



Programme Services Regulation

June 2023




If you have any general questions about this policy, please contact: pd@sos-kd.org

General information

Approved by	Management Council Executive Board
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Version	1
Binding for	All member associations of SOS Children's Villages International (ordinary members), including their affiliated entities; the members of their governing bodies; and their employees and others working for them or on their behalf and SOS Children's Villages International, including its affiliated entities; the members of its governing bodies; and its employees and others working for it or on its behalf
Based on	SOS Care Promise (policy)
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Policy framework

The SOS Children's Villages policy framework has three levels of binding rules for member associations and SOS Children's Villages International. They build a hierarchy, starting with foundations as the highest, followed by policies and finally, regulations.

 Foundation	 Policy	 Regulation
Foundations are the highest constitutional and fundamental documents, establishing basic norms and legal obligations.	Policies define guiding principles and minimum requirements for members based on the norms and obligations established in foundations.	Regulations provide further detail (e.g. procedures and processes) on how to fulfill the minimum requirements and obligations defined in policies or foundations.
Approved by the General Assembly	Approved by the International Senate	Approved by the Executive Board in consensus with the Management Council



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Purpose

The programme services regulation defines the binding and recommended rules for our programme approach and our core services in family strengthening and alternative care. It sets the minimum quality standard for all programme work in SOS Children's Villages' member associations. The following services are covered:

- family strengthening,
- family-like care (formerly called SOS family care),
- foster family care,
- small group homes and
- supervised independent living.

More detailed information, explanations, recommendations, and general guidance for contextualization and implementation of the rules presented in this regulation is provided in the accompanying [programme services user guide](#). Member associations are strongly advised to work with both documents.

Categories of rules

This regulation defines the following categories of rules.

Legally binding (B): legally binding rules of a regulation constitute the minimum common standard to be implemented and applied by each member association and SOS Children's Villages International. Subject to applicable national laws, member associations or SOS Children's Villages International can apply a stricter standard for regulations or its individual rules, but they cannot go below the standard of rules as defined in the regulation. Each member association and SOS Children's Villages International are obliged to notify the CEO in the event one or more rules of the regulation contravene applicable national laws and they must mitigate the consequences by proposing alternative solutions to ensure compliance. The breach of a legally binding rule entails consequences, depending on the gravity of the breach. This includes disciplinary measures for employees, suspension/termination of governing body membership or suspension/expulsion of federation membership. Legally binding rules are phrased as "**must**" requirements.

Recommended (R): recommended rules go beyond the minimum common standard and are not required to be implemented and applied by member associations. SOS Children's Villages International, as the norm-setting authority, however, will implement and apply recommended rules, and all member associations are strongly encouraged to follow this example as far as applicable national laws or their internal policies allow, in order to achieve more uniform standards across the federation. Recommended rules are phrased as "**should**" requirements.

All member associations must comply with the minimum quality standards presented in form of binding rules (marked with **B**) in this document **as soon as possible, but latest by end of 2025**.

Member associations in the federation work in very different local contexts with significant variations in the national and local child care and protection systems. Therefore, not all member associations will be able to immediately comply with all rules presented in this regulation. In case a member association cannot comply with a certain rule, they have the duty to explain the reasons for non-compliance. In addition, the member association needs to present a roadmap outlining concrete actions to ensure compliance in the future as well as a timeline explaining by when a member association will comply.

1. Our programme approach: general rules applying to all areas of programme work

Our programme policy, the [SOS Care Promise](#) defines 9 commitments to quality care that apply across our services. Commitment 2 states that we position the SOS Children's Villages programme as a programme for child care and protection. This section presents the minimum binding standards around the four characteristics (sub-chapters 1.1 - 1.4) of an SOS Children's Village programme that guide us to do so and to work towards one common impact across all services: To ensure that each child and young person grows up with the bonds they need to become their strongest selves. All rules presented here in section 1 apply to all services offered in a programme location or member association.

1.1 A child-centered programme

1. Member associations must **meet the responsibilities** as set out in the [Convention on the Rights of the Child](#) and the [Guidelines for the Alternative Care of Children](#). They must not allow or promote any practices that violate **children's and young people's rights**. **B**
2. Member associations must make all decisions in primary consideration of the **best interests of each individual child or young person** in care of or supported by the organization. Member associations must **document processes and outcomes** accordingly (e.g., in assessment reports, review reports, minutes, etc.). **B**
 - 2.1. Programmes must take all decisions concerning the individual child or young person on a **case-by-case basis**, ensuring the **child's and young person's safety and security**, in conformity with the principle of **equality** and **non-discrimination** and taking due account of the **gender perspective**. They must respect fully the child's and young person's **right to be consulted** and to have their **views taken into account** in accordance with their evolving capacities. **B**
3. Member associations and programmes must take **all management decisions affecting children and young people under consideration of the best interests of children and young people**, especially those of our **target group**: children and young people who lost parental care or are at risk of losing parental care. **B**
4. Programmes must provide **adequate structures and processes** (e.g., children's council, youth advisory boards, etc.) to consider the **views, opinions and ideas of programme participants** in decision making for all areas of service design and delivery. Programmes must document the participation of programme participants and how their input has influenced decision-making (e.g., in assessment reports, review reports, meeting minutes, etc.). **B**

5. Member associations must **keep children and young people informed** about the types of personal information, which is kept in their **case records**, what it is used for, who it will be shared with and how long it will be kept for. Their **right to access** their case record must also be explained to them. **B**
6. Member associations must **protect the children and young people** who participate in a programme or who are in contact with SOS Children's Villages or its representatives from harm, neglect, and abuse. To do so, they follow the principles, procedures and standards defined in the [Child and youth safeguarding policy](#). **B**
7. Programmes must ensure that families (children, young people, and their parents or legal guardians), staff, volunteers, associates and partners are informed about the **existing internal and external reporting channels for child safeguarding concerns and incidents**, as set out in the [Misconduct incident management regulation](#). **B**
 - 7.1. Programmes must ensure that internal **child safeguarding reporting channels** are **child-friendly, easy to use** and allowing for **complete anonymity** of the reporter. **B**
8. Programmes must ensure that there is **awareness and adequate response to all different types of abuse and neglect**, including physical and emotional abuse, violation of privacy, sexual harassment and exploitation as set out in the [Child and youth safeguarding policy](#) the [Code of conduct](#) and the [Sexual misconduct regulation](#). **B**
9. Programmes **must conduct a gender analysis** when designing services and ensure that they contribute actively to transforming gender and power relations and hence to improving gender equality when implementing services as defined in the [SOS Children's Villages Gender Equality Policy](#). **B**

1.2 A locally-adapted programme

10. Member associations must design their programmes in response to the situation of the organization's **target group: children and young people without or at risk of losing parental care who are living in vulnerable situations**. To do so, programmes must conduct a **needs assessment** as defined in the [results-based management regulation](#) at minimum every 5 years. **B**
 - 10.1. When conducting the needs assessment, member associations **must involve children, young people, families as well as other local stakeholders** in the community to ensure a locally relevant, coordinated, efficient and sustainable programme response. **B**
11. Programmes must **adapt programme services** to the legal, cultural, socio-economic and political context as well as the situation of the target group in the community they work in. **B**

1.3 Part of the wider child-protection system

12. Member associations must follow the applicable **national law** and work within the framework of the **national or local child protection system**. This includes cooperating closely with **local authorities**. **B**
 - 12.1. Member associations must work with national or local authorities and other relevant stakeholders to **advocate for the rights of children, young people and families** and to **change law, policies and practices** in favor of the target group. **B**
 - 12.2. If the national law does not foresee standards allowing for quality care services, member associations must **lobby and advocate for higher quality standards** in the best interests of the target group via effective partnerships and advocacy. **B**
 - 12.3. Member associations must **register all the services** they offer in the national legal system to gain **authorization from the competent authority**, clarify **accountability and ensure transparency and sustainability**. **B**
13. Programmes must work in **inclusive and equal partnerships with local stakeholders**, including civil society actors, to support **locally-led initiatives** and services in a community. **B**
 - 13.1. Programmes must **coordinate their work and desired results** with **stakeholders in the community** to ensure that SOS Children's Villages' services contribute in the most effective way to improving the overall child care and protection system. This includes a **local child safeguarding mapping**, which must be conducted at minimum every 5 years. **B**
 - 13.2. Programmes must not **duplicate or undermine** other stakeholders' **existing initiatives**. **B**

1.4 A range of care services

14. Member associations must appoint a **programme manager** (e.g. programme director), who is responsible for ensuring the **effectiveness and efficiency of service delivery** for all programme services offered in a location. This includes **defining roles and responsibilities** of all staff members, volunteers and partners, and **allocating adequate resources**. **B**
 - 14.1. All management decisions must be taken under consideration of the **best interests of children and young people**. **B**
15. Each programme must follow a **consistent results-based programme management process** as defined in the [results-based management regulation](#). **B**
16. Together with partners, programmes must contribute to making a **range of locally relevant care services** available in a community. **B**
 - 16.1. Programmes must **map relevant local stakeholders**, including public agencies, non-governmental organizations, community-based organizations, volunteer groups, and the like, as part of the needs assessment. **B**

- 16.2. During a **humanitarian crisis** or emergency situation, programmes must ensure that they **build on existing services and structures** to ensure coordinated and effective humanitarian action as outlined in the [Companion for Child Protection in Humanitarian Action](#). This requires **adapting existing services in response to the crisis** situation while always focusing on assisting children without parental care or at risk of losing it. Once the crisis situation is over, programmes must ensure a **transition from humanitarian action** to longer-term, more **development-oriented programming** based on a needs assessment. **B**

Tracking progress in all services

To effectively implement services and to ensure that quality is in line with the [SOS Care Promise](#) and other relevant policies and regulations, it is essential to track programme performance over time. Indicators and targets support programme teams in assessing whether they are on track of achieving the desired results as defined in their local results framework.

17. Member associations must **track programme performance over time** to ensure that quality is in line with our programme policy "[SOS Care Promise](#)" and the associated regulations. **B**
18. Member associations must ensure that the **processes and quality of a programme are assessed** at regular intervals (at minimum every 2 years). **B**
- 18.1. Programmes must carry out a **self-assessment** on processes and quality of programme work at minimum once a year (e.g. the [SOS Care Promise self-assessment tool](#)) and document the results and concrete actions for improvement. **B**
19. Programmes must use **indicators** and define **targets** to assess whether they are on track of achieving the desired results as defined in the **local results framework**. **B**
- 19.1. Programmes should use pre-defined indicators provided in our Programme Database (PDB) and additional quantitative and qualitative indicators that are relevant in the local context **R**
20. Programmes must use **other internal and external sources** (e.g. learnings collected in workshops with programme participants or the programme and support team, discussions with external stakeholders, results of external audits, etc.) to **monitor the progress** made towards the results set. **B**

2. Family strengthening

In line with the preamble of the [UN Convention on the Rights of the Child](#), SOS Children's Villages firmly believes 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." Therefore, family strengthening services are an integral part of an SOS Children's Villages programme. This includes support for kinship care and support for reintegration processes to reunite children and young people with their family of origin. Setting up the service in a locally-contextualized way ensures that children's and young people's rights are fully realized within their family of origin.

Suitability

- 21. Programmes must **target children and young people at risk of child- family separation** for their family strengthening services. **B**
- 21.1. Programmes must analyse underlying **risk factors of child-family separation** (contextual risk factors and family risk factors) as an integral part of the **needs assessment**. **B**
- 21.2. Programmes must carry out an **individual assessment** to determine whether a child or young person is in the target group. This includes analyzing the **presence and capacity of caregivers**, as well as the **stability of care**. **B**

Desired results

- 22. Programmes must define **locally relevant results** that respond to identified needs and rights violations in the community, in line with **results-based management**. **B**
- 22.1. Programmes should consider **desired results of family strengthening at child, family, and community levels**. **R**
- 23. When working directly with families, programmes must work towards **achieving self-reliance of families within 5 years**. **B**
- 23.1. Family strengthening field workers must agree on an **individual time frame with each family** as integral part of the family development plan. **B**
- 24. When empowering communities, programmes must work towards **achieving sustainability of communities within 8 years**. **B**
- 24.1. Programmes must agree on an **exit strategy and individual time frame** with each community. **B**

Approach and activities

25. Programmes should design family strengthening services consisting of a combination of **two approaches: direct family empowerment (DFE) and community empowerment for family empowerment (CFE)**. Both approaches work towards the shared aim of family empowerment. **R**
26. In both approaches, programmes must work in **inclusive and equal partnerships with local stakeholders**, including with public authorities, to ensure locally relevant and coordinated service delivery. **B**
27. Programmes should **tackle all three levels of prevention** by following the two approaches to family strengthening: **R**
- Primary prevention to reduce underlying risk factors of child-family separation in a community (CFE)
 - Secondary prevention to prevent child-family separation in individual families (DFE or CFE)
 - Tertiary prevention to support reintegration of children in alternative care with their families of origin as soon as feasible and in the best interests of the child. (DFE or CFE)
28. In **direct family empowerment (DFE)**, programmes must follow a **case management approach** to ensure that each family can access holistic support on their journey towards self-reliance. **B**
- 28.1. Programmes must ensure, that each family has a **family development plan** including their development goals and specific activities, which is **reviewed** jointly at minimum **every 6 months**. **B**
- 28.2. Programmes must develop and review the family development plan jointly with the family, including the **participation of children and young people**. This includes agreeing on a targeted **exit date** for the family. **B**
- 28.3. Programmes must **respect the family's privacy and autonomy** in all support activities and channels. **B**
29. In **community empowerment for family empowerment (CFE)** programmes must work with relevant **stakeholders in a community to develop strong, locally owned and sustainable social support systems** for children, young people and their families to prevent child-family separation. **B**
- 29.1. Programmes should promote a **coordinated case management approach** across partners. In addition, programmes may also implement **other forms of community-level action** to prevent child-family separation (e.g. organizing workshops and trainings with community members, initiating and facilitating child protection committees or peer-support groups, etc.). **R**
- 29.2. Regardless of the approach, programme activities must focus on SOS Children's Villages **core competence** in providing **care and support for children and young people without parental care or at risk of losing it**. **B**
- 29.3. Programmes must work with and strengthen **existing structures, initiatives and services** at community level to support local collective action which contributes to a strong and sustainable social support system for children and their families. **B**

- 29.4. Programmes must **strengthen the community to take on an ongoing responsibility** of ensuring that families and their children have access to the required support services. Over time and as capacity and resilience of communities increase, programmes **must gradually reduce** the level of support through a well-planned exit strategy. **B**

Reintegration with the family of origin

Reintegration is the process of a child or young person in alternative care transitioning back permanently to the care of their family of origin. In many cases, children and young people in the process of reintegration are part of the family strengthening target group as they and their families require specific support before, during and after this process.

30. Programmes must ensure that **alternative care and family strengthening services cooperate closely** in managing a smooth reintegration process. **B**
31. Programmes must **assess the possibility for reintegration** for each child or young person in alternative care during the regular care review at least every 12 months. **B**
- 31.1. Programmes must assess and document the **family of origin's willingness** to accept the child or young person back and their **ability to provide appropriate care and protection**. **B**
32. Programmes must never **use reintegration** of a child or young person **as a response to their behavioral issues**. **B**
33. Programmes must support **reintegration**, if in the child's or young person's best interests, with **dedicated resources, a multi-disciplinary team approach, thorough preparation and involvement of all stakeholders**. **B**
34. Programmes must prove that the child's **family of origin receives support from the moment of admission** of the child to alternative care. This support can be led by the public authorities or delegated to SOS Children's Villages or another organization. **B**
35. Programmes must ensure **close collaboration** between SOS Children's Villages, the family of origin, public authorities and other partners in the community. **B**
36. **After the actual reunification** of the child or young person with their family of origin, programmes must prove that their **situation is monitored and support is provided**. Monitoring can be led and support can be provided by the public authorities or delegated to SOS Children's Villages or another organization. **B**
- 36.1. Programmes must prove that a **follow-up assessment** was conducted **six months after the reunification** of the child or young person with the family of origin. **B**

Resource requirements

37. Member associations and programmes must follow **a professional recruitment process** to ensure that qualified people are selected for all positions. **B**
38. Member associations must carry out **a thorough background check** (e.g. police check) for all applicants considered for a position and must prove that they signed the [organization's code of conduct](#) and [Child and youth safeguarding policy](#) before their employment contract is signed. **B**
39. Member associations must ensure that newly employed staff, including volunteers, receive **adequate training on child safeguarding** as set out in the [Child and youth safeguarding policy](#). **B**
40. Programmes should appoint a **family strengthening coordinator**, who supports the programme manager with their tasks. **R**
41. In direct family empowerment, programmes must **appoint a family strengthening field worker** who fulfils the role of **a case manager**. **B**
 - 41.1. Programmes must ensure that the **number of families per case manager** is such that **sufficient time** can be dedicated to the support of each family. **B**
 - 41.2. Programmes must ensure that a **full-time case manager** supports a **maximum of 30 families**. **B**
 - 41.3. Programmes should ensure that a **full-time case manager** supports a **maximum of 20 families**. **R**
42. Programmes should employ family strengthening field workers who have completed an **officially recognized training in the areas of social work, pedagogy, child or youth care** or related fields. **R**
43. In community empowerment for family empowerment, programmes should employ family strengthening field workers who have completed an **officially recognized training in the area of community development** or a related field. **R**
44. Programmes must ensure family strengthening field workers are familiar with the **local community or recruited locally**. **B**
45. Programmes must provide family strengthening field workers with **access to adequate means of transport** to reach the families. **B**
46. Programmes must ensure family strengthening field workers have **access to the internet, to relevant digital devices** (e.g. smartphones, tablets, laptops...) as well as to the **relevant systems** (e.g. access to the programme data base). **B**
47. Programmes must ensure that sufficient **multidisciplinary care support staff** (e.g. educators, psychologists, youth workers...) are available to provide specialized and individualized support to families in family strengthening. Care support staff are employed by SOS Children's Villages only if relevant quality services cannot be accessed via the community. **B**

48. Programmes must **never recruit volunteers to replace qualified staff**. The role of volunteers must be to **support existing staff in well-defined areas**. **B**
49. Programmes must have a **service center or service point**, which families can access to receive services. **B**
- 49.1. Programmes must ensure, the service center or service point meets the requirements of the service with regards to **space, safety, privacy and confidentiality** in the work with families. **B**
50. Programmes must have **dedicated office space with the necessary equipment** for management and administration of family strengthening services. **B**

3. Alternative care

In alternative care, SOS Children's Villages provides care in settings other than the child's or young person's immediate or extended family. The most common alternative care services offered by SOS Children's Villages globally are family-like care, foster family care, small group homes and supervised independent living arrangements. While each of these services has distinct characteristics, they also share a lot of commonalities. The following part presents the **minimum standards for all alternative care services** in SOS Children's Villages, followed by the specific standards per service in the subsequent chapters.

51. Member associations must follow the [Guidelines for the Alternative Care of Children](#) in their alternative care services. **B**

Suitability

52. Programmes must target **children and young people who have lost the care of their family of origin** and for whom the **responsible authorities**, based on the national legislation, have decided that alternative care is **necessary** as set out in their national gatekeeping guidelines, the global [gatekeeping regulation](#) and the [global gatekeeping user manual](#). **B**
53. Member associations must apply the **principles of necessity and suitability** for children and young people in alternative care as outlined in the [Guidelines for the Alternative Care of Children](#) and our internal [gatekeeping regulation](#), to determine whether alternative care is in a **child's or young person's best interests**. This also applies in situations of **emergency** arising from natural and manmade disasters, including international and non-international armed conflicts, as well as foreign occupation. **B**
- 53.1. Programmes must prove that the **core assessment** was carried out for **each child and young person individually by a multi-disciplinary team of qualified professionals**. **B**
- 53.2. Programmes must prove that they listened to and took into account the **child's or young person's desire and opinion during** the placement process. **B**
- 53.3. Programmes must ensure that alternative care for a child or young person is of the **shortest possible duration** and **whenever possible only temporary**. **B**
- 53.4. Programmes must prove that **poverty** of the family of origin was **not the only reason for admission** of a child or young person in alternative care. **B**
- 53.5. Programmes must prove and document that efforts are made to enable the child or young person to **remain in the care of their family of origin**, or when appropriate, other close family members. **B**
- 53.6. Programmes must prove and document that from the moment of admission of the child or young person to alternative care, efforts are made to **return the child or young person to the care of their family of origin**. **B**

- 53.7. Programmes must ensure the **location** of the alternative care placement is as close as possible to the child's or young person's **community and residence of the family of origin** to allow continuity of their educational, cultural and social life as well as their linguistic background. **B**
- 53.8. Programmes must ensure that **siblings** who are placed in alternative care can **stay together** if in their best interests. **B**
- 53.9. Programmes must ensure that there is **no discrimination during the placement process** based on gender, socio-economic status, ethnic or culture, national origin, language, religion, disability or any other status of the child or young person. **B**
- 53.10. Programmes must ensure that the **responsible legal authority** takes the **final placement decision**. If the capacity of the legal authority is limited, programmes must take an active role in the placement process, always ensuring the involvement of the responsible legal authority. **B**
- 53.11. Programmes must ensure a careful matching of the child or young person with their caregiver(s) in alternative care and the family or group setting, so that their situation and developmental needs harmonize with the abilities, resources and characteristics of the caregiver and family or group. **B**
54. In collaboration with the authorities and in line with national legislation, programmes must **conduct and document regular care reviews** at least every 12 months to consider the child's or young person's changing requirements and circumstances, and to **determine the necessity and suitability** of the care setting. **B**
- 54.1. If a transition to another alternative care setting is in the child's or young person's best interests, programmes must **take the final decision in a participatory way and document the reasons** to ensure full transparency for all stakeholders involved. **B**
- 54.2. If a transition to another alternative care setting is in the child's or young person's best interests, programmes must **accompany the transitioning process professionally** and involve all relevant stakeholders (e.g. child/young person, family of origin, current caregivers, friends, etc.). **B**
- 54.3. If reintegration with the family of origin is in the child's or young person's best interests, the programme must **support the reintegration process professionally** (as detailed in rules 30. to 36. in this document). **B**
- 54.4. Programmes must ensure that **age or sex of the child or young person is never the only criteria** for the transition to another care setting including reintegration with the family of origin. **B**
- 54.5. Programmes must **never allow a transition to another care setting** (e.g. from family-like care to a small group home or reintegration with the family of origin) as a **sanction for unwanted behavior**. **B**

- 55. Programmes must keep **records** on children and young people in care **complete, up to date, confidential and secure**. Records must include information on their admission and departure and the form, content and details of the care placement, together with any appropriate **identity documents** (e.g. birth certificates) and other personal information. **B**
- 55.1. Programmes must inform children and young people about their **right to access** their case record. **B**
- 56. Programmes must conduct an **exit assessment** when a child or young person leaves a service and must ensure that all records are up to date at this point. **B**
- 56.1. Programmes should conduct a **follow-up assessment 12 months after the exit**. In the case of young people leaving care, it is required to get **consent** for the follow-up assessment from the young person **before the exit**. **R**

Desired results of the alternative care services

- 57. Programmes must define **locally relevant results** that respond to identified needs and rights violations in the community, in line with **results-based management**. **B**
- 57.1. Programmes should consider **desired results of alternative care at child, family, and community levels**. **R**

Approach and activities in alternative care

To reach the desired outcomes in alternative care, programmes work with different approaches: One is to directly provide alternative care services and the other one is to work with various actors in the field of alternative care and support them to set-up new or improve existing alternative care services. The approaches of **direct alternative care service provision** and **alternative care capacity-building** should always go hand-in-hand in a given location.

- 58. Based on the outcomes of the needs assessment, programmes should set-up their alternative care services consisting of a **combination of two approaches**: direct alternative care service provision and alternative care capacity building. **R**

Direct alternative care service provision

- 59. Member associations must ensure that all alternative care services are provided in a **family** or a small **family-like care setting**. **B**
- 60. Programmes must **progressively eliminate institutional features** typically associated with residential facilities as they **hinder their emotional, cognitive, and social growth** by creating a **rigid and restrictive atmosphere**. Institutional features can lead to **further isolation** of children and young people from their communities and give them a sustained **feeling of difference and stigmatization**. Programmes must ensure to offer a **home-like environment** to help **normalize their living conditions** and **promote social integration**. This can enhance their **sense of belonging** and **facilitate their successful reintegration**. **B**

into the community. In adherence to the [Guidelines for the Alternative Care of Children](#) member associations must include **concrete actions “with precise goals and objectives”** (see Article 23) in their national strategies to ensure that all alternative care participants live in a **small-scale, community-integrated setting** and progressively reduce large residential care services. The sub-rules 60.1 to 60.8 further specify important areas for actions.

- 60.1. Programmes must ensure that children and young people live **integrated in the community** and that each child and young person lives in an **individual, child- and youth-friendly home**, which is **similar to other homes in the community** and feels and looks like a **family home**. **B**
- 60.2. Programmes must **ensure that caregivers, children and young people can easily interact with neighbors** and have **good access to essential public services** (e.g. education, health care, hygiene and sanitation facilities, safe drinking water, and electricity). This includes avoiding **unnecessary physical or administrative barriers** to social interactions and social integration. **B**
- 60.3. Programmes must ensure that **living standards meet local standards** (e.g. state of the house/apartment, home equipment) and that children’s and young people’s **development needs and rights** are not compromised. Children, young people and their caregivers decide on the **decoration of their household** and living spaces, however programmes should in principle **avoid** any pictures, statues, dedicated rooms/spaces or **representation of any form of organizational leaders or donors** in and around the living space of children and young people. **B**
- 60.4. Programmes must ensure that the **living space of children, young people and caregivers** is designed in such a way that they can realize their right to **privacy**. **B**
- 60.5. Programmes must make efforts to **minimize the identification** of children and young people as being cared for in an alternative care setting to **avoid stigmatization**. This includes considering the effects of all **labelling** (like organizational symbols, logos, or brand material in families and group spaces) and other **institutional practices** (like pre-determined routines, unnecessary organizational rules, etc.) on children and young people. **B**
- 60.6. Programmes must ensure that children and young people do not live in a **closed setting in one physical compound** shared by a **large number of children or young people** who are participating in alternative care (e.g., in a closed and isolated village setting, on one physical compound or in one apartment block). The **exact number of children and young people per physical compound** or building needs to be **defined locally after a thorough assessment** of all factors leading potentially to institutionalization and its detrimental effects (e.g., social exclusion, lack of community participation and stigmatization). **B**

- 60.7. To ensure children and young people live in a **small-scale setting**, member associations should ensure that by 2030, **not more than 50 children and young people** who are participating in alternative care **live in the same geographic site** (e.g., in a village setting, on one physical compound, in one apartment block...). This rule only applies to groupings on one compound or in one building. If families or groups live integrated in the community in different buildings there are no limitations to the number of alternative care participants in one programme. **R**
- 60.8. Member associations must ensure that for **newly established** alternative care services **not more than 25 children and young people** who are participating in alternative care **live in the same geographic site** (e.g. in a village setting, on one physical compound, in one apartment block...). **B**
61. In direct **alternative care service provision**, programmes must follow a **case-management approach** to ensure that children and young people in alternative care receive the individual support they need and that the activities of various stakeholders are coordinated. **B**
62. Programmes must ensure children and young people have **access to education, physical and mental health services as well as other basic services**. **B**
63. Programmes must ensure that the **specific activities** of the care process always **respond to the best interests** of each individual child or young person. They must take into account all **8 dimensions of well-being** (care, accommodation, nutrition and food security, health, education and skills, social and emotional well-being, social inclusion and protection, livelihood) and must be **agreed on in a participatory way**. **B**
- 63.1. Programmes must ensure that each child or young person has an **individual development plan** including development goals and specific activities. The individual development plan is based on the core assessment and **reviewed** together with the caregiver and child/young person **every 6 months**. **B**
- 63.2. In the phase of **preparation for leaving alternative care**, programmes must accompany and support each young person individually on their journey to independent life with **tailored activities**, documented in the individual development plan of the young person. **B**
- 63.3. Programmes must **adapt activities in the care process to the specific local context**, taking economic, cultural and social circumstances into account. **B**
64. Programmes must ensure that all children and young people can exercise their **right to individual identity, freedom of religion or belief**, usage of their **native language** and protection their **property and inheritance rights**. **B**

65. Programmes must ensure that all participants can exercise their **sexual and reproductive health and rights**, in line with local culture, norms and laws. **B**
- 65.1. To achieve this, programs must ensure **access to information, resources and support** for programme participants and caregivers (e.g., scientific and secular sexuality education, information and access to approved contraceptive methods, maternal health care, etc.) necessary to have a **life free from sexual and gender-based violence, coercion, exploitation, discrimination and stigmatization**. **B**
- 65.2. Programmes must ensure **access to quality sexual and reproductive health services and psychosocial support** for participants who are **pregnant** and/or in a situation of **paternity or maternity**, so that they receive ongoing support and protection and be informed about their options according to national regulations and legislation (e.g., continuing the pregnancy, termination of pregnancy, adoption options, among others). This will allow them to make an **informed decision** and deal with the consequences and subsequent state of their decision. **B**
- 65.3. Programmes must develop an **individual support plan** together with the programme participants who are pregnant or parenting, to help them to pursue their career, to achieve **financial autonomy and self-sufficiency**, and be able to take **responsibility for their child**. **B**
66. Programmes must ensure that **caregivers receive support in all matters related to the care of the children and young people**. This includes ongoing support by an assistant caregiver, as well as social worker or psychologist in the every-day care of children and young people but also specialized support if required (e.g., mental health and psycho-social support by a trauma specialist). **B**
67. To strengthen and empower the **family of origin**, programmes must **work with the family of origin while their child is in alternative care** continuously and transparently, or ensure that a partner does so (e.g., social workers of the public authority). **B**
68. Programmes must enable children and young people in alternative care **to maintain personal relations and direct contact with their family of origin**, as well as with other persons close to them, such as friends, neighbors and previous caregivers on a regular basis, unless this is against their best interests. **B**
- 68.1. If contact with the family of origin is (temporarily) against the child's or young person's best interests or not possible, programmes must ensure that children and young people still receive all available **information about their family**, and **families are kept informed** about their children. **B**

- 68.2. Caregivers must support children and young people to preserve and build their **identity** by helping them **understand their life history** and maintaining a **realistic picture and safe relationship** with their family of origin (e.g., through a life story book with appropriate information, pictures, personal objects, etc. regarding each step of the child's or young person's life). **B**
69. Programmes must, in partnership with other service providers ensure young people who have grown up in alternative care have **access to after-care support** in the form of social, legal and health services, together with appropriate financial support in line with the social and cultural context of the country. The agreed support must be documented **in a time-bound plan with clear goals and objectives**, agreed on with the young person. **B**
- 69.1. Programmes must inform every young person leaving alternative care about the **possibilities of after-care support**. This must be done in writing and in an age- and development-appropriate way. **B**
- 69.2. Programmes must assign a **designated contact person** for care leavers coming back to the organization for support. The contact must be communicated to young people leaving care. **B**
- 69.3. Member associations must strengthen, support and partner with **independent networks of care leavers** working **to improve and advocate for quality of care** nationally. **B**
- 69.4. Member associations must advocate with relevant authorities for all **care leavers** to receive a **proof of identity**. **B**

Alternative care capacity-building

In alternative care capacity-building, programmes ensure that they leverage their expertise in alternative care and spread it more widely across a community.

70. In alternative care capacity-building, programmes must **partner with various actors in the field of alternative care** and support them to **set up new or improve** existing alternative care services, relevant in their **local context**. **B**
- 70.1. Programmes must **tailor the specific activities** to the **local context**, most importantly, to the **situation of the target group** and the availability and quality of **existing alternative care services and competences**. **B**
- 70.2. Programmes must align their desired results and concrete activities with key stakeholders in the community to ensure that the **interventions are well-coordinated and support locally-led and sustainable improvements of the child care and protection system**. **B**

Resource requirements

71. Member associations and programmes must follow a **professional recruitment process** to ensure that qualified people are selected for all positions. **B**
72. Member associations must carry out **thorough background checks** (e.g. police checks) for all applicants considered for a position and must prove that they signed the organization's [code of conduct](#) and [Child and youth safeguarding policy](#) before their employment contract is signed. **B**
73. Member associations must ensure **fair working conditions and remuneration as well as continuous training and development opportunities**, allowing our staff members to be a stable, reliable and competent source of support for children and young people. **B**
74. Member associations must ensure that newly employed staff, including volunteers, receive **adequate training on child safeguarding** as set out in the organization's [Child and youth safeguarding policy](#) . **B**
75. Programmes should appoint an **alternative care coordinator**, who supports the programme manager with their tasks. **R**
76. Programmes must **employ qualified caregivers** to provide children and young people with individualized care. **B**
- 76.1. Caregivers must have **adequate mental and physical health**, an **affectionate, responsible, resilient and resourceful personality** with strong humanistic values (e.g., equality, diversity) as well as the **readiness to work in a multi-disciplinary team**. **B**
- 76.2. Caregivers must have completed an **adequate formal education in the field of relational child and youth care practice** or be supported to do so while in the position. **B**
77. Programmes must **empower caregivers** to lead their **own learning and development** (e.g., continuous access to digital learning opportunities, regular face-to-face workshops, regular peer exchange...). **B**
- 77.1. Programmes must ensure each newly employed caregiver goes through a minimum **preparation period** of 6 months. This includes: a minimum of 5 weeks of **initial training workshops**, an **on-the job practical experience**, and **individual learning & development** support like mentoring and coaching. **B**
78. Programmes must ensure that **qualified case managers** are in place, who work in close cooperation with the caregivers and support the development of their case management competences where necessary. **B**
79. Programmes must ensure the **availability of sufficient multidisciplinary care support staff**, who provide general as well as specialized and individualized support to caregivers, children and young people in alternative care. The following are most common: assistant caregivers, social workers, educators, psychologists or psychotherapists, youth workers. **B**

80. Programmes must **define the adequate number of children and young people per caregiver** for each alternative care service. The necessary reflection process needs to take place on a regular basis (*specific regulations are outlined in the respective sub-chapters for each alternative care service*). **B**
81. Programmes must ensure that employees and especially caregivers are **familiar with the culture, language, religious beliefs, traditions and customs** of the local community and of the children and young people in their care. **B**
82. Programmes must put in place **adequate digital infrastructure** (e.g. hardware, software, Wi-Fi, etc.) enabling caregivers, children and young people to fully benefit from digitalization. **B**
83. Programmes must ensure that the geographic location as well as the state of buildings and facilities is such that **children, young people, families and caregivers are safe at all times**. **B**
84. Programmes must ensure the **availability of adequate office space** (incl. desks, office supplies, meeting spaces, etc.) to administer and manage the alternative care service as well as to ensure coordination with other services offered by the programme and with partners. **B**
- 84.1. Programmes must ensure that **office space is physically separated from the places where children and young people live** to ensure that their living environment is as natural as possible. **B**

Family-like care

Following from the [Guidelines for the Alternative Care of Children](#), family-like care is a form of residential care. It is a formal small-scale community-integrated alternative care service for children and young people who cannot grow up with their family of origin.

Family-like care creates a safe, stable and supportive family-like environment, where qualified caregivers (at SOS Children's Villages formerly called SOS parents) offer the children and young people in their care a reliable and trusting relationship and the possibility to build safe and continuous attachment. They take on a parental role by caring for a small group of children and young people in an autonomous, family-like setting and receive professional support.

- 85.** Programmes must ensure that **at least 2 child and youth care practitioners** (one caregiver, one assistant caregiver) are assigned to one family. At all times at least one of the two lives with the children and young people in their care in the family home. **B**
- 86.** Programmes must **define the exact number of children and young people per family** based on the characteristics and developmental needs of the children and young people, capacity of the caregiver(s), national legislation, availability of support staff, etc. **B**

 - 86.1.** Programmes must ensure that **a maximum of 8 children or young people live in the family-like setting**. This number includes the underage biological children of the caregiver(s) living with them in the family-like setting. **B**
 - 86.2.** Programmes should ensure that **a maximum of 6 children or young people live in the family-like setting**. This number includes the underage biological children of the caregiver(s) living with them in the family-like setting. **R**
- 87.** Programmes must consider **women, men and couples** with or without biological children to become caregivers in family-like care. **B**

 - 87.1.** If the caregivers have own **dependent children who are minors**, programmes must ensure that they can live with their parent(s) in the family setting if in their best interests. In this case programmes must **support the preparation of the caregiver and their biological children**, including **specific training and support activities** to help them to better cope with potential challenges and new family dynamics. **B**
- 88.** Programmes must **enable caregivers to lead their family autonomously**, which means the caregivers are empowered to manage the family budget and take decisions affecting the every-day family life independently, together with the children and young people in their care. **B**
- 89.** Programmes must ensure that trained and trustful (assistant) caregivers are available to **replace the caregiver** when they take **annual leave** and on their **regular days off**. **B**

Foster family care

Foster care is a form of family-based alternative care, in which a child or young person is placed by a competent authority in the domestic environment of a family other than the child's or young person's own family. The foster family is selected, qualified, approved and supervised for providing such care by the competent authority.

This document regulates the provision of formal foster care, meaning that foster care follows accredited procedures, where foster parents undergo formal recruitment and training, often receive defined allowances and are professionally supported and monitored to ensure quality care.

- 90.** Programmes must collaborate with the **state authority, foster family and all other relevant stakeholders** involved in the provision of foster care service. **B**
- 90.1.** Programmes should define in a **written agreement** the **role of all involved stakeholders** in all aspects of the foster care service, including the areas of recruitment and selection of foster parents, family assessment, matching process or child safeguarding requirements. **R**
- 91.** Programmes must ensure that the **number of foster children per family** is defined according to the cultural and legal context and type of foster care and **allows for individualized care and bonding**. **B**
- 92.** Programmes must ensure that the **assessment and the selection of candidates** for the position of foster parent(s) follows a **professional recruitment and selection process**, so that only **suitable candidates** (women, men and couples with or without biological children) become foster parents. **B**
- 92.1.** Programmes must ensure that the **identification of suitable candidates** is based on a **comprehensive assessment** of the competences and motivation of all foster family members, their personal characteristics, family dynamics and the situation of the household. **B**
- 92.2.** Programmes must ensure that the **specific profile and qualification** of foster parents corresponds to various factors such as **age and developmental needs of foster children**, expected **duration of care**, availability of **supporting services**, etc. **B**
- 92.3.** Programmes must use the following **criteria for the selection** of suitable foster parents (in addition to the ones applying for all alternative care services caregivers): have the ability to **integrate a foster child in the existing family** and offer the opportunity to build attachment with the foster child, have a **stable family situation**, have **sufficient resources**, have the willingness to **participate in trainings, peer-to-peer exchange and supervision**. **B**
- 93.** Programmes must ensure that after selection, foster parents receive **comprehensive initial and ongoing training** and are offered **learning and development opportunities** **B**

94. Programmes must ensure the **preparation of the foster parent's biological children** for the admission of the foster child. This includes **specific training and support activities** to help them to better cope with potential challenges and new family dynamics. **B**
95. Programmes must ensure that the **location of the foster family** enables **access to essential community services**. **B**
96. Programmes must ensure that both the **location and the state of the home** of the foster family is **safe, secure and respects the privacy** of the foster child. **B**
97. Programmes must have a **formal agreement or contract with each foster parent** defining the **obligations of both parties** and **support service provided** to the foster family by SOS Children's Villages. **B**
98. Programmes must encourage foster parents to be part of a **foster care network**. **B**
99. Programmes must ensure that foster parents have **access to respite care services** when they need a **short-term break** from their duty as caregiver. **B**
100. Programmes must organize a process of **regular monitoring and evaluation** of the performance of the foster parents and of the quality of care provided to foster children. **B**
- 100.1. Programmes should carry out monitoring and support activities in a way that **build and promote the capacity of foster parents** to provide quality care and **respect the autonomy and privacy** of the foster family. **R**
101. Programmes must support the **foster family**, the **foster child** and their **family of origin** with **preparation, training and supervision to facilitate contacts** and **accompany reintegration** processes if in the child's or young person's best interests **B**

Small group homes

A small group home provides **specialized and individualized care for 24 hours a day** for children and young people above the age of three years. The care is provided through **trained and paid caregivers, typically organized as team work with staff working in shifts** (in a rotation system). Small group homes are care settings providing **residential care** and should be small in scale and organized around the rights and needs of the child or young person. Their objective should generally be to provide **temporary care**.

- 102.** Programmes must ensure that **a team of qualified caregivers** is in place to provide care in small group homes. **B**
- 103.** Programmes must **define the exact staffing pattern, including the number of caregivers, as well as the set-up of a rotation system** based on the needs and dynamics of the group as well as national legislation. **B**
- 104.** When defining the staffing pattern, programmes must **ensure year-round care for 24 hours** a day, allowing for care on weekends, annual leave, sick leave backup, and professional development days for staff. Usually, a **team of at least 4 caregivers** is required to achieve this. **B**
- 105.** Programmes must ensure that caregivers in the small group home work as a **synchronized, stable, and multidisciplinary team**. **B**
- 106.** Programmes must put **appropriate channels and processes in place to ensure exchange of information and coordination** between shifts and among different child and youth care practitioners. **B**
- 107.** Programmes must **define the exact number of children and young people for each individual group** based on the characteristics and developmental needs of the children and young people, national legislation, availability of support staff, etc. **B**
- 107.1.** Programmes must ensure that a **maximum of 8 children or young people** live in one small group home. **B**
- 107.2.** Programmes should ensure that a **maximum of 6 children or young people** live in one small group home. **R**
- 108.** Programmes must **assign a person of trust** to each child or young person in the small group home to ensure they have a stable adult to turn to and rely on (e.g. with personal issues or for following up on the individual development plan). **B**
- 109.** Programmes must organize the **daily routines** in a small group home in a **family-like way** (e.g. participation in daily chores, deciding together when and what to eat, doing the shopping and cooking together, etc.) and must avoid any unnecessary organizational rules and regulations (institutional features). **B**
- 110.** Programmes must make efforts to **avoid a grouping of children or young people with certain types of disadvantages or disabilities** in one small group home, as this can cause social segregation and could hamper the children's or young people's development. **B**

- 110.1. Programmes should make specific efforts to find, together with the family of origin, appropriate **solutions for children and young people** who have very complex development needs and severe disabilities and **may never be able to achieve independence** (e.g., supported living in care homes, assisted living, supported housing, an organization working with adults, etc.). **R**
- 111. Programmes must **avoid an accumulation of small group homes in one building** as this can create institutional features that harm the development of children and young people. **B**

Supervised independent living (SIL) arrangements

Supervised independent living (SIL) arrangements are designed **for young people in transition from a formal care setting to an independent life**. In general, these services offer less intensive care compared to the services described above and can be considered as the **"final phase" of alternative care**. Support and setting can take different forms according to the needs and circumstances of the young person and gradually decrease with the young person's increasing maturity and autonomy. Supervised independent living arrangements can be organized in individual or group settings, **without a staff member permanently residing in the same premise**.

- 112. Programmes must ensure that young people transitioning to a supervised independent living (SIL) arrangement have reached the **minimum legal age of maturity** and that the regular care review has shown that they are **no longer in need of a caregiver on a daily basis**. **B**
- 113. Programmes must start **preparing the young person for the transition** to a supervised independent living (SIL) arrangement **at least one year before the transition** takes place. **B**
- 114. Programmes must assign **youth workers** specialized in matters of integration and leaving care for the **follow-up and support** of the young people in the SIL arrangement. The young person and the youth worker must agree on the frequency of visits and level of support. **B**
- 115. In order to manage the youth worker's workload and to ensure quality care in SIL arrangements, programmes must determine the **maximum number of young people per youth worker** based on the **intensity of support provided**. **B**
 - 115.1. Programmes should ensure the **maximum number of young people per youth worker** in charge for the follow-up and support in SIL arrangements does **not exceed 30 young people**. **R**
- 116. Programmes must ensure that in case the SIL arrangement has the form of a group setting, **a maximum of 8 young people lives in one supervised independent living arrangement**. **B**
- 117. Programmes should ensure that in case the SIL arrangement has the form of a group setting, **a maximum of 6 young people lives in one supervised independent living arrangement**. **R**
- 118. Programmes must ensure that the **location** of the SIL arrangement enables access to **essential community services** and is located **close to the work place or place of studies** of the young person. **B**

119. Programmes must ensure young people have the **opportunity to maintain existing relationships** to caregivers or adult reference persons, siblings and peers of the former care setting. **B**
120. Programmes must ensure that the young person is **involved in all aspects of the decisions on their living arrangement** (e.g., type of accommodation, location, furniture, cohabitants, etc.). **B**
- 120.1. Programmes must ensure the **rights and obligations of both** parties (the young person supported in a SIL arrangement and the organization) are defined in a **written agreement, signed by both parties**. **B**
- 120.2. Programmes should define a **fixed level of contribution** of the young person to the (rental) costs and agree on a plan to gradually decrease the financial support provided by the organization. **R**
121. Programmes should ensure that **maximum period of stay** of the young person in the SIL arrangement **does not exceed 5 years**. **R**
122. Programmes must regularly **assess**, within the case management process, the **readiness** of the young person to live an autonomous and independent life **before the exit** of the SIL arrangement. **B**
123. Programmes must conduct an **exit assessment** when the young person leaves a service and must ensure that all records are up to date at this point. **B**
124. Programmes should conduct a **follow-up assessment 12 months after the exit** of the young person. It is required to get **consent** for the follow-up assessment from the young person **before the exit**. **R**

Definitions

Term	Definition
After-care	In SOS Children's Villages, after-care means each type of support that a young person receives on a temporary basis after having fully exited from our services to independent life. This typically happens in crises that young adults cannot handle on their own, but lack a support network or family of origin to help. In these cases, SOS Children's Villages is available to provide emotional and in some cases financial/material support.
Alternative care	An arrangement in which a child is provided full-time care by a caregiver outside the child's/young person's family of origin.
Best interests	The "best interests" principle is one of the four general principles guiding the UN Convention on the Rights of the Child . It states that whenever an action or decision is affecting or concerning a child, a group of children or children in general, their best interests shall be a primary consideration. The "best interests of the child" are a substantive right, a legal principle, and a rule of procedure.
Best interests determination	"Best interests determination" describes the formal procedure to determine the child's best interests for particularly important decisions affecting the child, such as separation from parents, custody or decisions on care settings. It must be carried out by relevant experts, consult all parties involved, especially children, and consider the specific situation, context, circumstances, rights and needs of the children concerned. This e.g. includes the child's identity and personality, views and wishes, family environment and relations, the child's safety, psychosocial situation and developmental needs.
Care support staff	Child and youth care practitioners other than caregivers with a professional qualification or training in social work, education, psychology, etc. whose main role is to support caregivers in providing care to children and young people. This includes family strengthening field workers, assistant caregivers, social workers, psychologists, educators etc.
Caregiver	The person who is responsible for the upbringing and daily care of the child/young person. A caregiver can be a parent, adoptive parent, foster parent, kinship caregiver, etc. A caregiver can also be employed by an organization for the purpose of providing care (e.g. caregiver in family-like care, youth care worker, professional foster parent).
Care-leaver	An adult with care experience in alternative care who has (recently) left alternative care to live independently. The term needs to be distinguished from the term "Young person leaving care" (see definition below).
Case management	A participatory service delivery approach to tailor support to the specific needs and priorities of each individual child/young person or family and to ensure the effective

	coordination of services and activities throughout planning, implementation and evaluation.
Child and youth care practitioners (CYC)	All employees working with children, young people and families. This includes alternative care caregivers (e.g. caregivers in family-like care, youth care workers, foster parents ...), care support staff and family strengthening field workers.
Child protection system	A comprehensive set of laws, policies, regulations, as well as formal and informal services and practices to support prevention and response to child protection-related risks. Responsibilities are often spread across government agencies, with services delivered by local authorities, non-State providers, and community groups.
Community	A group of people living in a specific geographical area, with a shared sense of belonging and identity.
Family-like care	A formal small-scale, community-integrated form of residential care for children and young people who cannot grow up with their family of origin. Family-like care creates a safe, stable and supportive family-like environment, where qualified caregivers (at SOS Children's Villages formerly called SOS parents) offer the children and young people in their care a reliable and trusting relationship and the possibility to build safe and continuous attachment. They take on a parental role by caring for a small group of children and young people in an autonomous, family-like setting and receive professional support.
Family of origin	The family into which a child/young person is born, including the immediate family and the extended family.
Family strengthening	A service aimed at preventing child-family-separation and promoting quality care within families of origin.
Foster family care, foster care	A form of family-based alternative care, in which a child or young person has been placed by a competent authority in the domestic environment of a family other than the child's or young person's own family. The foster family has been selected, qualified, approved and supervised for providing such care by the competent authority.
Humanitarian action	The objectives of humanitarian action are to save lives, alleviate suffering and maintain human dignity during and in the aftermath of human-made crises and natural disasters, as well as to prevent and strengthen preparedness for the occurrence of such situations. Humanitarian action has two inextricably linked dimensions: protecting people and providing assistance. Humanitarian action is rooted in humanitarian principles - humanity, impartiality, neutrality, and independence.
Humanitarian crisis	An event, or series of events, causing a critical threat to the survival needs (food, health, safety, security, or wellbeing) of a community or other large group of people, usually spanning over a wider area.

Institutional care	Alternative care provided in large residential facilities that fail to provide children or young people with a stable caregiver, isolate them from the outside world and have rigid, impersonal regimes that have a severe, and often lifelong, detrimental effect on children's/young people's psychological and emotional well-being.
Kinship care	A care option where care is provided by members of the child's or young person's extended family or other caregivers close to the family and known to the child/young person. In the SOS Children's Villages context, support for kinship care is part of family strengthening.
Programme	Synonym for "SOS Children's Village" - a set of interrelated services managed by an SOS Children's Villages member association in a specific location (village, community or area with several communities) with a clearly defined target group and a shared overall goal.
Reintegration	The process of a child or young person in alternative care transitioning back to the care of their family of origin. The transition is anticipated to be permanent. The moment of physically reuniting the child and his or her family is called reunification.
Service	Organized activities that are designed to address specific needs of children/young people and/ or their families. The main services provided by SOS Children's Villages typically include family strengthening, family-like care, foster family care, small group homes and supervised independent living arrangements.
Small group home	A care setting providing residential care. It should be small and be organized around the rights and needs of the child or young person, in a setting as close as possible to a family or small group situation. The objective should generally be to provide temporary care and to contribute actively to the child's or young person's family reintegration or, if this is not possible, to secure his/her stable care in an alternative family setting.
SOS Children's Village	A set of interrelated services managed by an SOS Children's Villages member association in a specific location (village, community or area with several communities) with a clearly defined target group and a shared overall goal.
Supervised independent living arrangement	An alternative care service designed for young people in transition from a formal care setting to an independent life in the community. Support and setting can take different forms according to the needs and circumstances of the young person and gradually decrease with the young person's increasing maturity and autonomy.
Young person	A person aged between 10 and 24 years.
Young person leaving care	A young person in alternative care who is taking concrete preparative steps for leaving all alternative care services to live independently.