



Alternative care in Chile

Insights from a gender equality, disability and
social inclusion analysis

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Key messages

Chile is a country with declining birth rate but with increased reports of violations of children's rights, particularly in the forms of violence and neglect. The number of children going through family courts has continued to rise (Defensoría de la Niñez, 2023).

Chile's child protection system has undergone a substantial reform process over the past six years to improve its ability to reduce violations of children's rights and provide quality protective services. While there was a reduction in the number of children in institutional care between 2018 and 2020, their numbers increased between 2021 and 2024: in October 2021 there were 4,417 children and adolescents in institutional care, and in December 2024 there were 5,014 (Servicio Nacional de Protección Especializada a la Niñez y Adolescencia (2024). However, gaps remain in implementation and coverage. Additional investment in prevention programmes, capacity building and monitoring is required to ensure effective implementation.

Chile's alternative care system faces structural challenges, including limited resources, overcrowded institutional care facilities, insufficient foster families and inconsistent oversight mechanisms.

An open and transparent data system allows for real time monitoring of the situation of children in alternative care.



About the author

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About this publication

The UK Foreign, Commonwealth & Development Office (FCDO) has awarded ODI Global a regional project to conduct a gender equality, disability and social inclusion (GEDSI) analysis to inform FCDO's ambition to support women, girls and other minority groups in the Latin American region. This brief is part of the project which focuses on Uruguay, Chile, Guatemala and Panama, providing high-quality and updated evidence on issues such as gender-based violence, women in politics, women's economic empowerment, feminist foreign policy, LGBTQ+ rights, children in alternative care, online violence, and bioeconomy. For each country, the analysis provides:

- an overview of up-to-date data on gender equality, disability and social inclusion issues
- 'deep dives' analysis into two/three topics of national relevance
- recommendations for relevant stakeholders at different levels to support action at national level and potential collaborations with international partners.

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Front cover image: Mass protest in Puerto Montt, Chile (2019)
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Introduction

This brief analyses the state of alternative care for children in Chile, highlighting key statistics, sectoral findings and areas for policy improvement. It is part of a broader analysis of gender equality, disability and social inclusion (GEDSI) in Chile. The analysis draws on existing literature, government reports and key informant interviews (KIIs) with stakeholders working in this area.

Key statistics

GEDSI in Chile

- Poverty has decreased in recent years from 21.7% in 2011 to 6.5% in 2022. However, it is higher among the rural population (9.9%), women (6.9%), Indigenous groups (8.8%) and migrants (11.1%) (Ministerio de Desarrollo Social y Familia, 2024).
- Chile is better placed on most health and education indicators compared to the Latin American and Caribbean region (Health Information Platform for the Americas, 2024; World Bank, 2024a).
- Female labour force participation is low (52%) compared to other countries in the region with much lower income levels, particularly among low-income women in urban and rural areas (37% and 25%, respectively) (ECLAC, 2024a; World Bank, 2024a).
- Women are over-represented among the unemployed (9.5%), informal workers (27%), the NEET ('not in employment, education or training') population (16.7% among women aged 15–24 years old), and in traditionally feminised sectors and occupations (World Bank, 2024b; INE, 2025a,b; ChileMujeres, 2024).
- Chile has the second lowest rates of femicide in the region (ECLAC, 2024b). However, 20% of women aged 15–65 years reported that they had been subject to psychological, physical and/or sexual violence in the previous 12 months in 2023 (Gobierno de Chile, 2024).

Alternative care in Chile

- While 25 years ago children under the age of 18 represented more than 35% of the population, today they represent less than 25% (Defensoría de la Niñez, 2022).
- Approximately 14,900 children and adolescents were in alternative care settings in Chile as of December 2024 (Servicio Nacional de Protección Especializada a la Niñez y Adolescencia 2024).
- 30% of children in alternative care are placed in residential care, and 70% are in family-based care (Servicio Nacional de Protección Especializada a la Niñez y Adolescencia, 2024).

Key findings

Legal and institutional framework

The child protection system in Chile has evolved significantly over the past six years, leading to a new architecture that focuses both on prevention and the protection of children and adolescents through a rights-based approach.

Since 2009, Chile's alternative care system has been strengthened by the Chile Crece Contigo (Chile Grows with You) programme, which focuses on prevention and the root causes of child protection violations like poverty, lack of services and poor parenting. Yet, important challenges to the system persist: staff shortages, low pay, high workloads, poor morale and lack of resources (KII).

A 2017 complaint to the UN Committee on the Rights of the Child triggered an investigation, leading to key reforms. In 2018, Chile established the Office of the Ombudsperson for Children and the Undersecretariat for Children and Adolescents to oversee child rights and protection policies and their implementation.

The Government committed to separating juvenile justice from child protection and closing the National Service for Minors (Servicio Nacional de Menores, SENAME) (KII). Today SENAME is only in charge of juvenile justice and exists in only 3 of the 16 regions of the country. In the other 13 it is being reconfigured into the Youth Social Reintegration Services.

In 2021, the National Service for the Specialised Protection of Children and Adolescents (hereafter the Specialised Protection Service or 'the Service') (mandated by Law 21.302) was created to regulate and oversee alternative care.

The 2024–2032 National Policy for Children and Adolescents (mandated by Law 21.430) plans to strengthen Chile's specialised child protection system by:

- enhancing technical and professional skills of child protection workers using a rights-based approach
- establishing monitoring, evaluation and accountability mechanisms for the System of Guarantees
- expanding programmes for children, adolescents and families in line with a human rights framework, prioritising keeping infants and young children within their families when safe or placing them in kinship or foster care when alternative care is needed.

Organisation of the alternative care system

Alternative care can be classified in two large groups: care that is provided within a family context, including kinship care, foster care and family care; and care that is provided outside a family context: in homes or family residences, in residential care and supervised independent living.

The new child protection model in the Service requires referrals to family courts to be based on a clinical diagnosis by a specialised organisation. This organisation also creates a restitution plan, which guides judges in their decision-making based on the child's rights violations.

While alternative care is a last resort, the child may be placed in foster care if necessary. If alternative care is not needed, the restitution plan outlines the programmes to support the child in ensuring full protection. One of the objectives is reducing the number of children being referred to institutional care.

The child protection process considers factors such as the child's characteristics, family circumstances and the type of violence experienced. Experts assess the child's level of protection, which can be classified as initial, intermediate or advanced, and make referrals accordingly. Non-residential programmes focus on family support to help children stay with their families when possible.

Chile's alternative care model covers children up to 18, with some exceptions allowing support for adolescents over 18 if they are in state care or attending school. The Service has been working on the development of policies for youth who transition out of alternative care, as well as on programmes to support their continuation in education, skill development and entry into the labour force (KII Gov 1). There is an increasing number of adolescents with disabilities due to the availability of better programmes for them within the child protection system, compared to adult services.

Challenges to the alternative care system

Inconsistent enforcement of child protection laws: Chile's legal framework emphasises child protection and deinstitutionalisation, yet enforcement remains inconsistent across regions, with more challenges in the north as a result of the influx of unaccompanied migrant children. While recent legal reforms have aimed to improve child welfare, gaps persist, particularly in rural areas where oversight mechanisms are weaker.

Challenges in transitioning from SENAME: The transition from SENAME to a new child protection agency was designed to modernise the system and prioritise children's rights. However, operational and structural challenges in service delivery continue, with inconsistencies in funding, staff training and monitoring mechanisms.

Residential care capacity is stretched: Most institutional care facilities have been at capacity or over capacity in recent years, with consequences on the standards of care that can be provided to children. Progress towards more but smaller residential care facilities aims to address some of these problems.

Shortage of qualified foster families: Chile's foster care system remains underdeveloped, with a shortage of qualified foster families. Policies promoting family-based care have managed to rebalance the alternative care system in favour of children moving to family-based alternatives, but the number of children that require alternative care is too high for the offer available.

Attitudes towards the alternative care system

Attitudes towards Chile's alternative care system are generally negative, particularly among children and residential care staff.

Children in the system face many challenges: including psychological and psychiatric issues, interrupted education and learning difficulties, and substance abuse (alcohol and drugs). Many of these issues stem from poverty and exclusion.

Workers in residential care facilities report that current residents have more complex problems than previous generations, including increased drug use and multiple violations of rights among children.

These problems highlight the need for continued improvements in the system (from prevention to alternative care) and for measures that minimise risks to ensure that children's rights are fulfilled.

Knowledge exchange and international good practices informing Chile's approach

The Specialised Protection Service, which is tasked with implementing the law on special protection that includes alternative care, is leveraging technical support from other countries, in the region and beyond, as well as from international organisations, which are also financing some small-scale initiatives.

Knowledge gaps

- **Outcomes after leaving care:** Research is needed on the long-term trajectories of youth exiting alternative care, to identify necessary support and improve care models.
- **Mental health risks:** Institutionalisation's impact on children's mental health is a critical but under-researched issue requiring urgent attention.
- **Children's subjective well-being:** A study using global qualitative and participatory methods focusing on the subjective well-being of children in alternative care could enhance understanding of children's needs and improve support.
- **Unaccompanied migrant children:** More research is needed on why unaccompanied migrant children enter Chile's protection system, the risks they face, and the link between child separation and human trafficking.
- **Transition to independence:** Best practices from other countries could inform policies to better support adolescents in education, employment and social integration as they transition out of the alternative care system.
- **Alternative care models:** Evaluations of smaller institutional settings and family-based care are necessary to ensure they lead to better outcomes and can be strengthened effectively.

Recommendations

- **Support evidence-based research:** Take advantage of the Government's openness to data by funding and incentivising academic and policy research. This could include competitions, grants or partnerships with the Specialised Protection Service to generate insights that strengthen alternative care policies and practices.
- **Increase funding for alternative care:** While budgets have risen, the transition to smaller, closely supervised institutions and family-based care is costly. Exploring alternative funding sources – such as private sector partnerships, non-governmental organisations and international agencies – can help improve conditions and sustain quality care.

- **Support the Undersecretariat for Children and Adolescents:** Conduct foster care campaigns and recruit motivated foster parents for children in need – including those with disabilities, infants, victims of violence or neglect, and at-risk children. Collaborate with experienced organisations such as UNICEF to enhance outreach and effectiveness.
- **Prioritise prevention efforts:** Despite increased funding for alternative care, prevention programmes remain underfunded. Investing in parenting support, school-based violence prevention and community interventions can reduce the number of children entering the system. Adopting existing evidence-based models could help address growing peer and community violence.
- **Combat stigma:** Children in alternative care often face social stigma, limiting their opportunities. Partnering with key organisations (e.g. UNICEF) to develop awareness campaigns can shift perceptions and highlight the positive impact of well-supported alternative care.
- **Enhance system coordination:** Strengthening communication among child protection actors – government agencies, local offices and service providers – is essential. Adopting an ecological approach (individual, community, institutional and systemic levels) can improve coordination, ensuring more effective prevention and protection measures.

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