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Child Welfare in Chile: Learning from International Experiences to Improve Family Interventions

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Abstract: Poor outcomes and several complaints to the judicial system against residential services for children have triggered a deep review of the Chilean child welfare services, particularly in relation to family reunification. This paper offers strategic guidelines to improve alternative care for children younger than six years of age, who are under protective measures. To define such guidelines, a case study was developed based on current models of residential services and foster home programs, which included local (Chile) and international evidence; also this research includes original empirical data collected through focus groups and interviews with key stakeholders of these programs in Chile and in two countries with advanced social services for children (Sweden and Italy). Findings refer to a structural need for reforming social services for Chilean children. Such reform should involve appropriate legislation to guarantee the rights of children and families; a substantial budgetary review leading to an increase in spending; and boosting professional specialization; and raising the capacity for offering integrated services.

Keywords: Chilean child welfare; foster care; residential care; family; international experience

1. Introduction

In 2013, the protection system for children whose rights have been neglected came to the forefront in Chile due to a project commissioned by the Supreme Court of Justice: *the Levantamiento y Unificación de información de niños/as en el sistema residencial Chileno* collected and standardized information about children in the Chilean residential care system. Its main outcome was the Jeldres Report [1], which provides an account of serious rights violations occurring in the residential system of the National Service for Children (SENAME).

Drawing from the findings of the mentioned project and subsequent report, a research project was designed to provide strategic guidelines to improve alternative care models provided by the State for children under the age of six who are subject to protection measures. To define these guidelines, case studies were conducted on residential services and on foster families, incorporating national and international evidence, as well as original information compiled through focus groups and interviews with key stakeholders of these programs in Chile and in two cities of countries with advanced child welfare services, namely Umea in Sweden and Milan in Italy.

Different studies [2–4] have shown that in these residential services children usually do not have meaningful contact with their families or friends; there have been revelations about physical and sexual abuse in residential care over several decades, and monitoring to ensure that children are safe, healthy and receiving proper services, appears as a permanent weakness of the system; at the same time, residential care for children is perceived as staffed by a largely unqualified workforce. Residential service has been also criticized around the world for its high cost [5]. In Chile there is a great deal of concern regarding the tendency to continue giving priority to residence as an alternative, over and above the possibility of strengthening and extending the use of foster families.

The aim of this study is to identify guidelines for reform of current foster families and residential services intervention models for children under the age of six who are in State care due to parents having temporarily lost parental care rights.

Specific aims are:

(1) To identify components of the residential services and foster family models implemented in Chile that favor or restrict the full exercise of rights by children without parental care.
(2) To identify factors of residential services and foster family intervention models that have been proved successful in international policy and practice.
(3) To provide recommendations to improve the residential services and foster family models implemented in Chile.

The article first describes the research strategy and analytical approach; current literature about residential and foster care services is then reviewed to enlighten the analysis of fieldwork results on Chilean residential and foster care services. The analysis considers gaps between policy guidelines and current implementation of services, as well as considerations coming from the literature review. These results are compared with international services, acknowledged as having good practices. The conclusions include main weakness and strengths of these services.

2. Methodology

The research strategy was the design of case studies, using exploratory questions for interpretation purposes [6]. The selection of cases corresponded to a theoretical sample and could be defined as of polar cases, since foster care and residential programs appear as contrasting cases. Constant comparison was the backbone of the analysis strategy both within each case (within analysis) as well as among cases (cross case analysis) [7].

The data collection techniques for achieving aims 1, 2, and 3, respectively, were:

(1) Group discussions with key stakeholders involved in each residential services and foster care program modality in Chile
(2) Interviews with experts and implementers, as well as participant observation in countries that have developed successful residential and foster care programs models (Sweden and Italy)
(3) Secondary source documental analysis

Interviews with the head of one residential program and one foster care program were conducted in Santiago, Umea and Milan. Also, a focus group was conducted in each city with professionals implementing residential as well as a foster care programs. The number or participants were different in each city. For residential programs the number of the focus group participants was three in the case of Umea, eight in Milan, and nine in Chile. For foster care programs, it ranged from four in the case of Umea and Milan to six in Chile. Questions in interviews and focus groups were related to the participants' professional background, intervention models, underlying perspectives to understand child welfare, costs of the programs, and characteristics of the population served.

The interviews and focus groups were recorded, with the participants' permission, and the data was later transcribed. Next, a thematic analysis of the qualitative data retrieved in the interviews and focus groups was undertaken. The analysis contemplated within and cross case data analysis, including documental analysis, such as national policies, policy guidelines and job descriptions. Single case analysis involved a comparison between the planned intervention declared by policy guidelines and the effective implementation, according to implementers' description. The analysis evidenced the accomplishments and shortcomings of the policy. Thematic analysis demonstrated how analysis of the raw data progressed towards the identification of overarching themes enlightening new guidelines for Chilean policy.

3. Residential Services and Foster Families: Literature Review

The characterization of children and families using alternative care determines the services being provided; the international literature has identified common features for this population. Connor *et al.* [8] has indicated that children using residential services tend to present high rates of medical problems, as well as evidence of extensive family dysfunction, including high rates of parental alcohol use, violence, and physical or sexual abuse. In Sweden [9,10], children under care have been characterized by coming from single-mother families and absent fathers, with evidence of a long history of social exclusion and continued marginalization during their life. Parents present high rates of substance abuse and mental disorders. McCue Horwitz *et al.* [11], point out that children in residential services have prior experiences of ill-treatment, and that their families are under high levels of stress due to

unemployment, addiction, poverty, violence in the community, and family violence. Other studies carried out in the USA [12,13] state the biological mothers of these children have suffered physical violence perpetrated by their partners (45%), and among these, 29% had occurred in the last twelve months. Factors associated to children victims of physical violence were: children of young mothers suffering depression, or with substance dependence, and prior history of reports to social services. Considering all these conditions, the reparation response given by alternative care services should ensure professional specialization and the material and financial resources necessary to cover the special needs of these children.

However, findings from international research show that these requirements usually are not met. In the United Kingdom (UK), the tendency to dramatically reduce residential institutions was produced by findings related to:

> "numerous and widespread scandals surrounding the abuse of children and young people, particularly those in residential child care institutions. Factors associated with such abuse, include: failings in relation to staff recruitment, training, and supervision; ineffective management and systems of accountability; the development of inappropriate institutional cultures; public ambivalence towards children in care; the slow footed response to the threat posed to children and young people by dangerous men and other youngsters in care; and the long-term policy failure to develop coherent and integrated systems of child welfare in the UK" [14].

Similar findings were presented by Gallagher [15] who asserted that abuse in children's homes related to the lack of concern by State and society was expressed in poor policies, with few resources, and inadequate staff supervision and training. With these assessments in mind, the tendency in Chile to continue giving priority to the residential response sparks concern.

Other research [5,16,17] specifies the negative effects of residential services on children resulting from group care contexts and the shift system offered by these services, which does not favor interaction and the development of significant long-term individual relationships, instead leading to highly disorganized attachments. It should be noted that children affected by inappropriate care subsequently not only demonstrate difficulty for inclusion in society, but also lead to high costs in all areas of health: physical, mental, aid, and so on.

Worldwide, residential services have been criticized both for their negative effects on children as well as for their high cost. When compared to the cost of foster families programs in the USA, residential services costs are six to ten times higher, and hence it may be deduced that there is no cost-benefit ratio in favor of continuing with this alternative, as long as there is another option for alternative care [18].

Nevertheless, there are some very specific cases when residential type care would appear to be more appropriate. This is the case for children with mental health problems who require treatment or a more restrictive setting; or care for adolescents, since their inclusion in a new family could be more contentious than in a residential system. The results of the systematic review performed by Hair [19] on the outcomes for children and adolescents after residential care carried out from 1993 to 2003 showed those children and adolescents with severe emotional and behavioral disorders were able to

benefit and showed positive outcomes from residential treatment based on a holistic and ecological model. The authors warn of the limitations of generalizing these findings.

Within this framework, everything would seem to suggest that it is more appropriate to ensure individualized care for children through the foster families system; and in fact, according to indications by SENAME, the Chilean State has planned to reduce residential services and to extend the supply of foster families for children under the age of three.

Regarding foster families services, although outcomes have been better assessed than residential services in the international literature, they are not exempt from difficulties. According to Susan White [20], an expert in alternative care in the United Kingdom, the problem with foster families would mostly be operational and related to the shortage of foster homes, the deficient training and support provided to them, limitations in placing siblings together, and in generating permanency in a single home. Furthermore, the loyalties of children to their birth families occasionally affects their ability to appropriately settle in, added to the fact that prior abuse makes caring for the child difficult given behavioral problems, producing breakdowns in placements. This fact has been confirmed by the systematic review by Rock *et al.* [21] pointing at the negative consequences in the psychological, social, and academic spheres in children who have suffered a break in their foster families' experience.

The difficulties of settling-in with a family other than their birth family should not be underestimated, especially in the case of older children. In their review, the authors found aspects that hinder and others that favor stability in foster families. Among the obstacles is the situation of older children suffering mental health problems; the existence of long stays in State care (with residential experience as the first); separation from siblings, which could lead to insecurity; and not having the option of a kinship family, which usually offers greater stability given the unconditional support and sense of duty of the caregiver, with an ample sense of acceptance of the child [21]. It follows from the above that preference for a foster family system over and above the residential service is conditional upon certain characteristics of the associated intervention models and the population being served.

4. Residential Services and Foster Families in Chile

Loss of parental rights in Chile occurs only by court order, stemming from a violation of rights suffered by a child and for which the parents are deemed responsible. Subsequently, the child is referred to an alternative care state program. A Family Court magistrate makes the mandate and it is compulsory.

Residential service is provided at institutions for groups of children through a shift system of non-relative caregivers. Within this type of care service, there is a period of transitory residential program while the best care option is assessed; hence, it is transitory short-term measure, aiming to provide immediate protection and assess best alternatives. There is also a medium to long-term residential service, which seeks to provide shelter while improving a family situation. The number of children in this type of residences is variable. There are facilities for infants in large numbers, such as *Casa Nacional del Niño* (National Home for the Child), which can host more than 90 children, and smaller residential facilities hosting 20 to 30 children on average. International recommendations indicate residences with a reduced number of children (six to eight) are preferable.

A foster family is another alternative, which provides care in a home for one or two children, who may or may not be siblings. This service is implemented through kinship families. It can also be

provided by an external family—a family not blood related to the child—which can provide specialized or simple care, depending on the case. Implementation of these alternatives will depend on the existence or not of a kinship family prepared to protect the child while a decision is made regarding whether the birth family can recover their care. It will also depend on the special needs the child might have.

The protection system for children whose rights have been neglected has become particularly visible in Chile during 2013 because of the dramatic findings of a study conducted by United Nation International Children Economic Fund (UNICEF) and the Family Courts, which came into public light in July that year [1]. The confirmation of serious violations of rights occurring within the SENAME residential system has made evident the need to review the protection models implemented to date. The report in question indicates that children currently in SENAME residences suffer sexual abuse, violence, and ill treatment. These violations are present throughout the entire system. The report radically questions the protection provided to these children and places at the heart of the discussion the urgent need for an intervention of these programs. In this context, one possible response by public policy could be to move towards a quick eradication of the residential system—currently under serious scrutiny—in favor of other mechanisms such as family reunification and foster families. Nevertheless, experience shows it is essential to avoid over-simplifying the solutions. The urgency of the matter does not release policy makers from their duty of fully addressing the issue, which should include a planned transition to foster care programs when appropriate, and reforming the residences which, as previously noted, could represent an alternative for specific problems. All in addition to the fact that total closure of RSs would be unfeasible.

According to Vivanco [22], SENAME has 14,742 placements for children between 0 and 18 years of age, whose parents have lost parental rights. It represents the 0.2% of Chilean children population between those ages. These placements are distributed among 297 residences throughout the country, managed by SENAME's collaborating agencies, which as a whole provide care for the 78% of children under state care, and 47 foster family programs which are also implemented by collaborating institutions, looking after the remaining 22% of children that are under state care. From this data it is understood that in Chile, despite the deinstitutionalization strategy implemented since the 1990s, the dominating program line continues to be residential programs for the care services of children whose rights have been seriously damaged and require separation from their birth families.

Within the whole population of children under state care, 19% corresponds to infants aged zero to six years; out of this percentage, 63% were in residential services and the remaining 37% were in foster families. In other words, children aged zero to six years of age in alternative care represent a relatively small proportion (19%) of all children without parental care who are looked after by SENAME, but most of them are in residential care (63%).

Below there is a short characterization of each of these programs in Chile. Firstly, there is a description of the services as planned by the State, using policy guidelines provided by SENAME as a source, wherein the main requirements of the program are outlined. Subsequently, based on primary sources (focus groups and interviews) and secondary sources (mainly Martínez [23] and Fundación León Bloy [24]), there is a narrative regarding how these interventions are actually implemented. All these aspects will provide a more complete picture of the interventions effectively implemented today in Chile. The section concludes with an analysis of the differences and common points among planned and actual program implementation.

5. Findings about Residential Service in Chile

The technical guidelines for residential services for infants and preschoolers make a distinction between the residences managed directly by SENAME and the ones managed by collaborating agencies. The first are transitory, for assessment, whereas the second conduct interventions that are aimed at reparation and reunification.

Despite the substantial difference in their function, it is striking that the requirements in terms of professional staff teams are exactly the same in both cases. Also, that job descriptions of professionals involved in assessment roles are given in great detail, whereas the reparation role is scarcely outlined. Furthermore, although the technical guidelines determine residential services have a clearly differentiated audience, aiming at infants and preschoolers, the detailed intervention criteria and processes show no substantive differences. This seems to indicate that despite the differentiated needs and causes of admission of this population, the services provided are homogeneous. Furthermore, limited staffing and a high caseload assigned to professionals (25 cases per professional) hinder appropriate intervention to ensure the necessary time to work appropriately with the birth families.

More than 65% of the mothers and fathers of children arriving at residential services have only attended primary education; 10% have no formal education, and close to 20% have completed secondary education. 69% of children in residential services are poor, but not indigent; only 30% of these children are registered with FONASA (the national health fund). These findings show that these children come from contexts with multiple difficulties, quite similar to the evidence reviewed in point 2 of this study.

In terms of how users are perceived, the available information [23] indicates that families as well as children are perceived by the professionals from residential programs in a rather negative light. The biological families, in particular, are seen through a stigmatizing prism. Residential services' staff claim that the profile of current children ("more complex") would create difficulties of "loss of control", in relation to which the teams would have neither the resources nor the appropriate tools to respond. This negative framework comes in stark contrast with a promotional framework, as promoted by the policy's statements, which would aim toward developing the capabilities of the children, families, and communities, based on the acknowledgment of their potential.

At an organizational level, there is an evident shortage of resources, along with high staff turnover and scant inter-professional work. There is also a strong disassociation between the daily care workers' duties and work performed by the professional team. The first base their actions in common sense and previous experience; their functions are focused on domestic tasks and behavior management. Daily care workers are not involved in intervention plans.

In line with the above, the interviewed teams acknowledge having methodological shortcomings addressing family reunification intervention. In general, they believe they do not have the required specialization in order to work with this population and its complexities. It seems remarkable that the only two strengths of the residential programs mentioned by the implementers in the discussion groups were the mutual support relations within the work teams and the team's commitment with the tasks undertaken. Seemingly, reciprocal contention and appreciation of social and emotional competence plays a compensatory function in the face of limitations in the area of professional competence and skills.

6. Findings about Foster Families in Chile

As in the case of residential services, professional teams from foster care programs are mostly comprised of social workers and psychologists, assisted by social operators that carry out the task of connecting with families, services, and community networks. The child to professional ratio also tends to be high, 20 to 1 on average.

The technical guidelines for foster families include some lessons gained from international experience, outlined in Point 2. For example, the priority assigned to the kinship family, which is considered to be more stable than families without blood ties. There is a distinction between regular foster families (kinship or external) and specialized foster families, where the latter host children who require contention and specialized care, because they have suffered severe violation of their rights. It seems puzzling that, despite this distinction, the measures set forth for the treatment of both populations are homogeneous, and criteria for the selection of professionals as well as foster families show no differences.

Another aspect to be highlighted from the technical guidelines [25] is the preference given to placing children over the age of two in foster families—but not younger children—under the argument of the vulnerability of children under the two years threshold. This is in spite of evidence showing that residential care for children under the age of three years is highly counterproductive for their development.

Technical guidelines for foster care programs consider parameters for foster families' recruitment are very general. Greater precision would be required to certify the fulfillment of standards in terms of foster families' motivations, caregiver aptitudes, and need for coaching. To date it would appear these precisions are left at the discretion of the collaborating agencies that implement foster care programs.

Only general guidelines are provided to define the professional relationship between foster families and birth families. This allows for ample flexibility in addressing the specific needs of families, but in turn it denotes certain ambiguity with regard to the level of specialization expected of these programs. This is a relevant point since, as pointed out by Rock *et al.* [19], the relationship with the professional responsible for the case is also a decisive factor in the stability/instability of the foster family, and the lack of a specialized professional may threaten this relationship. Also, program leaders complained about the constant turnover of the professional teams, which turned to be detrimental for a consistent relationship with families. Attention is drawn to the fact that, given the relevance of the role, there is little clarity in the policy guidelines for foster care programs in Chile as to whether the individuals in charge that liaise with foster families are social operators or professionals. Lastly, the foster care programs consider a regular financial contribution, which is designed as a subsidy for these families to help cover the expenses associated to the child placed in their care.

It should be pointed out that interviewed teams report scarce development of standards for the recruitment of foster families. It must be noted that in fact foster families recruitment has become increasingly difficult due to a number of reasons: weak promotion, lack of incentives (financial, professional support, among others), and negative stereotypes associated with the role of foster families. Additionally, changes in the makeup of families in Chile come into conflict with the concept of eligibility of a foster family for hosting a child, e.g., mothers working outside the home, lack of support by extended family in those homes, or simply lack of physical space.

In terms of the financial compensation received by foster families, professional teams assess the issue as problematic. Although the contribution is designed as a subsidy, this contribution is insufficient to cover the needs of the children and it also tends to act as a perverse incentive (by becoming the main motivation in high social vulnerability contexts). It also tends to create dependence. This issues point back to the criteria for family recruitment.

Teams interviewed admit to possessing stigmatizing perceptions towards biological families. There are no other references in the information gathered referring to the specific work done with these families. However, staff refer to these families as not good enough to rise their children, even though it seems they do not have much time to know them and offer them pertinent help to improve their parenting.

In general, the teams report a series of structural weaknesses (salaries, working hours, caseload, and infrastructure conditions, among others) that have a negative effect on their interventions. It is not by chance that, as in the case of residential services, the main strength revealed in the interviews is their own commitment to the duties they perform. This commitment enables them to somehow offset the complexity of the difficulties and also shortcomings such as the lack of resources (the study by Fundación León Bloy [24], indicated State contributions on average only covered 40% of the total cost of these programs).

Other shortcomings mentioned in the interviews related to the legal framework are the absence of standards for decision-making in terms of alternative care and the lack of protocols for linking foster famlies programs to adoption programs. In the first case, there is the perception that in the judiciary system there are magistrates with absolute powers, who despite having the advice from interdisciplinary teams, adopt their final decision with absolute discretion. There are no known and established procedures for channeling their decisions in this regard. The second point highlights that adoption and foster families are currently mutually exclusive and differentiated programs, to the extent that a foster family is legally prevented from becoming the adoptive family of the children they host, and that families interested in adoption cannot be a foster family.

Lastly, it is worth underlining that the interviewed teams, consider that foster care programs and residential services are not mutual substitutes. Neither program is perceived as in competition or playing equivalent functions, but rather as supplementary, since they respond to different situations and diverse profiles of children.

7. Residential Services and Foster Care Programs in Chile: Main Critical Nodes

Although international evidence on residential and foster care programs shows the latter as better in terms of safeguarding the care and development of children, the analysis of the programs currently implemented in Chile introduces a more complex scene. In fact, available information reveals both alternatives are affected by serious limitations that even place at risk the overall protection of children in State care. Aside from the differences between these programs, there are precarious conditions commonly in place in both residential as well as foster care programs. Some of these shortcomings are related to the technical guidelines, however the great majority are found in the more structural conditions that prevent the existence of minimum standards for implementation of the programs as originally designed. The result is that in both alternative care programs, the interventions actually

implemented are discretionally shifted to some intermediary point between the model as designed and what contextual restrictions actually allow.

Below is a summary of the main nodes of conflict, common to both models. The overview begins with those embedded in the programs as such and their interventions, moving towards those in the institutional and legal framework.

7.1. Critical Node 1: Insufficient Technical Guidelines

In both cases, what first stands out is the lack of clear protocols for acting in crucial stages of treatment, including recruitment in the case of foster care programs, staff selection, or intervention for family reunification in the case of residential programs, and so on. In the case of foster families' recruitment, the lack of interested families mentioned earlier threatens the prospective of reducing residential services and extending foster families. In this sense, strategically designed recruitment actions are urgently required. The issue of the deficit in the number of foster families ultimately blankets the discussion about minimum standards to become a caregiver or professionally intervene in a highly complex population.

Furthermore, although official guidelines make appropriate distinctions between publics with different needs, and even consider allocating them into different sub-programs, such as foster families/specialized foster families, in practice the profile for professionals and also the interventions to be carried out are homogeneous. This homogeneity, once again, does not come as a consequence of the existence of homogenizing protocols, but rather the absence of any specific procedures. Hence the main part of the intervention relies excessively on the criteria of the professionals involved.

Lastly, clinical work with in residence children, biological families and foster families are left at the discretion of each professional team working with the families. With such a framework, it comes as no surprise that the dimensions known as favorable in both programs are linked more to the volunteering spirit of program stakeholders than objective characteristics that could be made extensive to other programs.

7.2. Critical Node 2: Low Specialization

Shortcomings in the technical guidelines are aggravated in the light of the low level of specialization present in most professionals in practice. They mostly have limited knowledge about interventions that have proven to be effective with families that have lost custody of their children and with foster families. Neither have they received specific training in the skills required to work with children whose rights violations can be categorized as highly complex. In general, programs show difficulty in recruiting and retaining specialized professionals and an appropriate level of staffing. This situation can be extended to the daily care workers who are directly in touch with the children. In the first case, precarious working conditions, low wages, and the difficulty of the task, make this field not very attractive to specialized professionals. This leads to a greater proportion of young under-specialized professionals and high turnover. In the case of the caregivers directly in touch with the children, the shifts system is increasingly less attractive in urban sectors where there is greater availability of jobs, and where wages are too low for the market. All of this compromises the current organization and challenges the development of alternative care strategies.

7.3. Critical Node 3: Stigmatization of the Biological Families

The behavior of professionals and staff who work directly with children appears suspicious and somewhat stigmatizing of birth families, which tend to be defined as inadequate and not deserving of the care over their children. This attitude is rooted in a pro-institutionalizing organizational culture that prevails and has been legitimized for many decades. The recent introduction of a children's rights and pro-family-reunification approach has been unable to substantially modify this attitude, even though its persistence is counterproductive for the aims of the current intervention.

7.4. Critical Node 4: Fragmentation of Services for the Child

In Chile, public supply for safeguarding access to public goods and services operates in a highly compartmentalized manner and by service sector. Thus residential and foster care programs are challenged to resolve access to basic services that should be safeguarded by right (health, education, justice) but that are scarcely available and, by default, fall under the responsibility of a single service.

In addition, within SENAME there is also great disarticulation among the various institutional services offered. The radical separation between foster care and adoption programs is one of the clearest examples of this. In fact, in many cases the child stays with a foster family for a considerable period (more than one year) and significant attachment is forged, whereby the child, especially infants, see their caregivers as their parents. This can lead to a significant sentiment of loss and mourning, both for the foster family as well as for the child at the time of separation. The question that arises here is why the foster family is not given top priority for adoption of the child, in contrast to adoptive parents who have followed the adoption process for the child in parallel.

7.5. Critical Node 5: Discretionary Work of Judges within the Framework of the Minors Act

The Minors Act allows Family Judges almost absolute powers when making decisions about family life, usually with limited information and a lack of standardized criteria to decide on the future of the children. The perception of the interviewed teams, who implement these decisions, is that the lack of counterbalance and technical criteria in this process leads all too often to inappropriate decisions that go against the best interests of the child. Examples of this situation refer to the tendency in giving priority to a relative to take care for the child, despite the fact that that option may not be ideal (in families entirely linked to drug trafficking, sexual abuse, family violence, or simply the inability to provide care in the long-term).

7.6. Critical Node 6: Lack of Resources

Several of the indicated deficits have a common structural background, and it is the State subsidy that is highly insufficient when it comes to covering the actual cost of the programs required to work with these populations. The shortage of funding becomes particularly evident on seeing the precarious working conditions of the professionals as well as the technical staff. Low wages, overburdened teams, reduced staffing, high turnover, and under-specialization are all aspects that are having a drastic negative impact on the quality of the interventions, and especially on the coaching received by the biological families and foster families.

It is clear from the interviews that the low sense of professional efficacy and of achievement among the teams leads to a constant feeling of pessimism and burnout. Furthermore, in the case of residential services, funding is insufficient to provide appropriate infrastructure, which results in homes with a shortage of space and privacy for daily living. Most recent information about the status of protection residences speak of various centers even having difficulty in satisfying the basic material needs of children.

Professionals claim that funding from State is insufficient both to maintain the appropriate running of a residential service as well as for foster families to provide decent care that at least covers the basic needs of the children in their care; far less could one think they will be given high quality professional and technical care and that the support programs to which they have access may also be of high quality.

Many explanations have been given for not having higher funding: the financial contribution being symbolic because all the services required by the child (health, education, social services, and so on) are provided separately; or foster families cannot use the subsidy as a business, referring to the risk that families could take financial advantage of the money received. The first type of explanation does not consider the quality of the services provided is often insufficient, or that waiting lists to access to public services are too long. Explanations of the second type, however, express prejudice toward foster families that does not favor collaborative work between staff and families.

The issue of funding for residential and foster care programs is a crucial dimension when explaining the success or failure of the implementation of a program. Nevertheless, this is inexplicably one of the points systematically avoided by policy makers. In this sense, if in Chile it has been proven that budgets for programs, such as the ones analyzed, are well below the actual cost of the planned interventions, the origin of the failure or insufficient performance should be initially sought in the funding difficulties and not the judges, professionals, families, or institutions. Ultimately, aside from their specific actions or omissions, the structural impact of the underpinning financing system and legal framework is far greater. Specific amounts of funding are discussed in the following section.

8. International Cases of Alternative Care: Lessons for Chile

As noted above, analysis of international cases was conducted through a series of interviews and focus groups with professionals that implement residential and foster family programs in Sweden and Italy. Both countries have advanced in prioritizing care alternatives that safeguard the right of the child to live in a family, protect the interests of the child, and their enjoyment of the right to survival and development, avoiding all forms of discrimination, and all dimensions in line with the general principles established by UNICEF.

One general finding to be noted in terms of residential care is that this option is reduced to a minimum but stable level, for children with special needs who are well covered by the structure of the residence. However, neither in Sweden nor Italy are there any residential provisions for children under the age of six, except when residences offer care to a complete family such as it occurs in Sweden; or under an absolutely transitory period while finding a foster family as occurs in Italy.

Certain dimensions affecting foster care programs have been identified which are useful to explain some of the findings in the Chilean case and to propose improvements, both to the child protection system in general as well as the programs being analyzed. It should be pointed out that in the studied

countries foster care programs have faced shortcomings and difficulties in their design and implementation. Below are four main lessons learned from the cases studied, always from the viewpoint of reforming alternative care models for children under six years of age in Chile.

8.1. Lesson 1: Decentralization, Articulation, and Joint Decision-Making for a Child Policy Model

The European cases are characterized by a different social welfare approach than the liberal/conservative North American approach and closer to that of Chile. This approach has an emphasis on social solidarity and democracy on the basis of social rights, equity, and the construction of citizenship avoids reducing people solely to their role as subjects of assistance. The satisfaction of social needs is understood as a collective responsibility and social welfare offer constitutes a right, which is accepted voluntarily [26].

This view affects the type of society that is constructed and its predominant values [27], affecting the existing forms of social connections, the inclusion of individuals, their position in society as well as their treatment and participation levels. It also affects how families are seen and treated when they have faced difficulties in their children's upbringing, which may have resulted in damage to the rights of their offspring.

These options translate into the existence of child protection systems that are not fragmented from the overall protection of the family, and where various programs converge (work, education and health, among others) and society collaborates in a sort of partnership with families that require support. These child welfare services stress a social service approach by focusing on providing support, and including a strong belief in the beneficial results of state interventions in families. These services have high legitimacy and support in public opinion. The indicated emphasis appears different from those found in the Chilean child welfare system, which is compulsory for families if the judge determines a protection measure, and where there is a predominant stigmatized view over users, families and children.

On top of these differences, in Milan and Umea we found decentralized and flexible systems, with a broadly diversified supply of services to cover the specific requirements of families. In comparison with the Chilean model, which is centralized and unitary, marks a profound distance in decision-making and participation by the stakeholders involved in social services and in the articulation of their provision.

In terms of the specific aspect of possible articulations among foster families and adoption programs, we found that in Sweden, adoption is not contemplated for children under State care. The biological family retains custody at all times. In Italy, on the other hand, adoption processes are extremely long and it is difficult for families to comply with all the requirements necessary to be eligible.

Lastly, judicial decision-making in the cases studied is not concentrated in isolated units. Within the same decentralized framework described, municipal teams dialogue on horizontal terms with the judiciary, favoring informed decisions in the best interests of the children.

8.2. Lesson 2: Specialized and Heterogeneous Human Resources for Diverse Needs

In the cases analyzed, professionals from residential and foster care programs are highly specialized; daily caregivers as well as social workers and psychologists possess specific training. The complexity of the users is acknowledged in the residential services, and it is taken for granted the fact

that they require specific professional care. The residences that host complete families do not require daily care staff because the families themselves perform the tasks involved in daily care; and highly competent professionals address families' difficulties.

In the case of foster care programs, there are clearly distinct processes for recruitment, selection, and coaching of foster families, ensuring basic conditions for the work carried out by caregivers. There is also a differentiation of foster family type according to the specific needs to be covered. In Sweden, some foster families are headed by one parent who is a professional and paid as such for their exclusive dedication to the case. In Italy there are also similar cases, although in general foster families are similar to the USA, where they receive a smaller amount of money, in comparison to the professional wage, to help out with the children's basic expenses.

In sum, the complexity of the demands presupposes very precise levels of selection of the professionals that comprise the alternative care systems. In addition, specialization allows adjusting to the various needs of the families, and hence supply is characterized by an ample diversity of foster families: day care, once or twice a week, with or without overnight sleeping, and so on.

8.3. Lesson 3: Recruitment, Selection and Connection to Foster Families

Criteria for the selection of caregivers in residential and foster care programs in the countries studied are multidimensional and clearly defined, covering motivational aspects as well as emotional and educational capacities. In Italy, recruitment is performed by specialized programs, linked to the local communities where the recruitment takes place. The recruitment process includes foster families already in the system; they play an important role by sharing their experiences and offering support to the new foster families. Partnerships between professionals and the foster family works as a core aspect for programs success. In this setting, foster families' compensation does not lead to suspicion by the professionals in terms of any perverse incentives, since the motivations of foster families are made clear right from the start.

8.4. Lesson 4: Sufficient Resources

Although it may appear to be evident, it is worth pointing out that program financial resources are estimated and guaranteed in order to ensure a basic standard of living for children in alternative care. Appropriate funding impacts on the quality of the intervention securing some of the "good practices" already mentioned, such as having appropriate human resources for the challenges to be addressed.

We have already highlighted the importance of financing as a condition for the success of these programs. The following table (Table 1) provides a comparison of funding for the international programs studied which despite their limitations offer more complex services for the children and their families than the Chilean case. The amounts quoted vary according to the programs or the states where they are implemented. The benchmark is the income per capita of these countries in 2012. Despite the fact that Chile has the lowest income among the compared countries, the differences in the amounts of money assigned to the programs are far greater than the differences in income. A chance to improve the supply of alternative care in Chile would hence require a substantive increase in funding since in the case of least difference, foreign funding doubles the funding in Chile (foster care program); and in

the cases of greatest difference these can be up to 10 times more, according to the income per capita in Chile (residential services).

Table 1. Comparative table showing monthly subsidies in different countries based on per capita income (in US dollars).

Country/Amount	FF	Specialized FF	RS	Income per Capita 2012
Chile	$180	$180	$203	$15,363
Italy	$520	$520	$3896	$33,049
Sweden	$1170	$3700	$13,520	$55,245

9. Conclusions

This study was based on the premise that foster care programs as an arrangement that offers significant individual relationships for the children is a more desirable model at the time of providing alternative care for children under age of six who have been temporarily separated from their families. However, the study on the implementation of Chilean programs, and its comparison with international experience, lead us to reach the following conclusions:

(a) At present, the quality of the intervention in both programs reveals important shortcomings; hence, none of them are, for the time being, a suitable alternative.

(b) The shortcomings detected are mostly common to both programs, and are mostly found linked to structural features proper to the Chilean legal-institutional framework in matters of the child.

Certain strategic outlines stem from the analysis of critical nodes that hinder the supply of alternative care in Chile, in the light of international lessons. These are presented below, firstly addressing those related to the transit of public policy for children towards a comprehensive rights approach. We begin with this more macro level, in view of the second conclusion mentioned above. Subsequently we describe the guidelines linked to more specific aspects of each intervention model.

9.1. Guideline 1: Comprehensive Rights Approach to Child Welfare

In 1990 Chile ratified its position as signatory to the International Convention on the Rights of the Child (ICRC), thereby committing to gradually modify its institutional framework regarding policies for the child, in order to adapt them to the rights approach underpinning the ICRC [1]. In very broad terms, what this doctrine proposes is the no longer valuation of children as mere recipients of "assistentialist" practices or objects of protection, but as subjects of rights who should enjoy the same guarantees as adults, plus additional rights on account of their particular condition [28]. In this new paradigm, judicial protection of rights should recognize and promote rights, not restrict them; judges should exercise their activity limited by guarantees.

During the 1990s, but with much greater force as of 2011, Chile began a gradual reform process in its child welfare institutional framework; in order make these rights effective. Despite the important progress made, civil society organizations that work with children (many of these being organizations

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[1] The guiding principles of the ICRC are non-discrimination, superior interest of the child, survival and development, and participation.

that collaborate with SENAME) have on innumerable occasions indicated that transition towards a comprehensive protection model is far from finished. This view is shared by the National Institute of Human Rights (INDH—*Instituto Nacional de Derechos Humanos*) and by international organizations such as UNICEF and the Committee on the Rights of the Child for whom the Chilean State is still to address the challenge of embarking on a series of reforms that would enable the country to have a modern and effective institutional framework respectful of the rights of all children and adolescents [28–32]. Specifically, the Committee on the Rights of the Child, in its regular examinations in 2002 and 2007, recommended Chile to reform the Minors Act [33] (since its spirit contradicts the ICRC principles in substantive terms) and establish a single regulation for comprehensive protection of children and adolescents, guaranteeing their effective enjoyment of rights.

All these changes should be approached from a view similar the European child welfare, promoting social solidarity and the construction of citizenship based on rights.

Within this framework, and with regard to a comprehensive protection of children approach, we propose the following recommendations, which are understood as basic conditions for the implementation of alternative care models:

- Abolish the Minors Act.
- Integrate child protection services with universal social protection to enable the provision of a broad array of care options for covering the individual needs of children and their families.
- Provide mechanisms for children and their families to participate systematically and effectively in decision-making about the most appropriate care options and in the long-term aim of the placement; this results easier under a decentralized system.
- Establish criteria to guide decisions of judicial system.
- Review regularly protection measures for their continuous adaptation and justification.

9.2. Guideline 2: Residential Services

In general terms, strategies for deinstitutionalization must consider three dimensions already identified in 2002 when mass deinstitutionalization processes began in Chile [34]:

(1) Long permanencies of children in these residences;
(2) Few interventions are made in RS for family reunification; and
(3) The organizational cultures of residences tend to consider children long permanencies as a protection factor. Hence, any effort directed at reducing RS and increasing the supply of FFs should identify pathways for family reunification.

Our recommendations along this lines aim to:

- Recognize that deinstitutionalization is complex process that cannot be addressed by shutting down institutions in one go. The international lessons show the need of counting with a stable offer of residential services for children presenting special needs.
- Improve criteria for the selection of caregivers; following the international experience daily care workers should have special training at higher educational level, something far from the current Chilean experience.
- Increase flexibility of residential alternatives through models such as family residences.

- Create conditions for specialized staff recruitment and retention (professional and technical staff).
- Continue with the strategy to reduce numbers at residences.

To accomplish the above, greater investment is crucial.

9.3. Guideline 3: Foster Families

Today foster care programs in Chile are few, therefore there is a need of awareness about the dangers of placing all hopes on this system, especially if in the meantime the legal-institutional framework and resource allocation is not improved accordingly. In this sense, the priority is to have greater investment.

It would be highly appropriate to reassess the relation between adoption and foster care programs. In this respect, we suggest a review of Bulletin 9051-18 [35] on the adoption of minors, establishing that "Foster families accredited by the National Service for the Protection of Minors or its accredited agencies shall not be prevented after one uninterrupted year in charge of a boy, girl, or adolescent from participating in the procedure for adoption of the minor, when fulfilling the same requirements to be adoptive parents there is also effective attachment among them".

It is necessary to improve alternative caregiver selection, training, supervision, and support. The Italian experience offers a good example of specialized programs for foster families' recruitment, different from programs that work with birth families and children. This experience has facilitated the implementation of specific strategies for recruitment at local level.

The proposed guidelines make it possible to address the deficits produced in the implementation of the programs; these deficits relate to contextual values, methodologies, and purposes that are in competition with policy discourses [36–38]. Therefore, there is a need for a cultural change aimed at the construction of citizenship in collaboration with and not blaming families requiring support by State.

For the Chilean case, in a context of restrictions for both programs studied, added to stigmatized visions of users, low specialization in the staff, lack of availability of foster families, the question of closing-down residences and transferring their entire population to foster care services is not a the most suitable at the moment. Certainly, it is necessary to review the technical elements of residential services intervention. In parallel, it is necessary to review current foster care program strategies to improve them and learn from the errors gained by international experience. Lastly, it is fundamental, once and for all, to give the child the place they deserve on the public policy agenda and assign the necessary budgets to guarantee what is owed by right.

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Author Contributions

Carolina Muñoz-Guzmán developed the literature review, field work in Chile and Milan (Italy), analysis of general data, drafted de paper and reviewed final version. Candice Fischer developed field

work in Chile, contributed to analysis of international cases and English editing. Enrique Chía studied the comparative costs of the programs being studied in each case. Catherine LaBrenz developed the field work in Umea, Sweden.

Abbreviations

SENAME: National Service for Children;
UNICEF: United Nation International Children Economic Fund.

Conflicts of Interest

The authors declare no conflict of interest.

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