THE FORGOTTEN: CHILDREN IN "HOMES"

LARGE-SCALE INSTITUTIONS IN LATIN AMERICA AND THE CARIBBEAN
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LARGE-SCALE INSTITUTIONS IN LATIN AMERICA AND THE CARIBBEAN
CONTENTS

» EXECUTIVE SUMMARY

» INTRODUCTION

» I
The placement of children and adolescents in large-scale residential institutions as a protection or care measure

» Normative and conceptual framework
» Large-scale institutions in the context of general State obligations
» Large-scale institutions in Latin America and the Caribbean
» The progressive elimination of large-scale institutions as a State obligation

» II
Large-scale institutions: harmful effects and common practices

» Scientific evidence of the harmful consequences of life in residential care institutions
» Characteristics of large-scale institutions’ operations
» Children and adolescents with disabilities and/or HIV
» Large-scale institutions and their ties to religious institutions
» Maltreatment, violence, abuse
» Costs
» Funding, volunteerism and planning
» Large-scale institutions and the paradigm of charity

» III
Strategies for a paradigm shift

» Deinstitutionalization
» Keys to planning deinstitutionalization
» 1. Key aspects for the Comprehensive Childhood Protection System level
» 2. Key aspects for the reorganization of residential and family care resources
» 3. Key aspects for working with children and their families
» 4. Key aspects for working with society

» ANNEX
Data collection tool

» GENERAL BIBLIOGRAPHY
EXECUTIVE SUMMARY

In general, residential facilities that accommodate a considerable number of children are identified as large-scale institutions. However, the number of children in care is not the only variable that defines what is considered a large-scale institution: the ratio between capacity and actual population and other operational conditions that impair the fundamental rights of those placed in institutional care are also parameters indicative of a large-scale institution.

The prolonged stay of children in large-scale institutions in Latin America and the Caribbean implies severe violations of their human rights. There is an urgent need to initiate the deconstruction of this model because the situation examined in the countries of the region is alarming and of utmost gravity. In light of the problem's magnitude and urgency, this document seeks to promote a paradigm shift in institutionalization as a response to the situation of children deprived of family care.
INTRODUCTION

This document was prepared by a specialized and multi-disciplinary team from the Latin American Foster Care Network (RELAF in its Spanish acronym) in cooperation with the United Nations Children’s Fund (UNICEF), with the aim of warning against the validity of the mechanism of placing children in large-scale institutions in Latin America and the Caribbean, and at the same time urging countries of the region to conform to the norms established in the Declaration of the Rights of the Child.

In the region, restricted access to official information regarding the number of children placed in institutional care facilities poses an insurmountable obstacle to conducting an accurate assessment. For the purposes of this study, and taking into account this restriction, a methodological approach composed of three axes has been adopted. Firstly, a survey was carried out using a twenty-two-item questionnaire addressed to key informants whom RELAF identified in different countries of the region. The period referred to in said questionnaire is from March to November 2014. The intention has not been to generate an exhaustive body of information but to capitalize on the knowledge of qualified informants to be able to reconstruct detailed characterizations of some institutions in each country. Secondly, various documents, reports and newspaper articles on the subject have been drawn upon for analysis. Lastly, the study has relied on information gathered from different work situations by RELAF researchers over the last few years. Based on the analysis of data arising from these three sources, a characterization of the main features of the operations of large-scale care institutions in the region has been reached.

This document must be read considering both the end goal—the eradication of large-scale institutions—as well as its counterpart, the strengthening of childhood policies that promote the prevention of separation and foster care as an alternative care measure.

In order to address this complex subject from various perspectives, the document is organized in three parts. The first part analyzes the responsibility of States, in accordance with international norms, to ensure the right of children to live in a family environment. The second part describes the operation of large-scale institutions and notes the evidence of the harm suffered by the children placed there. The third part provides recommendations for overcoming and phasing out the model of institutional care.
The placement of children and adolescents in large-scale residential institutions as a protection or care measure
Normative and conceptual framework

Identification of the normative framework

This document considers a range of norms of international human rights law referring to childhood; an example of which is the United Nations Convention on the Rights of the Child (hereinafter “the Convention on the Rights of the Child” or “the CRC”),1 as well as the United Nations Convention on the Rights of Persons with Disabilities (hereinafter “Convention on the Rights of Persons with Disabilities”).2

To analyze the actions of States to protect children without parental care, it is important to invoke the CRC and more specific legal instruments, like the United Nations Guidelines for the Alternative Care of Children (hereinafter “the Guidelines”).3 Likewise, the decisions adopted by the United Nations Committee on the Rights of the Child (hereinafter “Committee on the Rights of the Child”), the Inter-American Court of Human Rights (hereinafter “the Inter-American Court” or “the Court”), and other international organizations pursuant to their mandate are taken into account.

Commitments made and pending adjustments: considerations

Upon ratifying the Convention on the Rights of the Child, all the countries of the region have assumed a number of obligations. This involves the duty to make legislative, institutional and policy adjustments, the fulfillment of which is necessary for the implementation of the recognized rights and for ensuring the comprehensive protection of children. Progress in this regard is evident. Most countries have effected changes in legislation and, in the context of said reforms, have advanced towards the establishment of national childhood protection systems. However, it is still possible to identify aspects that countries must address, through normative and institutional reforms, to bridge the gap between standards and reality.

A variety of obligations referring to the protection of children and adolescents without parental care exist, in particular those contained in the Guidelines. Among these obligations, it is pertinent to mention the duty of providing special protection to children without parental care, the right of the child to a family, the principles relating to measures involving separation from the family,4 and the need for countries to establish laws and policies to provide support to families.5

Placement in residential institutions is one of the arrangements provided in order to meet the care needs of children deprived of parental care. However, it has the characteristic of being a special protection measure that is of a subsidiary nature and of last resort, for a very brief duration, in accordance with the provisions of article 20.3 of the Convention on the Rights of the Child, article 23.5 of the Convention on the Rights of Persons with Disabilities, and the Guidelines for the Alternative Care of Children, among other international instruments.6 From a normative perspective, institutionalization must be the last resort, for a very brief period, and only when placement in a facility would be beneficial for children and adolescents. When family support measures have failed and it is not possible to turn to other relatives, all possible alternatives must be considered in the absence of a family

3 Adopted by the United Nations General Assembly in its Resolution 64/142 of 18 December 2009.
4 Principles of necessity, exceptionality, temporal determination and transiency.
5 Principles of exceptionality, temporal determination, legality, legitimacy, necessity, suitability, exceptional diligence, specialization and professionalization, among others. For additional information, please refer to the United Nations Guidelines for the Alternative Care of Children and IACHR (2013).
6 This issue has been dealt with exhaustively, also, by the Committee on the Rights of the Child as well as by the Inter-American Court of Human Rights (Palummo, 2013a, and IACHR, 2013).
environment of stability and well-being, among which institutionalization is seldom the most appropriate. 7

Finally, the placement of children in institutions of protection involves a number of State obligations, such as providing accreditation and authorizations to operate, registering, supervising, monitoring and inspecting institutions, as well as establishing minimum standards of service provision in residential care.

» Child care and protection institutions

To conceptualize child care and protection institutions, the concepts developed in the study “La situación de los niños, niñas y adolescentes en las instituciones de protección y cuidado de América Latina y el Caribe” (The situation of children in child care and protection institutions in Latin America and the Caribbean, UNICEF, 2013) have been used, according to which residential care institutions in this region have different names as well as multiple versions and arrangements. Those addressed in this report are full-time residential care centers for children and adolescents, as is the case with orphanages and children’s homes, and psychiatric institutions. The institutions that will be addressed may be public, private or mixed, of the temporary or permanent type. Juvenile criminal justice institutions are excluded.

» Large-scale institutions

In order to have a definition of large-scale institutions, the provisions established in the “Guidelines for the Alternative Care of Children” have been taken into account. They state that:

“…States should establish care standards to ensure quality and conditions that are conducive to the child’s development, such as individualized and small-group care, and should evaluate existing facilities against these standards.” (Guideline No. 23)

In this sense, facilities where a considerable number of children are placed and that do not meet the conditions to ensure their fundamental rights are considered large-scale institutions (RELAF, 2011).

In the same vein, the Handbook for the implementation of the aforementioned Guidelines articulates this idea.8

“…there is no universally agreed definition—in the Guidelines or elsewhere—of what constitutes an ‘institution’ as opposed to other residential care settings. According to the Guidelines, size is one factor, but this is largely because of the now well-documented negative impact that large-scale group care frequently has on the well-being and development of children, and on the capacity to safeguard and promote their rights. (…) In other words, a degree of pragmatism is required to determine whether or not a given facility should be considered as an ‘institution’. (p.35)

On the other hand, the physical layout of an institution should not restrict the definition: if an institution is distributed in various medium- or small-sized buildings but occupies the same enclosed perimeter, and by its operational characteristics is unable to ensure an adequate environment for the development and individualized and personal care of children who are placed there, it must be considered a large-scale institution for the purposes of this document.

7 Please refer to the Guidelines for the Alternative Care of Children, Guideline 20; Declaration on Social and Legal Principles relating to the Protection and Welfare of Children, Article 4; The Riyadh Guidelines, Guideline 14; Convention on the Rights of Persons with Disabilities, Article 23.5; Committee on the Rights of the Child, General comment no. 13, The right of the child to freedom from all forms of violence, CRC/C/GC/13, 18 April 2011, paragraph 47 (iii); IACHR, Report 83/10, Case No. 12584, Milagros Fornerón and Leonardo Aníbal Fornerón. Fondo, Argentina, 29 November 2010, paragraph 108.

In summary, it is possible to group various forms of institutional inadequacy with respect to basic standards of adequacy and size of centers, as well as the possibilities of care that each child needs, within the term "large-scale institution".

Large-scale institutions in the context of general State obligations

States have very clear responsibilities in relation to the operation of residential institutions of protection, be they public or official, private or mixed. International human rights law does not accept arguments based on a dichotomy between public and private, which tend to disregard or restrict human rights. (IACHR, 2009, 2013). Particularly in the case of public service provision, delegating to the private sector requires States to take responsibility for overseeing the execution to ensure the protection of human rights of persons under their jurisdiction and for public services to be provided to the community without any discrimination and in the most effective way possible (RELAF and UNICEF, 2013a y IACHR, 2006a). States have “an obligation to monitor and regulate the quality of provision to ensure that children’s rights are protected and their best interests served.”

Article 3.3 of the Convention on the Rights of the Child establishes the obligation of States to subject institutions to appropriate procedures for accreditation, authorization to operate, registration, supervision, monitoring and inspection (IACHR, 2006, 2007, 2009). If the establishment or authorization of new residential institutions, both public and private, is provided, there should be full awareness of the objective of preventing the existence of large-scale centers. The registration and accreditation of residential institutions must be integrated in a policy on eliminating large-scale institutions and in the general strategy of deinstitutionalization (UNICEF, 2013a).

10 Please refer to the Committee on the Rights of the Child, General comment no. 12, The right of the child to be heard, CRC/C/GC/12, 20 July 2009, paragraph 72.
11 Guidelines for the Alternative Care of Children, Guideline 22.
Large-scale institutions in Latin America and the Caribbean

A substantial part of the information available about large-scale institutions in the region is presented here, without any pretense of being exhaustive. An analysis that is in-depth and seeks to be comprehensive about the whole reality of the region is impossible at the moment due to the dearth of data on the subject in multiple States.

In El Salvador, “Casa Sagrada Familia” consists of three homes with a capacity of 600 persons and an occupancy of 450 children. Two institutions provide care to more than 100 children and adolescents, and five provide care to more than 120.

In Honduras, “Hogar Nuestros Pequeños Hermanos”, with 462 persons, cover a very wide age range, from 0 to 39 years old. Other large-scale institutions identified according to available information include “Orfanatorio Emmanuel”, which provides care to 344 children; “Casa Hogar María Mazrello”, with 340 girls; “Hogar Nazareth”, with 190 children; “Hogar de Niños El Buen Pastor”, with 175 children, and others, each of which offer care to approximately 100 children.

In Guatemala, “Hogar Solidario” accommodates 774 children of all ages and has a capacity of 1000. Out of a total of 114 institutions surveyed in that country, 22 accommodated between 80 to 330 children (RELAF, 2011; this report has a specific section about “Hogar Solidario Nuestra Señora de la Esperanza” of Guatemala.

In Peru, there is, among others, “Hogar Puericultorio Pérez Aranibar”, located in the Province of Lima. It currently accommodates 300 children and has a capacity of 800.

In Paraguay, “SOS Children’s Villages Paraguay-Belén” provides care to 100 children; “SOS Children’s Villages Paraguay-Hofenau”, to 128 children; “SOS Children’s Villages Paraguay-Misiones”, to 124 children; “Unidos por Cristo”, to 199 children; “SOS Children’s Villages Paraguay-Luque”, to 97 children; “SOS Children’s Villages Paraguay-Zeballos Cúé”, to 140 children, among others. The institution “Unidos por Cristo del Paraguay” is located in J.A. Saldivar City of the Central Department. Its population includes children and adolescents from 0 to 18 years of age. Although the government oversight body has established a maximum of 30 children and adolescents in institutional care, it was found that it accommodates 199 (refer to RELAF, 2011).

1 Information available on the website of “Sociedad de Beneficencia de Lima Metropolitana”: http://www.sblm.gob.pe/index.php?option=com_content&view=article&id=488&Itemid=211
According to the information collected, it is possible to find this type of arrangement distributed all over Latin America and the Caribbean.

In Mexico, various large-scale institutions have been identified as well, such as “CNMAIC Casa Hogar”, which provides care to 150 girls and adolescents from 9 to 18 years old, and “CNMAIC Casa Cuna Tiaplan”, which accommodates 110 children from 0 to 5 years old. Moreover, there are a number of institutions that integrate the shelter program of indigenous education “Programa de Albergues de Educación Indígena” (PAEI). The homes are “accommodation, feeding and assistance centers” that are located near schools attended by children placed there, together with local children and indigenous children from remote communities. An average of 60 children is usually accommodated in each of them, although some accommodate up to 150, which turn them into large-scale institutions (RELAF, 2013).

In the Dominican Republic, there are “Hogar Escuela Rosa Duarte”, which provides care to 123 children; “Hogar Santo Domingo Savio”, to 146 children; “Hogar Escuela Armando Rosemberg”, to 106 children; “SOS Children’s Villages-Santiago”, to 136 children; “Fundación de Niños y Niñas para Cristo”, to 140 children; “SOS Children’s Villages-Los Minas”, to 120 children; “SOS Children’s Villages-Los Jardines del Norte”, to 127 children; and “Fundación Hogar Nuestros Pequeños Hermanos”, to 200 children, among others (Government of the Dominican Republic, Reports III, IV and V before the Committee on the Rights of the Child, in compliance with art. 44 of the CRC, Dominican Republic, July 2010).

In Nicaragua, the following institutions, among others, were identified: “Padre Watson-NPH”, which provides care to 181 children; “SOS Children’s Villages Juigalpa”, to 105 children; “SOS Children’s Villages Managua”, to 104 children; “SOS Children’s Villages Matagalpa” to 113 children.

In Uruguay, an institution that accommodates more than 80 persons has been identified: “Cotolengo Don Orione”. Its population isn’t just made up of children: people over the age of 18 can also be found there. Even though the institutional mission focuses on children, it accommodates people of all ages with disabilities. The majority of people admitted are minors, but those over the age of 18 can be found there due to their limited possibilities of family and community integration and the scarcity of other resources, such as halfway houses (RELAF, 2011).
The progressive elimination of large-scale institutions as a State obligation

Children temporarily or permanently deprived of their family environment have the right to receive protection and special assistance, in accordance with the provisions of article 20 of the CRC. And as to the size of institutions, guideline 123 on the alternative care of children and adolescents states that:

Facilities providing residential care should be small and be organized around the rights and needs of the child, in a setting as close as possible to a family or small group situation. Their objective should generally be to provide temporary care and to contribute actively to the child’s family reintegration or, if this is not possible, to secure his/her stable care in an alternative family setting, including through adoption […] where appropriate.

The existence of large-scale institutions in itself implies a problem from the perspective of international human rights law. Specifically, guideline 23 states that in cases where there are still large-scale residential care institutions, alternatives should be developed in the context of a global strategy of deinstitutionalization, with specific goals and objectives that allow for their progressive elimination.

The above-cited provision does not clearly establish what is meant by a “large facility” or a “small group”, so it is necessary to specify the standard wording, implying that institutions that accommodate a quantity beyond the concept of a “small group” fall outside the focus of the Guidelines. As noted, care facilities that accommodate a group that cannot be considered “small” are identified as large-scale institutions (RELAF, 2011).

In the same vein, and concerning institutions where children with disabilities are placed, the Committee on the Rights of the Child has recommended “the transformation of existing institutions, giving preference to small residential facilities organized around the rights and needs of the child”.12

In particular, the size of the institutions and the concentration of a specific number of children have a bearing on several aspects that are relevant to provide adequate care and to the exercise of their rights: i) the ability to provide individualized care to the child based on individual circumstances and needs, ii) development and implementation of an individual care plan for each child in order to restore his/her rights and encourage the process of family reintegration, iii) the ability to operate more similarly to how a nuclear family does, thus providing the child with the opportunity to create and have interpersonal ties and experiences, which positively contributes to the development and formation of his/her personality, and iv) operating under conditions that do not endanger the safety of the child or violate his/her rights, such as the right to health and life, and to intimacy and privacy (IACHR, 2009, 2013).

This shows that adequate conditions are not only related to the size of the institutions, the number of children, or the physical layout. Aspects such as the location of the facilities, the system of operation and the quantity of human resources are also key and must be consistent with the exercise of the rights of the child and with the development of individualized intervention proposals, particularly addressing the protection needs of the child.

12 Committee on the Rights of the Child, General comment no. 9, The rights of children with disabilities, CRC/C/GC/9, 27 February 2007, paragraph 47. In similar form, Rule 30 of the Havana Rules relating to juvenile criminal justice states that: “[…] The population in such detention facilities should be as small as possible. The number of juveniles detained in closed facilities should be small enough to enable individualized treatment. Detention facilities for juveniles should be decentralized and of such size as to facilitate access and contact between the juveniles and their families. Small-scale detention facilities should be established and integrated into the social, economic and cultural environment of the community”. 
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A problem of large-scale institutions is usually retention, with greater or lesser degree of contact, of groupings of mixed ages, including adults placed there since childhood. It is likewise alarming to find children institutionalized on grounds of protection together with adolescents subject to measures and sanctions of juvenile criminal justice.13

Another aspect to note is that they generally function as “total institutions”. In other words, they are places where a large number of individuals in the same situation, isolated from society for a considerable period, share in their seclusion a formally administered daily routine that, far from promoting family and community ties, has the effect of deculturation and social untraining (Goffman, 2001). In said institutions, children do not usually have adequate contact with their families of origin or with their community environment, and so their life develops within the institution, which usually has schools and basic health services inside, among other aspects that impede contact with the outside world.

Notwithstanding the persistence of large-scale institutions, it is important to recognize as a positive development that some States of the region have determined the maximum number of that can be placed in institutions in their standards of residential care, establishing in several cases that the adequate parameter consistent with the Guidelines is a maximum number of 20 (RELAF, 2011), which demonstrates the political will to put an end to this type of institutions, in the context of the processes of normative and institutional adequacy to the standards of international human rights law.

II

Large-scale institutions: harmful effects and common practices
Scientific evidence of the harmful consequences of life in residential care institutions

Neuroscience has addressed the consequences of the dynamics of institutional operations in the life of children placed in residential care institutions. The most compelling conclusion in this respect indicates that those who grow up in an institutional setting suffer significant neurological and psychological damage.

Research shows that children who grow up in institutional settings have greater exposure "to physical, psychological and sexual violence, less opportunities for playing, interacting socially and forming an attachment with a caregiver" (Browne, 2009, p. 16). On the other hand, attention has also been drawn to the long-term negative effects on physical development and motor skills, and the "psychological damage", such as difficulties in forming emotional attachments, delays in intellectual and language development, etc. (Browne, 2009).

The consequences on cognitive development have been pointed out, demonstrating that "the institutionalization of children under the age of 3 may have negative effects on neural functioning at this crucial period of brain development", leading to, for example, a "decrease of the cranial circumference" (Browne and others, 2006).

It has been argued that "difficulties in social behavior and attachment may persist, resulting in a greater probability of anti-social behavior, delinquency and mental health problems".14

On the other hand, the consequences to which institutionalized children and adolescents could be exposed have been discussed. For instance, disorders that prevent them from interacting and having a social life similar to that of children who grow up with their families; among these disorders are certain categories like problems of attachment and indiscriminate friendliness, and psychosocial growth failure (Chaves Cavalcante and others, 2007, p. 21).

Several studies describe the particular manner in which this problem appears in different Latin American States.15 The conclusions these studies reach are similar to those that arise from studies conducted in other regions of the world. In addition to the damage associated with life in a large-scale institution, there are also damages stemming from deficient administrations and their corresponding budget allocations, which are manifested in the absence of resources, supervision, control mechanisms, adequate working conditions, professionalization and staff training.

Characteristics of large-scale Institutions’ operations

» Massive scale

Large-scale institutions of the region accommodate a large number of children who do not have the possibility of growing up in a family environment. For example, close to 800 children and adolescents are placed in “Hogar Virgen de la Esperanza” in Guatemala, and close to 400 in “Hogar Cabañas” in the state of Jalisco, Mexico.\(^\text{16}\)

In addition to the extreme examples cited above, other large-scale institutions that accommodate fewer children exist but, without doubt, they too represent large residential structures. There are more than 100 children in the “Centro Nacional Modelo de Atención” in Coyoacán, Mexico City. In “Hogar Ermelinda Carrera” in Lima, Peru, RELAF could verify in 2014 that 109 female adolescents between 12 and 18 years old lived there, apart from almost 40 women above 18 years old.\(^\text{17}\) Furthermore, INABIF statistics show 142 residents in that home in June 2015.\(^\text{18}\) In Jamaica, “Maxfield Park Children’s Home”, founded in 1918, accommodates 86 children. The distance between life in these large-scale institutions and family life is enormous.

In the case of children’s villages or “Aldeas” (large-scale institutions that accommodate children in separate houses, all of which however form part of the same perimeter), the number of children and adolescents is also considerable. In “SOS Children’s Villages Chile” there are 1,200 children distributed throughout 12 localities. In “Aldea Malleco”– the one with the highest number of residents—144 children and adolescents are accommodated, while in “Aldea Chaimavida”– the one with the least occupied capacity—there are 80.

» Effects on early childhood

The harmful effects on children and adolescents living in large-scale institutions increase significantly when they spend their early childhood in the institutional setting. In the region, there are large-scale institutions that accommodate children of all ages, and some that accommodate only young children. For instance, the almost 60 children in “Casa Cuna Tlalpan” in Coyoacán, Mexico City, are younger than 4 years old. In “Hogar Temporal de Quetzaltenango”, Guatemala, an average of between 15 and 20 infants are accommodated\(^\text{19}\), for whom there are only two nannies and eventually one volunteer. In “Casa Nacional” in Chile, the government accommodates an average of 70 children in early childhood\(^\text{20}\); “Hogar San José de Malambo” in Panama City accommodates 140 children and adolescents, of whom 20% are younger than 2 years old; and in Jamaica, the state home “Marigold Child Care Centre” accommodates 50 babies and “toddlers”. These examples highlight the harshness of children’s lives in institutions and the complete absence of opportunities to develop “attachment”, which is of utmost importance in the early years of life.

» Depersonalization

Children and adolescents who grow up in institutional settings suffer progressive depersonalization. This means that their individual desires, feelings, preferences and aspirations are dissolved as the institution does not provide personalized treatment that stimulates their development.

\(^\text{16}\) In dealing with various issues, some examples, which are drawn from RELAF’s own research, will be presented for illustrative purposes. The phenomenon of large-scale institutions appears in all countries of the region.

\(^\text{17}\) Information gathered in February 2014 during a visit to the institution by RELAF, which included an interview with its director and an official of INABIF.


\(^\text{19}\) Information collected by RELAF through a survey addressed to key informants conducted for the period March/November 2014.

\(^\text{20}\) Information collected by RELAF through a survey addressed to key informants conducted for the period March/November 2014.
This has been noted in the Handbook for the implementation of the Guidelines.21 “There is also broad agreement on the likely (but not always automatic) consequences of managing a 'large' facility. These can include impersonal (or depersonalising), rigid regimes that are built around the inherent limits of day-to-day systems—such as the need for care staff to work pre-determined shifts.” (p.42)

Large-scale institutions approach children and adolescents as part of a collective. In this respect, it is illustrative that in dialogue with institutionalized children they often refer to themselves using the plural form. This fact should not be underestimated: in daily life, situations are repeated countless times in which reference to them is in plural, and this significantly affects their ability to consider themselves as unique individuals, with the capacity to have projects of their own and develop.

» Weakness of ties

Staff rotation is a frequent practice in large-scale institutions, which causes difficulties in establishing meaningful bonds between children and their caregivers; this is particularly dangerous for younger children. Thus, it is extremely difficult to ensure a safe and trusting environment in which children can grow.

» Prolonged stay

Prolonged stays are typical in large-scale institutions of the region and pose a problem of extreme gravity. It must be made clear that large-scale institutions are not adequate places to live in, given that they do not meet the necessary conditions that every child needs for their development. On the other hand, this problem is more profound in the case of children and adolescents with disabilities.

In “SOS Children's Villages Chile”, it is stated that the general average length of stay is 5 years for children between 0 and 18 years old, and 13 years for young children. This leads us to infer that children enter institutions at a very young age, and their stay extends throughout their childhood, seriously affecting the possibility of their socio-occupational and community integration.

In a survey carried out in institutions in Buenos Aires City, Argentina, it appears that close to 40% of children have an average stay of 3 to 6 years, and 40 registered children and young persons have remained between 7 and 9 years.22

» Isolation and uprooting

Some large-scale institutions are located in places that are difficult to access. “Hogar Seguro Virgen de la Esperanza” in San José Pinula, Guatemala, is in an area without regular transportation services. In order to reach it, it is necessary to get a private vehicle or taxi, making contact difficult for families with the children placed there. 23

23 Information collected by RELAF through a survey addressed to key informants conducted for the period March/November 2014.
In other cases, large-scale institutions are located in urban areas but are very far from the places of origin of the children housed there. For example, “Aldea Arthur Gough” of Costa Rica is in the District of Santa Ana, a typical jurisdiction of the middle class, middle-high Costa Rican society; this contrasts sharply with the constant “backdrop” that poverty represents in situations of separation of children and adolescents from their families of origin.24

**Children and adolescents with disabilities and/or HIV**

» **Children and adolescents with disabilities**

Children and adolescents with disabilities placed in large-scale institutions suffer very severe consequences. On top of lacking adequate care and the consequent deterioration, there are long stays, which in some cases extend to adulthood. On the other hand, deficiencies in terms of integration with the rest of the children are observed. “Hogar Seguro Virgen de la Esperanza” in San José Pinula, Guatemala accommodates children with mental retardation without family ties who have spent more than 10 years in care, and at an early age have not been declared in a state of adoptability.25

» **HIV/AIDS and prolonged stay**

There are many children and adolescents with HIV/AIDS who are placed in institutions because their parents do not have the resources to provide them with the necessary care, have died or are infected with the virus. For instance, a 12-year-old girl with HIV has been living, from a very young age, in “Aldea Arthur Gough” in Santa Ana, Costa Rica. When asked how long she has been living there, she responds: “I don’t know. All my life”.26

» **Prolonged stay, an extreme case**

As we mentioned, the long-term stay of children and adolescents in institutions where they are placed is a common characteristic, either due to the lack of employment in the family of origin that would enable them to care for the child, or because of the delay in the declaration of the state of adoptability of the child, or the search for family solutions such as foster care.
Large-scale institutions and their ties to religious institutions

» Orphanages in the region

The presence of religious institutions in the management of the situation of children without parental care is significant. For example, statistics of sectors of the Catholic Church show that there are 2,463 "orphanages" under their responsibility in Latin America.27 Various evangelical churches also manage and visit orphanages, children's homes and other alternative care residential facilities.

» Participation in religious services

Large-scale institutions under the auspices of a religious institution usually impose on children placed in their care the adherence to a set of religious rites and practices, which are often instilled but undoubtedly do not respect their right to freedom of religion. For instance, in “Aldea Arthur Gough” in Santa Ana, Costa Rica, children say bedtime prayers as a mandatory practice. “Hogar Seguro Virgen de la Esperanza” in San José Pinula, Guatemala and “Hogar Zacapa” in Guatemala receive visiting youth from evangelical churches who organize recreational and evangelization activities with the children.28

In addition, as recounted by children interviewed in the “State Sophia Care Center” of Guyana, which accommodates 107 children from 4 to 7 years old, they are not allowed to practice rituals other than those of the Catholic religion even though 28.5% of the country’s population is Hindu and 7.2% is Muslim.29

This concern has been noted in the Guidelines for the Alternative Care of Children. Paragraph 88 of the Guidelines states that “Children should be allowed to satisfy the needs of their religious and spiritual life, including by receiving visits from a qualified representative of their religion, and to freely decide whether or not to participate in religious services, religious education or counselling. The child’s own religious background should be respected, and no child should be encouraged or persuaded to change his/her religion or belief during a care placement.”

Maltreatment, violence, abuse

» Power and maltreatment

Children placed in large-scale institutions often suffer various situations of abuse and maltreatment by adults. Punitive disciplinary measures, physical abuse and even sexual abuse form a bleak picture in which children are unprotected. Power relations that prevail within the institution generate an enabling environment for such situations to occur. Although there are numerous cases where crimes committed by adults against children have been uncovered and punished, the damage inflicted on them is irreparable. In this respect, focus must be placed on prevention, taking into account that it is the dynamics of impersonal treatment and lack of control of large-scale institutions that lead to the occurrence of such situations.

28 Information collected by RELAF through a survey addressed to key informants conducted for the period March/November 2014.
Disciplinary measures

Disciplinary measures that are adopted are frequently in violation of children’s rights. For example, in “Hogar Seguro Virgen de la Asunción” in San José Pinula, Guatemala, there have been cases of violence among the children themselves, in response to which actions were taken to separate and send them to the “Centro de Privación de Libertad” (an institution that accommodates adolescents in conflict with criminal law).30

In 2006, an adolescent placed in “Hogar Ermelinda Carrera” in Lima, Peru denounced the existence of a punishment cell—a “tiny room, 1.20m high and 1.50m wide, dark, dirty and foul-smelling, with insects and spiders [...]” In the cell - they do not know for how long it has been used - adolescents who made mistakes were locked in, for days or weeks, so that they could “reflect upon their bad behaviour” (RELAF, 2011, p. 33).

Violence and revictimization

While many of the institutionalized children were victims of violence, abuse or neglect in their families or communities of origin, the characteristics of life in large-scale institutions do not provide a solution to or redress of these sufferings. Rather, they are revictimized. For example, in “Hogar Seguro Virgen de la Asunción” in San José Pinula, Guatemala, 31 an adolescent was murdered by some of her peers. Thereafter, the authorities decided to transfer children and adolescents under 6 years old to other rented houses in Colonia de Mixco, Guatemala. Around 300 children and adolescents are placed in those houses, which are found to be in poor and overcrowded conditions.32

Costs

Benefit/effectiveness

It is possible to argue that institutionalization is a “bad investment”. When different types of alternative care are compared based on their “cost-benefit/cost-effectiveness”, it is shown that the family care model is cheaper. The economic cost of having an institutionalized child is greater; it does not guarantee the care or the stimulus necessary for their comprehensive development. Moreover, he/she will generate more costs in the future than an adult who was raised in a family and develops their potential (RELAF, 2014).

30 Information collected by RELAF through a survey addressed to key informants conducted for the period March/November 2014.
31 “Hogar Solidario Virgen de la Esperanza” and “Hogar Seguro Virgen de la Asunción” are one and the same; the change of name is due to the change of government in 2012. Said institution under the command of the Secretary of Welfare of the Presidency and is located in the Municipality of San José Pinula of the Department of Guatemala.
32 Information collected by RELAF through a survey addressed to key informants conducted for the period March/November 2014.
Funding, volunteerism and planning

» Funding

Institutions receive funding from diverse sources. States of the region allocate budgets to sustain the existence of large-scale institutions. Furthermore, they receive donations from religious institutions, such as the Catholic Church or various Protestant churches, or from private donors.33

» Volunteerism

There is a significant flow of volunteers who provide assistance to large-scale institutions. This comes from diverse sources and through different mechanisms (national and foreign students, Catholic groups, large and small companies, boy scouts or guides, tourists, etc.). In “Hogar Zacapa” in Guatemala, they receive the support of volunteers from the Evangelical Church. In other cases, the State itself implements volunteer programs in institutions. For instance, Mexico puts this into practice through the national DIF, a program that convenes volunteers from educational or private institutions. Other institutions, like “Hogar Temporal Quetzaltenango” in Guatemala, receive visiting foreign volunteers.34

The combination of the practice of volunteerism and the lack of information is a problem; this is due to the fact that future volunteers are called on appealing to their sense of solidarity but relying on the limited dissemination of information about the devastating effects that life in a large-scale institution has on a child.

From the point of view of the volunteers, the experience is not usually a major substantive contribution. They are called to “entertain” children and their role is reduced to establishing a connection with that sad reality over a certain period of time but without being able to articulate actions that significantly modify the life that children lead in an institution. It is also a painful experience for them.

A variant of volunteerism is the sponsorship of a child at a distance by individuals and companies. This practice is reduced to a mere financial contribution by the “donor” or “volunteer”, who in this case does not establish contact with the reality that the “sponsored” child goes through.

» Planning (absence of family strengthening)

On one hand, most large-scale institutions do not have programs aimed at strengthening the family environment of children and adolescents; on the other, family reunification projects that follow-up or monitor children in each case are not carried out. Thus, the probabilities of a child placed in an institution reintegrating into his/her family environment or any alternative family care setting are reduced.

33 For example, “Hogar Zacapa” in Guatemala receives donations from Buckner Adoption Agency and from Holt International, which provide classroom equipment. Walmart and Discovery Montessori are other companies that make donations, in this case for “Aldea Arthur Gough” in Santa Ana, Costa Rica.

34 Information collected by RELAF through a survey addressed to key informants conducted for the period March/November 2014.
Large-scale institutions and the paradigm of charity

Charity

Most large-scale institutions are linked to religious entities per se, as well as to international organizations with or without religious affiliation. Some of these organizations, such as “NPH Internacional (Nuestros Pequeños Hermanos y Hermanas Internacional AC)”, have institutions—many of which are of large dimensions called “homes” in different countries of the region, namely Bolivia, El Salvador, Guatemala, Haiti, Dominican Republic, Honduras, Mexico, Nicaragua and Peru. They also have offices—generally for fundraising, among other activities—in Austria, Belgium, Canada, France, Germany, Ireland, Italy, the Netherlands, New Zealand, Spain, Switzerland and the United States.35 Another international organization that has institutions in various countries and with their own forms of financing is SOS Children's Villages International, which continue to be in charge of massive institutions and carries out considerable public fundraising campaigns.

Frequently, large-scale institutions emerge as expressions of solidarity and charity towards abandoned children and adolescents. The tutelary model has been the bearer of this perspective. It is important to emphasize in this respect that, beyond the good intentions of those who promote the creation or the improvement of institutions as well as the development of volunteer programs, the nature of large-scale institutional internal operations has harmful consequences on children.

Building reforms are not sufficient to improve life in institutions

Building reforms do not improve life in a large-scale institution, even in those that appear to be cleaner or with more resources resulting from a larger investment. It is also the case of large-scale institutions that adopt the physical layout of small houses located within the same enclosed perimeter. Although reforms in terms of buildings or resources in general can improve the standard of living of children and adolescents placed in institutions, this does not solve the basic problem: that institutional life can never emulate a family context.

Strategies for a paradigm shift
Deinstitutionalization

Even though the situation is extremely serious, as has been observed throughout the document, it must be noted that there are numerous and very specific technical tools to reverse it, which shall be referred to in this section. All cited materials are in RELAF’s website: www.relaf.org.

To reverse the violation of rights, planning the closure of large-scale institutions is necessary, with strategies of deinstitutionalization (DI).

![Image of deinstitutionalization diagram]

**Keys to planning deinstitutionalization**

All the aspects of deinstitutionalization and protection systems reform developed below have been widely described and analyzed in the publications that will be cited in this section. Therefore, we recommend reading them to complement the information about the points raised here.

They are:


» **RELAF (2011).** “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 situations of your life”. (Children’s version).
1. Key aspects for the Comprehensive Childhood Protection System level

Opportunity
Carrying out the planning of the closure process of large-scale institutions presents an opportunity to reform the comprehensive child protection system as a whole, with the aim of orienting policies, programs and services towards the welfare of children, their families and their communities. This is because the process of deinstitutionalization consists of replacing residential care with family-based care, and developing family and community support strategies to prevent the separation of children from their families and communities of origin. Even more important, these actions require mobilization and joint work of all the institutions that are a part of the childhood protection system.

Technical standards and regulations
Technical parameters and laws that regulate the development of mechanisms to authorize, register, certify and supervise social assistance centers should be established. For the establishment or the authorization of new residential institutions, both public and private, there must be full awareness of the objective of preventing the existence of large-scale centers.

Reorientation of material resources
Upon initiating the DI process, it is very important to be clear about the funding aspect. Governments can assess what would be the long-term savings once the care system is transformed, eliminating large-scale centers. This requires monitoring and evaluating different aspects of the projects and programs, and identifying existing “good practices”, since they will be the parameter for the assessment of “future costs” and “transition costs”.

Three models are developed based on concrete evidence: one concerning what the scenario would be like if the status quo were maintained; another regarding what would happen if investments were made for the improvement of the infrastructure of institutions; and the third about what would happen if funds were allocated for systemic reform. It is thereby shown that investing in systemic reform is, in the future, a money saver and a great investment in child welfare.

Redeployment and training of human resources

The relocation of staff who work in institutions that will be dismantled must be planned. In order to do this, it is necessary to perform the evaluation of the caregivers taking into account their capacities and interests. To the extent that suitable personnel are identified to work with children or families, they should be supported in their training and in their relocation to programs such as those intended for strengthening families, daily childcare, the promotion of youth autonomy, etc.

2. Key aspects for the reorganization of residential and family care resources

Small group homes

In certain exceptional circumstances faced by children, placement in group homes can be beneficial: for example, for adolescents who are acquiring the skills and competencies for independent living; or those going through serious crises for having endured traumatic situations. For them, it is necessary to have specialized small groups.

Foster care

Foster care programs are necessary and useful for the purpose of DI. In all the groups of institutionalized children, situations exist where it is neither possible to get back together with the family of origin nor can the “bond of filiation be broken”, which would mean enacting adoptability. In order to do this, it is essential to identify, prepare and support host families that are able to respect the history and identity of the child, providing a family care environment and comprehensive care. The application of “Foster Care. Guide of standards for the practices” by RELAF and UNICEF is recommended.

Adoption

Programs that seek families and have specific methodologies for children who, for various reasons, are considered “difficult to adopt”—groups of siblings, children with disabilities or with illnesses like HIV, older children—must be strengthened where they already exist and created where there are none. These adoptions have particular characteristics so families and children should be prepared and accompanied in a sustained manner.

Prevention of separation

In accordance with the principles of “necessity” and “suitability” established by the United Nations Guidelines, responsible actors must avoid the unnecessary separation of children from their families and communities of origin through the development of policies, services and programs suitable for each context. Likewise, when the separation is inevitable, the alternative care option that is in the best interest of the child (in most situations, care in another family) should be identified. The application of the “Protocol for the prevention of abandonment and institutionalization” by RELAF y UNICEF is recommended.
3. Key aspects for working with children and their families

**Preparation of children**
Activities in which they can learn and reflect on what their rights are and how to assert them should be carried out, both during their alternative care as well as in transition to another care setting, and/or during the discharge process. For this purpose, the publication by RELAF and UNICEF entitled “Application of the United Nations Guidelines for the Alternative Care of Children. Your right to live in a family and to be cared for in all situations of your life” is recommended.

**Institutionalization syndrome**
Children and adolescents who have suffered long years of institutionalization display a range of emotional problems that affect their manner of relating, which should particularly be taken into account. It is necessary to undertake corrective therapeutic action so that the symptoms that appear are dealt with, helping to understand them as a typical reaction to the deprivation they suffered.

**Young children**
Young children should never be placed in any type of residential care facility (neither small- nor large-scale institution). As has been shown in a number of studies since the mid-twentieth century, growth outside the family causes permanent damage to children at the cognitive, emotional and physical levels, which is why the only option of alternative care for young children must be foster care. For the transformation of existing facilities, the use of the tool “Planning the deinstitutionalization of children under 3. Guide of contributions and examples from residential care institutions’ experiences” is recommended.

**Monitoring**
Children, adolescents and families of origin or extended families affected by DI must be supported and accompanied in a sustained manner, in the medium- and sometimes long-term. These are complex processes that involve the restructuring of often-weakened affective ties and also the need for material assistance, since in their absolute majority they are families in situations of poverty.

4. Key aspects for working with society

**Cultural change**
An aspect that requires work is the dominant social representations regarding how States should manage the problem of children without parental care. Placement in institutions, even in large-scale facilities, is widely socially accepted as a “good” measure. In this regard, a fundamental challenge lies in ensuring that the culture of charity progressively gives way to a comprehensive protection approach within the framework of a human rights culture.
Volunteerism
There is a significant flow of volunteers within large-scale institutions, the majority of whom are young people with no specialized training who provide assistance in childcare. While it is important and necessary to sustain the interest in solidarity, volunteer experiences must be developed in a responsible and ethical manner, training, accompanying and reflecting with the volunteers, as well as generating volunteer alternatives that seek to improve the living conditions of families and communities, and thus have a positive impact on the prevention of separation and deinstitutionalization. For more information, refer to the special issue of the Better Care Network newsletter regarding ethical volunteerism: http://archive.constantcontact.com/fs188/1103522065169/archive/1119565557716.html and http://www.bettercarenetwork.org/bcn/details.asp?id=32465&themeID=1002&topicID=1017.

Donors
Large-scale institutions are supported by private donors, companies and individuals. It is necessary to make them aware of the importance of their support to childcare, and their assistance must be sustained in the reorganization of the system. This implies offering them information about the need for their financial support, no longer to sustain institutions but to create, strengthen and multiply support programs for families.
This questionnaire aims to gather information regarding the existence of large-scale residential institutions for children deprived of family care in the region. It has been designed to obtain information relating to a large-scale institution in particular. In case you have data from more than one institution in your country, please complete the number of copies that you deem necessary.

This questionnaire has been answered by: __________________________

The information provided here refers to the country: __________________________

≥ 1. Name of institution:

≥ 2. Location (town, province, department):

≥ 3. Approximate number of children accommodated:

≥ 4. Is it an institution that accommodates boys, girls or both genders?

≥ 5. Could you describe in general terms the characteristics of the population of children and adolescents placed in the institution? (age groups, geographical origin, etc.)

≥ 6. Are you aware of whether the institution accommodates children without family care together with children and adolescents in conflict with criminal law?

≥ 7. Does the institution accommodate children under the age of three?

≥ 8. Are you aware of the presence of children with disabilities residing in the institution?

≥ 9. How is space distributed in the institution? (Its physical and visible aspects are expected to be described in this item. For example: is it a large building where children and adolescents are assigned rooms or does it have separate “pavilions” where children and adolescents live in groups? Is it an enclosed perimeter with several smaller buildings inside?)

≥ 10. Are you aware of the manner in which health services and education are provided to children and adolescents placed in the institution?

≥ 11. Could you provide information about the approximate average length of stay of children and adolescents in the institution?

≥ 12. Are you aware of the real possibilities of social inclusion of the children that were discharged?
13. Are you aware of whether the institution has the capacity to initiate a process of adoption, emergency reception or foster care; whether it depends on any judicial or administrative order or acts on its own initiative?

14. Do you have information about the sources of funding of the institution?

15. Are you aware of the mechanisms or procedures by which a child begins placement in the institution?

16. Does the institution have ties to any religious institution or community organization in particular?

17. Could you provide information about the composition of staff and professionals who provide services in the institution? Does the institution rely on volunteer work? Are they national or foreign volunteers?

18. If so, do you know the source of said volunteers? (i.e. the institutions and organizations through which volunteers are linked to the institution)

19. Are you aware of cases of maltreatment, abuse or serious violations of children's rights that have occurred in the institution?

20. Are you aware of any event that may have had journalistic relevance and may have involved the institution? If so, could you send us the material or the link to access the article online?

21. Are you aware of initiatives to close the institution? (projects of political parties or presentations made by civil society organizations)

22. Can you include below any information that you consider relevant to the matter? Your contribution will be extremely useful for this survey. Thank you for answering this questionnaire.

Technical queries about this survey may be sent to: estudiosRELAF@gmail.com


• Morlachetti, Alejandro (2013). Comprehensive national child protection systems: legal basis and current practice in Latin America and the Caribbean. Santiago: ECLAC, UNICEF.


• RELAF and UNICEF (2013b). “Planning the Deinstitutionalisation of Children under 3: Guide of Contributions and Examples from Residential Care Institutions’ Experiences”.


• RELAF and UNICEF (2015a). “Modelo para la prevención de la separación y la promoción de vínculos tempranos de cuidado”.

• RELAF and UNICEF (2015b). “Guía de estándares para el acogimiento familiar”.


Materials by RELAF

- Relaf and Unicef (2015): "Guía de prácticas de referencia para la garantía del derecho a la convivencia familiar y comunitaria en edades tempranas".
- Relaf and Unicef (2015): "Cuidado de niños pequeños. Modelo para la prevención del abandono y la institucionalización".
- Relaf, Save The Children and Unicef (2014): "Handbook of International Humans Rights standards applicable to migrant children and adolescents".
- Relaf and Unicef (2013): "Hacia un diagnóstico de la situación de los niños de 0 a 3 años internados en instituciones de cuidado residencial en América Latina y el Caribe".
- Relaf, Subsecretaría de Derechos de la Niñez, Adolescencia y Familia de la Provincia de Santa Fe and Unicef (2013): "Estudio sobre el sistema local de protección de la infancia: caso Rosario, provincia de Santa fe, Argentina. Documento de Trabajo".
- Relaf and Unicef (2013): "Planning the Deinstitutionalisation of Children under 3: Guide of Contributions and Examples from Residential Care Institutions’ Experiences".
- Relaf and Unicef (2013): "The voice of the children".
- Relaf and Unicef (2013): "Discrimination in children’s homes. Institutionalization and discriminatory practices in Latin America and the Caribbean".
- Relaf and Unicef (2011): "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 situations of your life".
By large-scale institutions, we refer to those residential care facilities intended to accommodate a vast number of children who have been separated from their families. Their very existence implies a violation of the rights of the children placed there, which is why this practice must be eradicated from protection systems.

This institutional mechanism results in children who form their personalities in an environment lacking the stimuli to develop their own individuality; on the contrary: the nature of large-scale institutional operations leads to children, with their own desires, aspirations, feelings and plans, being diluted into the larger group of which they form part.

In Latin America and the Caribbean, placement in large-scale institutions remains dramatically in force, just as tools that allow efforts towards their eradication are available. Both sides of this issue are highlighted in this document.