



“In the name of the children”: Public policies for children in out-of-home care in Chile. Historical review, present situation and future challenges



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ABSTRACT

Public policies regarding children in care systems have varied widely throughout history and within countries around the world. At the present time, an important number of children live without parental care and their needs and rights must be addressed by the State within which they reside. Following an important number of studies carried out mainly in Europe and the USA, the United Nations made international recommendations on this matter: the Guidelines for the Alternative Care of Children (2009). Thus, the 195 countries that have signed up to these guidelines must now ensure that they are moving towards compliance with these regulations. However, countries vary widely on the implementation of these guidelines, their public policies, and characteristics of care systems, with different challenges facing different parts of the world. Furthermore, little research has been conducted in Africa, Asia and Latin America. Therefore, this article describes the present situation of children in out-of-home care in Latin America with a special focus on Chile, and proposes that characteristics of care systems may vary significantly from those of Eastern Europe and developed countries. Further research in this and other less wealthy regions is needed in order to implement public policies that effectively protect children's rights.

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1. Introduction

The situation of vulnerable children around the world has been a matter of concern for different social agents throughout history. From the first charities taking care of orphans and children in poverty, to institutions caring for children in periods of war, and the more recent International Convention on the Rights of the Child in 1989, public policies in this matter constantly evolve in response to social and political situations as well as on-going research on the impact of institutional care on children. Notably, the conception of a child as the subject of rights has led to different initiatives seeking to achieve at least minimum standards in child protection in numerous countries. However, this process has been complex and, at times, contradictory, with child protection measures sometimes actually leading to children being restricted in their rights (Eurochild, 2012). Thus, whilst much progress has been made, there are many other areas still requiring study and new initiatives.

There are currently a large number of children living in some form of alternative care around the world, with approximately 8 million living in institutions (Lumos, 2013). However countries vary significantly in their design, implementation and evaluation of institutional and foster care. For example, research and practices in alternative care have been influenced in many countries by psychological theories regarding important issues in child development. In some countries (e.g., the United Kingdom), the influence of Bowlby's theory of Attachment has been important, stressing the importance of an affectional bond with a primary caregiver in the first years of life. In other countries (e.g., Romania), Bowlby's theory has had less influence and previously emphasis was placed on meeting children's basic physical needs (i.e., hygiene and feeding) or the stimulation of developmental tasks.

International recommendations regarding alternative care have been strongly influenced by research conducted mainly in Europe (with specific emphasis on Romania)

and the USA. Historically, there has been less understanding of the situation in other regions of the world, such as Africa, Asia and Latin America. Only more recently have the characteristics of alternative care in less wealthy nations become more of a focus, with some studies indicating that residential and community settings there may be different to those previously described in other countries (Herrerros, 2009; Muadi, Aujoulat, Wintgens, Matonda ma Nzuzi, & Pierrehumbert, 2012; Whetten et al., 2009). This variety shows that there is no 'one solution that fits all' and that these differences between countries and cultures should be included in the development of public policies aiming to achieve better care for vulnerable children.

Thus, it is important to undertake more in-depth analysis of alternative regions, in order to broaden our understanding of the impact on children of institutional and other types of alternative care. One of these regions is Latin America, where in depth studies about the situation of children in care, the quality of care and its outcomes are required. Chile is one of the countries in the Latin American region that signed the International Convention for the Rights of the Child in 1990 and has recently made important changes to public policies for early childhood (Staab, 2010). During 2013, an important number of children in Chile (147,358) were under some kind of protectional measure, due to the violation of their rights (32 per 1000 of the 0–17 population) 18,878 of whom lived in some kind of alternative care including children's homes and foster care. However, little research has been conducted in these settings. Thus, this paper aims to address the lack of information in alternative regions by presenting a brief overview of the world and Latin American situation, with a specific focus on Chile as an in depth illustration, highlighting implications for public policies in child care.

2. Children in out-of-home care across the world

The situation around the world varies widely regarding the number of children in out-of-home care, public policies addressed to them and characteristics of placements. One difficulty for developing a coherent response to the situation is that information is difficult to compare as methodologies to register data differ widely across countries. Table 1

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Table 1
Overview of world situation of children in out-of-home care^a.

Area	Children per 10,000 in alternative care	Children under 3 in institutions, per 10,000	Other data
Europe (2003–2007) ^b	Mean 88.7 (range 50–120)	Mean 14.4 (range 0–60)	
Eastern Europe/Asia (2007) ^c	85.9		
USA (2007)	60		
Canada (2007)	97		
Australia (2007)	77		
New Zealand (2005)	49		
Africa	Unknown		3.7 million orphans in South Africa 15% households child-headed in Sub-Saharan Africa
Latin America (2013) ^d	Mean 59.5 (range 34–400)		

^a Data available is difficult to compare due to wide differences in recording. Where possible, numbers have been translated to rates per 10,000. Where more than one data set is available, the most recent one was taken into account. Reports: *AIHW* (2013), *Browne et al.* (2005), *Gilbert, Parton, and Skivenes* (2011), *Mapp* (2011), *Maluccio, Canali, and Vecchiato* (2006), *Thoburn* (2007), *UNICEF* (2010a, 2010b).

^b The number of children in alternative care considers a study conducted in 8 European Countries (England, Sweden, Finland, Denmark, Norway, Germany, Belgium and Netherlands).

^c Data is presented in some studies for the whole of Europe, but other studies present data combining Eastern Europe and Asia.

^d See *Table 2* for details.

gives summaries of available data, highlighting the lack of comparability (for more information on the world situation, see *Hamilton-Giachritsis & Garcia Quiroga, 2014*).

Data is usually registered in different formants considering for either a cross sectional account or a whole year period. Countries also vary in what is considered to be Alternative Care; for example as stated in *Gilbert (2012)*, some cities of Canada and England consider as 'out-of-home care' a child that lives with his family but is under the Local Authority supervision, whilst other countries only use that term for placements in foster or institutional care. Similarly, in the U.S.A., the term 'foster care' sometimes refers to children living with foster parents or in children's homes. In some countries (i.e., Finland and Sweden), youth with problems such as delinquency or addictions are dealt with in terms of out of home care whilst in others they become part of the judicial system (*Gilbert, 2012*). The same report indicates that the meaning of these numbers can also vary if we consider cultural factors, for example in some countries a high proportion of placements are voluntary arrangements between the family (parents and often child) and the State, whilst in others there are placed by a judicial coercive order.

Following multiple studies regarding the effects of institutional care, conducted in the 1950s to 1970s (e.g., *Bowlby, 1951; Goldfarb, 1945; Pringle & Tanner, 1958; Tizard & Hodges, 1978*), in numerous countries in Western Europe, the USA and Australia, the tendency was to close big institutions. Following this, research conducted with children reared in big orphanages in Romania and other Eastern countries (*Rutter et al., 2010; St. Petersburg-USA Orphanage Research Team, 2008; Zeanah, Smyke, Koga, & Carlson, 2005*) highlighted the damage done to young children through poor institutional care. Combined with work highlighting the shockingly high rates of institutional care across the whole of Europe (*Johnson, Browne, & Hamilton-Giachritsis, 2006; Browne et al., 2005*), this generated a de-institutionalisation movement in order to reduce significantly the use of residential care and to invest in family support and foster care (see *Eurochild, 2012*). In turn, this informed the decision to pass the United Nations recommendations in 2009. However, in many areas of the world (e.g., Eastern Europe, Asia and Latin America), institutional care still remains the main option for LAC, although family placements are starting to be developed and in some countries changes to institutional settings have been applied to meet international recommendations (*UNICEF, 2010a*).

A report with the analysis of information from the last three decades (*UNICEF, 2010a*) reveals that the number of children separated from their families and placed in some kind of formal care (institutional or foster) has increased if numbers are transformed into rates considering changes in birth rate. This was also stated in a report with 8 European countries, USA and Canada data (*Gilbert et al., 2011*). It is also

concerning that in many cases poverty and lack of access to social services and support are the main cause for a child being separated from his family. Furthermore, institutional care is still widely used for infants and young children and many countries lack national standards and norms that can be applied to public and private institutions by governmental bodies in order to monitor the quality of caregiving provided (*UNICEF, 2010a*). This report also states that efficient gate-keeping is required to ensure children are placed in alternative care for the correct reasons and that changes of placement are done in the best interest of the child. Yet recent reports in some countries (e.g., the UK – *Ofsted, 2011*) express concerns about the increase in the average number of placements per child and the impact this can have on children, such as increasing the vulnerability for sexual abuse (*Children's Commissioner Report, 2012*).

In the process of deinstitutionalisation, some countries have faced problems (at least initially) as residential homes were closed faster than the development of foster care programmes, creating difficulties in providing suitable foster families for vulnerable children (*Barber & Delfabbro, 2004; Maluccio et al., 2006; Sinclair & Jeffreys, 2005*). Other countries have reported additional issues creating barriers to implementing foster care programmes. For example, in Korea and Japan few people have been motivated to foster due to cultural reasons (e.g., the importance given to blood bonds) and lack of support (*Mapp, 2011*). This cultural challenge may extend to other countries with strong extended family bonds.

Where foster care does exist, it often struggles to provide what is required. Evaluation of foster care in the USA has suggested that there is poor quality of care in foster homes, due to poor screening of carers, lack of appropriate monitoring, frequent changes of placement and overwhelmed foster care systems (*Maluccio et al., 2006*). Similarly, in Australia, there has been a debate around the foster care system being overwhelmed and unable to respond to the increase of children in need of placement (*Barber & Delfabbro, 2004*). This debate has raised the possibility of new adoption policies and also the creation of small community children's homes with supervision in quality of care.

In Africa, different conflicts (wars, natural disasters, AIDS and massive migrations) have increased the number of children in need of care. However the response to provide care has been somehow "spontaneous" and from the communities rather than government-led. For example, data available estimates that 90% of the orphans due to AIDS are being cared by family members or community support but as the numbers increase, the community is not able to give all the support needed and this has produced a rise in child-headed homes, now representing 15% of the households (*Mapp, 2011*).

Some research conducted in children's homes in African countries has revealed that outcomes and characteristics are different from

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