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Research on methods of supporting the transition of adolescents and young people from the alternative care system to independent living in six Latin American countries Argentina, Bolivia, Brazil, Colombia, Mexico and Peru.

Chapter 1. Study methodology and approach

2. The purpose of the research is to generate learning and recommendations to develop public policies to support the transition of adolescents and youth from the alternative care system to autonomous life in Argentina, Bolivia, Brazil, Colombia, Mexico and Peru.

3. The research questions were: What are the formal and informal policies, strategies and actions developed to promote and support the transitions of adolescents and youth from the child protection system? In what way do these actions incorporate the human rights premises of children, adolescents and youth (hereinafter: CAY), and are they effective, efficient and sustainable?

4. The research involved a design phase, from April to May 2019, which involved the collection of preliminary and bibliographic information, the development of data production instruments, its socialization with the research teams of the countries participating in the study, and the conduct of a pilot focus group test with adolescents in Argentina.

5. The fieldwork was conducted in parallel in each of the countries, from June to August 2019. In each case, interviews were conducted with 5 types of actors with similar information-gathering tools: 1) National Children's Authority; 2) Provincial Children's Authority, especially the alternative care system; 3) Director of Residential facility; 4) Residential facility technical professional; 5) Formal or informal mentors. Two focus groups were also held with institutionalized adolescents and care leavers.

6. In total, 100 adolescents and young people between 13 and 27 years old were consulted. 65% were female and 35% male. Half of them were still living in residential care and the other half had already left care.

7. Leaving care is the fact of a CAY being discharged from the residential or family-based alternative care where he/she lived. Leaving care is considered a process, not an abrupt cut-off, that should be initiated from the time of entry into the alternative

care system. It implies the moment prior to leaving care, the discharge and also the after-care experience. Therefore, this research conceptualizes such a process as a transition.

8. It was found that specific research on the support of the transitions of youth separated from their families, while providing substantive data to begin to analyse the problem, is still scarce in the region.

9. The research had no significant restrictions, only those related to the lack of statistical information on CAY in residential facilities. Priority was given to obtaining an overview of the main characteristics of the system. For this reason, in each of the countries a state or province was taken as a focal point, namely: Buenos Aires (Argentina), Cochabamba (Bolivia), São Paulo (Brazil), Cali (Colombia), Nueva León (Mexico) and Lima (Peru).

Chapter 2. Alternative care in the region. Legislation, institutionality and planned courses of action for deinstitutionalization and transition.

Legislation and institutionality of the CAY promotion and protection systems

10. The countries in which the research was conducted adapted their legislation to the principles of the Convention on the Rights of the Child (hereinafter: CRC), in a timeframe ranging from 1990 to 2014. These countries gradually received the main guidelines of this rights approach and adopted Children's Codes or special laws to protect the rights of CAY.

11. All of its legislations sustain that CAY have the right to grow and develop in their family of origin or, when this is not possible, in an alternative family environment; that the lack of material resources of the families in no case justifies the separation of the CAY from their family environment; and that it is the responsibility of the State to provide adequate assistance to the families so that they can meet the needs of the CAY under their care.

Despite these legislative provisions, based on the testimonies of workers and youth, it's been detected that the adoption of measures of separation of CAY from their families continues to be a persistent feature due to situations of vulnerability linked to poverty and other social causes.

12. The institutional architecture planned by each country to materialize the different normative principles related to children and adolescents combines an institutionality that is deployed at three levels: national or federal, provincial and municipal. Argentina, Brazil and Mexico have a federal government regime, while Bolivia, Colombia and Peru have a unitary or centralized government. The governing bodies planned in the area of childhood have the attribution of promoting policies and actions to guarantee and restore the rights of the CAY. However, in all countries of the research, the child protection provisions are decentralized to subnational states.

13. The idea of a protection system is present in various ways in legislation, which promotes transversality and intersectionality in childhood policies.

14. In all countries there are protocolized procedures for the system's agencies, but no quality standards are applied. There is heterogeneity in each system, subsystem and facility depending on available criteria and resources.

15. The lack of reliable information is a major obstacle to the development of public policies with a rights-based approach. Although significant progress has been made at a regional level, there are still important shortcomings in the characterization that each country makes of the situation of CAY in the alternative care system, and no precise information is available.

16. From the official information collected in this research, it is possible to note that, of the total population of CAY, the proportion of institutionalized CAY ranges from 0.06% in Mexico to 0.22% in Bolivia. However, it should be noted that all countries stand out for their under-registration of CAY deprived of parental care. In most cases, the population of institutionalized adolescents and youth is higher than that of other age

groups. In Argentina and Bolivia, 40% and 43%, respectively, are adolescents and youth between 13 and over 18 years of age. In Brazil 36% are between 12 and 17 years old, and in Mexico 17% of the total number of CAY are between 15 and 19 years old. Colombia and Peru do not present age-disaggregated data.

17. In relation to the measures of separation of a CAY from his/her family environment, all legislations indicate that they should be exceptional and for the shortest time possible, while working towards family reintegration or a permanent solution.

18. In Argentina, Colombia and Mexico, those responsible for conducting measures to separate CAY from their family environment are administrative bodies for the protection of rights, and the judicial authority has a secondary role. In Bolivia, Brazil and Peru the procedure is mixed, the initiation of proceedings corresponds to administrative bodies, and the judicial authority decides and controls the measures to separate CAY from their family environment.

19. Regarding the reasons why a measure was adopted to separate the CAY from their family environment, the information constructed is unreliable and not very comparable. Beyond the fact that there is a pre-eminence of situations classified as "violence" and/or "negligence", it should be considered that in most cases the background is also given by situations linked to the lack of economic and material resources of the families of origin. For example, in Brazil most of the institutionalized CAY are black or mestizo, which also shows processes of racial segregation and stigmatization.

20. The legislation of all countries, as well as other technical guidelines, prioritizes alternative care in family settings over residential care. Likewise, in some regulations the "deinstitutionalization" of the CAY is indicated as a goal. However, the number of CAY in residential facilities is much higher than the number of CAY in foster care, and the latter is a much less widespread modality. Although countries have received the United Nations Guidelines for the Alternative Care of Children (2009) in different ways, their influence is subtle as long as there are still institutions that

do not adapt to the standards provided.

21. There is a tendency to set maximum time limits for the duration of CAY separation measures from their family environment. However, these deadlines are hardly ever met. Furthermore, this research documented that the periodic and regular review that the measures should have does not occur or, if it does, it is deficient and reduced to a mere bureaucratic formality.

22. Not all regulations explicitly establish the obligation to draw up a plan for the restoration of rights in the case of CAY separated from their family environment. At the national level, only Mexico provides for this in its legislation. In other countries, it is contemplated in some provincial laws or protocols; such as the case in Argentina.

23. The termination of measures should occur in the shortest time possible and ideally result in the reintegration of the CAY into his/her family of origin, extended family or community environment. When this is not possible or desirable, the other cause for termination is the adoption of the CAY. In these cases, the judicial authority must act - except in Peru, where the procedure is administrative - and the CAY is declared adoptable. In cases where none of these alternatives occurs, it is usual for CAY to continue in the alternative care system, in many cases, until legal age. These situations are not uncommon. These CAY remain in the alternative care system for a long time, which generates new and diverse rights violations.

24. Official data on the time spent by CAY on care facilities is available only for Brazil, Mexico and Argentina. Although they are not comparable, because each one collects the information differently, it can be seen that there are still prolonged periods of stay. Of the young people who participated in the focus groups, 37% had lived in care facilities for more than 10 years, 41% between 4 and 9 years, and 17% between 1 and 3 years; only 5% had lived less than 12 months in care facilities.

«When I first came in, I was 9 years old, and

they told me I was going to be here for a while, since I was the typical girl who cried because she wanted to see mom (...). They told me something like “well, you’re going to stay for a couple of months and then you’re going to leave and return to your family”, but (...) that went on for several years and I stayed in residential care.» (young female in care, Argentina).

25. In relation to the types of discharge of the adolescents allocated by the officials and by the competent authorities, two main types predominate: family reincorporation and independent living.

Alternative care in the region

26. In the selected countries, the alternative care system is mostly composed of residential care facilities, with a very small proportion of family-based alternative care options. Most of the residential facilities are privately managed -except in Peru and Colombia, where there are no data on this subject- with a predominance of faith-based organisations providing this type of service.

27. The facilities are monitored by the sub-national states. However, monitoring is limited to administrative or building permit issues.

28. The situations of the CAY are very dissimilar, since there is great heterogeneity in the practices and institutional routines, in the different economic, relational and human resources that the different facilities possess and also in the conceptions each institution has about adolescents, their needs and their rights. All which have a very strong impact on the preparation and accompaniment of youth’s transitions.

«It depends on the institution and who is assigned to you» (young female care leaver, Argentina).

29. Another significant difference, which is key to work focused on leaving care, is between those facilities in which a logic of self-sufficiency prevails and solve everything inside the institution, and those others more integrated to the social environment, which offer youth the possibilities of greater insertion in community networks through sharing educational and recreational spaces with other young people, and in this way expand their

¹- Protection in the alternative care system is formally extended until legal age, which, in all selected countries, is 18 years.

networks of relationships.

30. Beyond the great variability existing among the different residential facilities, their common denominator is that they are centres that provide residential care to a variable amount of CAY; they are characterized by the rotation of staff in shifts and by the lack of individualized care provision.

31. From a normative aspect, Argentina and Brazil have Protocols that establish procedures for the care of CAY that involve all agencies of the protection system. However, in all the countries studied, the specific work for access to rights falls heavily on residential facilities. The participation of other actors in monitoring the situation of institutionalized CAY is scarce.

32. The staff in residential care facilities feel that in their daily work there is no system, since inter-institutional articulation is very scarce, fundamentally with some public policy areas. To make up for this deficient articulation, the residential facilities develop alliances and agreements with civil society organizations, and even with international cooperation and technical support agencies, and with private companies, to guarantee access to rights for CAY. Given that the quality and effectiveness of these articulations depend essentially on local teams, the disparities are striking. While in some cases the partnerships flourish and guarantee rights and quality of care, this is very unequal between care providers.

Legislation, institutionalization and planned courses of action for the transition of adolescents to independent living

33. There aren't many legislative provisions regarding youth who reach the legal age in institutions. In fact, preparation for independent living and leaving care are addressed unevenly across the region. Only Argentina has specific legislation that provides for the extension of State protection beyond the age of 18 and guarantees support during the transition. National Law 27.364/2017 created the Accompanying Program for the Discharge of Youth without Parental Care (hereinafter: APD) and is a pioneer in the region. This program stipulates a personalized

accompaniment and a monthly economic allowance equivalent to 80% of a minimum living and mobile wage (as of June 2019, \$430). It also urges the executive branch to implement policies aimed at providing housing and labour facilities for care leavers.

34. For their part, the CAY protection laws of Bolivia, Brazil, Peru, and Mexico generally mention the responsibility of residential facilities to gradually prepare CAY for leaving care, but they do not have specific guidelines, except for the indication to prepare youth for autonomous life through work skills, as well as psychological support. In Brazil, the 2009 Technical Guidelines for Foster Care Services for Children and Adolescents created *República Jovem* (Youth Republic), a residential care service for youth between 18 and 21 years of age that aims to strengthen its users through the development of their autonomy, social inclusion and exercise of citizenship. Colombia, in 2017, created the national strategy Proyecto Sueños, *Oportunidades para Volar* (Dreams Project, Opportunities to fly), whose target population are CAY between 14 and 25 years old with declaration of adoptability or who have reached legal age in protection services. Its objective is to strengthen the CAY to facilitate their social integration through academic and work training, promoting their sense of identity, belonging and affiliation, with a view to developing an autonomous and independent life. One of the strategies is the *Casa Universitaria* (University House), a residential care modality for youth who are pursuing higher education or job training.

35. Argentina and Colombia have more comprehensive approaches to supporting transitions. In both cases, preparation begins in adolescence, from 13 and 14 years of age respectively, and support is extended after legal age. In addition, both Argentine law and Colombian technical guidelines detail multiple areas to be worked on, covering cross-cutting skills for autonomous life, education and training for employment, citizenship issues, housing, free time, etc.

36. These initiatives are still incipient and limited in scope. For example, in Brazil there are only 25 *República Jovem* units in the entire

country. In Argentina, the regulation of the law restricted its spirit and the program only reached 103 young people out of a universe of 4,902, until September 2019. Although the situation in Colombia is slightly different, since *Proyecto Sueños*, according to official statistics, is currently working with 17,200 adolescents and youths, specific research has not yet been conducted that could account for its impact and incidence on youth transitions. However, we understand that the very existence of specific laws or the formalization of projects and programs is indicative of the problematization and visibility of the issue.

37. The idea of gradual preparation for the discharge of young people and not waiting for legal age is, in one way or another, on the horizon of officials in all countries. In half of the countries consulted, there are regulations, programs or protocols that guide the work for leaving care.

38. The workers in residential care facilities recognize the need to embed the idea of transition and work through it by gradually promoting the acquisition of practical skills such as the use of money, public transportation, paperwork, and/or health checks.

39. However, the statements regarding the need to prepare adolescents for leaving care are problematic in at least two ways: on one hand, because they reveal a kind of inexorability, which consists in believing that once the attempts of reintegration with the family or adoption of the CAY when they are young have “failed”, the system can no longer do anything until legal age. On the other hand, because they suggest that there is no policy aimed at achieving the deinstitutionalization of CAY through the implementation, for example, of family-based alternative care.

Chapter 3. Strategies and actions in support of the transitions in the region

40. The strategies and actions developed for the transition to leaving care in the different countries are, in general, scarce, diverse, fragmented and poorly planned.

«We are not prepared to face autonomous life. (...) They don't prepare you for what life is like out there, they keep you in a bubble and that's not really how society works» (young female in care, Colombia).

In order to analyse the strategies and actions that are developed for the transition, the research proposed to relieve them through the following dimensions:

The right to family life

41. Beyond the local particularities, in all countries the policies oriented to work in a comprehensive way with the families, in order to achieve the reintegration of the institutionalized CAY, do not exist or are poorly developed. There are few sustained actions to provide economic and emotional support or to guarantee access to health, in order to generate the conditions for CAY to return to live with their families of origin. As these actions do not exist, sometimes reintegration is unsuccessful and the CAY must re-enter the alternative care system. This, in addition to causing great anguish, reinforces the preconceptions regarding the incapacities of these families and consequently prolongs the times of institutionalization.

42. Some countries have family support programs, but they are underdeveloped or start from a conception about families that tests them more than it helps them. For example, in Mexico the family strengthening program provides mandatory courses to families identified as lacking parental skills and then they have to take exams, attend parenting schools or therapeutic sessions, but there is no provision for economic support or work to help reintegrate CAY.

43. The fraternal bond when siblings are in different facilities is sometimes not promoted either and is difficult to maintain.

44. The contact of the youth with their families varies according to each facility. In some it is promoted and the workers are in charge of looking for some family reference with whom the CAY may be connected. In others, the contacts can only be effective if the families attend the facilities and adjust to the days and schedules of visits that are usually very strict and rigid. While in other cases, the reincorporation with the families is directly

discouraged or prevented.

45. In some facilities, there is a strong prejudice against families and even bureaucratic obstacles that fail to support family relationships, such as requests for various authorizations, even when there is no precautionary measure of prohibition of approach or other measure. For example, in Peru, adolescents reported that for them to go out and visit their family, the procedure is troublesome and sometimes requires a judicial permit.

Family reintegration is very difficult to achieve and for youth it is one of the most important issues. In the cases of Bolivia, Peru and Mexico it is mainly due to the situation of structural poverty in which the families find themselves and the scarce work to reverse it.

«The activity that I would like to suggest is that you continue to support me with my studies, because for me it is very important, since I am the oldest in the family, which is going to improve because of all my studies, because I want to help my family, with money, with...» (young male in care, Mexico).

46. The abrupt transfer from one residential care facility to another also violates the right to maintain ties with their families of origin, and this has a negative impact on the possibilities of reintegration once the young person leaves care, for example, by legal age.

«In my case I had no one, absolutely no one, I had been there for so many years» (young female care leaver, Peru)

«I would like the whole family to receive therapy so that you are in your independent life, but that you are in a good relationship with your relatives, relatives are very important, whether we like it or not, they give us identity» (young male care leaver, Mexico).

The right to identity

47. In general, the right to identity of CAY is interpreted in terms of the possession of personal documentation. Other facets of this right, such as access to information on family history or even their own personal history and respect for cultural identity are not considered. In some arrangements, CAY do not have access to their personal file or do not know that they can, if they wish, access this

information.

48. The lack of individualization in the provision of care also affects the right to identity. CAY are exposed to a process of depersonalization as the uniformization and homogenization of the residential system suppresses individuality and/or leaves little space for the specific needs of each adolescent.

49. A similar situation is observed in relation to gender identity. The division of facilities by sex and the little attention given to self-perceived gender identities or sexual diversity has been a constant in all countries.

50. Institutionalized CAY are discriminated because they live in residential care, but also because of poverty and racial issues. This is seldom addressed by the technical teams of the facilities that uncritically list them.

«Since it's been so many years, they lose their identity, sometimes many of them are ashamed of their mothers, or at school we have heard "do not say that I am from an institution"» (informal mentor, Bolivia).

51. The lack of work focused to contemplate the multiple facets of the right to identity not only generates the conditions for its continued violation, but also results in an obstacle in the work tending to support the transitions of young people to life outside the residential facility.

The right to information, to express an opinion and to be heard

52. From the youth's perspective, preparation for leaving care does not exist or comes too late. Many argued that they had assumed that they would be discharged at 18 because they saw it was their peers' experience, but not because they had been explicitly told that. This is a violation of their rights since they had not received information about a situation that would be critical to their lives.

«I came into the institution when I was 11 months old, that is, I was a baby. Obviously, nobody told me anything... when I was growing up they didn't tell me anything either, I just knew. When the girls turned 18, they were gone» (young female care leaver, Mexico).

53. The right to participation should be a cross-cutting principle based on the right of

CAY to be heard and to have their opinions considered according to their age and degree of maturity (Articles 12, 13, 14 and 15 CRC). However, a restrictive interpretation prevails. In residential care facilities it's considered that this right is guaranteed as soon as assemblies or meetings between youth and workers are organized to solve specific problems of coexistence.

54. On rare occasions adolescents are cited and/or heard by the court or administrative authority.

55. Dialogue is not the norm in care settings management, although in some it is encouraged and stimulated. The opinion of adolescents is rarely considered when it comes to the rules they are obliged to follow and their current projects, such as schedules, visits, authorizations for outings, activities they may or may not conduct.

56. This seriously affects the support of youth's transitions, since, once again, instead of addressing their uniqueness and expectations, the only participation considered valid is the one prescribed as appropriate and correct according to the institutional perspective.

57. In relation to the right to participation, adolescents have highlighted The Youth Network of SOS Children's Villages Colombia, which brings together adolescents who have grown up in the protection system and, in Argentina, *Guía Egreso* (Leaving Care Guide), developed by Doncel, a group of young care leavers who conduct peer-to-peer support actions, as well as advocacy and awareness raising on the situation of CAY in the alternative care system.

The right to progressive autonomy

58. The right to progressive autonomy is generally interpreted in terms of making young people more responsible as they grow up and a progressive degree of independence and freedom. However, no other regular and systematic actions have been identified to promote this right.

59. In some residential facilities, experiences that are totally contrary to the right to development and progressive autonomy have been identified. For example, not letting

adolescents go out, not even to go to work, or not providing them with money so that they can care for themselves outside the institution. In addition, the adolescents also reported that the workshops given in the care settings are repetitive and on topics that have little to do with their reality or needs.

«The workshops are repetitive; they don't add much. They should do workshops to really teach what life will be like when you leave the facility, how to pay for services, how to pay for them and check the bill, to know the types of work available, how much we should be paid. We come from a process that since we are in the institution, they provide the same workshops on sex education, psychoactive substances; we already know this» (young male care leaver, Colombia).

60. In general, there is a tendency to promote an idealized figure of leaving care, according to which the person who "successfully leaves care" is the one who knows how to express what he/she feels and manages his/her emotions, a stable, tolerant and proactive person, also thrifty, clean, orderly and with a "good attitude". These demands are also observed in the speech of young people. Many times, they themselves have acquired a meritocratic discourse, which puts individual effort ahead of their right to have a supported transition.

61. Life in residential care does not contribute to preparation for the various responsibilities of life outside an institution. In that line, youth claim room for trial and error, and not to be judged or threatened with loss of rights.

«Much control and little dialogue» (young care leavers, Brazil).

«We don't know much about the world outside, because they keep us locked up, and with little information» (youth in care, Bolivia).

The right to health

62. The right to health presents different disadvantages that are related to coordination difficulties and the deteriorated and scarce services in the public health system in the countries of the region.

63. Some facilities, in order to fill these gaps, have doctors who work full-time in the institution or channel the attention through

partnerships with doctors and private centres. These practices tend to further close the institutions.

64. Depending on the facility they are in, there is more or less accompaniment for the adolescents to take on health practices such as making medical appointments, knowing the vaccination schedule, going to the health centre, etc. Psychological treatment is also common, although in some countries it is not of easy access.

65. Sexual health issues are often addressed through workshops on the facilities. Only Colombia guarantees access to these workshops through the national child protection agency in coordination with the health system; in the other countries, this type of action depends on the various facilities. Thus, there are cases in which no action is taken and others in which, from a very restrictive lens, only information on contraceptive methods is transmitted. «I never received a sexuality talk, I read about it, but my roommates didn't even get that. When I entered high school there were five of us, three are pregnant with four or five children already, that is because you leave care with many emotional deficits and the first guy who speaks to you nice and that's it, and no, that is, sexuality talks are super important, not everyone can be self-taught» (young female care leaver, Mexico).

66. In Argentina and Brazil, it is highly significant that, even in residential care facilities that aren't specialized in mental health, there is a very important proportion of adolescents who have a diagnosis of some mental health pathology and are under medications. Moreover, the emotional crises that adolescents go through in some institutions are covered with medication instead of promoting therapeutic and dialogue spaces.

«The only thing wrong with that institution is that we were too medicated. They gave us medication, it was just one, the psychiatrist provided it and filled us with medication, and that made me very sick, I couldn't get up to do my homework sometimes, I slept a lot» (Young female care leaver, Argentina).

67. If the support for leaving care is scarce and

not very consistent in the generality of the experiences, in the case of CAY with disabilities or affectations of mental health this situation worsens since no specific provisions exist to guarantee the right to family life of these CAY.

The right to education and employment

68. The actors who have participated in this research broadly agree in identifying three key factors to consider in order to support the transitions: education, employment, and housing.

69. Access to education is revealed as a concern for all facilities. The vast majority of adolescents have reported that residential facilities encouraged them to go to school outside of the institution.

70. However, there are multiple situations that involve restrictions on access to education: learning delays, lack of documentation, transfer of facilities, the expulsive nature of some educational establishments, the stigmatization faced by youth for living in residential care. In addition, in some cases, lack of schooling is a threat and instead of encouraging them to study, the facilities coerce them to study.

«I also suffered many episodes of bullying... even more when we all went to the same school, for example: Look at the institution transport! ...they humiliated me...sometimes I cried out of shame, but then I got used to it...sometimes I said I lived with my uncles and cousins" » (young female care leaver, Brazil).

71. It should be noted that in some facilities, adolescents with mental health conditions and/or learning difficulties receive individual education within the institution. In this regard, in some facilities in Mexico, the modality of primary and secondary schools within the same institution prevails, which reinforces the institutionalizing character of residential care.

72. Access to information and communication technologies is an outstanding issue in most countries. Facilities do not have Internet, computers or cell phones, or their uses are restricted. In some cases, workers "confiscate" the cell phone from adolescents when they remain on the facility.

73. In relation to leaving care, the support to finish high school education is variable and is linked to the possibility of having some guaranteed minimum level of income that allows youth to have time to study, without working many hours, and the resolution of the housing issue. In order to continue studying, it is usual for youth to request exceptional authorizations to stay in residential care so that they can finish or continue their studies. This type of request is generally resolved in a very discretionary and arbitrary manner by the authorities of the facilities.

74. Access to higher education is very restricted in the case of those who must be discharged, since in many cases they did not finish high school education or do not have the economic resources to sustain it.

75. In reference to the labour market insertion of institutionalized youth, some national plans for first-time employment have been mentioned in different countries ; as well as the existence of labour training workshops or courses offered by NGOs in Bolivia, Mexico and Argentina, and some specific initiatives for employment insertion through labour exchanges or the generation of networks. However, it is very important to stress that, although the difficulties of insertion in employment and labour precariousness are problems that affect youth as a whole, they are particularly exacerbated in the case of institutionalized adolescents. Precarious, poorly paid, low-quality work seems to be the norm for these young people. In addition to this, there are notorious and persistent gender and class informed inequalities, through which the labour insertion for institutionalized adolescent women is to be nannies and/or domestic workers.

The right to housing

76. The housing problem is also difficult and limiting to plan for leaving care to independent living. The experiences most valued by the youth were the pre-leaving care houses and youth residences - in Argentina and Brazil, in particular -, where groups of adolescents live together in a house and take care of its operation. However, these are very limited initiatives.

77. Youth agree that housing, education and work are priorities. But, from their perspective, excessive and exclusive attention to these three variables limits other aspects that are key to an effective leaving care plan, such as emotional support and access to sports or culture.

The right to leisure and recreation

78. The facilities have a diverse offer of recreational or cultural activities - sports, artistic workshops - depending on where they are located, their community insertion and neighbourhood networks and available economic resources. The access of young people to these activities also varies according to the facilities. In some, there is a great control of schedules and activities that adolescents carry out; they do not receive authorization to go out, except to school or previously defined commitments. In addition, they make these activities dependent on the good behaviour of the adolescents. However, the opposite also occurs, and so there are situations that are close to negligence, leaving to the adolescent's will where/when he or she will go and return. « I think that if we behave well and obey, the educators can come to trust us, and based in this trust they'll open up more doors for us so that we may, for example, travel around the area and get to know more and meet people» (young male in care, Bolivia).

79. Many outings tend to be in groups and/or with youth from other residential care centres, which promotes a bonding dynamic that reproduces an inbred logic in the relationships that adolescents establish; this is verified in the friendships or relationships with youth who are also institutionalized.

80. Youth identify these activities as very important for their social life. Leisure and recreation are not voluntary activities, but are rights of CAY and central components to their development. The communication of the residential facilities with the other organizations that are part of the protection system and other public policy effectors is

²-For example, Brazil with the program Jovem Aprendiz (Young Apprentice) and ACES- SUAS Progredir.

crucial to develop actions for the restitution and guarantee of rights, and to plan and develop actions to support leaving care and the transition to autonomous life. However, in many cases this coordination depends almost exclusively on the work conducted by the staff of the residential facilities.

Programs in support of the transitions

81. It is important to highlight that the concern for intervening in the dimensions of education, employment and housing has had an impact on the design of specialized actions and programs. However, they tend to function in a fragmented manner, since they target each need in an isolated manner and not a comprehensive restitution of the violated rights.

82. In most countries there are NGOs or civil society organizations that develop activities and actions to accompany youth transitions. They have different scope and impact on the inclusion of the issue in public agendas.

83. The lack of universal policies aimed at achieving the social inclusion of adolescents and youth is notorious in all countries. And although there are exceptions, such as *Bolsa Familia* in Brazil and the Universal Child Allowance (AUH) in Argentina, which are conditional income transfer programs, sometimes even these policies are difficult to implement in the case of institutionalized CAY.

84. Individual and isolated efforts from the staff in residential care and in specialized leaving care programs to support young people in their transitions are not enough to replace the absence of comprehensive and inter-institutional policies, which generates frustration both for youth and for teams of agencies in charge of protection.

85. The forms of leaving care depend, in most cases, on the residential facilities and the availability or not of resources. This makes the experiences very diverse, not only because of the uniqueness of each young person, but also, and fundamentally, because of the variability and heterogeneity of the residential care facilities, both in terms of their economic resources and their institutional project and orientation. Thus, we found that leaving

care can imply an abrupt cut-off and be experienced by the youth as an expulsion - in the words of a young woman in Argentina, as a «forced discharge»— or be part of a process in which the youth feel listened to, accompanied and oriented in the construction of a plan that helps them to face the different stages and actions required to transition into an autonomous life.

86. In contrast to the types of care-leaving referred to by officials - family reintegration, autonomous or legal age discharge, etc. - young people construct broader and more complex categories to explain the transitions. For them, the distinction between family reintegration and autonomous discharge does not adequately reflect the great diversity of their trajectories and the non-linearity or permanence of these processes. In fact, discharges that are classified in one or another category include very dissimilar situations that adolescents experience, and that can even be street situations or re-entries to other types of services, such as neuropsychiatric hospitals or homes for single mothers.

87. The youth severely criticize that, in the absence of gradual preparation, when they are close to legal age, family reintegration

³- In Bolivia, for example, the TIA Foundation provides workshops and courses for youth to reflect on preparation for independent life. In Brazil, the *Grupo nÓs* of the Instituto Fazendo História, develops a methodology to support youth in the transition to independent life. In Mexico, Back2Back Hope Program also works with adolescents. In Argentina, the Association Doncel develops socio-educational workshops with institutionalized adolescents, promotes a socio-labour network, and the *Guía Egreso* program, which is composed by young people in care and care leavers from the protection system. In Colombia, the Fundación Formación de Futuros conducts an accompaniment process of youth through the implementation of two programs, *Punto de Referencia* and *Proyecto de Vida*. All these initiatives are valued as positive by the youth involved. However, these are actions that are limited in scope and size, since they are not implemented in all regions of the country, nor do they cover all of the youth in the locations where they are implemented.

is promoted so that they can live with a relative with whom they have never tried to reintegrate before. Although in some cases these outings work, they generally fail and the youth are left without support.

88. In view of the “failed discharges” the youth explain that there is no public policy to respond to these situations, and neither is it possible, being over 18 years old, to adopt a protection measure and re-entry to the facility in which they were living or to enter another facility, which depends on the good will and discretion of its authorities.

89. As a result, program designs aren't inclusive to all the types of care-leaving. For example, in the case of Argentina, the regulation of Law No. 27,364 establishes that CAY cannot participate in the program for autonomous leaving care if it is considered that they have had a family reintegration. A similar situation occurs in Brazil with the *República Jovem* program, since if the youth at the time of leaving the residential facility choose to rejoin their families and then cannot support that path, they are left without an option and without the support of social assistance housing.

90. The actions that youth value most positively for their transitions are:
1) the existence of mentors outside the residential facility, since this allows them to have support outside; 2) being heard and their elections respected; 3) receiving economic support that allows them to have a stable income for a while; 4) the possibility of entering a pre-leaving care home or an assisted living facility.

91. In general, the accompaniment after leaving care is quite exceptional, punctual or directly non-existent. According to the youth, the accompaniment they obtained was because they themselves demanded it and actively sought help, since it was very difficult for them to face the situations they were presented with in solitude.

92. The accompaniment most valued by the youth, in this instance, is that provided by the adults with whom they established lasting bonds during the course of their institutionalization. The direct care staff at the residential centres are significant in case they

need to resort to someone.

Findings

93. The normative ideal established by legislation is far from the reality of children and adolescents separated from their families. In their stories, various **practices that violate their rights** developed by agencies in the system were identified.

94. There is a strong **heterogeneity among the residential care facilities**, both in their institutional projects, operational features and the resources available, as well as in the conceptions about adolescents and their rights. This generates inequality in the experiences of adolescents and in their possibilities of leaving the institution.

95. The **transition to autonomous life** of adolescents separated from their families is even more complex and unequal than for the rest of the youth when the assistance that the State must provide to their families and communities is scarce and insufficient.

96. There is **weak articulation** between the different organisms of the Child Protection System. Resignation prevails over the fact that there is nothing more to do than “wait” for them to come to legal age and be discharged, thus making the **actors in the system unaccountable**.

97. The inclusion of **alternative care and leaving care** in the public agenda has been relevant in recent years in Latin America. **Argentina** has specific legislation on leaving care, which created a support program.

Colombia has a program that is part of a national strategy. In **Bolivia, Brazil, Peru and Mexico**, the responsibility of residential care facilities to gradually prepare young people for leaving care is mentioned in general terms.

98. However, the initiatives are still limited in scope. **Individual and isolated efforts** by institutional teams are not enough to replace the absence of comprehensive support policies. This generates frustration both for youth and for those who are responsible for their protection.

99. From the **youth's perspective**, preparation for leaving care does not exist or comes too

late. Adolescent discharges are linked to legal age and not to the restitution of their rights.

100. An **idealized figure of leaving care** is promoted, according to which, the person who “successfully leaves care” is the one who knows how to express what he/she feels and manage his/her emotions, is stable, tolerant and proactive, also thrifty, clean, orderly and with “good attitude”. Moreover, it is expected that this person would have a job and housing at the time of leaving. Thus, the subjective and individual conditions of adolescents are put in the foreground, under a meritocratic and stigmatizing logic that leaves the rights approach in the background.

101. In order to **support the transitions**, actions aimed at labour training and, to a lesser extent, at educational termination, predominate. The **experiences of pre-leaving care residential facilities** in Argentina and Brazil for the resolution of the **housing issue stand out.**

102. To explain their transitions, youth construct broader and more complex categories than the types of leaving care referred to by officials. Because of a nuanced look into these processes, the **policies in support of the transitions are focalised, fragmented and restrictive** and don't consider the diversity of trajectories nor the fact that these processes aren't lineal or fixed.

103. **Housing, education and work** are priority issues for youth. But young people that the exclusive attention to these three matters limits other key aspects for a leaving care plan, such as emotional, **family and community support and access to sports or culture.**

104. The support **actions most valued by the youth are:** **1)** the support of mentors outside the residential facility, as well as of adults with whom they have established lasting bonds; **2)** being heard and their elections respected; **3)** having a stable income for a period of time; **4)** entering a pre-leaving care residential service or an assisted living facility.

Recommendations

Based on these research findings, it is recommended that National States:

1. Implement policies to prevent the separation

of children and adolescents from their family environment and **develop actions to strengthen families of origin.**

2. **Develop specific policies that favour the family reintegration** of children and adolescents, or a permanent family- based solution that prioritizes family and community environments.

3. Expand the offer of family-based alternative **care services** and strengthen the existing ones, so that they include adolescents and youth.

4. **Ensure real and accessible participation for children, adolescents** and young people, both in daily life in alternative care settings and in the design and implementation of policies aimed to them.

5. **Periodically review the measures of separation** of children, adolescents and youth from their family environment.

6. **Set standards and guarantee the quality of alternative care** with a rights-based approach that enable the design, implementation and evaluation of improvements in the practices of the alternative care system.

7. **Equate the responsibility of the State in the support of adolescents and youth with the responsibilities of families**, by offering continuous support until each young person feels ready.

8. Consider Law No. 27,364 of Argentina as a pioneering reference in the region, as it understands the transition to autonomy as a right of girls, boys, adolescents and youth.

9. **Improve registration, record systems and data production** on the trajectories of children, adolescents and youth entering the protection system, in order to improve decision-making processes.

10. Approach leaving care as a planned process within the framework of a plan for the restitution of rights, with participation of each child, adolescent and youth and their family and **community environment.**

11. Raise awareness and build the capacity of all the actors working with children, adolescents and youth - such as educators, health teams, etc. - **to prevent the stigmatization** of those who were separated from their family environment.

12. Design **policies to support the transition**

of youth from a comprehensive rights-based perspective that considers the great diversity of their trajectories.

13. Create or strengthen working groups among the different actors of the national protection systems in order to design and plan actions aimed at the deinstitutionalization of children and adolescents and the strengthening of alternative care mechanisms in the family environment.

14. Reorient the tasks of human resources in residential care facilities, implement **training and supervision**, improve their salary conditions and include these actions in a comprehensive deinstitutionalization plan.

15. Develop strategically oriented trainings to work on the support of youth's transitions.

16. Promote the participation of children and adolescents in institutions in neighbourhood and community networks, in order to protect their right to identity and to strengthen their ties with their extended family and with their immediate environment.

17. Implement policies that **consider the importance of formal and informal mentors** for institutionalized children and develop actions to strengthen their role and accompaniment.



This research project was carried out by the **Latin American Network of Care Leavers** (Red Latinoamericana de Egresados de la Protección). It was coordinated by **the CSO Doncel** from Argentina working with research teams from the **University of Monterrey (UEM)** in Mexico, the organization **Fazendo História** from Brazil, **Buckner** from Perú, **The Colombian Association of Care Leavers** from the **Child Protection System (ASCEP)**, and **TIA Foundation** from Bolivia. The project was supported by **UNICEF Regional Office for Latin America and the Caribbean, and Hope and Homes for Children.**

AIM: To document and analyze policies, strategies and actions aimed at promoting and supporting the transition of adolescents from the alternative care system to independent living in the countries of the region.

PURPOSE: To provide insights and recommendations for developing public policies to support the transition of adolescents and young people from the alternative care system to independent living, and to contribute to the reform of child protection systems with a rights-based approach, moving from models based on residential care to family and community based care and community care.

The Latin American Network of Care Leavers was founded in 2013 to improve the lives of adolescents and young people who are or have been in state care.

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