

A SNAPSHOT OF ALTERNATIVE CARE ARRANGEMENTS IN URUGUAY



QUALITY CARE FOR EVERY CHILD



SOS CHILDREN'S VILLAGES INTERNATIONAL

Based on SOS Children's Village's assessment of a state's implementation of the UN Guidelines for the Alternative Care of Children.



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In 2011, SOS Children's Villages International, along with child rights experts Nigel Cantwell and Prof. June Thoburn, developed an assessment tool¹ to measure a state's implementation of the UN Guidelines for the Alternative Care of Children. This tool is meant to be used as research foundation for countries participating in the SOS Children's Villages global advocacy campaign: Care for ME! *Quality Care for Every Child*.

The assessment tool is a long and complex diagnostic instrument. Undoubtedly, many states will not have sufficient data available to answer all the questions contained in the assessment and no single state will have implemented all the provisions for family support and alternative care as laid out in the UN Guidelines for the Alternative Care of Children. Nevertheless, SOS Children's Villages national associations were asked to complete as much of the tool as possible, given the available data in their country. The three main steps for completing the assessment are:

1. Desk research of existing secondary and meta data, from state, non-state and international sources;
2. Interviews with key service providers, service users and management; and
3. Compilation of the final report, including this summary.

A full version of the original data can be made available upon request. Requests can take up to 90 days to complete the request. Please contact Emmanuel.sherwin@sos-kd.org for further assistance and questions.

The target groups of this study are: can be defined as:

Children in alternative care: Those children and young people who, for any number of reasons, live outside their biological family and are placed in formal or informal care arrangements such as residential care, SOS families, foster care or kinship care.

Children at risk of losing parental care: children whose families are in difficult circumstances and are at risk of breaking down. They may be experiencing any number of challenges including, but not exclusively: material poverty, substance abuse, poor parenting skills, disability and behavioural issues.

A full version of the original data can be made available upon request. Please contact Emmanuel.Sherwin@sos-kd.org for further assistance and questions.

Next Steps

SOS Children's Villages calls on all states, civil society partners, inter-governmental agencies, human rights institutions and individuals, to use the data contained in this report to defend the rights of children and families. To work together or individually to bring about a lasting change in a child's right to quality care. If possible, in each of the countries where the assessment was carried out, SOS Children's Villages, in cooperation with key partners, will initiate an advocacy campaign on one or more of the recommendations contained within the report. Please contact the SOS Children's Villages national office if you wish to know more, support or become involved in the campaign.

Disclaimer:

While all reasonable efforts have been made to ensure the accuracy and legitimacy of the data in this report, SOS Children's Villages cannot be held liable for any inaccuracies, genuine or perceived, of the information retrieved and presented in this document. The purpose of this report is to offer an insight into the state's attitude and recourse to alternative care and any human rights violations therein. SOS Children's Villages will not assume responsibility for the consequences of the use of any information contained in the report, nor for any infringement of third party intellectual property rights which may result from its use. In no event shall SOS Children's Villages be liable for any direct, indirect, special or incidental damage resulting from, arising out of or in connection with the use of the information.

Executive summary

Legislation on childhood and adolescence in Uruguay was set in 1934 when the Code for Children was approved. In 1990 Uruguay ratified the UN Convention on the Rights of the Child and in 2004 the Code for Childhood and Adolescence revoked the 1934 Code and was the first step towards modifying the law in line with international agreements.

This Code grants governance power to the Child and Adolescent Institute (INAU) to develop childhood related policies for the protection, support and promotion of rights for children, adolescents and their families. In 2009 legislation established limits for short-term institutional care, with a maximum of 45 days for children younger than two years old and 90 days for children younger than seven. Based on these changes new regulatory frameworks will need to be established to promote the deinstitutionalisation process and provide plans for family strengthening services.

Legislation establishes the child's right to grow up in a caring family: they should only be removed from their families as a last resort, based on their 'best interests', and for the shortest time possible. Legislation ensures the state's legal responsibility to provide guidance and support for families in vulnerable situations (family strengthening) to prevent family separation and the institutionalisation of children. However, there are weaknesses in the system, deficiencies in policy implementation and lack of attention to issues such as domestic violence, mental health, addictions, economic problems and access to appropriate housing means that children are too frequently removed from their families and communities. According to data provided by the State Protection Service against Violence, 55% of children admitted in INAU last year were admitted due to domestic violence.

This report finds that although there has been progress in the legislation since 2004, children are still removed too quickly, from their families as a protection measure rather than as a 'last resort'. Family strengthening services are weak and do not provide adequate support for families at risk of losing parental care, and that care services offered to children are often inappropriate, limited by lack of resources and do not promote deinstitutionalisation).

Once children have been removed from their families by a judge, they should be located in an appropriate environment, preferably in homes that promote contact with family members and others with whom they have significant bonds. The CNA (Código de la Niñez y la Adolescencia) does not emphasise keeping siblings together, but national policy considers this issue. When children are separated from their families they become the responsibility of the INAU and are placed in public or private care facilities, according to the availability of places. As a result, children may be placed in facilities that do not promote contact with their biological family and siblings can be separated. The system needs to better recognise the needs of particular vulnerable groups and take into account their ages and family contexts. At present there is limited analysis of cases before children are admitted into the care system. A more efficient referral system would ensure that each child is placed in an appropriate form of care.

Once referrals are made, children can be placed in 'around the clock' residential care in the form of children's homes, residential care facilities and family-based care facilities (such as SOS Children's Villages), or alternative care facilities such as Hogar Alternativa Familiar (children's homes), Sistema de cuidadoras (carer system) and group homes called Creciendo en familia (growing up in a family).

The carer system (specifically different from foster care) is formed by 390 women who take care of a child or adolescent in their own homes and receive a monthly allowance to do so, around US \$200 each month per child. This system has existed in the Code for Children since 1934. They are in charge of up to 15 children, at any one time, all over the country with very different characteristics. There are problems associated with the role of carers, including a deficient hiring system, lack of supervision and analysis in assigning children, and low remuneration. Since late 2011 the INAU has been restructuring the process of the new National Family-Based Care Plan, which will eliminate this alternative form of care and substitute it with the Familia Amiga ('helping family'), an alternative form of care covering the extended family (kinship care) and foster families that temporarily care for children.

Results

Number of children currently in formal care forms, categorised by age and sex

	0 – 2		3 – 5		6 – 12		13 – 17		Total per alternative care form
	F	M	F	M	F	M	F	M	
Family-based care	3	1	3	5	12	7	5	3	39
Children's home	26	44	49	62	187	202	189	160	919
Core care co-workers	14	18	12	16	33	19	15	20	147
Legal adoption	36	44	42	75	41	34	7	10	289
Around-the-clock residential care	108	117	114	144	422	510	664	699	2,778
Total	187	224	220	302	695	772	880	892	4,172

Source: Childhood Information System – INAU 29-05-2012.

INAU provides part-time and full-time care services to children, adolescents and families either in state-run facilities or in alliance with civil society organisations through more than 300 agreements throughout the country. According to the INAU, 4,172 children were in some form of formal care as of May 2012, representing almost five in every 1,000 children and adolescents.

Ratio of children returning to their families of origin in the last two years

Number of exits due to reintegration to biological family or other family-like group of the population under protective measures or other reasons			
	Exit reason: reintegration to biological family or family-like group	Other exit reasons	Total exits
Children's homes	198	235	433
Core care co-workers	121	70	191
Family-based care	1	0	1
Around-the-clock residential care	1,481	3,143	4,624
Overall total (Annual turnover)	1,801	3,448	5,249

Source: Childhood Information System - INAU 05-07-2012.

Children exit the care system in a number of ways, including being placed in another family-like group, such as being adopted. In the last two years, 1,801 children have exited the UNAU system for this reason. Another reason for exiting the system includes leaving care at the age of 18, bringing the number of children exiting the system up to 5,249. The average length of stay in alternative care in residential care facilities is about four years, although this data does not include children in the 'carer system'.

In September 2009, the new *Adoption Law* introduced a series of amendments to the *Childhood and Adolescence Code* to promote deinstitutionalisation. Among other specifications, it specifies that children under two years old should not be in institutional care for longer than 45 days and children under seven should be in institutional care for a maximum of 90 days. Although this has not been fully complied with, an internal order of the INAU has gradually demanded that the placement of every child in formal care should be reviewed, especially children between two to seven years old. In order to promote the effectiveness of this deinstitutionalisation process, there should be material, economic and human resources prepared to propose better alternative care forms promoting family reintegration or looking for a permanent foster or adoptive family. The state does not provide these resources, hindering the quality of the reintegration or relocation process of children in the formal care system.

To deal with the lack of databases UNICEF worked with INAU to gather data on around the clock homes. This analysis was carried out and several issues were identified. Currently, UNICEF is working on a 'gatekeeping system' for INAU. This means that when a new case is created the child is admitted to a residential care facility. These facilities are also used for babies and children waiting for adoption, abused adolescents and adolescents with addictions.

Geographical distribution of the family strengthening services or centres

	Number of day care centres (Managed under PlanCAIF)	Population	Number of CAIF centers (~ per 000 population)
Artigas	14	79,270	1.6
Canelones	46	525,980	0.9
Cerro Largo	19	90,883	2
Colonia	13	120,894	1
Durazno	14	62,155	2
Flores	5	25,726	2
Florida	9	70,811	1.2
Lavalleja	5	61,994	0.8
Maldonado	11	152,523	0.7
Montevideo	76	1,336,878	0.6
Paysandú	23	116,387	2
Río Negro	11	56,513	2
Rivera	14	112,084	1.2
Rocha	10	70,374	1.5
Salto	21	128,669	1.7
San José	9	110,714	0.8
Soriano	12	88,449	1.3
Tacuarembó	13	96,783	1.3
Treinta y Tres	10	49,497	2
National total	335ⁱⁱ	3,356,584ⁱⁱⁱ	National average 1.4

Plan CAIF (*Centros de Atención Integral a la Infancia y la Familia*; Comprehensive Care Centres for Children and Families) is the government entity in charge of family strengthening, and mediates the relationship between the state, civil society organisations and city councils. Its objective is to guarantee child protection, the promotion the rights of children under three years old, prioritising children from families living in poverty and/or vulnerable social situations through rural and urban facilities with nutritional programmes, health care and capacity building for adults within their communities.

Based on recommendation collected for the Action Plan of the National Strategy for Childhood and Adolescence (ENIA) 2010–2015, in 2010, INAU has committed to:

- i. Double the coverage of facilities and services for children in care;
- ii. Improve the management of quality services;
- iii. Improve the qualified human resources;
- iv. Review the supervision model;
- v. Strengthen the information, monitoring and evaluation tools; and
- vi. Strengthen and extend the human and material technical resources.

To carry out these commitments, INAU and MIDES (Ministry of Social Development) are in a process of establishing two care models:

- Plan CAIF has national coverage and focuses on universal services such as health and nutrition and health care for early childhood, but not specific family strengthening needs; as such CAIF centres should do more to strengthen the bond of children with their carers. In 2012, there was a call by the UNAU to create territorial family care teams to assist families in vulnerable situations to access existing services to help prevent family separation and work with them in their own contexts rather than primarily through CAIF centres.
- Day-care centres aimed at strengthening the National Care System for Early Childhood. These are complemented by NGOs. SOS Children's Villages, provides 18 family strengthening centres throughout the country. There are 15 community centres in Montevideo, Canelones, Florida, Paysandú and Salto. An average of 60 children attend 'La Paz' Community Centre, located in La Paz City (Canelones) for eight hours per day.

In December 2011, a special family allowance was set up for children whose parents have died as a result of domestic violence.^{iv} According to recent data, between 2011 and 2012, 55% of the children who entered state protection services were placed as a result of domestic violence.^v Providing these additional funds to families is a measure intended to prevent the institutionalisation of children by providing funds for them to be cared for by their extended family or others within their community.

Recommendations

1. Firmly place family strengthening in national legislation, with specific recommendations for the community work, day care centres and family interventions, defining what actions are taken to prevent family separation.
2. Introduce social policies that preserve the basic family environment and work in the family's best interests. These policies should employ an integrated approach to family support, so that broad assistance is provided for multiple family issues.
3. Introduce elements in national legislation that provide significant guarantees in the development of procedures that evaluate a possible family breakdown and allocate resources to assure that children are separated from their family as a last resort when all the other support measures have been exhausted.
4. Create a protocol to guarantee that once children are only removed from their families of origin based on their child's best interests and as a last resort. Where children are removed, they should be placed in the most appropriate alternative care setting so that their emotional bonds are maintained.
5. Improve the chapter of the *Childhood and Adolescence Code* referring to the protection of rights, by including measures that promote children's and families' participation in the process of determining a suitable alternative care placement.
6. The state should develop a clear set of family evaluation measures and a clear decision-making process to determine the appropriate form of alternative care chosen for each child. A customised care plan should be outlined for each child including links to their siblings, the reasons for their separation and the estimated period of time they should spend in alternative care.
7. Develop pilot plans to evaluate various forms of short-term alternative care for emergency placements, increasing the existing offer and providing a service tailored to individual needs.
8. Establish standards for the evaluation of each form of alternative care and appropriateness as a first option for the child, and regular evaluation guidelines to make sure that this remains the most appropriate option.
9. Invest in recruiting, educating, training and evaluating carers as well as other staff involved in alternative care.
10. Improve and extend adolescents' and young people's plans for leaving care when they are no longer under INAU's guardianship – regardless of their placement in public homes or in private facilities

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Glossary

Familia amiga (helping family): The helping family is a supportive family temporarily caring for the child or adolescent until he/ she returns to his/ her family of origin or until the INAU finds a permanent family arrangement. It includes the child's first-degree relatives, extended family, family assisting in emergency situations, families providing specialised care and any other form of kinship care. These alternative care forms are comprised in the new National Family-Based Care Plan which is still in progress. Many of these forms are in a pilot phase.

Creciendo en familia (growing up in a family): Family units formed by a couple or other family members in which one of its members is an INAU's educator, and they live in houses provided and supported by this institution. The biological children and spouse of the educators are integrated in the process.

Cuidadoras (Carers): The carer system assists children and adolescents whose family is not able to care for them. This involves an adult appointed to be responsible for a child or adolescent's care receiving a monthly payment in return. The main objective is to promote personal growth in a non-institutionalised process.

Core care co-worker: They assist children between 0 and six years old living in extremely vulnerable situations in short-term care facilities until the situation is resolved. There are 16 core care co-workers in Montevideo's division.

Short-term carers: Within the core care co-workers category, there is a type of carer called short-term carers of children in school age. These carers are part of the Research and Referral Division (DED).

Tiempo completo (around-the-clock residential care): This includes residential care facilities working permanently and facilities for children and adolescents with disabilities including those managed by the state or co-managed by NGOs.). These also include children's homes.

ⁱ The original version of the tool can be found here: <http://www.sos-childrensvillages.org/What-we-do/Child-Care/Quality-in-Care/Advocating-Quality-Care/Pages/Quality-care-assessment.aspx>

ⁱⁱ See: <http://www.plancaif.org.uy/guia-de-centros-caif/attachment/nomenclator-11-09-012-web/>.

ⁱⁱⁱ See: <http://www.ine.gub.uy/biblioteca/uruguayencifras2011/Uruguay%20en%20cifras%202011%20-%202002%20-%20Poblacion.pdf>.

^{iv} Act N° 18850.

^v Integral System for Childhood and Adolescence Protection against Violence (SIPIAV).