children and adolescents they house.*
- Training and informing provincial residential homes about standards and new ways of guaranteeing the right to live in a family and a community. This was achieved by means of various meetings to raise awareness of the problems of deinstitutionalisation, and the strengthening of alternative modes of care which guarantee the right to family and community life.*
- An intervention protocol for the deinstitutionalisation of institutionalised children without parental care."*

5.1.1. Human Resources Training

Briefing the technical team on the need to deinstitutionalise under 3 is without a doubt one of the aspects that must be planned in order to achieve a convincing and sustainable theoretical-ideological action in the task. Often, the human resources that use a human rights discourse and continue to act in accordance with the past intervention paradigms are one of the larger obstacles when trying to achieve changes in professional interventions. The institutionalisation of children is without a doubt one of the most widespread practices in the subsystem of children deprived of parental care in the region. Professionals from all disciplines work with the conviction that residential care is appropriate and convenient when a child is separated from their birth family. It is important that the professionals are able to recognise that living in a family and community is a child's right and therefore institutions inflict damage on the growth and development of children, especially those under 3. For this reason, it is part of the strategy to investigate, draw up Guidelines and organise reflection and training events with experts on which the institutions rely, as part of an adequate framework for the task that is to be undertaken.

5.1.2. Deinstitutionalisation Strategies

As previously mentioned, in order to develop as human beings, children under 3 need to establish a bond with a primary carer (a mother or substitute), in a stable and secure environment. This need is as important as any other basic need (such as for example, food), and only an environment of family care can meet it. In line with this premise, the technical team will have to design an individual intervention strategy for each child, providing each one with an appropriate and permanent family solution, corresponding to their particular needs and the possibility of staying in their family or community's environment. Each child and their family's situation must be uniquely considered, so that the interventions are also unique. The complexity of the situations require planned interventions, with short, medium and long-term goals, that require a high level of detail in their design. It is important in this instance to establish which professionals will be in charge of each case, and their work period. When considering the reconstruction of the life story of each child and the performance of an integral assessment, the intervening professionals will decide which deinstitutionalisation strategy to implement: reuniting the child with their birth family, foster care or adoption. This issue will be picked up again in the section "The development of deinstitutionalisation strategies: Case by case" in the section "Addressing situations".

5.1.3. Restructuring Spaces, Reassigning Duties and/or Moving Human Resources to New Projects

The discharge of children from residential care institutions leaves them with a capacity that could

be used for the development of other activities and projects. Each institution will have to evaluate what happens to each of these centres where there used to be children under the age of 3. This will depend on the characteristics and needs of the communities in which the institution is located, and the institutions could become day-care centres, nurseries, training centres, centres for adult education, recreation or cultural centres, or, if they decide to continue with alternative care programmes, for foster care programmes. The conversion of the centres is a physical representation of the conversion of the services offered by the institution. In those institutions that house solely children under 3, this will be a total conversion, whilst in those that take care of children of all ages, this conversion will be – at first – partial, although it could become a total conversion if the deinstitutionalisation project were to extend beyond just children under 3 to encompass all institutionalised children.

Example of deinstitutionalisation in Chile

Pilot project for the deinstitutionalisation and improvement of alternative care for children below the age of 3 in Chile, Santiago de Chile, Chile.

Information extracted from the “Final Report on the pilot project for the deinstitutionalisation and improvement of alternative care for children below the age of 3 in Chile”, Santiago de Chile, January 2013.

“As part of the implementation of the pilot project, a proposal was made to convert Santa Catalina residential care centre to take in children below the age of 3 who are deprived of parental care, through the channels of foster care.

In order to do this, meetings were planned and developed between the technical team of Santa Catalina residential care centre and SENAME’s Program Management team.

From these meetings it could be concluded that:

- Santa Catalina recognises that the institutionalisation of children below the age of 3 must be stopped;*
- Santa Catalina is ready to begin deinstitutionalisation, to stop receiving children below the age of 3, and is showing an interest in using a foster care programme. Additionally, it recognises that cases should be directly transferred to foster care;*
- there is a possibility of totally converting Santa Catalina residential care centre, by going through a transition stage in which residential places could be reduced (from 25 to 19), the incoming age of the children could be changed (between 3 and 6), and an outpatient-type programme could be incorporated which would give birth families a specialised role in order to reduce and facilitate deinstitutionalisation.*

As part of the conversion process, Santa Catalina’s human resources department will attend internships in the FAE program to continue familiarising and gaining skills in the methodology of foster care”.

As well as these spaces being modified, many professionals and operators that have dedicated themselves to the provision of residential care to children below the age of 3 will be relocated, with new tasks being assigned to them in the framework of a new project which the institution will initiate, or they will be moved to another organisation’s programme or project. This aspect will also have to be appropriately planned, paying special attention to guaranteeing a job for those working at the institution.

Example of deinstitutionalisation in Paraguay

Closure of the Babies' Home

By Leticia Rodriguez, Alejandra Rodriguez, Diana Pérez and Cruz Encina de Riera

"In relation to the Centre of Adoption's Hogarcito (Babies Home) closed in 2009, the Centre of Adoption and the Special Protection Direction (DIPROE)'s offices can currently be found on their premises. The human resources on which Hogarcito relied are subsidised by the state, especially the carers who received training to become foster families."

Example of deinstitutionalisation in Venezuela

Deinstitutionalisation of children from the Casa Hogar Emmanuel, San Antonio de los Altos, Venezuela

By Anselia Bervins de Pedroza and César Pedroza

"To date, we still have four children, two cases for adoption and two for family placements. We continue to wait for the decisions from competent bodies, but we will not receive new children until August 2012."

The number of contracts for direct childcare personnel and maintenance personnel for the Home has already been provisionally reduced."

With regards to the home, we are still waiting to determine if, with regards to infrastructure, it will definitely be awarded to the Foundation after the expiration of the lease agreement, just as we have been told. In that case, we will strengthen the assets of the Foundation and it would add to the potential of our two new projects, as we consider developing and implementing two new programs in our existing facilities: 'Programme for Foster Care, Each child has a parent' and 'Programme for Family Strengthening, Growing as a family'. Both programmes aim to help deinstitutionalise children from residential care institutions and strengthen all of these families."

5.1.4. Advocacy

It is possible that in this initial preparation phase, at the time of analysing the political viability of the deinstitutionalisation project, the technical team detected a lack of legislative adjustments on a local or national level, in relation to the protection of the rights of children deprived of parental care. On other occasions it could be found that these adjustments were made, but they were not reflected in the practice nor the design and implementation of the plans, programmes or projects.

In the specific case of the institutionalisation of children below the age of 3, achieving the eradication at a local and national level could also be a goal that the round table and its partners follow. Setting out advocacy strategies in order to put the subject matter on the political agenda, in the media, and in universities could be one of the medium or long-term aspects of the project. Raising awareness among policy makers and the general public about the dangers of institutionalisation for children's development (especially for that of children below the age of 3), and thus to make adjustments of the laws, plans, programmes, projects and practices with a focus on rights, is without a doubt a challenge which has to be brought up so that the project has an impact in the construction of the IPS. We know that in countries such as Guatemala and Mexico bills concerning alternative forms of care are put in

place, and in Argentina and Peru those concerning family placement are also put in place. It could be a good strategy to publicise the laws for a child's right to live in a family and a community that have developed satisfactorily in other countries in the region, which could facilitate the job of identifying the need for general adjustments of the IPS and of the provision policies, in particular the forms of alternative care. Besides this, the same document of the Guidelines is a useful tool to raise awareness of the need for a change in the subsystem of children deprived of parental care according to international recommendations, with a focus on human and gender rights as well as cultural belonging.³

5.1.5. Resources, Funding and Donors

Many residential care institutions in the region are state owned. In this case, the institution within the framework of new projects will provide the funding for the deinstitutionalisation project, and the subsequent transformation of certain services or activities will come from the same budget that the institution relies on, and can be adjusted to the new project.

However, other institutions are managed by organisations of the civil society that, in order to function, receive funding through numerous donors: the state, individuals, corporations, and international cooperation organisations, among others.

These institutions have the additional challenge of making sure that their donors continue to provide funds after the changes brought about by the process of deinstitutionalisation take effect. This is especially important in cases in which alternative residential care is provided to a group of children, most or all of whom are less than 3 years old, as for them the change will be of a permanent nature.

In case they do not share this vision for the need of the process, the institution shall generate opportunities to inform donors about the problems associated with institutional care for young children, with the aim of reaching an agreement and support for the adjustments that will be made. This is an important aspect because if the organisations do not make the donors aware or do not generate new support, they will remain in a situation of underfunding without the basic resources to continue to functioning.

Example of deinstitutionalisation in Venezuela

Deinstitutionalisation of children in the Casa Hogar Emmanuel,
San Antonio de los Altos, Venezuela

By Anselia Bervins of Pedroza and Cesar Pedroza

"... Immediately the news got out that our children were homeless or deinstitutionalised and that the Casa Hogar no longer had any children or was heading that way, we were left to rely on the financial support we received from our business donors or individuals ..."

5.1.6. Evaluation's objectives and indicators

As we know, the project is a set intervention, defined by goals with distinct levels of hierarchy, aimed at changing the situation of a group of people located in a defined geographic area, in a predetermined timeframe with set resources.

In the design phase⁴, the project must contain the following information:

3. A list of the documents and publications aimed at different actors can be found in this guide: the "Implementation and Monitoring Handbook of the Guidelines" for decision makers; the friendly versions of the Guidelines for children operators; and the Document "Call to Action for the deinstitutionalisation of children below the age of 3" for the general public.

4. In basic terms, a project has a life cycle composed of four phases: the diagnosis, the formulation, the execution and the evaluation. We insist that each institution must combine its de-institutionalisation project with the general public policies established for alternative care.

- 1) Contextualization of the project: from the diagnostic phase.
- 2) Problem tree with steps that we are going to take towards intervention, with the rationale for the decision explained.
- 3) Objectives.
- 4) Analysis of actors (to be able to identify associates, allies and institutional roles).
- 5) Direct or indirect beneficiaries of the project.
- 6) Calendar of activities, setting of deadlines.
- 7) Financing and budget plan.
- 8) Monitoring and evaluation plan

Each one of the components that the basic structure of a project acquires during the formulation stage has a specific importance in the overall design of what is to be implemented. This means that each and every of these components must be written down.

In order to successfully achieve goals and evaluation indicators, special attention must be paid to the formulation of the project's objectives. Generally speaking, the objectives are that which it is hoped will be achieved with the project. This has specific goals, with different levels of importance: the most important are the goals⁵ which contain objectives⁶, and these contain outputs⁷ (or products) that will require the development of activities⁸ to be achieved.

The objectives should be:

- Clear, specific and easy to understand.
- Coordinated: Those at a lower level of importance are partial objectives or complimentary of other, superior objectives.
- Realistic: It should be feasible with the resources available, with the strategy or methodology adopted and within the deadlines set in the project.
- Relevant: Must have a logical relationship with the nature of the situation to be solved or reality to be transformed.
- Assessable and measureable: Should be as observable as possible. For the objectives to be evaluated they must be translated into goals (they quantify the objectives and results of the project), which allows measurable indicators to be obtained so that it can be seen whether they went as planned or not.

6. Launching the Deinstitutionalisation Project

Although the public launching of the deinstitutionalisation process does not usually form part of the plans that have been set out, carrying one out could be beneficial in order to gain better support for the project as well as better sustainability.

The launching of the project is a moment when the problems faced by children deprived of, or at risk of being deprived of, parental care should be highlighted and the wider community should be made aware of the damage that institutionalisation causes during the upbringing and development of children, particularly those under the age of 3. In the countries of the region, institutionalisation is socially accepted and valued in a positive way. In addition to the state being the IPS's leading organisational agent, there are many individuals and companies that contribute in order to sustain the structure that the immense quantity of institutionalised children that exist in the region requires. In order to attempt to install a different vision regarding the way in which the situation of children of a young age who are deprived of or at risk of being deprived of parental care should be tackled, the launch of the project could be a good opportunity to design and implement a campaign and to present a clear cut message about the needs of children below the age of 3 that require alternative forms of care and of how inadequate

5. They express what is desired for the future project, present the level of impact the project will have and how it will contribute to solving the problem in both the medium and long-term.

6. Objectives can be divided into general and specific ones, and express the direct and indirect effects of the project; they address the complete answer to the problem, which involves a change or transformation of a situation.

7. They are the visible and tangible achievements that are expected once the project has come to an end.

8. "Activities" are the actions that must be carried out in order to implement the project. "Inputs" are the means that are needed to complete the activities

residential care is for them, focusing on the prevention of separation from their family and the provision of family- based alternative care for those that need them.

Different forms of communication can be used (posters, television and radio adverts, information leaflets etc.), circulating it through different forms of media, both mass and targeted, in order to achieve synergy.

Given the complexity of the elaboration of a campaign with these characteristics, it is recommended that a communications expert, guided by the Round Table, deal with the situation. In the event that the funds are not available to start up a campaign with these characteristics, placing short messages or memos in printed, radio or television media is a good way of achieving the goal⁹. Likewise, involving public authorities in the launch can be a strategy for generating media coverage and gaining political support.

There are many materials that can be very useful during this stage. RELAF provides documents and audiovisual materials¹⁰ that can be used, all of which are available free of charge from the web and from social networks¹¹.

Second Stage: Dealing with Situations

1. Development of Deinstitutionalisation Strategies: Case by Case

The process through which the strategy of deinstitutionalisation is determined and implemented for each child should be meticulous and participative. The latter implies that, at all stages of the process, there is communication and consultation with the child or the child and family, and that their views are taken into account, for which they should receive all the necessary information to be able to express themselves when appropriate. With regards to the child, the first big step is to build up a relationship of trust. The child needs to have someone who can be a role model in this process, and the professionals in charge should be able to do this. Part of this trust is earned by listening to the child, creating a stable environment in which to speak about how they feel, what is going on, what they hope for and what they want. Paying attention to non-verbal communication is also very important, as much with children who are able to talk as with those who still cannot. Even if the child can't yet talk, they should still receive the same explanations that are given to children who can: children understand much more than adults think. Professionals should communicate in a simple way, explaining what they should know patiently and in a language appropriate to their age. Ignorance, uncertainty and misunderstanding bring greater suffering to an already difficult situation for the child. With regards to the adults, it is also necessary to build a relationship of trust between the family and the professionals involved, since the work to be undertaken will involve addressing sensitive and distressing aspects of family history, such as the separation of the child from its family and the situation that caused this separation to come about. Mutual respect and trust are two necessary conditions for working together towards a common goal: reuniting a child with their family or finding an agreed permanent solution that is appropriate for them. As a result of this stage, guidelines have to be elaborated (and brought together in a "protocol" if possible) that guide the actions of each professional, in due time and course.

1.1. Reconstruction and Comprehensive Assessment of the Life Story of Each Child

The work of deinstitutionalisation is partly the reconstruction of the life stories of the children and the undertaking of a complete assessment of their situation and that of their family. This will allow

9. Whilst these actions are expected to be developed by the governing bodies for children, the capacity that the residential institutions have for raising awareness among society is very relevant.

10. All of RELAF's materials can be found in Spanish and many of them have been translated to Portuguese, English and/or French.

11. Website: www.relaf.org

Facebook: Red Latinoamericana de Acogimiento Familiar

Twitter: @RELAF_ONG

Youtube: AcogimientoFamiliar

professionals to make fundamental and appropriate decisions in relation to the aims of the intervention. The aim of this stage is to construct as comprehensive an evaluation as possible, on the situation of the children, their family and community environment, and the possibilities that each one has in providing a permanent care environment. The reconstruction of the life stories of the children and the undertaking of a complete assessment is a complex process, which will need to rely on complete and reliable information, collected through various sources.

Example of deinstitutionalisation in Argentina

The project for the “promotion and restoration of the right to family and community life for children and adolescents in the province of Misiones.

Deinstitutionalisation and promotion of family and community based alternative care”, in Misiones Province, Argentina.

By Néstor Álvarez

“... in the institutions that I have encountered throughout the project, the life stories of the children had few personal details and, at times, were imprecise, contained ‘approximations’ (dates of birth and national identity numbers), limited information about their parents, siblings and other relatives; almost nothing about where they came from (neighbourhood, region); those details that form the personal history of each child that grows up in a family (whatever type of family it is), such as when they said their first word, after how many months they began walking, when they stopped being breastfed, what their first day of school was like, what their favourite games were, who they played with, what their relationship was like with their cousins and friends, etc. This information which makes up the social identity of each child and can often be obtained by interviewing their parents, relatives and neighbours, simply does not exist in an institution. In 2011, the team of professionals, made up of psychologists, lawyers and social anthropologists, checked over the bundles of files, if they existed; they collected loose sheets and odd papers that had references to the children staying at the institution with the aim of finding out the background of each child there [...] they were able to write various biographies, albeit with brief gaps in the timeline.

The stories that have been produced by the team and those that already existed are treated as specialised information, managed by the institution. They are “important” documents that can be consulted by and commented on by authorities and specialists, but the children, the subjects of the institutions’ collections of biographical information, do not have access to them. For the children that are in bad social or psychological conditions, consulting, reading and reviewing their files (to add, amend or remove information) could be shocking.”

The file that the care institution has on each child and/or their court files is a quick and accessible source of information on him or her, their family, the reasons for their separation and the interventions that have been carried out in this case. They must comply with certain standards of practice in relation to the files made for each of the children in institutions. The institution’s technical team must produce and make the files in a journalistic fashion with information about the personal and family situation of each institutionalised child and the professional interventions that have been undertaken. The children, their parents, or teachers must be able to access these files, and if they wish to do so, they must be provided with advice and be accompanied before, during and after access to the information. All the information contained in the files is confidential (RELAF and UNICEF, 2010). The records and files are the primary source of information, but they must not be the only ones. In order to know and understand the intricacies of each child’s situation and that of their family, and to be able to carry out a rigorous and complete assessment of what it implies for the future, the birth family members will need to be interviewed as many times as necessary. In general, if the institution is working towards re-integrating

the child into their birth family, it relies on these documents. However, in some cases, it will be necessary to conduct an investigation to find and locate the birth family.

In addition to the interviews with the birth families of the children, as many visits as possible should be arranged with:

- Extended family or other adult of reference for the child: They can help to gain a deeper understanding of the birth family's situation, and sometimes help to identify the adults that could be responsible for the temporary care of the child, should they need it.

- Other intervening professionals: The court's record can contain information about professionals that have previously worked with the child and their family, who could be contacted if necessary

- The child: Depending on their age and level of development and their ability to communicate verbally, the child can provide information about their immediate and extended family, about the reasons for their separation and about their relationship with their family during alternative care, amongst other things. Specific people must carry out these interviews with the child in order to avoid victimisation.

It has already been mentioned in the previous section that the participatory component of the process begins here and the necessary conditions for this aspect to be achieved will become evident in the process. All that has been sought out must be expressed in the child's file that has been produced by the institution, which must be completed during the whole process. Furthermore, reports must be drawn up so that they can be sent to the Courts appropriately.

This stage of reconstruction and complete assessment is fundamental, as the strategies must be in accordance with the complexities of the situation. Being able to reconstruct the life stories of each child in a proper and complete manner will allow clarity at the time of assessment and when setting objectives for the short, medium and long terms. Without carrying out this fieldwork before the assessment and setting of the objectives, there is a serious risk of not taking the most suitable measures for the child and for their family and community's capabilities and possibilities¹².

In addition to this, this initial stage allows for the identification of the children's needs that must be addressed through medical treatments, therapy sessions, stimulation activities and other types of support, with the aim of finding the conditions that suit them best, with regards to their age and stage of development, if these services are not already provided.

In the event that there is not already an institutional practice in place, it is a good opportunity to start writing a life diary for each child. The life diary serves as a resource to help tell the story of each child and as a tool to get to know and understand his or her past, a fundamental part of the construction of their identity. The diary must be updated regularly and can contain information and photos of their immediate and extended family, their house, their neighbourhood, their stay at the institution, who cared for them, their friends, records and photos of important events, their own drawings and documents (birth certificate, school report, school certificates, vaccination certificates, etc.). Once this reconstruction of the life story of the child and the complete assessment is finished, the intervening professionals must complete a report in which they capture the relevant information, the evaluation carried out and the plans of action, with the aim of deinstitutionalising each child. Depending on each case, the strategy to be implemented will be: re-integrating them into their birth family, foster care or adoption. All these strategies will then continue to be developed.

Example of deinstitutionalisation in Paraguay

Closure of the Babies' Home

By Leticia Rodríguez, Diana Pérez and Cruz Encina de Riera

"... Whilst maintaining the bond, organisations of the civil society provide the children with complete care (health, education, psychological support, psycho-educational support) as far as possible in

12. We clarify that this information must be recorded in detail during the initial stage of the intervention leading up to the separation and during their subsequent inclusion in the institution. The procedures that guarantee their rights must be recorded, with all evidence available. However, on many occasions, this information is not readily available, as seen in the example.

each case.

It is not easy to generalise, nor does there exist a common plan that is carried out for all the children; what each team does is to work case by case, understanding and becoming aware of the culture, the family customs where the child will go, whether it be biological or adoptive care, and logically and principally, the characteristics and needs of each child, their story, their wishes, etc., as the premise is always to look after the child's best interests; a family for each child and not a child for each family.

With regards to working to sensitively maintain the bond, we believe in having an open attitude towards the family history, listening respectfully during every interview and remembering that we are not judges in the process, but simply facilitators that show the court the realities of living in a family group and that they form part of the history of each child. Besides, when editing the reports, it should be considered that in them we express our technical viewpoint about a part of each of child's history and that these reports will be read by the child in the future. This means that we must take special care with the words and the way in which we detail what we have observed".

1.2. Reuniting with the Birth Family

In the previously described initial stage- the re-construction of each child's life story and the elaboration of a complete assessment-, the professionals involved will identify the children for whom the most appropriate strategy regarding their de-institutionalisation is to reunite them with their birth family. In order to achieve this, the team should work closely with the family in order to reverse the problems that caused the separation, thus allowing the child to be reunited with its family. At this stage, the contact of the child with its family must be encouraged to strengthen their care role. A space must be provided for the meetings. Subsequently, as the process advances, they can be held in other spaces that have been deemed safe and appropriate for this purpose.

Example of deinstitutionalization in Peru

Bucker Peru-Inabif Foster Care Program

By Mercedes Milagritos Espinoza Bazán, Claudia León Vergara, Rosa Moquillaza Aparcana, Rocío Peralta Rupay and Aymee Torres Castro.

"... In some cases they will reconstruct the personal and family life stories: initially in a verbal manner, and then gradually they convert the information into written texts and photography. In other cases the family meetings are continued in order to strengthen bonds and perform parental roles. Furthermore, the birth family is assisted in looking for social support networks on which they can rely (parenting schools, civil society organisations, canteens, integrated health insurance, childcare, community centres, work training centres).

If while reconstructing the life story of the child and creating a complete assessment it is observed that the reuniting of the child with its birth family is viable in the short term, it is generally best to speed up the strengthening of the family as much as is possible, while avoiding the changing of the child's form of alternative care, so that they are not once again exposed to changing situations for a short period. However, in some cases, even though it is observed that the reuniting of the child with its birth family is feasible, the job of supporting the family will be delayed for a considerable time, warranting putting the child in a foster family before he or she returns to his or her own family. The foster care strategy will be addressed later on.

During the stage of the reconstruction of the life story of the child and of the complete diagnostic,

more knowledge about the family must be gained so as to create a rigorous and exhaustive evaluation in which the abilities and potentialities are identified, as well as their limitations in terms of care and protection. After the intervention process, the family's ability to become completely responsible for the child on a permanent basis must be worked on, after having reversed the situations that originally caused the separation, and guaranteeing a secure, stable and protective family environment for the child. The lines of action which arise as a result of the complete assessment revolve around the task of reuniting the family and strengthening it, which, according to the situation of each individual family, involves interventions in different areas: employment, housing, health, education, nutrition, a therapeutic approach for the child and its family, etc. Due to this, working in a network with other programmes, organisations and agencies, and with the community of the family, is key in order to strengthen the care role.

Along with family strengthening, there is also the task of carefully preparing the child for their return to the family environment. This return should be a participatory, planned, gradual and supervised process. The time that it takes to carry out this process depends on each individual case. The support of the child and its family by the technical team must continue after he or she has returned to living in their family environment. Even though the duration of the monitoring of the family after the return depends on each individual case, it is generally recommended that it last no less than six months. This monitoring is very important because throughout the process difficulties can arise which could jeopardise what has been achieved. When the child returns to their family, the job of the team focuses on accompanying the child and the family, carrying out necessary actions based on the strengthening of the family in its care role, while always respecting and promoting its autonomy and self-determination. The following is an example of how a sponsorship programme in the institution can be useful in order to strengthen the birth family.

Example of De-institutionalisation in Brazil Sponsorship Program

By Vera Lucia Alves Cardoso

"Sponsorship of birth families:

Given that the objective of the sponsorship is the promotion and strengthening of the possibility of the child being reunited with his or her birth family, the professionals that work directly with the birth families (psychologists and family therapists) have the job of assessing and monitoring the creation of effective bonds between the child and its family. The monitoring of the biological family is carried out individually or in multifamily self-help groups. Based on this experience, the work is carried out primarily in multifamily self-help groups every fortnight, lasting an hour and a half, before the children's visit. As an incentive for the participation of the families, at the start there is a donation of foodstuffs and hygiene products. Some of the activities that were carried out were as follows:

Family photos are taken of the families with their children, and these photos were then put into 2 frames, one for the family to take home and the other for the children to put beside their beds in the institution.

To celebrate Children's Day, the families choose a toy and a some wrapping paper to give to their children as a present

A collage is made using various photos of the children in the institution so that during the meeting the families can identify their children in the photos and tell the story of how they chose their name.

Donations are given close to Christmas to those families which would like to take their children home during the Christmas period (food and toys).

All materials used while working with multifamily groups were gathered from sponsors. The result was an increase in the frequency of visits, a higher number of families wanting to spend the weekends and public holidays at home with their children, and therefore more deinstitutionalisation opportunities to reunite children with their birth family. The multifamily self-help group is made up of families of children of all ages.

-Sponsorship Service Provider

The sponsorship providers usually help the institutionalised children with materials and resources, but it is also important to make them aware of the importance of supporting the birth families of the children, especially in multifamily self-help groups. The main products that are donated are clothes, shoes, hygiene products, toys and food. These are distributed to the families that visit their children in the institutions as an incentive. These donations increase significantly in the time just before Christmas, as this is a propitious time to present the objectives of the sponsorship program and the reality of the institutionalisation of the children.”

1.3.Foster Care

As it has already been said, the intervention process has short, medium and long-term objectives, while always maintaining the goal of providing children with an adequate and permanent family solution, according to their needs and the possibilities of their family.

Within the framework of the process, there are children who still need to spend a period of time in alternative care while a definite solution is decided upon. This is the case for children who are in the process of returning to their families, and whose families still cannot take care of them immediately; children whose adoption status is being evaluated; children whose extended families are being evaluated as permanent care environments, amongst other solutions. The children that find themselves in these and other situations that involve a “waiting period” need alternative care, and as residential care-homes are not appropriate for children below the age of 3, foster care presents itself as the only alternative possible. Many say that the changing nature of transitory alternative care can be detrimental for children, and that in these cases a better option would be to continue in institutions. Although we recognise the impact of these changing situations, it is still recommended that children are moved to a foster care family for as much time as is necessary, due to the quality of care that can be provided for them, which is extremely vital in their early years of life. In these situations where the care environments are modified until the family situation becomes more stable, the challenge is to provide a feeling of belonging, security and stability. Without a doubt, foster care will need to respect the ethnic, cultural, linguistic and religious origins of the child, and that they are placed into a community environment, in order to meet these conditions.

Within foster care, foster care within the extended family¹³ is the primary alternative that should be attempted. Using primary social networks is the first step to being able to find out which member of the extended family or someone from the community who is close to the family could have the ability to care for the child and be available to assume this temporary role. Of course, through the reconstructive work on the life stories of each child and the preparation of reports on the children, the technical team has the opportunity to interview relatives and referees and, in its evaluation, is able to select possible carers.

13. In general, foster care within the extended family is developed informally. There are situations in which the care of a child is taken up by relatives or by people with a previous relationship with them, through an arrangement between private parties (in general, the adults and the parents of the child), without the mediation of a public authority (judicial or administrative). The *Guidelines* advise that these informal arrangements be formalised. This allows the technical teams to be able to support and accompany the carers and to work with them to improve the link between the child and their birth family (RELAF y UNICEF, 2010).

In the event that a person in the child's family and community environment is unavailable to be responsible for him or her, the technical team will search for a foster family through a foster care programme. We will readdress the theme of the relationship between residential care institutions and foster care programmes in the next chapter. The foster care programmes bring together, evaluate and train families in the community for the role of foster carers. These families are groups that generally belong to the same community as the child, but did not know them before the foster care process, and are known as "non-relative families" or "external families". It is important that the technical team knows the foster care families well and, on the basis of the characteristics and needs of the child, selects a family for each one to ensure a suitable result for him or her with respect to their birth community, ethnicity, culture, language and religion.

Just like when returning a child to their birth family, the moving of a child from an institution to a foster care family must be carried out in a careful and sensitive manner, understanding that this placement is a "movement and integration" process. The technical team and those who had been in charge of looking after the child up to that point must get in contact with the foster care family in order to be able to provide them with important information about the child before they move into their new environment. In this case, not only here do we refer to the history of each child, but also to the smaller, but nonetheless important and simple things such as the food that they like, their favourite games and songs, their bedtime routine, etc. Also, it is important that the technical team and the carers hand over all of the child's possessions: their clothes, their games, their life books, all that they own. Acting in terms of "movement and integration" builds a thread in the story of each child, allowing them to live this stage of their life with a sense of continuity and not of fragmentation. If, conversely, the process were to be carried out as the mere act of transferring the child from one place to another, it would be "devastating" for their story and identity.

The technical team must supervise the process and encourage all the members of the future foster family to participate, along with anybody who knows the child and the adults who can help to accompany the child through the change. Everything that is happening must be explained to the child: why there is a change in their care environment, why the change does not lead to a return to their family or their adoption by a different family, the reason for the transition of foster care and the fact that this measure forms part of a much larger process that the technical team is developing in order to reach a permanent solution for their situation. Depending on the age of the child, the technical team will have to evaluate how gradually to integrate the child into a foster family. In some cases, before the child begins to live in the family environment, there must be a period of bonding that will take place at the institution, and a second stage, at the foster care family's house, for longer and longer periods of time. This process before the child moves in allows the development of a more trusting and secure environment for the child and the family, and in the event that this family is unknown to the child, both are able to get to know each other. An example of this process, carried out with children of an older age, can be seen below.

Example of deinstitutionalisation in Peru Bucker Perú's Foster Care Programme

By Mercedes Milagritos Espinoza Bazán, Claudia León Vergara, Rosa Moquillaza Aparcana, Rocío Peralta Rupay and Aymee Torres Castro.

"From the moment a child or adolescent starts the programme with the support of a foster care family, it is necessary to bear in mind the work carried out by the technical team of the Residential Care Centre during the first stage, which provides information about their family histories. In the foster care programme, through a plan of psychological intervention, an early assessment is made, as well as the consideration of an assessment of the possibility of reintegration, which will allow

for a reconstruction their life stories. Techniques developed by other countries are also considered, for example: photo albums of the child or adolescent, their life diary, their treasure chest, letters or messages from their biological parents, telephone conversations and, lastly, family gatherings. In coordination with the Centre's team, the child or adolescent is emotionally prepared, as is their birth family; then, an empathy stage is carried out which initiates an exchange of information about the characteristics of the child and the foster care family; afterwards, they meet each other in the Centre to continue being in neutral and open spaces, until they meet in the foster family's home. This empathy is consolidated during the phase in which child or adolescent adapts to their foster family".

New referrals that are received by the residential care institution must be absorbed directly into the foster care programme, meaning that these programmes must rely on available and previously evaluated families, selected and trained with an adequate profile to provide temporary care to infants below the age of 3.¹⁴

The work of the foster care programme's technical team has three fundamental pillars:
-Work with the foster family: centred on evaluating, preparing, accompanying and supporting the family in its care role, with regular supervision

-Work with the birth family: revolves around family strengthening, which – as has already been said – may require interventions in specific areas (employment, housing, health, education, therapeutic approaches, for which networking with other programmes and organisations is key), and to promote the reconstructing of bonds with the child, for which safe meeting places need to be created.

-Work with the child: searching to cover all their needs through medical treatments, therapeutic approaches, stimulation activities and any other support that they might need. It is also crucial to provide the child with a place to listen and ask questions and accompany them throughout the alternative care.

In the case that a child finds himself/herself in foster care, but is waiting for an adoptive family – although this is done only for specific services, as we shall see – the child's transfer and their integration into the new family environment must be facilitated as much by the technical team as by the foster care family.

1.4 Adoption

Some children will leave the institutions through being adopted. Each country has its own national legislation regarding the process of adoption and steps to follow so that the professionals involved will have to adhere to this legal framework and work in coordination with the corresponding State body, which features a registry of applicant families which have been appropriately evaluated. Beyond the laws of each country, there is an agreement on the priority of national adoption and the principle of subordination of international adoption, as determined by the Hague Convention¹⁵.

The children who are to be adopted are those who cannot return to their families of origin due to the failure to put a stop to the situation that led to the separation, despite efforts, and also when no one in their extended family and community networks of adults has been identified with the ability and willingness to accept them. In this situation, adoption is shown as a suitable alternative that will give a permanent solution for the child, tailored to their needs and their right to grow up in a family and community environment.

The investigation into determining the adoption of a child must be in-depth and thorough, and should

14. It is important to point out that, once the decision is taken to deinstitutionalize through a project, the residential care institution is not allowed to admit any more children.

15. The Hague Convention of 29th May 1993, on Protection of Children and Co-operation with regards to International Adoption (Hague Adoption Convention) protects children and their families against the risks of illegal, irregular, premature or ill-prepared adoptions abroad and aims to prevent the abduction, sale and trafficking of children. This Convention reinforces the UN Convention on the Rights of the Child and seeks to ensure that adoptions abroad are made in the best interests of the child and with respect for their fundamental rights. For further information, go to the "Adoption" tab on www.relaf.org.

be reflected in a report containing the reasons proposed for the adoption and the attempts made to achieve family reintegration, which in the end was not possible. The report must contain all information about the child, their history, their present situation and all the elements that could help in the selection of a family that is considered to be the most competent at dealing with the child's upbringing, in accordance with his or her specific needs.

Before this decision is made, it is important to talk with the child, even if they are very young. As has been previously said, children are able to understand a lot more than adults would believe. As in the case of family reintegration or foster care, the technical team should prepare the child for adoption and ensure gradual integration into the family, accompanied by, supervised and understood as a process of "movement and integration".

Example of deinstitutionalisation in Venezuela

Deinstitutionalisation of children in the Casa Hogar Emmanuel,
San Antonio de los Altos, Venezuela

By Anselia Bervins of Pedroza and César Pedroza

"... the strategy was to continue to ensure that all families that were becoming family for our children were firstly volunteers at the home, so that they could support us with medical examinations, medical consultations, recreation etc. This was done so that in both children and foster parents a deep feeling of love would be developed, so that it would create a definitive bond. Cohabitation prior to the placement with voluntary families ensured that there was nothing traumatic in the child's departure from the institution; on the contrary, the children were excited about the judge's decision to place them with families. The integration into their new homes was fantastic because it brought back their status as a son or daughter and/or grandchild, being loved again and treated as individuals, having their own bed, toys, clothes, friends and not those from the institution"

Example of deinstitutionalisation in Brazil

Sponsorship programme

By Vera Lucia Alves Cardoso

"At any given moment during the evolution of the sponsorship programme which aims to get siblings adopted together, certain questions start to arise: does strengthening the birth families mean working only with the adults of these families? Is working for the preservation of ties between brothers and sisters not working on the ties of the birth family? To what extent are the bonds between brothers and sisters stronger than their ties with the adults of the birth family? Taking into account that searching for the extended biological family (grandparents, aunts and uncles, and cousins) is seen as an alternative to bringing up the child in their family (even if the siblings are placed with different relatives), with the implicit expectation that they maintain ties, shouldn't we work using similar methods for the adoption of siblings? We analysed these issues from the stories of families who came in search of help, faced with conflict with their adoptive sons or daughters, and on investigation it was found that they had accepted the idea of maintaining the fraternal bonds after the adoption, but maintained the link only at the beginning, saying that with time the child lost interest in their siblings and eventually stopped asking to see them. It is as if these adults were holding the children responsible for the compromises which the adults had made prior to the adoption. And yet the question remains: to what extent do

these adults discourage the efforts of the child to maintain contact with their siblings, with answers like: 'I don't have time this week, next week I will call your brother/sister's family'?

Sponsorship with the intention of future adoption¹⁶ starts with the identification of families who are willing to take on children belonging to groups of siblings. This situation often involves one child or more under 3 years of age. The stages of this process are:

- Psychosocial preparation of the families, specifically for the adoption of older children and groups of siblings, even with the possibility of siblings being separated into more than one adoptive family, but with fraternal bonds being maintained after the adoption.*

- Preparation of older children for adoption and understanding of the separation without loss of fraternal ties.*

- Guidance for the families who will adopt children that are younger than 3, within a group of siblings. Firstly, it is recommended that the future adoptive parents visit and develop emotional bonds with the children older than 4. These families visit the child/children in the institutions; invite them to take short trips to get to know their home spending the night there on weekends and public holidays. This process is accompanied by help from psychologists and family therapists, who act as sponsors who provide services. Depending on the development of the bond, it is suggested that the family seek custody of the child. At that time, the transition from being a "sponsor" mother to a father/mother begins. After a period of adaptation which is supervised by family therapists, the process of bonding with the child under 3 years of age starts, which tends to be relatively quick and is made easier by the presence of their older siblings.*

- Preparing for the financial and emotional support of children older than 4. For this, it is important that the adults go to the institution to 'introduce themselves to the children'. This strengthens the perception that it is necessary to 'invite' the child for an outing, to familiarize themselves with the sponsor family's home and to spend the night with them. The action of inviting starts to give the adults the perception that children have their own rights and may even refuse some of the invitations which have been offered. This practice causes a change in the views that adults have about institutionalised children, views which are influenced by feelings of shame, the notion that every child wants to be adopted and attitudes which often ignore the wishes and fears of the child.*

- Raising awareness among families that are adopting other children (in cases in which it is not possible to find an adoptive family for a child from a group of siblings) of the importance of the children maintaining bonds with their siblings and encouraging regular visits to siblings who remain institutionalised".*

Example of deinstitutionalisation in Argentina

Ieladeinu Programme, Buenos Aires, Argentina, by Gabriel Bieniawski and Debora Miculitzki.

"A newborn girl was placed in the "home", along with her teenage mother and 3 year old brother. The idea was to give the mother a stable place where she would be able to perform her maternal role, given that she did not want to be in charge of the child as she did not have the support of her parents, with whom she was living.

From the beginning the baby girl was put through varying levels of care by her mother, who, at times, completely neglected her maternal role and at other times seemed more willing to take on the role herself.

16. This experience was developed within the framework of the Juvenile Court of Gois, Brazil. As has already been said in this Guide, all the experiences cited fall within the legal framework, social processes and child-related public policy of each country.

Over time, the mother became more distant and was finally able to express her wish that the girl be adopted by a family that would love her, since she was not emotionally prepared to look after her, unlike her other child.

We worked to help the mother enable the adoption of the child by another family, and it was the baby's own mother who explained to her baby daughter that, even though she was her biological mother, she would introduce her to those who would be her 'parents of the heart'. The teenage mother worked with a coordinator of the home to mediate the process of forming a bond between the girl and the adoptive parents.

Once the girl went to live with her new family, links were maintained with her biological mother and brother, and she grew up both knowing where she came from and with affection in her life".

2. Institutions Undertaking the Deinstitutionalisation Project: Residential Care Institutions and Foster Care Programmes

Implementation: Vicissitudes of the Practice

As mentioned in the previous chapter, the first strategy of deinstitutionalisation that the technical team should develop is to reintegrate children with their families which generally consists of identifying whether or not the birth family can care for the child again, encouraging the potential and the abilities that have been observed, and addressing the problems that led to the separation. This is done using an interdisciplinary intervention, working with the resources that are available in the community that can strengthen its care role. Thus, it is hoped that children are deinstitutionalised by returning to their family environments and their communities.

However, in the case that the children are still not able to be reintegrated into their home environments, and therefore need to stay in alternative care, foster care is presented as the only suitable option. In this respect, fostering programmes are of fundamental importance, since it is through these programmes that this group of children can be deinstitutionalised, including those who find themselves in different situations – previously listed – that involve a “waiting time”.

One of the options is that the residential care institution, within the framework of a reconversion process of its practices, starts to manage its own foster programme. After bringing together all the examples that have already been gathered regarding alternative care for children under 3, specific work guidelines regarding foster care must be sought and must be used for training purposes in order to design and implement a programme.

If the institution does not start to operate a foster care programme of its own (or it does, but the programme involves a number of families which is too small for the number of children in the institution that require alternative care), then a work link must be established with another foster care programme that already exists in the institution's community. A lot of residential care institutions have a history of working in partnership with a foster care programme.

However, sometimes this is not the case. Depending on whether prior knowledge exists or not, the task of creating a successful working partnership between the institution and the foster care programme will be made easier or more difficult. But what has to be remembered is that this is an unavoidable task, however time-consuming it may be. The following is an example of work done in Chile with the goal of linking the institution and the foster care programme.

Example of deinstitutionalisation in Chile

Pilot project for the deinstitutionalisation and improvement of the alternative forms of care for children under 3 in Chile, Santiago de Chile, Chile

The following information has been extracted from the *Final Report of the project for the deinstitutionalisation and the improvement of the alternative forms of care for children under 3 in Chile*, Santiago in Chile, January 2013.

"The method used was to conduct a series of group interviews and workshops with selected organisations based on [...] establishing collaborative working relationships between the two organisations around the central purpose of the pilot test. This example is unprecedented in Chile (at least if we take into account projects managed by different organisations).

These activities included the development of a mutual understanding between both organisations, a consensus on the core values of social protection policy from a rights perspective, the resolution of possible points of tension which may emerge in the relationship and the development of basic levels of trust in order to implement of the pilot project.

The example of associating an institution and a foster care programme (AED) in the same project with the common purpose of the deinstitutionalisation of children is unprecedented in Chile, and the mere fact that it is taking place should be considered a very positive event and one with enormous repercussions for the public policy of our country. The relations between institutions and the foster care programme (AED) in Chile are circumstantial and infrequent, and are referred primarily to mutual case referrals. Even though the technical guidance of SENAME emphasises the importance of coordinated and collaborative work, the everyday practices of the intervention teams do not show systematic collaboration between institutions and Foster Care programmes. On the contrary, it shows the existence of distrust between teams of different forms of alternative care. The agencies which carry out these projects have many reasons to justify their own strategy for working with the children and their families. This reasoning (or justification) includes a review defending their alternative care model."

The institution must then identify a foster care programme. One of the important aspects to bear in mind when selecting such an important partner is that they should belong to the same region and community as the institution, as the proximity between them facilitates meetings, mutual understanding and joint work. Furthermore, it is important that children who have been taken into foster care are not placed in a foster family who live far away from the child's birth family and community (always assuming that the residential care institution is geographically close to the children's birth family and community).

The institution will have to establish a stable work relation with the foster care programme, a horizontal cooperation partnership based on the active participation of both parties, supported by a mutual knowledge and trust. It is therefore important to break from certain norms and to share a vision of how the work with children and their families should be. The institution must ensure that the foster care programme with which it will be working has an approach based on children's human rights. The role of the institution and of the programme within the project of deinstitutionalisation must complement each other; therefore, the communication between both technical teams must be clear and horizontal. Everyone must be committed to the project, and carry out their role in an orderly and systematic manner. It is possible that the foster care programme which has been summoned does not have the number of families required to deinstitutionalise all children under 3 in the institution that should remain in alternative forms of care, as well as to receive future referrals of children, so that they are not admitted into the institution. The programme should redouble efforts to activate the plan for recruitment, evaluation and training of foster families with a specific profile which is required for the deinstitutionalisation of children under 3. The summoning, selection and training of families should be consistent, as should the

follow-up, supervision and accompaniment once they have started to look after the child. This complicated process of joint and coordinated intervention, orientated towards the deinstitutionalisation of children under 3, could be seen to be either helped or hindered by various situations which must be taken advantage of or resolved according to the case. The following examples in the region illustrate this.

Example of deinstitutionalisation in Argentina's Ieladeinu Programme, Buenos Aires, Argentina

By Gabriel Bieniawski and Débora Miculitzki

"Within the institution, there were two major challenges: to establish the right that children have to live with their family and community, and to raise awareness of the violation that institutionalisation implies, working with professionals from the homes so that they do not feel that deinstitutionalisation is a threat to their jobs".

Example of deinstitutionalisation in Venezuela Emmanuel Home, San Antonio de los Altos, Venezuela

By Anselia Bervins de Pedroza and César Pedroza

"The first hurdle to jump was putting together a multidisciplinary team (social workers, psychologists, psychiatrists, lawyers) that facilitated all of the processes for the deinstitutionalisation of all our children with families. We found that distrust and the usual resistance to change were the main obstacles. The lack of faith is due to the fact that people think that we have a personal or financial interest in finding families for the children. When for so long practically nothing has been done, the start of drastic changes causes a commotion amongst people who do not understand that the changes are for the best. There are people who think that, since children are being returned to their birth families, the "Home" is abandoning them to their fate.

The facilitators have the attitude that practically all of the enrolled and evaluated families are suitable for family placement programmes. They have always collaborated and have been open to receive our children in special circumstances, many of whom have special health conditions, exposing themselves to personal, legal and emotional risks, for the best interests and wellbeing of the children and their right to live in a family."

Example of deinstitutionalisation in Paraguay

Closure of the Babies' Home

By Leticia Rodríguez, Alejandra Rodríguez, Diana Pérez and Cruz Encina de Riera

"One of the greatest obstacles that deinstitutionalisation faces is the "charitable" vision of the institutions, whose motivation to provide care is still closely linked to the doctrine of the 'Irregular Situation'..."

Example of deinstitutionalisation in Argentina Project

The project for the "promotion and restoration of the right to family and community life for children and adolescents in the province of Misiones.

Deinstitutionalisation and promotion of family and community based alternative care", in Misiones Province, Argentina.

By Néstor Álvarez

"In the 'Jesús Niño' Institution, the reintegration of the child into his or her birth family and his or her adoption are not perceived to be 'best for the child'. This attitude is found mainly among the "carers" in the institutions. The professional team of the project believes these attitudes to be "resistance to change the pattern of care of children who do not receive parental care." This resistance is based on social, class and cultural prejudices that put the parents of institutionalised children in an extremely vulnerable position and with few real possibilities of exercising their citizens' rights regarding family responsibilities. The people responsible for institutions are concerned about retaining the children in the institution. That is to say, they do not have policies for adoption, reuniting families or any other ways of achieving the children's deinstitutionalisation, hence the high rate of children remaining in institutions, therefore the children remain in the institutions and develop institutionalisation syndrome. According to the statistics obtained from the baseline (population of the two homes of the pilot test), the average stay in a home is between 4 and 8 months, but some children have lived in these homes for more than 10 years (3 children from a total 50 children in the sample). It is alarming that 20% of the children (10 out of 50 children) have been living in the homes for 9 years."

Example of deinstitutionalisation in Uruguay

Pilot Test in Montevideo, Uruguay.

By Judith Aude and Laura Caballero

"...It has been made difficult to find 'alien families' for children in need, as the 'families' friends' campaign which was carried out in 2012 did not have the expected results to enable the provision of care for the total population of children. It is important to note that the campaign was not sustained over time. We are starting to work with the extended family, with the policy to give them economic support. There is a protocol of selection, and one of accompaniment."

3. The System Surrounding Both Residential Care Institutions and Foster Care Programmes

Implementation: Obstacles and Facilitators

There are two fundamental principles that must be present in the IPS in relation to the provision of alternative care: the principle of necessity and the principle of suitability. The State has the right to create the conditions so that both principles are met, as much by the executive powers as by the legislative and judicial powers.

The main aspect of the principle of the need for alternative care is the prevention of its use, which means providing the children's families with the tools and conditions to be able to become responsible for the care of their children. This is achieved through universal public policies that guarantee the social and economic rights of all children and their families (policies of income redistribution and poverty reduction, access to education of a high standard, to the prevention of illness and promotion of health, adequate housing, a stable job with a fair salary for the parents, etc.). Also, through policies and programmes which provide specific services for the families who need them (child care, free transport to school, scholarships, etc.) and through programmes which use a specialised approach to certain social and cultural issues that can lead to the separation of children from their families, such as child abuse in all its forms and the abuse of drugs and alcohol.

The second aspect of the principle is the establishment of effective mechanisms of prevention that guarantee that children enter alternative care only when it is strictly necessary. This means eradicating unjustified decisions to separate families, which are often taken without having attempted to strengthen families in their role, and without consultation with the child or children, parents and extended family in identifying family care options within their primary networks, when a separation is necessary.

Example of deinstitutionalisation in Guatemala

Deinstitutionalisation of children from the "Home" 'Seguro Virgen de la Asunción'

By Leonel Dubón

"The State of Guatemala's Secretary of Social Welfare has begun definite action, especially in the "Home" 'Seguro Virgen de la Asunción', to achieve the deinstitutionalisation of a large number of children and teenagers that, for various reasons, entered the home. In 2012, 928 children and teenagers were able to return to their family and community environments. This was brought about by a) revision of cases which found that some of the children had families some did not, others did not remember where their families lived because many years had passed or because they had special needs, and it was necessary to relocate the family with the children's help, b) requesting a review of the care measure by the judges in charge, c) close and constant joint work of the higher authorities, the judges and magistrates organised in a 'high level technical round table', d) technical support from UNICEF, e) coordination and articulation of actions with government-related institutions.

Unfortunately, a public deinstitutionalisation policy does not exist at either a local or a national level, but there is awareness among the authorities that institutionalisation, when prolonged or unjustified, causes serious damage to children and adolescents.

All of the efforts which were made to achieve the reunification of various children and adolescents had positive results; however, the difficulty or weakness of the State is that it has not managed to offer concrete alternatives to the judges to avoid or prevent children and adolescents being placed in institutions. Even worse is the fact that there is not an efficient mechanism to serve as a filter to guarantee to take on only those cases that truly warrant short-term institutionalisation. At the moment, there are some children and adolescents who are in alternative care for trivial reasons."

Example of deinstitutionalisation in Chile

Pilot project for the deinstitutionalisation and improvement of the alternative forms of care for children under 3 in Chile, Santiago de Chile, Chile

Information extracted from the “Final Report of the pilot project for the deinstitutionalisation and improvement of alternative care for children under 3 in Chile”, Santiago de Chile, January 2013.

“The institution’s team has noted cases in which children enter the institution because of A (adoption) in order to start of the process of making a child available for adoption, which for the institution’s team means prohibiting visits from the family. In this context, there are cases in which the institution is made aware that the child’s extended family that is interested, suitable and adequate to protect and take care of the child. However, as the course of action required by the law is too rigid, it would take the team between 1 and 3 months of work to reverse this process. Meanwhile, the child remains unjustifiably institutionalised for long periods. This situation seriously hampers the process of deinstitutionalisation, especially in a context where there is not yet a protection law. Additionally, in the institution’s experience we have had seen processes in which the evaluations regarding parental competence are incomplete or biased, which is highly complex and negative in these kinds of processes.”

Another important practice to prevent the unnecessary placement of children into alternative care is to work with the families that express the desire to permanently give up caring for their children, enabling them to be safely handed over.

The third aspect of the necessity principle is the eradication of the long stays of children in alternative care; this is achieved by ensuring a regular evaluation system in order to prevent children from remaining in alternative care unnecessarily.

Example of deinstitutionalisation in Argentina

Ieladeinu Programme, City of Buenos Aires, Argentina

By Gabriel Bieniawski and Débora Miculitzki

“The National Law for the Integral Protection of Rights, Law N° 26061 is clear in relation to the situations that require the implementation of an ‘exceptional measure’, after which it is necessary to define in depth the situation of the child. However, our experience shows a lack of decision-making that extend the time of institutionalisation [...] In the city of Buenos Aires, the courts make decisions that are neither favourable nor fast enough to restore the right to live in a family, each time that they have exhausted all options of working with the families to resolve the problems that led to the separation of the children from them. Our system contains clear obstacles to the deinstitutionalisation of children, the uncertainty of the courts regarding in depth measures of the situations of institutionalised children, and the continued overuse of the measures beyond the time frame that the law imposes.”

The elimination of the use of State funding to encourage keeping children in alternative care is another way to prevent the continued overuse of alternative care. The problem of financing also hinders the

deinstitutionalisation of children when the institutions which are supported by private donors are immersed in a society that is not aware of the damage that institutionalisation causes the children, and of the right that all children have to grow up and live in families.

Example of deinstitutionalisation in Argentina

Ieladeinu Programme, City of Buenos Aires, Argentina

By Gabriel Bieniawski and Débora Miculitzki

"Ieladeinu is a comprehensive programme which uses different devices (family strengthening, day care centres, community integration and foster care) in addition to homes (institutions) to care for children and their families. It is still necessary to carry out the important work of raising awareness so that the donors understand that the best place for a child to grow up is within a family, since we know that fundraising is easier when referring to funds being donated to children who live in institutions."

With regards to the principle of suitability, this refers to the selection of an appropriate type and environment of alternative care for each child, according to their needs. The suitable form of alternative care is the one that best meets the needs of the child at a particular time. The Guidelines give priority to family- and community- based solutions, while recognising that foster or residential care might be required depending on the uniqueness of each child and their needs. However, as we have already said with regard to children under 3, residential care is not appropriate, thus the state should guarantee family-based care for all children from 0 to 3 years who require alternative care. This is challenging for the States of the region, as can be seen in the following examples:

Example of deinstitutionalisation in Paraguay

Closure of the Babies' Home

By Leticia Rodríguez, Alejandra Rodríguez, Diana Pérez and Cruz Encina de Riera

"One of the obstacles to deinstitutionalisation is the lack of enough foster care programmes that allow for the provision an alternative to those professionals whose task is to grant protective measures for children deprived of parental care [...] However, progress has been made: we can see the openness and commitment of some of the State agents who have taken on the task of incorporating the alternative forms of care proposed by the Guidelines into public policy, pointing to its sustainability; the incorporation of new organisations that accepted to start foster care programmes; and, finally, the Foster Care Act, which introduces the figure of the Paraguayan regulatory system, thus defining it"

Example of deinstitutionalisation in Argentina

The project for the “promotion and restoration of the right to family and community life for children and adolescents in the province of Misiones. Deinstitutionalisation and promotion of family and community based alternative care”, in Misiones Province, Argentina.

By Néstor Álvarez

“... Whilst for some officials, institutionalisation is a way to protect the child from social deprivation (lack of family, lack of parents) and the dangers of society (crime, human trafficking, etc.), for others institutionalisation should be the last resort. However, options are not organised or planned before the onset of problems that require the placement of a girl or boy outside their family. There is no network of foster families that can temporarily take care of all children under 3 years old. Adoption is the only option to de-institutionalise children without parental care, and this is not a guarantee for all and for equality [...] Still the practice of institutionalisation continues to address the problems of the children”.

Finally, providers of alternative care must fulfil quality standards in order to be part of this principle of suitability. These standards must be generated by the State and compliance should be mandatory. The State must also create mechanisms to regularly monitor compliance with these standards.

Third Stage: Evaluation

1. Monitoring the Deinstitutionalisation Project

Monitoring or tracking are continuous processes that are carried out throughout the duration of a project. This consists of collecting information regarding the progress of activities and the external factors that affect the execution of a project, comparing what has been planned and what has actually been put in place in order to detect or anticipate deviations and to be able to correct them. The monitoring is usually carried out internally by the implementation team of the project and should be conducted on a regular basis, as appropriate.

It is important that a monitoring plan is adhered to from the design stage. As discussed in previous sections, the monitoring plan that is developed during the training period is one of the basic components in the project's design. We say that the monitoring evaluates the development of the project's activities, rather than the scope of its objectives (the evaluation takes care of this). Monitoring the activities not only means ensuring that everything runs to time (according to the schedule drawn up during the training period), but also that no activity exceeds the budgets outlined in the financial plan drawn up during the design stage.

2. Evaluating the Case Results

One of the aspects that will certainly be included in the evaluation is the objective to deinstitutionalise children under 3 who are in residential care institutions. It would be necessary to identify what percentage of the children were deinstitutionalised, and how deinstitutionalisation was achieved (the children being reunited with their families, foster care, adoption). Also, it should be evaluated whether or not a rigorous diagnostic evaluation process and planned actions during the previously mentioned evaluation process had provided the solution. What was planned and what was achieved must be compared in order to

make all the work carried out and achieved by the technical team visible. Some questions that should be answered are: How many children from the institution have been deinstitutionalised? How many life histories have been reconstructed? How many processes to reunite families have been planned and carried out, and how many of these have had positive results? How many birth families were worked with to strengthen their role as care providers? How many of these have now become responsible for the care of their children? How many children were enrolled in foster care systems? How many of these were with extended family and how many with alien families? How many of the children in foster care have the possibility of being reunited with their birth family and how many have been declared ready for alternative care? How many children have been adopted? These and other questions will give a broader idea of what has been achieved in the implementation of the project regarding the objective to deinstitutionalise this group of children from residential care institutions.

It is interesting to supplement this quantitative analysis of the results of the cases with a qualitative analysis on how deinstitutionalisation affects the integral development of children (biologically, psychologically, socially and culturally) through a retrospective study. For this, an interdisciplinary technical team should be relied upon to determine the variables to be measured and the methods to do so. From the psychosocial aspect, variables such as mobility and the development of language could be measured, amongst other things, and from a medical aspect, weight and height could be measured, for example. Depending on the number of deinstitutionalised children and on the number of available resources needed to carry out this evaluation, it would be possible to evaluate all deinstitutionalised children or alternatively to take a sample, with a good degree of representation. To yield evidence regarding the changes in the children after they leave the institution (if this is what has happened), the team must carry out a primary evaluation of the children before their deinstitutionalisation, starting with the measurement of the chosen variables, and show their findings in an individual report, in which the value of each variable would be shown and its relation to what is expected for a child of that age. A second evaluation of each of the children should be carried out and reported shortly after their change of care environment, measuring the same variables that were taken into account in the previous evaluation. This evaluation would be able to generate information regarding the impact of residential and family care on children below the age of 3 who have participated in the same deinstitutionalisation experience, which would be of great value as “exemplary cases”.

An example of a deinstitutionalisation experience in Paraguay

Closure of a Babies' Home, Asunción, Paraguay

Information extracted from the final report “Closure of the Home”, from the National Secretary of Children and Adolescents and the Adoption Centre. Asunción, Paraguay, 2011.

“An initial evaluation of the evolutionary development of each of the children that were placed in the home at the start of the present project was envisioned [...] For comparative purposes, a second evaluation was carried out 3 months later, with similar characteristics and by the same professional [...] so as to carry out an evaluation of the progressions (or the regressions, be that the case) of each of the children who started living with their new foster families.

The evaluated areas correspond to motor, language, autonomous, social and cognitive development.

The following is a description of some results from this analysis:

3.1. Children between 0 and 1 years old

As a general characteristic of this evolutionary stage, it is expected that the principal development of the children revolves around their basic motor skills. The normal development in this area forms the base for the cognitive development as well as language development.

In two of the children studied in this age range, it was observed that there was an important underdevelopment in all the evaluated areas, while a third child in this group showed a strong underdevelopment in the language area, even though motor development was of an expected level.

After the second evaluation, and having been cared for as one of the family by foster families, significant advances concerning motor, language and social development were observed in all the children in this age range.

Despite having only spent three months with foster families, the children managed to develop skills long before the norm for their age group, which served as a step for the consequent acquisition of new skills in other areas in a short space of time.

3.2 Children between 1 and 2 years old

It is expected that the key characteristic of the children's progression during this point in their development would concern their basic motor skills, principally developing their language and autonomy skills.

A significant underdevelopment was observed in three children in the areas of language, autonomy and cognition.

Due to the close relationship between language and cognitive skills, there is a certain overlap between them; therefore, in stimulating language skills, cognitive skills will also be stimulated.

According to professional recommendations regarding linguistic improvement, it is important to take into account that in order for the child to begin to be able to repeat words, a great quantity of stimulation is required. In order to facilitate this achievement, an environment is required that provides suitable models, as well as expectations and opportunities for them to talk.

After the second evaluation, and after they were looked after by foster families, a very significant advance was observed in all the evaluated children, principally concerning language, autonomy, cognition and socialisation.

Regarding socialisation, it is important to draw attention to the fact that, even though the first evaluation of all the children did show evidence of a certain degree of underdevelopment, after a period of time of care in foster families this underdevelopment completely disappeared in two of the children and almost completely in another.

Evidently, the bonds established between one another in an individual manner and within a family were unlike the impersonal bonds that are formed in institutions, and created a base for the development of specific skills in the areas of language and, consequently, in cognitive and autonomy areas.

3.3 Children between 2 and 3 years old

At this stage it is expected that the children that are evaluated have developed a large variety of skills in all the aforementioned areas. This means that the child is able to communicate fluently, carry out certain activities on their own, interact with other children, as well as adults, and have an appropriate level of reasoning for their age.

In the first evaluation of this group of children, a large underdevelopment concerning language, cognition and social skills was observed.

Due to the combined factors of the long stays of these children in institutions, the experiences that we can suppose that they had endured prior to their arrival, and given the age at which they arrived at the institution, it is considered an even greater challenge to progress in these areas.

After the second evaluation, and after their time being cared for in a foster family, a general improvement was observed in all the evaluated areas, but especially socially and with regard to language and cognition.

As with the children aged between 1 and 2 years old, the area of socialisation stands out most significantly, as in all cases the level of underdevelopment decreased by 100%.

It is worth noting that, within this group of children, one child remained in an institution for the first two years of her life. Even though she had the highest level of underdevelopment in the first evaluation, after just 3 months of family life in a foster family she, strikingly enough, showed the most significant improvement out of all of the children evaluated.

3. Planning Public Policy

The experiences in institutions could serve as a starting point for the planning of public deinstitutionalisation policies.

The following example demonstrates how the pilot test in Chile has triggered the government to strengthen its actions to deinstitutionalise children under 3 on a greater scale.

An example of deinstitutionalisation in Chile

Pilot project for the deinstitutionalisation and improvement of the alternative forms of care for children under 3 in Chile, Santiago de Chile, Chile.

Information extracted from the “Final Report on the pilot project for the deinstitutionalisation and improvement of alternative care for children under 3 in Chile”, Santiago de Chile, January 2013.

“The pilot test has reached a great range of actors which become associated with it, amongst which can be mentioned the Judicial Power of which SENAME (National Service for Minors) is a counterpart in a systematic project that offers alternative care. This parallel project, which has involved a close relationship between SENAME and the Judicial Power since 2009, has made it possible to revise approximately 7000 institutionalised children’s cases throughout the country, in favour of deinstitutionalisation. In 2012 the requirements of the pilot tests became a priority in this Commission which was authorised by the Judicial Power’s Supreme Court so that the pilot tests could be carried out on a larger scale so as to include different Family Courts in the country.

[...] SENAME is studying this scenario in order to offer the children the best alternatives in 2013. This implies, among other things, the possibility of renovating early-childhood centres using the foster care family model, modifying the residential programme model, eradicating the care of children under the age of 3 in order to focus on the age range of 4 to 6 years, meaning that the next focal point would be to deinstitutionalise children and avoid placing children in institutions [...] Also, SENAME, within its plan oriented towards restoring children’s right to live and grow up in a family, has designed various strategies that aim to stop more children entering the residential system; strategies such as ‘freezing’ current offers of care, rejecting plans to open new residential centres, reducing the number of places within each residential centre, closing centres and renovating them, etc.

[...] It is evident that efforts to stop more children under the age of 3 being institutionalised need to be continued, however, the process has proved successful. Specifically, the Service has already identified the need to make social workers in hospitals aware of effects of institutionalisation so that they can suggest foster care as the best alternative care policy. As a result of the pilot test, SENAME’s local team has already established a connection with professionals (social workers) from six hospitals involved in the pilot test, principally the ones that referred children to Casa Santa Catalina residential care centre. The strategic planning of SENAME, in the context of their inter-sector relationship with the Ministry of Health and the government programme ‘Chile Grows With You’, has allowed the meetings necessary to reach concrete and sustainable agreements, that help to prevent the placement of children in institutions, instead favouring foster care and healthcare for the children already in institutions to allow them a prompt reintegration into society”.

A comprehensive evaluation of the implementation of the project, containing useful, detailed and practical information has to be made in order to be used as a solid base to move the process of

deinstitutionalisation into public policy. Above all, the development of the project and its evaluation should provide guidance on a policy to put an end to the internment of children below the age of 3 on a local and national level.

Unlike evaluation and monitoring, which –as it has been said– are continuous processes that assess the development of activities, the evaluation is a short-term action that consists of making an appraisal, as systematically and objectively as possible, about the overall performance of the project, with the aim of assessing in what ways the objectives and results proposed in the design were fulfilled. Generally, specialists outside of the project's managing team carry out this evaluation externally, but an internal or combined team may also be able to do it. The evaluation has to be planned from the very beginning of the project and is carried out once the project has been implemented. In general, the evaluation considers the following five points, although the evaluation team could study others if they were considered appropriate:

-Effectiveness: Have the predicted objectives and results of the project been reached? In what ways have they been reached? Determining the effectiveness of the project calls for the prioritising of objectives, from the most important to the least important. In our case, the evaluation should be able to answer the following questions (and others, according to the objectives drawn out): Has total deinstitutionalisation of children below the age of 3 from the institution been achieved? Have the deinstitutionalisation strategies used provided adequate solutions for each child? Have the intervention practices and protocols been developed to discharge children from institutions and to prevent the future internment of children below the age of 3?

-Efficiency: Do the objectives and results reached justify the quantity and quality of the resources that have been put into the project? Have objectives remained unfulfilled due to a lack of resources? Could the same results have been achieved with fewer resources? In a certain way, this component measures the "productivity" of the implementation of the project, that is to say, to what point financial, human and material resources have been used correctly to achieve results.

-Relevance: Have the results and objectives of the project highlighted by the group at the outset remained priorities, in dealing with the local context, problems and requisites? In our case, is the strategy of deinstitutionalising children in this age group deprived of parental care still used? Are the authorities aware of this? Are efforts being made by the State and civil society to put an end to institutionalisation?

-Impact: What are the predicted and unanticipated effects (both positive and negative) of the project in the environment? The impact is only evident some time after the project's end. In the case of the deinstitutionalisation project, we must, amongst other aspects, observe the changes that it has caused in the construction of the subsystem of children deprived of parental care, in the actions of the actors involved in the provision of alternative care to children below the age of 3 and in society's view of institutionalisation in general, within the geographic environment of the project's execution.

-Viability: In what way will the positive changes achieved as a consequence of the project be maintained after it has been finished? In the case of the deinstitutionalisation project, one of the questions could be: Has the placing of other children in institutions after the process been avoided? Have other appropriate arrangements been made for children below the age of 3 that require alternative care? Have arrangements that avoid the use of alternative care when it is not necessary been planned?

The systemisation of the experience, based on the quantitative and qualitative study of the deinstitutionalisation of children from institutions, jointly with the complete evaluation of the execution of the project, provides a solid base from which local or national public policies on deinstitutionalisation could be launched. A policy that aims to put an end to the institutionalisation of children below the age of 3 must introduce modifications to many aspects and elements of the Integral Protection System (ISP) and the subsystem of children deprived of parental care. The Convention and the *Guidelines* must

be fundamental in guiding the modification processes. Given the challenge of putting an end to the institutionalisation of children below the age of 3, it is expected that the State will gradually process the modifications (legislative, administrative, judicial, budgetary, amongst others). In order to do this, it will be necessary to fundamentally understand, at a local and national level, the situation of the children below the age of 3 deprived of parental care, and the strengths and weaknesses of the ISP, the subsystem and the services that it offers. Understanding is fundamental in order to uncover mistakes and propose the best solutions. With the existing base, a plan must be designed to carry out short, medium and long-term changes, which work in stages, at all levels of policy and practice, as certain legislative reforms will surely be necessary. They should aim to develop policies and programmes, as well as modifying the practice of technical teams *working in the field*, according to human rights, gender and cultural benefits.¹⁷

In the following example we see how, in Paraguay, a one-off deinstitutionalisation experience, carried out in 2009, paved the way for the joint work of the Paraguayan National State and civil society organisations, which make common efforts to strengthen the deinstitutionalisation processes which began four years ago.

A report on deinstitutionalisation in Paraguay

By Leticia Rodríguez, Alejandra Rodríguez, Diana Pérez and Cruz Encina de Riera

"The State played a fundamental role in the deinstitutionalisation and closure of the Little Home ("Hogarcito") (the first experience of deinstitutionalisation) in 2009, because the project emerged from a State initiative (through the Ministry of Children and Adolescents, and one of its executive branches, the Adoption Centre). The State allocated funds so that the proposal could be put into practice alongside actions which the civil society was to carry out [...] This decision was not sudden, but owes much to the work of many professionals involved with the children, and the combined efforts of civil society organisations, who compelled the State to assume and take such decisions.

Subsequently, in 2010, the campaign 'Love More' was launched. The Secretary for Children and Adolescents launched the campaign, in partnership with two civil society organisations: Corazones por la Infancia Foundation and Enfoque Niñez, with the support of the National Network for Foster Care. The main objective was pulling in new foster families, and in this way, to promote alternative foster care for children (babies and children under the age of 3) who, until last year, were sent to the Little Home ("Hogarcito").

It's also worth mentioning that in 2010 the Presidential Decree of Foster Care was signed, which formally introduced the notion of Foster Care into Paraguayan law, a protection measure that has been on the cusp of being implemented through other legal authorities for the last 10 years. This Decree regulates some aspects of foster care, amongst which is the possibility of subsidies for the foster families.

The year following the pilot project, a three year project (Jajotopa Jevy) was outlined, funded by the National Secretary of Children and Adolescents, and put into practise by various civil society organisations, which involved a first approach to residential care institutions, the involvement of the managers and carers, intensive training on issues related to attachment, socialisation, maintaining bonds and foster care, among other subjects. In this project, the asylums hired technical teams, which, once qualified, worked to maintain relationships with the children and adolescents' birth families, to aim to gradually discharge more children from institutions.

17. As mentioned in other sections of this Guide, although actions mentioned correspond to the national authorities (who are the ones responsible for creating the public policy "framework"), it is important that the "micro" parties, in this case the institution managers and teams, have a constructive activity, and are proactive in the adaption processes.

In mid-2012, the project was brought back into the spotlight after the creation of a special secretariat (DIPROE) by the Ministry of Children and Adolescents, which was an action that showed an interest in strengthening public policies for the alternative care of children separated from their families. Following the approval of the National Policy on Special Protection, the Ministry of Children and Adolescents, has increased the budget expenditure from the Ministry to act towards strengthening these policies.

Currently, the project 'Deinstitutionalisation of children and adolescents living in institutions' is underway as part of the framework of DIPROE's 2013 Deinstitutionalisation plan. This collaboration between the Ministry of Children and Adolescents and the Supreme Court of Justice aims to deinstitutionalise children who are currently in alternative care institutions, by searching for and maintaining links between the family members of 120 children between the ages of 0-7 who are living in institutional care homes in the capital and central department. Their goal is for this deinstitutionalisation to be accomplished by December 2013. Three civil society organisations are involved in this project: YvyPorá, Enfoque Niñez and Corazones por la Infancia."

➔ SECOND SECTION:

The actors of deinstitutionalisation



1. Children Under 3

As already mentioned at the start of this Guide, children under the age of 3 have specific basic material and emotional needs. The satisfaction of both is essential for their survival and development. We have stressed that children under the age of 3 need permanent communication and contact, and the fulfilment of their needs is not possible without the constant and unconditional presence of the person who is caring for them. The child needs to feel safe, cared for, happy, protected and loved. These emotional needs can only be met by a person who has a stable bond with the child (as we have said, their mother or a suitable substitute) and can provide the child with personal care, in a familiar, stable and safe environment. The meeting of these needs, and the bonds that the child establishes with others in the first years of their lives has a direct influence on their physical, intellectual and emotional development, and determines the formation of their personalities, identities, self esteem and the way in which they relate with others. As we have seen, residential care is inadequate in providing the type of care and environment that this group of children needs. The family environment is the only one that can generate the conditions in which these bonds can be formed. Finding a child a permanent family environment is a priority, a necessity and a right, and ensuring that each child has this without any discrimination is a right that must be guaranteed and protected by the State. In the cases where an alternative care measure is necessary, as has already been mentioned, foster care is the only adequate option. The measure of institutionalising children under the age of 3 is applied indistinctly and without prioritisation. Each child is unique, and all the decisions, initiatives and solutions that affect him or her must be relevant to their individual nature: age, ethnic origin, language, history, culture, and everything that makes them unique as a human being, should be respected indiscriminately. Children under the age of 3 with disabilities or special needs require a special mention. Important studies¹⁸ have concluded that millions of children with disabilities or special needs are institutionalised across the world due to their particular needs, for although their families want to have their children at home, they are unable to do so due to the lack of support and guidance from the State. The same study has revealed that the conditions of institutionalisation violate the human rights of children with disabilities or special needs; in some cases this institutionalisation has had negative effects on the development of the child, thus exacerbating their mental and physical disabilities and their ability to relate to others.

2. Families of Children Under 3

As has already been said, children's families have a responsibility to care for them, to meet all of their needs, whilst in a safe and caring environment in which the children are able to grow up and develop. However, there are often circumstances which mean that families have difficulty in carrying this out and they require support from the State and society in order to strengthen their role. Regrettably,

18. The organization "Disability Rights International" (DRI), has documented the conditions of disabled children from 26 countries for at least 20 years. In 2013, besides the experience mentioned, the organisation contributed to the writing of the report "The state of world infancy 2013. Children with disabilities" and with their report on "Segregation and maltreatment in institutions". Their findings and contributions are available from the following website: http://www.UNICEF.org/sowc2013/perspective_rosenthal_ahern.html. We suggest that you also read the "Report on discrimination in care institutions", by UNICEF and RELAF, cited in the bibliography of this Guide. This report contains a section on "Discrimination in the adoption process". This discrimination affects children of ethnic minorities and children with disabilities.

the support given to the families is often insufficient, inadequate or nonexistent, and the children are taken from the care of their parents. The causes for this situation in Latin America are multiple. *"We are able to group the causes into the following categories: political, such as armed conflict and forced migration; economic, that cause another type of migration and numerous cases of family vulnerability, such as lack of access to health services, education and housing and adult and child malnutrition, which are in turn closely linked to social and cultural problems, such as domestic violence, addiction, child labour and sexual/commercial exploitation, which are discriminatory situations in addition to those of the population's disability and of ethnic origin"* (RELAF, 2010). Special support is needed for the adolescent parents, as supporting them in their care role is important in order to prevent unnecessary separation. This support should be stable from the moment that the baby is born. With specialised intervention and a prominent role of health care centres, Family Courts and other community organisations, which are able to help them when needed, situations of abandonment can be avoided, and cases of parental rejection can be carried out in a secure and suitable way for both parents and children. Special attention should also be given to those parents who are in prison, or terminally/chronically ill, whose children have a higher risk of losing parental care than others. Again, we emphasise the support that must be given to the parents of children with disabilities or special needs, for whom, as previously mentioned, a lack of which means that there is less chance of the children being able to live in their family environments.

Regarding the process of deinstitutionalisation, the birth families of the children must play a key part, both for the reintegration of the children into the family and in those cases in which this is not possible. Having exhausted all methods of offering help, they should be able to support the process of transition of the child to another family.

3. Technicians, operators and professionals

The complexity of the deinstitutionalisation process for each child requires an intervention carried out by specialised technicians who are organised into an interdisciplinary team, in a way which complements professional perspectives and gives a comprehensive view of the situation of each child and their family. The teams' approach should be based on the principles of the Convention, the *Guidelines* and other international instruments with a focus on human rights. Apart from their academic training, the team should be made up of professionals with good interpersonal qualities and experience who understand and prioritise the child's best interests.

Generally, the technical teams of the residential care institutions are made up of professionals in the areas of psychology, social work, law and/or operators without specific academic training, but who have a lot of experience and practice in case management. It is important to be able to have professionals from each one of the areas mentioned above available, who can be asked for advice on the processes involving children and their families, given the difference in their roles.

The psychologists are able to approach the emotional situations that strengthen or weaken the family bonds with the child. They work in reunifying families, facilitating the affectionate and emotional reunification between the child and its family, helping the parents to adopt the role of carers and contributing to the creation of subjective conditions so that the parents are able to resume this role. In the cases where the child is returned to its birth family environment, or placed in a foster family, the psychologist works with the family during the process, communicating confidence and security, opening spaces for dialogue in which the child is able to express what he or she is feeling. The psychologist also anticipates the situations so as not to cause doubts and uncertainty, and observes the relations that the child has with his or her carers in order to be able to give guidance on the stages of the process.

The social worker is involved in family strengthening using a social community-based approach. In this way, they work on identifying and obtaining resources that could be useful in developing the family's role as carers of the child and in the construction and maintenance of networks that allow for inclusion and social integration of the family into its community environment.

Finally, the lawyer of the technical team has various tasks, one of which being to define what actions the team should take within the administrative and judicial processes, according to national and/or local regulations. Another of their tasks is the representation of the technical team in administrative and judicial spheres, ensuring that the decisions made by the authorities regarding deinstitutionalisation are endorsed, controlled and aimed towards guaranteeing the child's rights. Lawyers must also ensure that this endorsement is given as soon as possible, in order to not delay the processes. The latter is very important, since the administrative and judicial authorities can take a long time to carry this out if they do not have a direct contact with the team, which ends up doubling the time a child spends in an institution, bringing about an unnecessary and inappropriate situation for children under the age of 3.

4. Residential Care Institutions

The local residential care institutions are organised differently and have a different relationship with governmental organisations. In some countries, the State Court develops public policies, in other countries they are mixed, and in some, civil society organisations are the main suppliers of resources and services to the community. Regardless of the way in which residential care is managed, all the institutions should act together to promote deinstitutionalisation processes and prevent future placements of children under the age of 3 into their institutions. Through solid practices, all institutions have a fundamental role in the transition from institutionalisation to family and community-based care. They play a key part in ending the institutionalisation of children under 3 as a practice, which would require shifting alternative care norms, redefining institutional objectives, adjusting practices, creating work standards, restructuring of services given to the community to create new initiatives, redirecting resources and training experts, amongst other important aspects. The support of the State in this process is fundamental. Partnering with the State's body for the protection of children's rights is important, given the magnitude of the necessary changes, especially for those institutions that provide care to children under the age of 3. These institutions are being called to close their doors, as there is no other way of complying with this new standard other than stopping the provision of residential care to these children, no matter how these institutions are run.

5. The “Integral Protection System”

The construction of a comprehensive rights protection system needs to involve several parties. Each of the actors involved will have a different level of responsibility and decision-making, but everyone, in their own way, will contribute towards the ISP operation, and therefore, its alteration and the consequent end of the practise of institutionalising children under the age of 3. They must act together with the same goals, from the consensus on approaches and adequate strategies, to work with children and their families to prevent separation, as well as on the provision of adequate alternative care.

The State, in its role as director of ISP, has the highest level of responsibility in the construction and/or modification of the system, and in putting an end to the institutionalisation of children under the age of 3, and should create conditions to facilitate it. One requirement is the production of necessary data on the children's origins, the number and characteristics of children in alternative care on a national level, and the reasons for which they are there and the conditions in which they live. This is fundamental information and the basis on which interventions can take place. Without this information, it would be impossible to develop policy responses and practices.

Each one of the State powers has a different role and a specific responsibility in the eradication of the institutionalisation of children under the age of 3. The Executive Power must design and implement universal public policies that strengthen the families' roles in the care of their children. These policies cover many sectors: health, education, housing, labour, etc. Additionally, it should have specific programmes to provide specific services to families in need, especially those most at risk, such as

migrant families, single parents, incarcerated women and parents with chronic illnesses, among others. These programmes can be, for example, childcare services, study scholarships, financial aid or food, all with a view to prevent unnecessary separations. A challenge for the National State is to guarantee that local governmental service providers have the necessary resources to prevent these unnecessary separations and, if the measure is taken, to ensure the availability of alternative family-based care to all children under the age of 3 in their birth communities. Another challenge is to create quality standards for alternative care based on the principles of the *Guidelines* and the Convention, which are mandatory for the organisations providing said care, and regularly supervising and monitoring compliance with these standards through independent agencies.

In countries throughout the region, decisions made by judges and technical experts from the administrative bodies have a direct impact on the life of each child and their family. In this sense, the administrative authorities¹⁹ and the judicial power have the responsibility of protecting the rights of children, through making decisions that guarantee children the right to live within a family and a community, focusing on their rights, gender and in keeping with his or her culture. These administrative authorities and judges must base their interventions on the agreements and international treaties ratified by their countries in relation to human rights, always taking into greatest consideration the child's best interests, their right to have an opinion and complying with procedural safeguards designed to ensure the process is carried out fully.

The Legislative Power must modify the current laws, so that they are in line with those set out by the Convention and the *Guidelines*, especially with the laws relating to the institutionalisation of children under the age of 3, due to the damage that institutionalisation can cause to their overall development. In this sense, the Power must ensure the existence of legal instruments that prohibit residential alternative care for children in this age group.

Another actor of the ISP is the civil society. Every NGO, with its own specific function, has the responsibility of contributing to ensuring conditions that eliminate the institutionalisation of children under the age of 3, giving priority to the projects and programmes that share this aim and putting aside the practices that endanger the right of children under the age of 3 to live in a family and a community, due to the damage that institutionalisation causes to their growth and integral development. Many NGOs provide alternative residential care: they have the responsibility to turn away any new placements of children under the age of 3. Others favour foster care programmes: they must select, train and accompany the families that can provide a safe and caring environment for the time required by the child. Many other NGOs run family strengthening programmes and aim to avoid unnecessary separations, whilst some are dedicated to studying the laws relating to this issue, and their strategies are fundamental for holding the State accountable for the modifications to the ISP. Additionally, all of the NGOs can take a fundamental role in monitoring the fulfilment of the laws and the development of these policies.

The very important actors are the independent organisations. The Ombudsman for Children has the fundamental role of examining the fulfilment of the rights and achievements, so that the roles and functions of the children's institutions are modified.

Other actors of the ISP are the international cooperation bodies, which provide civil society organisations and States with economic assistance. Their fundamental role is to support and ensure the smooth running of the modifications to the ISP and the subsystem for children deprived of parental care. With respect to the deinstitutionalisation of children under the age of 3, they have the important task of not only promoting legislative modifications where they are needed, but also of ensuring that adequate alternative care is available.

The donors: Development NGOs located in Northern countries, companies which have a Corporate

19. Here, we are referring to a variety of institutions present in the region: local rights protection services, Rights Protection Ombudsman, rights advisors and supervisory technical teams, amongst others.

Social Responsibility area and individuals, all of which provide resources for the development of programmes and projects that bring direct help to children and their families. It is their responsibility to analyse and decide which initiatives to support ethically and based in the principles of the Convention and the *Guidelines*, find those that strengthen families in their ability to provide care, help parents to develop necessary skills to be good mothers and fathers to children under the age of 3, and increase support for family-based alternative care for the children that require it.

The universities or research centres are also actors in the construction of the system, as they are constantly contributing to the building of a collective understanding of the complicated social issues that face the States (including children deprived of parental care or at risk of losing it or their families) and providing professionals with the technical tools to intervene in such situations. The pieces of research that are carried out in this kind of entities can also contribute to stopping the institutionalisation of children under the age of 3 and increasing awareness of the situation by evaluating the impact of policies and programmes. This ultimately produces useful information that will play a part in the construction of a system that focuses on their rights.

Finally, the media and social networks also help to construct this system by making the invisible visible and broadcasting the situation of institutionalised children under the age of 3 and, as a result, making the general public aware of the situation and encouraging them to take the initiative to contribute in their own way to change what is happening and achieve a situation where all children under the age of 3 grow up within a family and a community.

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The Guidelines determine that “the alternative care of young children, especially those under the age of 3, should be carried out in a family environment...” Hoping to contribute towards fulfilling this, RELAF, aided by UNICEF, put together this Guide. The technical contents are accompanied by experiences of deinstitutionalization from eight countries in the region, amongst which is included the pilot test carried out in Chile in the framework of the regional initiative ‘Putting an end to the placement

of children under 3 in care or protection institutions in Latin America and the Caribbean.’ Amongst the multiple actors responsible for promoting the deinstitutionalization process, this Guide is aimed at the residential care institutions. It aims to be a tool for action, providing practical guidance for launching a deinstitutionalization project within institutions, whose directors, technical teams and staff are taking up the long overdue challenge of deinstitutionalizing children under 3.

➞ Other publications

1. Application of the UN Guidelines for the Alternative Care of Children. Your right to live in a family and to be cared for in all the situations of your life (2010).
2. Standards Guide for the personnel of public and private entities who work towards the protection of children and adolescents’ rights. Version for adults (2010).
3. User’s Guide for the application of the Guide for children (2011).
4. User’s Guide for the application of the Guide for practitioners (2011).
5. Latin American Dissemination Document. Children and adolescents without parental care in Latin America. Contexts, causes and consequences of the deprivation of the right to community- and family- based care (2010).
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