

# QUALITY CARE COUNTS

 SOS CHILDREN'S  
VILLAGES

THE RIGHT OF EVERY CHILD  
TO POSITIVE CARING RELATIONSHIPS



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SOS Children's Villages International is the umbrella organisation of more than 130 affiliated national SOS Children's Village associations worldwide. SOS Children's Villages is a non-governmental and non-denominational child-focused organisation that provides direct services in the areas of care, education and health for children at risk of losing parental care, and those who have lost parental care. The organisation also builds the capacity of the children's caregivers, their families and communities to provide adequate care.

SOS Children's Villages advocates for the rights of children without parental care and those at risk of losing parental care. Founded in 1949, its operations are guided by the UN Convention on the Rights of the Child.

## FOREWORD

### SOS CHILDREN'S VILLAGES AND THE CHILD'S RIGHT TO QUALITY CARE

**For over 60 years our federation of over 130 SOS Children's Villages national associations has been committed to supporting quality care for children without, or at risk of losing, parental care across all regions of the world. We have always stood by the principles that every child grows best in a loving family environment, with consistent and caring parents or caregivers, living together with their siblings, in a place they can call home.**

Like many similar organisations, we have a dual role. Firstly, we work within state-regulated social care/welfare systems, to provide capacity-building and direct services for children and families. Together with our partners, and building on resources available in a community, we offer services to thousands of children and families who are at risk today. Secondly, in order to ensure quality standards for all children we advocate for States to reform and improve their social care systems. We do so by challenging law, policy, and practice, aimed at improving national frameworks so that millions more can benefit in the future.

In both these roles our work is informed by our understanding of what we refer to as the *Child's Right to Quality Care*. This is not an explicit provision of the United Nations Convention on the Rights of the Child (UNCRC). It is rather an overarching principle to describe what all children – and in particular those without, or at risk of losing, parental care – are entitled to, based on the provisions of the UNCRC.

In November 2010, the International Senate of SOS Children's Villages International also formally adopted the United Nations Guidelines for the Alternative Care of Children (the UN Guidelines) as a critical framework to inform and guide the SOS Children's Villages

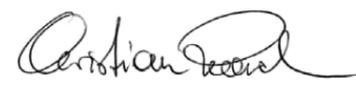
programme.. The UN Guidelines offer important and internationally recognised guidance on the implementation of the UNCRC and present a framework for the reform of care systems and settings.

This publication defines our understanding of the child's right to quality care as a holistic way for State and non-State actors to think about their duties to children, parents and vulnerable families. The first chapter establishes the need for thinking in terms of this right. Chapter 2 explains how we derive the child's right to quality care from the UNCRC and the UN Guidelines. We emphasise in particular the need for individualised care and positive and empowering relationships between children and their parents or caregivers.

Chapter 3 addresses what the child's right to quality care looks like in the practice of SOS Children's Villages, demonstrating our commitment as a practitioner organisation to the child's right to quality care and to constantly challenging, reflecting on, and improving our work. We conclude in Chapter 4 with a Call for Action to reform welfare and care systems to secure the child's right to quality care.



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## EXECUTIVE SUMMARY

**This paper makes the case for the *Child's Right to Quality Care* as a holistic way for both State and non-State actors to think about their duties towards children who are without parental care or at risk of losing parental care.**

The child's right to quality care is not an explicit provision of the UNCRC. Rather, it is proposed as a helpful way of conceptualising what all children are entitled to under the UNCRC as elaborated in the UN Guidelines.

The UN Guidelines can be summarised under two fundamental principles: "*Necessity*" and "*Appropriateness*". The *necessity* principle dictates that no child should be placed in formal care when measures could be taken to ensure their care and protection in the family or other informal environment, e.g. within the extended family.

*Appropriateness* dictates that any formal or informal care option must be suitable to the specific care needs and best interests of each child. A range of formal alternative care options is required including, for example, foster care, family-based or family-like care, and residential forms of care such as small group homes and semi-independent living.



### THE NEED FOR REFORM OF CARE SYSTEMS AND SETTINGS

SOS Children's Villages is gravely concerned that care systems and settings in many nations need reform as they are not meeting the child's right to quality care. Many systems do not sufficiently consider potential options to support and strengthen the care environments of children living in vulnerable families before deciding to place a child in alternative care.

When alternative care is needed, many national systems also continue to rely heavily on large-scale institutions typified by dormitory-style living, poorly qualified and underpaid care workers, and limited access to education or healthcare. In such settings children are often denied individualised care, personal attention and positive, loving relationships. This is known to have damaging effects on child development – effects that can last into adulthood as vulnerable young people leave such institutions poorly educated, disempowered and not adequately prepared for an independent adult life.

SOS Children's Villages believes that any understanding of what "quality" care means must be based on child development perspectives. In particular, extensive and longstanding research identifies the importance of positive, loving and stable relationships between children and their parents, siblings, or other consistent caregivers in helping children to develop resilience and self-confidence.

Legislative reforms of care systems cannot simply stipulate that relationships be positive, consistent, stable and loving – but reforms must create the framework conditions that empower parents and caregivers with the necessary strengths and skills to provide such relationships.

## THE WORK OF SOS CHILDREN'S VILLAGES

It is States who have the primary obligation to deliver children's rights under the UNCRC and also, therefore, to deliver the child's right to quality care. States' obligations include coordinating and adequately funding social work and social welfare systems. States share with non-State providers, such as SOS Children's Villages, the specific responsibility for the necessary systems, processes and service delivery mechanisms.

Chapter 3 of this paper describes the work of SOS Children's Villages providing examples of how service providers can work to meet the child's right to quality care. Our role is to ensure a strong network of professional support for SOS families, foster families, families of origin facing difficulties, and other forms of family environments. Essentially, we work to empower the families, and the families care for their children.

Our work is based on the fundamental principle that for every child and family an individual specific response must be developed in a participatory approach. We believe that families of origin even under stress have underlying strengths which must be supported enabling them to overcome difficulties. In some cases, however, despite support offered, families are simply either unable or unwilling to provide the necessary care for children. In such cases, SOS families can provide a formal alternative guaranteeing personal care, strong interpersonal relations with an SOS parent and the possibility of a secure future. SOS families keep siblings together, maintain family contacts and support reintegration with family of origin when this is in the best interests of the child.

Our selection processes are thorough with candidates to become an SOS parent undergoing formal interviews, reference checks, monitored work experience and a two year training programme to ensure they can live up to our code of conduct and earn the trust of vulnerable children. SOS parents are expected to give children every opportunity to express their opinions and encourage their participation in matters that affect their lives directly or indirectly. When the time comes to transition from care into independent living, youth receive dedicated planning, preparation and support.



In addition to supporting SOS families, we are constantly reflecting on what we do and seeking new ways to support vulnerable families as local circumstances demand. Building capacity with vulnerable families, providing emergency short-term respite care and establishing foster care networks and community social centres, are all further aspects of our work to guarantee the rights of the child.

### A CALL FOR ACTION

Organisations such as SOS Children's Villages have a dual role – working within State social care systems, while simultaneously advocating for reform of those systems. With the advocacy role in mind, this paper concludes with a “call for action” to instigate the process of reform.

Steps called for include: data collection and analysis to ensure reforms are appropriate to local contexts; required registration, monitoring and accountability of service providers; family-oriented policies including universal support and targeted strengthening for families at risk; professional, case-by-case, and participatory decision-making processes on alternative care; and strengthening efforts to phase out the use of large-scale institutions and ensure the implementation of quality standards in a range of alternative care options with the capacity to guarantee individualised care.

The ultimate aim of these reforms should be to guarantee the conditions for all children in any caring environment to experience the positive, empowering and loving relationships that are vital for their development. This is the fundamental essence of the child's right to quality care – and the commitment of SOS Children's Villages.

## 1. DEFINING THE ISSUE: VIOLATIONS OF CHILDREN'S RIGHTS



Depending on the measurement criteria, there are many global and regional estimates of the number of children without parental care. For example, UNICEF estimates in 2004 indicated that by 2010 some 50 million children in sub-Saharan Africa would have lost at least one parent, and 10 million would have lost both – 7 million of these as the result of HIV/AIDS<sup>1</sup>. In 2006 further estimates reckoned that approximately 1.5 million children across Europe and Central Asia were living in public care settings, with almost two-thirds living in institutions<sup>11</sup>.

These figures are dramatic but they tell us little about the specific issues faced at local level. What issues and risks are vulnerable families facing? How many children are at risk of losing parental care? What alternative care options are available? What are the demographics and actual

living conditions of children living in alternative care? Only by answering such questions through national level data collection and analysis can informed decisions and appropriate responses be planned and implemented.

Specific groups of children are more likely to have their rights violated. For example, the millions of children who have lost parents due to HIV/AIDS are more likely to suffer isolation, stigmatisation and neglect, and lack of access to education, health care and nutrition. Other especially vulnerable groups of children include refugees, asylum seekers, the stateless or those internally displaced by conflict or natural disasters.

When it comes to children at risk of losing parental care, vulnerable families face varied and often cumulative factors that expose children to potential rights violations such as neglect, abuse, exploitation or abandonment. External factors such as armed conflict, natural disasters, endemic poverty, or discrimination may also combine with internal factors such as unemployment, substance abuse, or tendencies towards violence.

Of the children living in the care of SOS families in Finland, some 60% have biological parents struggling with alcohol or drug addiction.

Around 70% of children living in SOS families in Kenya and Malawi have been orphaned in most cases due to HIV/AIDS. In Laos 72%, in India 30%, and in Zimbabwe 66% of the children in SOS families are double orphans. In a number of countries children living in an SOS family were abandoned after being born out of wedlock, for example, in India 26%, Sri Lanka 23%, and in Egypt 90%.

Evidence from theoretical and research perspectives makes clear why society's response to these situations of family and childhood vulnerability matters. Studies consistently show that warm, stable and empowering relationships with consistent caregivers are crucial to the development of children, whereas their lack has a significant negative impact on them. The key question therefore is: How to ensure quality care for these children either in the family of origin or, where necessary, in alternative care?

## WHY CURRENT RESPONSES OFTEN FALL SHORT

SOS Children's Villages is gravely concerned that social welfare and social work systems in many national contexts do not offer options to support and strengthen the quality of care in vulnerable families prior to any decision to place a child in alternative care. In many countries the direct and indirect effects of poverty are often a key factor in alternative care decision-making processes. Children whose parents are impoverished require, and are entitled to expect, appropriate support for their parents. They should not be taken away from them when the impact of poverty could be addressed by more appropriate actions.



Data from SOS Children's Villages Croatia suggests that the "poor economic status" of biological families is a key factor in 37% of cases which have resulted in the separation of children from their families. The lack of necessary welfare support to these families is directly causal in family separation.

However, when strengthening the capacities of parents or caregivers is neither an appropriate nor adequate response, then formal alternative care may be necessary. It is a continuing concern that alternative care systems in many national contexts continue to rely heavily on large-scale institutions as the first, or even only, formal option. In the absence of quality standards, such care settings are typified by a lack of individualised care, dormitory-style living, often poorly qualified and underpaid care workers, shift-work, and limited access to education or healthcare services.

Such poor quality care is known to have damaging effects on child development and to be a particular risk for young children and babies. Young people often leave institutional care poorly educated, disempowered and not adequately prepared for an independent adult life. Furthermore, prejudicial social attitudes towards young people from alternative care backgrounds often results in discrimination, marginalisation and vulnerability which last long into adulthood.



At the age of 14 children in Albania are required to leave state institutions. They face discrimination in relation to housing, education and employment and become marginalised and vulnerable to exploitation, crime, and trafficking. In the absence of specific follow-up and systematic data collection, both the scale and scope of the problem are poorly understood.



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Progress is being made globally towards reforming care systems, but in many countries the pace of change can appear slow. With only limited increases in the capacity of other family-based, family-like, or small group care arrangements, there are insufficient care alternatives to challenge the reliance on institutional care.



National statistics from Bulgaria in 2009 indicated that 6730 children were living in specialised institutions. This figure represented around 98% of the total population of children living in alternative care. Whilst a strategy exists to de-institutionalise the system and develop more appropriate care settings, it is foreseen that this will take 15 years to deliver<sup>iii</sup>.

Even when it is possible to place children in smaller, family-based or family-like alternative care situations, further problems are commonplace: for example, a narrow range of options, lack of participatory consultation with children and parents, lack of family contact and opportunity for reintegration, or lack of individualised care planning and regular review. In any formal alternative care option quality standards, monitoring and accountability are therefore required to guarantee the rights of each child.

In poorly developed care systems, decision-making can be dominated by the capacity of the system rather than the best interests of the child, resulting in unstable and inappropriate care. Frequent and poorly planned changes in care arrangements add further to the stress on children. Multiple placements can have serious negative consequences for key caring relationships, self-identity, self-confidence and personal resilience, with long-term consequences into adulthood affecting employment, relationships, health and happiness.



Of the children living in SOS families in the USA, 50% had already been through four or five foster placements.

The reform of care systems through the implementation of quality standards in all care settings and the development of appropriate family-based, family-like, or small group care are fundamental objectives for SOS Children's Villages.

## THE STATE: THE PRIMARY DUTY BEARER

For all the rights of the child, the State remains the primary duty bearer. This implies the need for State authorities to put in place an effective regulatory and monitoring framework for all State and non-State providers of social support or alternative care services to guarantee the necessary quality of care.

State obligations include coordinating and adequately funding social work and social welfare systems to strengthen vulnerable families and to prevent the need for alternative care. States should also ensure that alternative care systems and settings are developed to deliver the necessary quality of individualised care with full respect for the rights of each individual child.

No matter where children are being raised and cared for both State and non-State providers, such as SOS Children's Villages, have specific responsibility for the necessary systems, processes and procedures to guarantee the rights of the child. In particular, these obligations extend to ensuring that parents and caregivers are empowered with the necessary strengths and skills to provide positive, consistent, stable and loving relationships for children.

At SOS Children's Villages, we are committed to the implementation of international quality standards and advocate for the necessary reforms of welfare and care systems to secure the child's right to quality care. The next chapter outlines our understanding of the UNCRC and the UN Guidelines as the foundation and framework for such reform.



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In 44% of cases in Chile, the main reason for children being placed in the care of SOS families is neglect by parents. In India some 45% of children were placed in an SOS family as a result of parental negligence.

## 2. CHILD'S RIGHT TO QUALITY CARE: A GLOBAL FRAMEWORK



As previously noted, the child's right to quality care is not among the explicit provisions of the UNCRC. Rather, it is deduced from the interdependency of many explicit child rights provisions. SOS Children's Villages regards the right to quality care as a helpful way of conceptualising the necessary systems and processes required to guarantee quality care. This chapter presents an action-oriented proposal for the reform of welfare and care systems and procedures to guarantee the child's right to quality care.

### 2.1 THE UNCRC: FOUNDATIONS, RIGHTS AND OBLIGATIONS

The child's right to quality care begins with the UNCRC assertion that the family is the *fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children*<sup>IV</sup>. Family is broadly defined – not just the nuclear family but also extended family, and other traditional and modern community-based arrangements<sup>V</sup>. Siblings, aunts, uncles, grandparents, step-parents, foster parents, legal guardians, and any alternative caregiver all have important roles and responsibilities to secure the child's right to quality care.

The fundamental principle underlying the child's right to quality care is the desire to guarantee the fullest possible development of every child. SOS Children's Villages considers this right to quality to be universal and applicable to all children irrespective of their situation. In addition the child's right to quality care also encompasses, and requires realisation of, the other general principles of the UNCRC. Specifically, that all actions and decisions to secure the child's right to quality care must be taken:

- with informed and effective participation;
- without discrimination based on the status of parents, caregivers, or the children; and
- in the best interests of the child, or children in cases involving siblings.

In addition to these principles, many other child rights have implications for the necessary system of support services and administrative procedures to guarantee the child's right to quality care. For example, the rights to:

- know and be cared for by their own parents wherever possible (Article 7)
- appropriate support and services for parents, caregivers and children (Article 18);
- social welfare (Article 26) and adequate standard of living (Article 27);
- due process on separating a child from their parents, and to family contact (Article 9);
- special protection and assistance due in formal alternatives to family care (Article 20);
- regular review of the appropriateness of placement in alternative care (Article 25);
- recovery and social reintegration (Article 39).

These specific articles represent the basic foundations for the reform of welfare and care systems to guarantee the child's right to quality care either in parental or in alternative care. It is also, of course, crucial to guarantee

full respect for many rights of the child – for example, to education, health, privacy, identity, beliefs, freedom from violence, and to raise a complaint and to be heard.

### 2.2 THE UN GUIDELINES: REFORMING SYSTEMS AND SETTINGS

The UN Committee on the Rights of the Child recognised many gaps between the obligations set out in the UNCRC and the realities for children without, or at risk of losing, parental care. In 2005 the Committee held a Day of General Discussion on the topic of Children without Parental Care. This discussion resulted in the development of guidelines to assist States in meeting their obligations.

The UN Guidelines – which were formally welcomed by the United Nations General Assembly on the 20th anniversary of the UNCRC, in November 2009 – expand on the provisions of the UNCRC. They present an internationally recognised framework of guidance for policy and practice covering universal support for parents and families, the strengthening of families at-risk, the arrangement of both informal and formal care, the need for case-by-case decision-making processes, and a range of appropriate care options guaranteeing quality standards in all settings.

The UN Guidelines can be summarised under two fundamental principles: “*Necessity*” and “*Appropriateness*”.

#### The Necessity Principle – preventing family separation

*Necessity* dictates that no child should be placed in formal care when measures could be taken to ensure their care and protection in the family or other informal environment, e.g. kinship care. On this basis *appropriate assistance*<sup>VI</sup> to prevent the removal of the child from the family is required, with removal from the family being a measure of last resort (the UN Guidelines - para. 14)<sup>VII</sup>. A rigorous participatory assessment of the capabilities of the family and the risks faced is fundamental (para. 32). Specific measures to promote parental/family capacity may include:

- universal family policy to promote and strengthen parental capacity (para. 33);

- parenting courses, counselling, financial assistance, home visits (para. 34 & 35);
- special attention to single and adolescent parents (para. 36);
- support for sibling-headed households (para. 37).
- support for children and families in emergency situations (paras. 153-167).

Targeted strengthening interventions should aim to empower parents and caregivers with the “attitudes, skills, capacities and tools” to provide the necessary quality of care (para. 34). Only when such interventions are either insufficient or inappropriate should formal alternative care be considered necessary.

#### The Appropriateness Principle – individualised care responses

*Appropriateness* dictates that any formal or informal care option must be suitable to the specific care needs and best interests of each child (paras. 57-68). A range of alternative care options is required to guarantee *special protection and assistance*<sup>VIII</sup> and individualised care. These include, for example, foster care, family-based or family-like care, and residential forms of care such as small group homes and semi-independent living (para. 29c).

Care placement decisions should be professional, participatory and offer case-by-case responses ensuring that care arrangements are stable (para. 57). Issues to be addressed under appropriateness might include, for example:

- Is informal care a possible option – for example in the extended family?
- How many children are involved - can (should) siblings remain together?
- Is there an urgent need to protect children from immediate harm?
- Is the need for alternative care short-term or long-term?
- What is the child's social and cultural background?
- What is appropriate in terms of proximity to family and community?

#### Guaranteeing quality standards – in all formal care settings

All care providers should be suitably authorised, monitored and accountable for implementing quality stan-

dards. The UN Guidelines speak specifically of the need to implement quality care standards in all forms of alternative care (para. 23). They reinforce UNCRC obligations on both State and non-State care providers to guarantee the child’s rights. Such rights include, for example, education (para. 85), physical health and well-being (para. 84), adequate nutrition (para. 83), personal identity (para. 88), privacy (para. 89), confidentiality (para. 111), and protection from violence, abuse or other threats (paras. 96 & 97).

To guarantee the ongoing appropriateness of any care placement, the UN Guidelines require;

- reviews every three months to assess necessity and appropriateness (para. 67);
- providing the child with information on their rights and entitlements (para. 81);
- an impartial complaint process, accessible to children (para. 99).

At all times during a placement in alternative care, children should be actively involved in care planning and case review and be kept informed of any relevant information in a timely and child-friendly way.

### Leaving Care – empowerment for the transition to independent living

Children transitioning to independent living from poor quality care, and without individualised planning and specialised support, may lack the education, skills, abilities and personal resilience to succeed independently. Youth may also have to cope with discrimination and vulnerability to unemployment, homelessness, sexual exploitation, drug or alcohol addiction or trafficking.

The UN Guidelines make it clear that specific planning and facilitation for leaving care and ongoing support after care requires, for example:

- encouragement of self-reliance and integration into the community (para. 131);
- well-timed and individualised leaving care planning (para. 134);
- formal or vocational education, life-skills training, or other support (para. 135 & 136);
- the allocation of a specialised support worker to facilitate this process (para. 133).

### Alternative caregivers – vocational commitment and professional conduct

Meeting the child’s right to quality care on a day-to-day basis in any form of alternative care requires persons with a particular vocational commitment to care for children. Children in need of alternative care may have faced significant difficulties in their families or during their lives in care, may have no family, or present challenging behaviours. In particular, alternative caregivers need to be able to develop trusting and positive relationships with children and to establish new attachments in sometimes difficult or stressful circumstances.

The UN Guidelines foresee the need for service providers to ensure, for example:

- rigorous recruitment procedures to assess the suitability of candidates (para. 113);
- appropriate working conditions to maximise motivation (para. 114);
- initial and ongoing professional training on relevant issues (para. 115).

Building on the vocational commitment of carers, it is then a requirement that service providers guarantee the professional tools and skills to complement those commitments.

## 2.3 THE CENTRALITY OF LOVING RELATIONSHIPS IN “QUALITY” CARE

Legal frameworks such as the UNCRC and UN Guidelines are crucial tools to inspire discussion, debate, advocacy and action. However, it is also vital to recognize that the child’s right to quality care requires deeper understanding and commitment beyond required systems, processes and procedures.

Any deeper understanding of what “quality care” means must be based on child development perspectives – in particular, the significance of positive, stable and loving human relationships. While the UNCRC and the UN Guidelines are the foundation and building blocks for systems and processes, any support for “quality” care must also build on the strengths of parents and caregiv-

ers to provide stable, positive, and loving relationships for all children irrespective of the care environment in which they are growing up<sup>IX</sup>.

Guaranteeing the child’s right to quality care includes the preservation of existing relationships with parents and siblings but also the opportunity, when necessary, to build new attachments with other consistent, loving caregivers and with peers. These relationships should be encouraged and facilitated not as competing but as complementary supports to secure the child’s right to quality care and their fullest possible development.

### Relationships with parents and caregivers

Extensive and long-standing research identifies the importance of positive, empowering, warm and loving relationships between children and their parents, siblings, or other consistent caregivers. Positive parenting and care-giving styles and behaviours promote a sense of secure attachment, of being loved, of belonging, and help children to develop resilience and self-confidence<sup>X</sup>. Such parental and care-giving skills are essential to promoting “quality” care for children.

Parents and caregivers should therefore be enabled to live through difficult processes with children, to understand the inner dynamics of the child, to find solutions to problems, to continuously reflect upon their own behaviour and to remain personally strong, steady and empathetic. Any parent or caregiver should have the tools, capacities and skills to, for example:

- provide a stable and loving environment for the child;
- show a positive attitude towards the child;
- have positive physical contact with the child;
- involve the child in decision-making;
- respond appropriately to the child’s questions;
- positively respond to the child’s actions;
- encourage development, autonomy and self-confidence in children.

Whilst it is clear that parental care is the norm and alternative care the exception, research shows that caregiver-child attachment is not necessarily dependent on existing family bonds or blood ties. Furthermore, whilst caregiving styles do differ between contexts and cultures<sup>XI</sup>, the “innate bias to become attached” is

universal<sup>XII</sup>. As such, it is noted that secure and loving relationships can be established between a child and “any persons who provide a measure of ongoing support and care”<sup>XIII</sup>.

### Relationships between siblings

Siblings are also potentially positive and supportive attachment figures and vital sources of stability, compensation and comfort for emotional loss and distress during difficult periods. When ties to parents and other family members are under great strain, the added distress of separation from siblings requires particular consideration.

On that basis, in alternative care decision-making and planning siblings should live together unless there are compelling grounds that confirm this would not be in their best interests. Compelling grounds might include, for example, the risk of violence or abuse between siblings or the drug misuse of one sibling increasing the risk of exposing other siblings to drug misuse. Lack of resources or any necessary capacity in the care system would not represent compelling or justifiable grounds to separate siblings.

Keeping siblings together can also make an important contribution to the maintenance of family contact and the potential for family reunification. When siblings are cared for together, then parents are better able to maintain contact when appropriate.

### Relationships into adulthood

For children ageing out of alternative care, continuity of relationships with former caregivers is seen as an important factor supporting positive outcomes in adulthood. Research shows that being raised in alternative care is by no means a universal predictor of negative outcomes<sup>XIV</sup>.

Further research with young people transitioning from care into independent living distinguishes between three general outcomes: “moving on” with relative success, “surviving” or “struggling”<sup>XV</sup>. In this research, factors which supported more successful outcomes included stability and continuity during the care placement, educational success, a positive self-identity, stronger self-esteem, and the opportunity to maintain relationships with former caregivers and other family members.

## 2.4 OBLIGATIONS TO DELIVER THE CHILD'S RIGHT TO QUALITY CARE

Implementation of the child's right to quality care remains the obligation of the State. Despite obligations under the UNCRC significant gaps are apparent in the realisation of child rights for children without, or at risk of losing, parental care.

State obligations also extend to non-State, civil society, NGO, and other community-based service providers. It is therefore the initial responsibility of the State to guarantee the necessary regulatory framework of authorisation, monitoring and accountability of service providers. This framework must extend to cover all State and non-State agencies delivering social services to families, parents, caregivers and children.

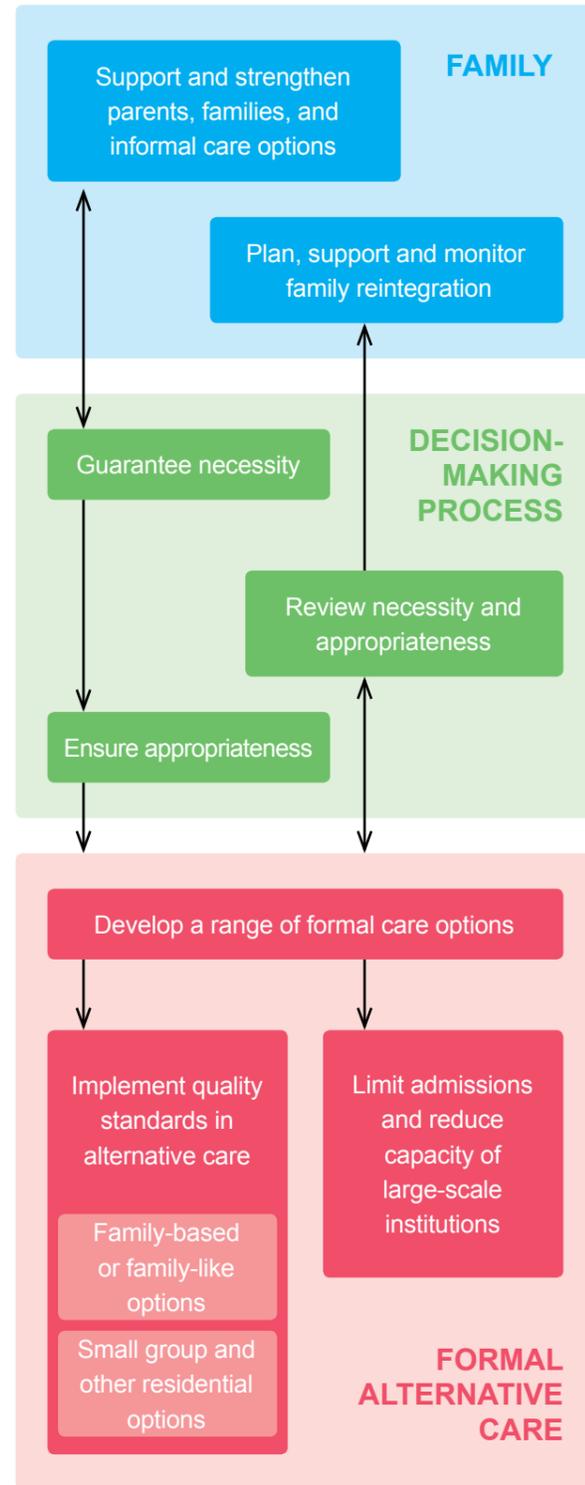
### Care system reform – guaranteeing the child's right to quality care

Together the UNCRC and the UN Guidelines present a framework of policy and practice to inspire the resourcing of appropriate family support and strengthening measures, and the reform and de-institutionalisation of care systems and settings. Such reform requires:

- universal and empowering support for parents and families of origin;
- targeted strengthening of care capacity for vulnerable families;
- professional, case-by-case, participatory decision-making processes to ensure the necessity and appropriateness of alternative care;
- the development of a range of appropriate formal care options;
- the implementation of quality standards in all alternative care settings;
- the limiting of admissions and the reduction of capacity of large-scale institutions;
- regular reviews, family contact and to ensure, whenever possible and in the child's best interests, planned, monitored and supported reintegration with the family.

A model for reform is outlined in the following figure. *A Framework for Reform of Systems and Settings.*

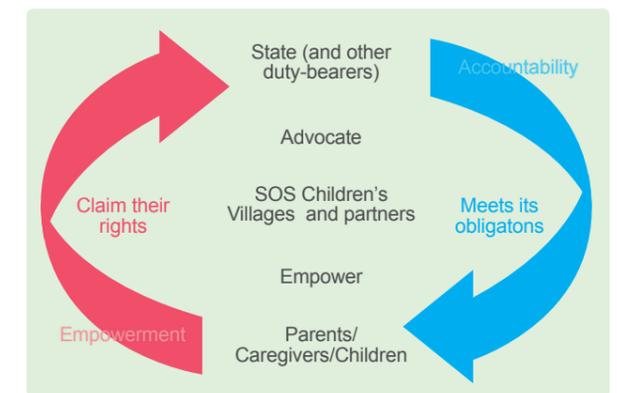
## A FRAMEWORK FOR REFORM OF SYSTEMS AND SETTINGS



## 3. SOS CHILDREN'S VILLAGES: COMMITMENT AND ACTION



### OUR DUAL ROLE AS A PROVIDER AND ADVOCATE



This chapter discusses the work of SOS Children's Villages as an illustration of practices that should inform discussion and debate on reform of family support services and alternative care systems and settings.

### 3.1 STRENGTHENING FAMILIES – THE CHILD AT THE CENTRE

At the centre of the SOS Children's Villages programme is the individual child. Our programme takes a holistic approach to child development, with a commitment to the fullest possible development of each child in a caring family environment and loving home.

SOS Children's Villages is committed to the child's right to quality care and taking action to ensure that children grow up in the care of consistent and loving parents and caregivers, with their siblings, in a home of their own, as part of strong and supportive communities.

This commitment is pursued with the active participation of the children and families we work with, and in the best interests of the child. As a responsible partner committed to the UNCRC and the UN Guidelines we work with government, NGO/civil society partners and communities. We provide direct services such as care, education and health; we build care-giving capacity and we advocate for changes in law, policy and practice to guarantee the child's right to quality care.

We work with different types of families: families of origin facing particular difficulties, foster families, SOS families and other forms of family environments. Across all these caring environments, we aim to support and strengthen the care-giving capacities, skills and attitudes of parents and caregivers so that children can enjoy their childhood. We work holistically to ensure the necessary intellectual and physical development of children by securing, for example, their rights to education and health.

Working with parents and caregivers we aim to empower them to provide caring and loving relationships. SOS Children's Villages ensures a strong network within which the children and families can develop. Assistance provided within the programme might include, for example, professional specialised advice and counselling, specific therapies, educational specialists and psychologists. In essence, the organisation empowers the families and the families care for their children.

### 3.1.1 THE SOS FAMILY – DELIVERING INDIVIDUALISED CARE

SOS Children's Villages has a long track record of guaranteeing the rights of children who cannot live with their parents. The basic principle is that any child for whom this option is the most appropriate form of care receives stable, consistent and loving care within an SOS family. In the SOS family, SOS parents have day-to-day responsibility for the well-being and development of the

children in their care. SOS Children's Villages therefore supports the SOS parent and ensures that the necessary policy, procedures and support services are in place.

SOS parents, women, men or couples, all have two basic responsibilities. Firstly, they must ensure a loving, stable and empowering family environment. Secondly, they must provide individualised care and promote the individual development, education and health of each child in their care.

#### Pre-admission assessment processes

SOS Children's Villages is committed to ensuring that no child is placed in our care unless necessary. Throughout the world we work in partnership with local social work and welfare authorities. With the participation of the children and families we work to guarantee the necessary gate-keeping processes are in place and implemented in the best interests of the child.

Decision-making on the potential admission to an SOS family, considered as one of a range of possible options, involves a multi-disciplinary assessment including relevant social work and administrative bodies. In addition to the potential SOS parent, a range of other SOS co-workers including, for example, social workers, psychologists, educators or relevant therapeutic staff, may be called on to contribute to the assessment.

SOS Children's Villages India works as a member of the district level Child Welfare Committees which serve to ensure case-by-case decision making for vulnerable children. Taking referrals regarding vulnerable children from various authorities, they determine the most appropriate course of action in the child's best interests. Through these committees SOS Children's Villages has participated in processes that make further referrals on to foster care services, youth facilities and adoption agencies, facilitated family reintegration and ensured that children are placed in an SOS family only when that is the most appropriate option.

In 2009, SOS Children's Villages programmes were supporting quality individualised care by SOS parents in over 5,800 SOS families globally.



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#### Keeping siblings together

Admission processes take full account of the situation of sibling groups. SOS family placements ensure that vital sibling relationships are preserved and maintained whenever possible and not contrary to their best interests. SOS parents are trained to promote stable familial relationships between the different children in the SOS family. The preservation of existing bonds and the opportunity to create new ones are crucial to establishing and maintaining stability for children in SOS families.



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Data from Europe in 2008 show that 75% of children were admitted to an SOS family with one or more siblings. In some cases the capacity of an SOS family has assured that sibling groups of four, five and six children have been maintained. Data from Latin America confirms that up to 95% of children placed in SOS families in Uruguay were placed with their siblings. Data from other continents confirm that between 73-83% of children living in SOS families have been placed along with siblings.

#### Individualised care for children

As an organisation we are committed to ensuring individualised care. For each and every child in an SOS family, an individual Child Development Plan, developed with the fullest possible participation of the child, is fundamental to realising the child's right to quality care. Responsibility for leading the planning of individual development plans for children in an SOS family falls to the SOS parent, who is directly responsible for the quality of care.

The SOS parent bears the fundamental responsibility for providing a positive, empowering and loving environment for all the children in the SOS family. At an individual level these responsibilities encompass support for the development of self-esteem, cognitive ability, personal identity and social capacities. Further obligations of the SOS parent include promoting and supporting access to education and health services and opportunities for recreation, play and sport.

Recent studies to follow up on the educational outcomes of young adults after they have left the care of an SOS family indicate strong levels of educational attainment - 17% of respondents completed university, a further 21% completed some form of college education and, 44% completed secondary education<sup>xvi</sup>.



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SOS parents are also expected to take full account of the desire to maintain family contact when this is in the child's best interests. The responsibility to maintain contact with the family of origin and the potential for family reintegration lies primarily with the SOS parent. To support the SOS parent in that responsibility, the organisation ensures access to advice from relevant professionals such as educators, psychologists or therapists.

### Child and youth participation

Within any SOS family the SOS parent is responsible for making sure that children have every opportunity to express their opinions and are taken seriously. SOS parents understand the participation of children and young people both as their right and as part of the child's education and personal development. They are required to create participation spaces in everyday life as an essential part of the integral development of children and young people.

In general terms, the majority of day-to-day decisions will be handled within the SOS family. However, in particular circumstances – perhaps on matters relating to a disclosure with child protection implications – the SOS parent can, as part of a supportive organisational network, access further assistance. This commitment to participation naturally extends beyond life in an SOS family and into the preparation for independent living with youth care workers and all those involved in empowering young people.

The SOS Children's Villages programme in Bulawayo, Zimbabwe systematically includes the participation of children on the organising committee. The children in the programme can contribute to this process via two children's sub-committees, the first representing youth from 17 years of age and the second representing children from 0-16 years of age. Each sub-committee of children elects their own representatives to bring their views and concerns to the main committee.

### Family reintegration

SOS Children's Villages is particularly committed to ensuring that no child remains in an SOS family when reunification with the family of origin is possible and in the child's best interests. In such cases we are committed to a planned and supported transition back to the family.

Across ten SOS national associations in Latin America a total of 2329 children and youth have, over the last five years, been successfully reintegrated with their families. Critical factors in assuring the success of reintegration have been maintaining contact with the family of origin; thorough assessment of the family situation to ensure reintegration is in the child's best interests; and monitoring to assess progress during and after the planned transition to the family of origin.



### Leaving care – the transition to independent living

Dedicated planning, preparation and support for leaving care are integral to ensuring the child's right to quality care. The first step in leaving care for young people living in an SOS family is an individualised and planned transition to a youth programme. Within the youth programme a specialised youth care worker and the youth concerned work together to develop a specific individualised plan for the transition to independent living. This plan might include, for example, the continuation and completion of formal education, access to vocational training, or the development of life skills.

SOS Children's Villages is particularly committed to ensuring the best possible educational outcomes for children and young people. For young people leaving the SOS family we maintain our support through vocational training, college or university education if these are options that suit their aspirations best.

From the youth programme, young people may move on to semi-independent living where they will be facilitated in gaining access to employment, appropriate housing, counselling and other services. Care leavers may spend up to three years in a semi-independent living arrangement, at which time they should be enabled to lead an independent life.



The SOS Vocational Training Centre at Mongarala in Sri Lanka was established in 2006 in one of the most underdeveloped districts in the country. Each year between 80 and 100 young people from SOS youth programmes and poor local families enroll as trainees and gain skills in areas ranging from car mechanics to IT skills. The centre and its courses are fully registered and accredited by the Tertiary and Vocational Education Commission. Between 2006 and 2010 a total of 311 young people graduated with a National Vocational Qualification Certificate.

Throughout this preparation process young people benefit from the knowledge, expertise and commitment of their allocated youth care workers and have every opportunity to maintain contact both with their SOS parents and their family of origin. The individualised preparation we develop through participatory planning, dedicated support and the continuity of relationships is vital to successful transitions into adulthood.

SOS Children's Villages France established the Maison Claire Morandat (MCM) as a semi-independent living programme to support young people during the transition from a childhood in care to independent adulthood. MCM supports almost 40 young people between the ages of 16-21 from foster care, SOS families and other forms of alternative care. Each young person lives in one of eight similar apartments in the same block. The supportive environment and tailored guidance helps to tackle exclusion and facilitate access to education, health and employment opportunities.

### 3.1.2 FAMILIES AT RISK – ENSURING TAILORED RESPONSES

SOS Children's Villages is committed to developing targeted and appropriate responses to strengthen family capacities to guarantee the quality of care. The risk factors which limit the capacities of parents and caregivers to provide positive and loving care environments are often multiple and cumulative. External factors, such as natural disaster, pandemics and severe economic downturn; household factors, such as poverty or domestic violence; and individual factors, such as disability, drug misuse or parental incapacity, all potentially have negative impacts on the quality of care for children<sup>xvii</sup>.

However, even when families are stressed, they also have "assets" that can be built on to achieve positive outcomes<sup>xviii</sup>. These strengths, capacities, and degrees of resilience include positive familial relationships, maternal warmth, communication, problem-solving and social support. SOS Children's Villages therefore promotes



In 2005 SOS Children's Villages Uruguay established a programme supporting child nutrition and health in the outskirts of Salto, the second biggest city in Uruguay. The programme is delivered through five community centres and reaches around 500 children and their families. The programme also includes nursery education, meals, medical care for children, and respite care giving mothers time and opportunity to access the labour market. The empowerment of families is central to the programme and each community centre is managed by a local committee made up of around 15 families. These committees take responsibility for organising training, lectures, workshops and campaigns to influence change at the local government level. The Salto programme was granted "good practice" status after an evaluation by UN-HABITAT<sup>XIX</sup>.

and delivers strengths-based, tailored and appropriate responses that build on the capacities of parents, caregivers and families to overcome risk and adversity and secure the child's right to quality care.

In 2009, the organisation's work with families of origin was improving the lives of over 160,000 vulnerable children globally. In Asia alone, the families of 37,000 children were being strengthened through the SOS Children's Villages programme. These interventions were responding to issues including single parenthood, malnourishment, unemployment and the lack of adequate shelter. In Africa, where responding to the effects of the HIV/AIDS pandemic is a particular focus of our work, the families of over 61,000 children have been assisted by, for example, securing access to health services, addressing food security, and providing care-giving capacity-building to parents and caregivers.

#### Identifying families of origin at risk

The planning and delivery of capacity-building through the SOS Children's Villages programme delivers specific responses to address the needs identified and prioritised in collaboration with the community. Fundamental questions are firstly, is there a clearly established need to develop a community-based programme, and,

secondly, what are the priorities for action? Once needs and priorities have been identified, a participatory consultation with community partners, vulnerable families and other stakeholders ensures that interventions are appropriately tailored.



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In Africa, SOS Children's Villages undertakes a household survey as part of any feasibility study to establish the need to develop appropriate interventions. These community-level surveys consider demographic data on the number of children at-risk and their available caregivers, and seek to avoid replicating existing services and support. For the SOS Children's Villages programme the key questions following on from the participatory assessment of risk and family capacity are "what are the issues, what is the required response, and with what intended outcome?"

#### Targeted and appropriate capacity-building responses

Central to specific interventions with a family at risk is a comprehensive Initial Assessment of the Family/Caregiver and the situation of each child in the family. These assessments inform the development of a Family Development Plan to ensure tailored responses in each case.

The situation of the family/caregiver is assessed across four dimensions. Under *General* questions, information regarding family composition (e.g. child-headed, foster, single parent) and the age and gender of adults in the household is gathered. On *Health*, special health needs are identified and access to both preventative and curative health services is considered. *Psycho-social* issues are discussed with respect to the caregivers' social support network, emotional well-being and child care knowledge and skills. Lastly, *Livelihood* is explored with respect to living conditions, income, food security, and stability of tenure on accommodation.



In 2005 SOS Children's Villages Germany established a programme in the district of Moabit in Berlin. Moabit has been consistently rated as low across socio-economic measures including unemployment, average income and life expectancy. Based on a local needs analysis the programme established a range of services around the focal point of a community social centre, which houses a kindergarten, common rooms, after-school club, and targeted psychological and physical therapy for children with special needs. In addition to these services the programme supports four SOS family apartments in the community, which are home to some 24 children for whom the family of origin is not an option.

In conjunction with the family/caregiver assessment an individual assessment is also completed for each child in the family. These assessments also collect general information and examine questions on education, health and psycho-social issues. *General* information includes the child's name, age, gender and relation to the caregiver. *Education* issues cover the enrolment and attendance of the child in education. Under *Health*, special needs, dis-

abilities, immunisations and access to necessary health services are identified. Lastly, the *Psycho-social* dimension seeks information on the quality of the relationship with the caregiver, other emotional, social or psychological needs, and the availability of legal documentation such as birth registration.

After the initial assessment, and assuming there is a clear need, the family enters the SOS Children's Villages programme. As a first step the family and the organisation's social worker collaborate in developing a Family Development Plan (FDP). The FDP, which is reviewed every 12 months, is specifically tailored to meet the needs identified by the assessment and includes a mid-term review to assess progress towards the identified objectives and the need to continue in the programme. In between these formal reviews the social worker is also responsible for continued monitoring and follow-up on progress towards the fundamental goal of building self-reliance within the family.

#### 3.1.3 DEVELOPING CARE OPTIONS – INNOVATIVE APPROACHES

For SOS Children's Villages it is crucial that we continue to reflect on the work we do and develop our programme in ways that support innovative responses to the issues faced by children without, or at risk of losing, parental care.

A key aspect of those developments has been the increasing emphasis on the strengthening and empowering of families at particular risk. In this work we support a wide variety of families such as families with both parents, families with single parents, and child- or sibling-headed households. SOS Children's Villages regards these developments as a strong complement to the quality care we have provided to children over the last 60 years.

Whilst the direct care provided within SOS families in particular has focused on developing specific communities – for example, in a village complex of 10-15 houses – we reflect on and recognise opportunities to work differently and respond to different situations. Examples include: supporting SOS families dispersed in their communities such as Moabit in Berlin (see previous info box); developing formal foster care options and net-

works; and providing emergency short-term respite care while we ensure professional and individualised support to address the root causes and promote the return of the children to their families.



The Simba project in Belgium is one example of emergency respite care. In cases where a lack of parenting skills poses a serious risk to child safety or well-being, vulnerable parents can place the child in a small group residential care setting for a limited period. We work with the parents to strengthen them in providing the necessary care through family therapy with a view to a planned and monitored reintegration of the child.

It is important also to ensure that programmes are linked to and integrated within communities, that we continue to develop professional capacities of women and men to provide care, and that the work is rooted in, and specific to, the different contexts in which we work.



In 2003 SOS Children's Villages South Africa established the Qwa Qwa Community Foster Care Programme. In collaboration with local government and community partners, the programme established community family homes as a family-based alternative to the use of under-resourced government-run children's homes. Implementing this programme required the recruitment of foster carers and the establishment of four foster families caring for up to six children each. The intention from the outset was to promote community buy-in and control of the programme. The foster mothers subsequently formed their own community-based organisation, the Ipopeng Young Women's Organisation, to support themselves and other foster carers and expanded the programme to include family strengthening initiatives. Today, the four foster families are fully established in their community and, whilst able to access necessary support via the Qwa Qwa Community Social Centre, are largely autonomous.

### 3.2 QUALITY CARE IN EMERGENCY SITUATIONS

As a federation of national associations in over 130 countries, SOS Children's Villages has the capability to respond to many challenges. Working with national and international partners the organisation has, in recent years, contributed to responses to the tsunami in 2004 in India, Sri Lanka, Indonesia and Thailand, hurricane damage in Nicaragua, flooding in Bolivia and armed conflict in Georgia, and is currently active in Haiti following the 2009 earthquake and in Pakistan in response to the extensive flooding in 2010.

Securing the child's right to quality care in these different contexts has encompassed diverse initiatives on the rights to birth registration, education, play and nutrition, recovery and reintegration, alternative care, and appropriate assistance enabling parents to carry out their responsibilities and duties. Of particular importance in the first instance in emergency situations is the need to provide immediate care and protection for separated children whilst efforts are made to trace their parents and arrange reunification.

In emergency situations, we are committed to ensuring not only that children are not separated from their families but also that these children, families and the wider community are empowered and strengthened to achieve a sustainable future.



Following the Indian Ocean tsunami in 2004, SOS Children's Villages worked, through inter-agency collaboration, to ensure a range of services and practical support for children and their families. In India, Sri Lanka and Indonesia, the Rebuilding Lives programme included the development of family-based care capacity to accommodate orphans and those otherwise deprived of a family. The work to empower families and communities ranged from initial emergency relief, such as temporary accommodation, to the longer term goals of restoring infrastructure and local economic activity. In essence, the objective was to empower local children, families and communities towards a sustainable future.



Following the Haiti earthquake in 2009, SOS Children's Villages provided short-term emergency accommodation for over 300 unaccompanied children. Working in collaboration with UNICEF, other NGOs and the government of Haiti, the priority was to register these children to facilitate family tracing and reunification. There was global concern about the potential trafficking of vulnerable children, with a high profile case involving 33 children recovered at the border with the Dominican Republic. SOS Children's Villages Haiti was able to guarantee the care and protection of all 33 whilst inter-agency efforts to reunify them were successfully concluded.



### 3.3 THE ORGANISATION: MANAGING QUALITY

The SOS Children's Villages organisation works to guarantee quality of care through the services it provides by ensuring appropriate orientation, training, monitoring and evaluation of staff and partners alike.

#### Guiding policies and quality standards

In addition to the UNCRC and UN Guidelines, other quality standards and recommendations used by SOS Children's Villages include the Quality4Children in Europe (Q4C) standards – which present 18 standards intended to guide appropriate admissions, care, and leaving care processes – and the Council of Europe recommendations (Rec.(2005)5) on the rights of children living in residential institutions. Both provide additional, complementary guidance on the implementation of the child's right to quality care.

This framework of external guidance is further complemented by operational manuals, position papers and a range of organisational policies on, for example, formal education, HIV/AIDS, inclusion and child protection, and an overarching programme policy.

Of particular importance are the general guidelines for setting up the SOS Children's Villages programme. As a first step in assessing the feasibility of a potential programme a Child Rights Situation Analysis is required to establish the basic issues and priority needs. Following this, community level feasibility studies – as discussed above – refine our understanding of what is needed prior to the establishment of an appropriately designed programme.

#### Code of conduct for child protection

Building trust with vulnerable children and young people requires constant dedication, effort and critical reflection. The trust of children in our care is fundamental to everything we do and all SOS co-workers are subject to a Code of Conduct requiring respectful relationships and professional conduct. At the heart of the code lie key considerations for the development and protection of children.

In cases where specific issues or concerns are raised, we fully recognise the need and responsibility to respond. The Child Protection Policy of SOS Children's Villages sets out clear directions to ensure that the voices and concerns of children are taken seriously. This is especially important in our responses to reports of ill-treatment, child neglect or abuse.

#### Recruitment, training and supervision of qualified staff

SOS Children's Villages is fully committed to fulfilling the responsibility defined by the UN Guidelines to ensure adequate selection and recruitment procedures. At the most basic level this includes background checks regarding the psychological, moral and physical suitability of SOS parent candidates. To guarantee we recruit the right people, the selection processes to become an SOS parent are thorough. Through formal interviews and monitored work experience we assess the attitudes, knowledge, skills, and general suitability of any candidate.



Children in the care of SOS families are made aware of their rights, and given specific opportunities to raise their concerns. On a daily basis in SOS families the SOS parent is the person of trust in whom they may confide. If any complaint is made regarding the conduct of staff, care-planning, relationships with siblings, family contact etc., SOS Children's Villages will respond appropriately. Any complaints are received in a spirit of open and responsive honesty where the best interests of the child are the overriding priority. If complaints cannot be resolved within the SOS family then a neutral person will be appointed and charged with responsibility to report back to the child protection team handling the case. Depending on the severity of allegations this team can handle matters internally or may be required to involve external authorities. In any case the main priorities are always to safeguard, support and protect the child, and to ensure a fair hearing for anyone accused.

If selected to become an SOS parent, candidates enter a two year training programme which combines dedicated theoretical training with mentored and monitored on-the-job experience. Perspectives within this training include child rights, child development, preventative health, nutrition, family strengthening and national legislation. Only on successful completion of this extensive training and a final evaluation does a trainee graduate as a qualified SOS parent.

SOS parents receive on-going support in meeting their responsibilities, including follow-up training and space for professional reflection and learning. This is delivered through performance appraisal processes, retreats, external training and other on-the-job opportunities to build capacity. In promoting the on-going development of SOS parents we recognise that only qualified, content and motivated caregivers are suitably enabled to provide for the child's right to quality care.

### Research, programme planning, monitoring and evaluation

SOS Children's Villages is committed to constant and critical reflection on what we do and how we do it. Such reflection



SOS Children's Villages commitment to professional capacity-building goes beyond the training of our own staff. In 2006, SOS Children's Villages The Gambia, in partnership with UNICEF and the government, came together to establish certificate and diploma programmes in social work through the Gambia College. These landmark programmes offer the first opportunities in The Gambia for those with a career interest in social work to receive locally based training. Offering a multi disciplinary curriculum, encompassing for example, sociology, psychology, human rights, and practical field experience, these programs are intended to encourage the development of the social work profession. They seek to ensure the professional capacities of suitably qualified local personnel in The Gambia.

is central to effective social welfare practice and is founded on the basic question: Is the programme reaching the right clients, and are our interventions appropriate and effective?

In SOS Children's Villages national associations, this reflection is supported by a clear framework known as the Quality Management Approach. Underpinned by principles of partnership, consultation, quality standards, and effective use of resources, this approach governs the planning, implementation and monitoring and evaluation of both individual interventions and programmes.

At the level of individual interventions, and central to all our work with vulnerable families and children, are two key documents which form the basis for the planning and implementation of interventions. These individualised Family Development Plans and Child Development Plans initially establish the basis for our work but also serve as a vital tool, through regular review and ongoing monitoring of progress, to reflect on effectiveness in capacity-building and care-planning and to make any necessary adjustments.

Building on emerging data from programme documentation, the organisation is further developing a global programme database to collect data from the national level to inform planning, reflection and future programme development. Also, at the programme level, there are self-evaluation tools to explore and reflect on the quality, strengths, and necessary planning and action to implement potential improvements in the programme.

The self-assessment of the SOS families focuses on the current situation and potential improvements across ten standards including admission processes, child development, community involvement, youth programmes and staff development. These assessments are conducted on an annual basis with the participation of relevant stakeholders. The analysis focuses on identifying and building on strengths and the necessary steps to address perceived weaknesses. The assessment of capacity building with families of origin is implemented along similar lines and focuses on the quality of the services provided to children and families and the organisational structures and systems.

### 3.4 ADVOCACY: CHILD RIGHTS AND CARE SYSTEM REFORM

As a strong federation of over 130 National Associations, with over 60 years of direct experience delivering quality individualised care, we can offer global, continental, regional and national perspectives to inform the development of policy and practice at all levels.

We have noted already the dual role of an organisation like SOS Children's Villages. On the one hand we are obligated to work within State-regulated social care/welfare systems. On the other hand we must also act as an independent advocate to promote changes in laws, policies and practice that will better guarantee the rights of children without, or at risk of losing, parental care.

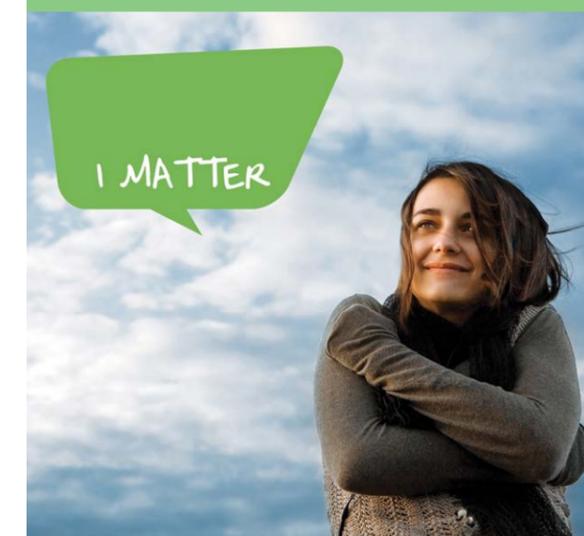
Founded on our systematic national Child Rights Situation Analyses we use our experience and expertise to ensure evidence-based advocacy. Through our advocacy we promote social and legal change to guarantee the realisation of all the rights of the child. We will identify important issues for national and international

campaigns and other advocacy actions to influence key decision-makers in the relevant ministries, agencies and other organisations. In particular at the national level we look to strengthen civil society by working with NGO and other partners to establish or join national coalitions.

Taking advantage of regional and international forums, in partnership with NGOs and civil society, we look to bring child rights concerns to, for example, the Committee on the Rights of the Child, the Human Rights Council, the Council of Europe, the African Committee of Experts on the Rights and Welfare of Children, and the Asia Pacific Conference on Child Abuse and Neglect.



The *I Matter* campaign promotes legal and social change to address challenges faced by young people leaving care as they make the transition into independent living. It seeks to ensure that they receive the necessary preparation and ongoing support. Central to the campaign strategy has been the active involvement of young people from alternative care backgrounds in the International Youth Council (IYC), which sets priorities and directs the campaign. As one young person in the IYC noted, "with our actions we have the opportunity to change the conditions of leaving care in different countries."



## 4. CARE SYSTEM REFORM - A CALL FOR ACTION

Given the continuing gaps between the obligations and performance of States with respect to the rights of children without, or at risk of losing, parental care, immediate action is needed to reform the care system and related family support services to promote family care and ensure appropriate alternative care.

In many national contexts there is a chronic lack of reliable data on both family vulnerability and populations of children living in alternative care. As a first step towards reform, the State, in partnership with civil society organisations, must conduct data collection and analysis to ensure that the development of relevant law, policy and practice is linked to genuine needs.

In pursuit of the child's right to quality care we call on States (working in full consultation with international agencies, international and national NGOs, and civil society) to deliver the necessary reform of systems and settings by taking the following actions:

- conduct necessary data collection and analysis with respect to family vulnerability and actual life situations of children without, or at risk of losing, parental care;
- review, reform or introduce legislation, policy and practice with respect to interdependent rights of the child encompassed by the child's right to quality care;
- allocate the necessary human and financial resources to ensure the delivery of quality care for all children;
- ensure a rights-based regulatory environment for State and non-State providers with adequate registration requirements, monitoring and accountability of providers for the implementation of quality standards and the delivery of quality care;
- guarantee, without discrimination, the right to quality care for children in families, and children without, or at risk of losing, parental care;



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- develop and introduce family-oriented policy guaranteeing appropriate universal support for families, parents and other caregivers;
- guarantee that all assessment and decision-making processes concerning vulnerable families and children are professional, participatory and ensure case-by-case responses;
- develop and implement appropriately targeted strengthening programmes for families at risk and prevent the necessity for alternative care, and promote reintegration;
- reform care systems to ensure a range of alternative care options, governed by quality standards, with the capacity to guarantee individualised care responses and positive relationships;
- strengthen efforts to de-institutionalise the care system and, in particular, limit the use and availability of large scale institutions.

The realisation of the child's right to quality care, in any national context, requires review and reform of law, policy and practice in welfare and care systems with particular respect to the UNCRC, the UN Guidelines and national data to ensure that reforms meet identified needs.

The ultimate aim of systems reform should be to create the conditions for all children in all care settings to experience the individualised care and positive, caring, empowering and loving relationships that are vital for their development. This is the essence of the child's right to quality care – and the commitment of SOS Children's Villages.

### GLOSSARY

**Alternative care** – formal and informal forms of care provided with children living apart from their parents, including family-based and residential forms of care.

**Caregivers** - used to refer to non-parental carers in the extended family, other informal care, or in any form of alternative care.

**Children without parental care** - children whose parents are unavailable, unable, unwilling or otherwise lack the capacity to provide appropriate, nurturing and secure care.

**Children at risk of losing parental care** – children living in the parental home where risk factors limit the capacity of the parents to provide appropriate, nurturing and secure care.

**Family of origin** – the habitual family environment/ residence of a child in the care of parents or other caregivers.

**Kinship Care** – care provided by caregivers who are members of the extended families or close family friends.

**Parents** - biological or adoptive parents, or others with legal parental responsibility for the child.

### ENDNOTES

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- <sup>iii</sup> Ageing out of Care, SOS Children's Villages, Innsbruck, 2010
- <sup>iv</sup> The United Nations Convention on the Rights of the Child (1989), preamble.
- <sup>v</sup> General Comment 7 to the UNCRC, para.15
- <sup>vi</sup> United Nations Convention on the Rights of the Child (1989), Article 18.2
- <sup>vii</sup> The United Nations Guidelines for the Alternative Care of Children (A/RES/64/142)
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- <sup>xiii</sup> Oates, J. (ed), *Early Childhood in Focus 1: Attachment Relationships. Quality Care for Young Children*, Open University, Milton Keynes (2007) p.viii.
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- <sup>xvi</sup> Tracking Footprints Study, SOS Children's Villages, Innsbruck, 2009.
- <sup>xvii</sup> Ghate & Hazel, 2002 cited in *Early Childhood in Focus 5: Supporting Parents*, The Open University, 2010, p.10.
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