

SOS CHILDREN'S VILLAGES IN THE SYSTEM OF ALTERNATIVE CARE IN WESTERN EUROPE & NORTH AMERICA

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It represents summary of key findings of the survey on different working models of SOS parents/caregivers done by 10 EUNA member associations. We express our thanks to all colleagues who were involved:

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BELGIUM

Legal framework

The youth welfare system is a competence of the “community” level, one of the decentralized levels in the Belgian political and administrative system. There are 2 “communities” in Belgium, one in the North (Flemish community) and one in the South (Wallonia community). The capital is shared amongst the 2 communities.

There is no specific legislation on alternative care in Flanders or in Wallonia. Therefore, the difference between alternative and institutional care is not relevant in Belgium. The youth care sector is almost entirely public.

Main changes to legislation regarding the provision of alternative care for children in Belgium in the last 10 years:

1. Flemish community:

1.1. Decree on integral youth care, June 2013

Main changes:

- 1) Reorganization of the youth care sector in order to improve the effectiveness and efficiency of the sector. Ultimate goal: quick and adapted responses for every case.
- 2) Installation of an intersectoral gateway to decide on intrusive forms of care (out-of-home care mainly): *Every province will have a gateway* determining whether a child will be granted access to ‘indirectly available support’ (mainly out-of-home care). These bodies will take over the role of the committees for youth care mentioned earlier. This concentrates the responsibility over out-of-home placements in one organization and should allow uniform and transparent action on this matter. It also offers the possibility of combining support from different sectors.¹

Organizational change: Simplification, differentiation and more flexibility through a youth care system organized into modules. For example: a module of accommodation, of context oriented support, of psychological counselling, of ambulant family support and so on...

Children in care will receive only those modules that they need, and the youth care institution will receive funding accordingly.

- 3) Furthermore, the decree addresses some important shortcomings of the youth care system in the Flemish community such as the continuity in support programmes, the accessibility of support measures in crisis situations and the participation of both parents and child in the support process. Most notably, the decree determines that every child in youth care will have one confidant throughout the entire support process.

1.2. Decree on an intersectoral foster care, 2012

¹ Vlaamse Overheid, departement Welzijn, Volksgezondheid en gezin. *Brochure over het decreet integrale jeugdhulp*, 2013. https://wvg.vlaanderen.be/jeugdhulp/decreetlJH/Brochure%20dd24_04_2013.pdf

- a) From 2014 on, the Flemish community youth care sector chooses foster care as the first alternative to consider when out-of-home placement is necessary, for young children as well as for youth. Juvenile court is thus obliged to consider foster care first, and always needs to motivate why they are choosing another type of out-of-home care over foster care when they do so. ²
- b) Harmonization and unification of foster care: as foster care was dispersed between 4 different organizations thematically, and between 25 organizations geographically. This decree will unify the entire foster care sector into one organization, with one local office for every province (5). 4 different kinds of foster care will be offered: Supportive foster care, perspective seeking foster care, perspective offering foster care and therapeutic foster care (for mentally disabled people, for example).
- c) Improved Financial support for foster parents
- d) No legal status (this is a federal matter and could therefore not be included in the decree)

1.3 Decree on integral youth care, 2004

- o This document forms the basis of the current youth care policy. It was the First long term-strategy document on youth care.
- o Main policy guidelines:
 - a. More focus on working with the broad social context of child & family to improve the family's situation
 - b. Growing involvement of wider family relations (may also be friends, neighbours) in youth care and thus giving more responsibility to the child and its environment
 - c. Introducing the principle of subsidiarity: professional care when needed, but if the effect is the same, the least intrusive solutions will always be preferred.
 - d. Improve accessibility of support in case of imminent crisis to allow quick reactions and prevent situations of escalating
 - e. Bring more flexibility in the youth care support
 - f. More focus on preventive pre-programmes to prevent escalation of risky situations
 - g. Expansion of available youth care programmes to meet the growing demand

1.4 Decree on the legal position of minors in youth care, 2004

- a) This decree clearly sets out the rights of minors involved in youth care and gives them a special legal status

2. Wallonia community

2.1 Operational youth care plan 2009-2013

Main focus:

- a) Improve the quality of youth care, optimize the organization of and collaboration within the youth care sector
- b) Guide the political and public decision making process with
 - a. better qualitative and quantitative information
 - b. transversal analyses between different actors within the sector
- c) Share knowledge, expertise and good practices among the sector
 - a. Be an organization that learns and passes on experiences:
 - More focus on evaluation
 - Stimulate experiments with new projects – innovation
 - Share good practices
- d) Develop a modern Human Resources Management
- e) Improve networking and partnerships
 - a. Organize more contact moments within the youth care sector, with a fair representation of all actors involved
 - b. Improve collaboration with neighbouring sectors so that children in danger receive an even better protection, for example with schools, organizations fighting poverty, organization responsible for adoption, juvenile court etc.

² Pleegzorg Vlaanderen, Actueel, 2013. <http://www.pleegzorgvlaanderen.be/actueel>

Alternative care in the country

In 2010 and 2011, on average 66.000 children and youngsters (approx. 3% of the population below 18 years of age³) received help from the Belgian youth care system. This number has been increasing in both communities for several years now. If this is a result from a growing number of children and young adults in trouble or from an improving youth care system is hard to determine. As both communities have separate bodies and policies to manage the youth care sector, and thus also diverging statistics, it is necessary to discuss both communities separately.

Flemish community

In 2012, Youth Welfare provided services to 27.000 children. 84% of these were supported because they were living in problematic or difficult family situations. Youth Welfare offers different types of services to these children, depending on their and their families' needs. About 24% were given shelter in supervised accommodation that offer guidance to the family and context of the child, 18% were received in foster families, 15% of the children and their families were given intensive guidance in their own family situation, 9% were supported by preventive social actions, 6% were temporarily accommodated in observation and orientation centers, and 3% were supported to live semi-independently.⁴

Wallonia community

Youth Support supported 40.000 children in 2011, 4% of all children under 18 in the Wallonia community. 38.000 of them were serviced because they were in a difficult or dangerous family situation. Little under 20.000 children amongst them were accommodated on a daily base, of which 60% within their own social network and 40% outside their social network. 29% of the children accommodated outside their social network were given shelter by foster parents. 23% stayed at various 'Care and educative services' and 9 % at various 'Services for educative intervention'. The boy-girl ratio was 52-48% and the average age of children supported was 10 years and 9 months.⁵

The Office for Birth and Childhood, the organization responsible for dealing with child abuse, accommodated 3.700 victims of child abuse⁶.

Guiding principle when discussing an out-of-home placement is the principle of subsidiarity, i.e. the least intrusive measure always has priority. This means in practice that the first option is to look for a solution within the social context (extended family, friends, neighbours...) of the child. If however, the social context is not able to offer a solution, the Flemish community gives priority to foster care. The French community does not give priority to one or another type of care.

Alternative care options as defined by law

Flemish Community

Guidance housing (Begeleidingstehuis)	Out-of-home care setting registered as residential care. These settings may defer in the length of stay (short term and looking for perspective or long term and offering perspective), target group and type of care (strongly dependent of target group).
Family housing	Out-of-home care setting registered as residential care. A maximum of 10 minors stay in small scale family based care where life goes on just as in any other family.
Orientation and observation centre	Short term orientation and observation to determine the future support programme. Offers immediate accommodation for minors that cannot return home and need to be placed in out-of-home care. Also a short term solution for minors that need to wait for a decision from

³ http://www.belgium.be/en/about_belgium/country/Population/

⁴ Jongerenwelzijn, *jaarverslag 2012*, 2013, p.1-12

⁵ Aide à la Jeunesse, *Rapport de l'aide à la jeunesse année 2011*, may 2013.

⁶ Office de la Naissance et de l'Enfance, *Rapport Annuel 2011*, 2012.

	juvenile court or for available places in the right care institutions.
Services for supported independent living	For youngsters between 17 and 21 that need help in living independently. These services give assistance with practical matters of living by yourself such as administration, housekeeping, budget, time management...
Multifunctional centres	Flexible centres that make it easy for minors to be moved from one type of care to another without having to start over every time. Pilot project intended to reduce ruptures in the support programmes of minors.
Foster care	4 types of foster care: <ul style="list-style-type: none"> • Supportive foster care: short term and possible part time care to reduce the pressure on children and parents while they try to improve the family situation • Perspective seeking foster care: maximum one year. Temporary care and guidance to give the family the chance to improve its situation • Perspective offering foster care: long term, offer an alternative when reintegration with the family is unlikely • Foster care for disabled persons or minors with psychiatric problems for example.

It is important to indicate, however, that these types of care institutions are undone by the new decree on youth care (2013). From now on, the entire Flemish youth care sector is divided into different modules:

- Context counselling: the most important module in the new system. Includes counselling and accompanying all the social relations of child, such as school, extended family, friends, sport clubs etc. It exists in different intensity.
- Context counselling in function of independent living (youth only)
- After school group counselling
- Residence: Out-of-home care, always combined with a module context counselling. Exists in different time periods (1-3 nights, 4-7 nights, crisis)
- Pedagogic support

This approach allows a big degree of flexibility, because different modules can be combined and different combinations result into different approaches.

Wallonia community

Service for placing minors in family based care	Out-of-home care (long term as well as short term) for children in need of specialized care outside their family situation. Try to uphold relations with the family if possible and set up support programmes to enable family reunification
Centres for emergency shelter	Collective accommodation for minors that need out-of-home shelter immediately. Short term. Also develop a support programme to deal with the cause of the placement.
Centre of first placement	Out-of-home care for minors coming from centres for emergency shelter or who are being placed for the first time
Centres for observation and orientation	Out-of-home care for minors with problems or behaviour requiring special support. In these centres, the minor is observed and analysed so that support measures can be tailored to the minors needs.
Service for accommodation and educational support	Responsible for organising accommodation and upbringing of children that cannot continue living with their family, as well as support programmes for family reunification and pedagogical and social support for youth living

	independently.
Centres for support to abused minors	Shelter and multidisciplinary support for victims of abuse
Services for particular pedagogic projects	Organisation of particular and exceptional educational projects to offer children and youth with certain difficulties an original and positive life experience.

There are defined qualifications set out and required for staff care working in out-of-home care settings. Background checks are also required by law for staff working in out-of-home care settings.

Limit defined at national level on the number of children that may be looked after in each care setting

	Residential care		Foster-care		Family-based care	
	Yes	No	Yes	No	Yes	No
Is there a limit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
How many?						
Comments	There are now official limits defined. But it is common to allow no more than eight children per educator. In case of foster care, the relevant criterion is whether the foster family has enough capacities, both human, material and financial, to accommodate and take care of the child.					

SOS Children's Villages position in the country

Working model of SOS parents/main caregivers

There are two SOS FBC programmes run by SOS Belgium in the country:

1) SOS CV Chantevent

The SOS Children's Village Chantevent offers out-of-home care to 43 children (priority to siblings). They live in 7 SOS families, with at the head of each family an SOS mother. An eighth family house lies about 10 km outside the village. Each family lives in a family house and is organised and supported by the children's village. The Chantevent programme supports children on the long-term, generally receiving them at a young age and taking care of them until they are 18 years old and beyond.

Families of origin take part in the entire care-taking process including annual evaluation of the children's and their families' situation if their condition allows it.

Once 18, young adults are by law obliged to leave care programmes. Therefore, the children's education also focuses on preparing them for an independent life. For youth between 16 and 18, the CV has an apartment where 3 youngsters can live semi-independently. They learn to live independently here, with a social worker that accompanies them and with their SOS family still very close to them. Once the young adults turn 18, they have to leave the CV, but if they wish so, they can be accompanied by a social worker of SOS and live in SOS accommodation in a city nearby for two more years. These projects are also open for vulnerable youth from the surrounding community.

All SOS parents and caregivers have to be trained and/or experienced in the education of children, have to start with a trial period or intern, and have to be in possession of a certificate of good conduct (official document which states you do not have a criminal record which is relevant to your work). Then, SOS will train the SOS parents in specific matters depending to its experience and competences. A "SOS parent's carrier strategy" is currently under preparation.

SOS parents have a legal status of a regular employee (no specific legal status). In accordance to the law, SOS parents have 6 days and nights off a month, of which one is a whole weekend. Besides this, SOS parents have 24 days and nights per year of holiday.

Every SOS family living in the SOS Children's Village Chantevent is supported by:

- 1 (full time) educator
- 0.4 housekeeper

Educational team supporting SOS families living in the SOS Children's Village Chantevent consists of:

- 1 (full time) pedagogue
- 1.5 social worker
- 0.75 speech therapist

In addition, SOS mothers and other co-workers are supported with individual and team supervisions, through capacity building and with educational internship:

- 6-8 meetings/year for 1-2 SOS mothers (optional) - individual supervision
- 8 meetings/year for 2 hours (obligatory) – team supervision
- 1 training of 3 days/every 3 years (obligatory)
- 1 internship/year and SOS family (2-12 weeks)

2) Simba project (Flemish community)

The Simba project is an out-of-home care institution for 8 children (priority is given to siblings) focused on short term care. It offers children between 0 and 12 years old a safe haven for 1 or 2 years and works intensively with the children, the family of origin and the wider context of the family to reunify the family as quickly as possible.

The main care-taker is not an SOS mother but a team of 6 social workers. The caretakers are emotionally available, but do keep more distance than an SOS mother. Given the short period the children stay here, and given the very strong involvement of the family of origin, a team of educators seems like a better solution than an SOS mother, both for the child as for the family of origin. Nevertheless, daily life in the Simba project is still inspired by the life of any family. It is a very cosy family house and children have the liberty to decorate their bedrooms. Rules and structures are rather loose and adjustable depending on the group of children.

Throughout their stay, the children are strongly supported in their development. Because of their history and current situation, the development of these children may be or may have been obstructed, and the Simba project offers them a lot of chances to catch up (through individual therapy for example) and to discover new things (participation in culture, sports, workshops etc.).

The team is supported by the pedagogical director during:

- weekly team meeting
- group supervisions every six weeks with also the input of an independent psychologist
- work evaluation with head monitor every six weeks
- head monitor has work evaluation with pedagogical director every six weeks
- frequent formations on various topics

Regulations related to

- working time of the team – working in shifts, long/short week or any other type
 - 1 educator comes in at 3pm to pick the children up from school and stays in until 8pm.
 - 1 educator comes in at 3pm, takes care of dinner and stays until 10am the next morning.
- holidays
 - 22 holidays per year
 - One weekend off every two weeks
 - Days off during week depending on 5 week schedule and working days during the weekend

Main advantages & challenges

It is necessary to highlight here that the scope of the research was very limited. Therefore, it is not possible to take the points stated below neither as an official position of SOS Belgium nor as representative summary of the situation in the programmes of SOS Belgium. It represents an opinion of respondents who took part in the research.

One of the concerns was the **integration of children in the surrounding community**, but both youngsters interviewed were actually very satisfied with their relations and activities outside the programme and with the programme's approach to this subject. Another positive point emerging from this research is the **continuity and stability of the care process**. The low turn-over rate amongst SOS mothers and their long tenure, the long stay of children at the Chantevent programme and the nature of and liberty within the family house they live in gives children the opportunity to bond with their caregivers and to feel at home easily, which is in contrast to the fragmented youth care process many other children in care experience. Also in contrast to most other Belgian care institutions are both Simba project and Chantevent's focused on siblings, a relationship that is generally not taken into account enough.

The situation of **young adults leaving care** has always been precarious, and the former SOS child confirms that he was very ill prepared for his independence when he left the village at the time. But that was a long time ago and a lot of things have improved by now. Still, the measures in place may not be sufficient to ensure the safe release of the young adults into society, so there is definitely still room for improvement here. **Relationships with the families of origin** seem to be handled with care within the Chantevent programme, and no complaints are registered from the children's side. The distance between the Chantevent programme and the original families' living place might be obstructive to the construction of this relationship though, but this is a problem that surpasses the programme.

BRITISH COLUMBIA

Legal framework

In Canada, child welfare is a responsibility of the provinces, whilst being funded jointly through the provincial and federal governments. Although there are some differences from one province and territory to another, the child welfare systems throughout Canada are similar in that their first interest is in ensuring that children are safe. The systems share many common features. Every local municipality in Canada has a child welfare agency that has the legal responsibility for investigating reports of child abuse and neglect and taking appropriate steps to protect children.

Following legislation applies when it comes to alternative care for children:

British Columbia. Legislative Assembly. Child Care BC Act. SBC 2001. Chapter 4. Assented to March 29, 2001, Updated to November 5, 2001

British Columbia. Legislative Assembly. Child Care Subsidy Act. RSBC 1996. Chapter 26.

British Columbia. Legislative Assembly. Child Care Subsidy Act Regulation 74/97, revised May 2002.

Three pieces of legislation define how a child may come into care:

- 1) The Child, Family and Community Service Act (CFCSA) applies in two main situations:
 - when a parent is temporarily unable to look after a child and signs an agreement for care with the ministry or a DAA, or

- when a child is removed from a parent because the child needs protection.
- 2) The Infants Act (formerly under the Family Relations Act) applies when a parent or guardian dies and no one is appointed by will to assume guardianship; or when the court orders a director to assume guardianship. If relatives apply for custody and guardianship of a child under the Infants Act, a home study is completed before a final decision is made.
 - 3) The Adoption Act applies when a parent signs consents for a child to be adopted. Children may be placed in foster homes temporarily while the adoption process is being completed.

At the moment, there is no legislation in British Columbia regarding leaving care and/or after care. SOS BC is just starting a huge push to extend foster care from 18 to 21 years of age.

Alternative care in the country

In 2007, there were an estimated 67,000 children in out-of-home care across Canada. Because child welfare services fall under the jurisdiction of provincial and territorial authorities each province has different legislation pertaining to child protection interventions, making it difficult to compare rates of children in out-of-home care across provinces.

Although First Nation children represent less than 6% of the child population in Canada (Statistics Canada), they comprise an estimated 26% of children who are placed in out of home care during a child protection investigation. The percentage of Aboriginal children in child welfare systems reaches 60% to 78% in some provinces and territories. The rate of Aboriginal overrepresentation is growing larger since each year Aboriginal children are brought into care of the welfare system at an increasing rate.

Commenced in 2010 and completed in 2013 a Residential Review Project by the British Columbian government Ministry of Child and Family Development (MCFD) is under consideration and will likely have a major impact on the nature of residential foster care policy changes. The report strongly supports an SOS model of foster care with more programs to link foster parents into support networks and supportive therapeutic programs. It is unclear if the recommendations and changes proposed will be drafted in the current calendar year.

The British Columbian government Ministry of Child and Family Development (MCFD) in their 2013 Annual Report stated that in British Columbia there were 915,168 Children aged 0 to 18 years old in the province. 16,071 children were not living with their biological parents, of those 6,300 lived with a relative or in kinship care. 9,271 are in Foster Care, and 600 are in Youth Agreements. The Ministry therefore reports that the rate of foster care is 10.1 per 1,000 in British Columbia.

Youth enter care from a variety of situations and with a complex set of needs and demands. A child's safety may be compromised for a variety of reasons. In Canada, the primary reasons that children are admitted in to formal care are neglect (63%), emotional harm (40%), physical harm (33%), domestic violence (23%), and problematic behaviour of children (21%)⁷.

In Canada, the **family environment is the preferred placement model for youth in care**. When a child must be removed from their families, foster, kin, customary care, and adoptive families are favoured over more temporary situations such as group homes.

While more than 4,700 children and youth, (of the 6,700 in foster care in the province of BC) are placed in specialized family care homes in order to best meet their individual assessed needs, it would be accurate to say that, to varying degrees, all children in foster care could be included in this category. Foster children are in care because of abuse or because their parents have been unable or unwilling to provide appropriate care and parenting. Many suffer the effects of early childhood abuse or neglect; many were born drug or alcohol addicted and suffer on-going serious physical and psychological problems. Some

⁷ Canadian Child Welfare Research Portal, <http://www.cwrp.ca>

children are developmentally challenged and cannot be cared for by their own parents. Regardless of their background, all children need special attention to adjust to a new, unfamiliar home, no matter how caring that home might be. This specialized family care homes are not given a special designation and fall under Foster Care on the chart below.

On average, there are 800 children and youth in group homes in B.C, however MCFD's position is that these are temporary, short term placements pending placement of the child into kinship program, foster care, or adoption.

Alternative care options as defined by law

Foster Care	Family based care for families who have asked for help with parenting during times of crisis, or whose families need specific or periodic help in caring for their children.
Kinship - Extended Family program	The child is placed with an immediate family member, or an older sibling- it can also include someone with an established relationship or cultural connection to the child and their family
Adoption	Permanent placement. The legal transfer of parental rights and obligations from birthparent(s) to adoptive parent (s).
SOS family	Out-of-home care setting registered as residential care, providing long-term care for children by SOS parent(s) and supported by a team of experts (psychologist, educators, etc.)

When it comes to **foster care**, there are five kinds of Family Care Homes in Canada: kinship (Restricted), regular and three levels of specialized homes. Each has its own type of Family Care Home Agreement.

- Kinship (Restricted) homes care for children known or related to the foster parents. The agreement is restricted to a specific child and ends when the child leaves the home or is no longer in care.
- Regular homes are studied and approved family care homes. Children placed in these homes are not usually known by the foster parents.
- Specialized homes (levels 1, 2 and 3) care for children with moderately to extremely challenging behavioural/emotional issues or significant developmental delay. Each level has specific approval, experience and training requirements, and separate service expectations.

All foster parents receive a per-diem (per day) payment for each day a child is placed with them. Specialized family care home parents also receive a service payment that recognizes their extra responsibilities and service expectations and which also includes funds for monthly relief.

In order to become a foster parent, a home study assessment must be completed, along with medical assessment, criminal record checks, and assessment interviews. Criminal record checks are required for becoming a foster parent (this also applies to anyone over the age of eighteen who will be residing in the family care home). Foster parents are also trained in positive discipline strategies and non-punitive conflict resolution skills. There is a limit of 6 children to be cared of by foster parents.

Limit defined at national level on the number of children that may be looked after in each care setting

	Residential care/Group	Foster-care	Family-based care
--	------------------------	-------------	-------------------

	homes					
	Yes	No	Yes	No	Yes	No
Is there a limit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
How many?	Normally 6 but can vary by contract		6		6	
Comments	Foster Care: level 2 can only care for up to 3 children; level 3 up to 2 children.					

SOS Children's Villages position in the country

Traditional SOS Children's Village care model providing long-term care for children by SOS parent(s) and supported by a team of experts (psychologist, educators, etc.) would be considered as residential care in BC.

SOS Children's Village BC provides a community-based family care service to improve and sustain the quality of life for foster children and foster families. It has developed a unique program structure that focuses on two distinct areas: the personalized needs of the village foster families and the other, community outreach programs for foster children, vulnerable youth, and their families.

SOS BC does not have an employment relationship with the caregivers, nor does it have any control over the foster children placed in the home. SOS BC owns the homes and provides reduced rent and all our village services to the caregivers and their foster children, but other than the initial acceptance of them as "tenants" into the homes, SOS BC has no direct control over them.

Each one of the homes in our Village has been custom built to meet the specialized needs of Foster Families.

Working model of SOS parents/main caregivers

SOS BC does not operate a "traditional SOS Children's Village", as they do not have guardianship over the children nor do we directly hire/contract the Caregiver/Mother in our homes. Under Provincial law only the state (Province of British Columbia) can be the legal guardian of a child if removed from a biological family, or if they are orphaned. Orphans and children who are subject to a "permanent termination of parental rights" can be adopted.

Current working model applied by SOS BC represents foster care. Foster parents are contracted with Provincial Government Ministry (Ministry for Children and Family Development-MCFD) or Delegated Aboriginal Agency (Vancouver Aboriginal Child and Family Services Society-VACFSS). Foster parents may be single (male or female) or couples. The number of children placed in the home depends on the foster parent's abilities but there is legislation that restricts the maximum number to 6. Foster parents are given a level based on their experience and education and that determines the level of severity they can manage (in regards to the children). All foster parents are paid a monthly maintenance amount and then additional funds depending on the needs of the children. All foster parents receive money toward respite (foster parents are responsible for hiring their own respite workers) and the amount of respite each foster parent receives is negotiated directly with the VACFSS / MCFD case workers.

Foster care is not employment. Families choose to foster because of a concern for children and desire to contribute something special to their community. There is a monthly maintenance payment to foster parents to cover the direct costs of caring for a child. However, foster parents are not expected to give up employment. There is also a service payment available for the three levels of specialized foster care. The service payment recognizes the primary foster parent's special parenting skill and extra time required to meet the needs of a child, but is not considered to be employment income.

At the moment, foster parents living in the SOS CV Surrey have 4 – 6 foster children living in home; 4 foster homes have contract with Vancouver Aboriginal Child and Family Services Society and 1 foster home has a contract with Ministry for Children and Family Development.

Moreover, there is 1 foster family included in the Outreach programme (VACFSS) living in the Fraser Region (region identified provincially). This family represents a caregiver with two foster children. Under this programme, foster parents may take care of 1 – 6 foster children in home.

As foster parents are contractors of a government agency the issues of holidays are addressed in their contracts. Foster parents are present 365 days a year with the exception of approved time away (when respite is arranged in or out of home). Approval for time away is given by VACFSS / MCFD. Support provided to the family depends on contract – it is determined by MCFD / VACFSS and foster parent according to their budget and needs.

Every foster parent receives basic monthly rate to cover the day to day costs of caring for each child in care. These costs include food, clothing, household supplies, transportation, personal needs, recreation, equipment, child's allowance, babysitting, gifts, activities and educational components related to each child's individual plan of care.

Age 11 & under	\$803.82/month
Age 12 – 19	\$909.95/month

Service payments are made in addition to the basic monthly rate payments to foster parents who operate three different levels of specialized family care homes – those that care for children and youth with special physical, mental, emotional or behavioural needs of varying complexity.

Service Payments		
Level 1	payment per child	\$458.02
Level 2	1 child	\$1,140.40/month
	2 children	\$1,968.68/month
	3 children	\$2,692.92/month
Level 3	1 child	\$1,816.66/month
	2 children	\$3,113.12/month

Some foster homes provide relief or respite care for the ministry. Relief/respite rates for restricted and regular foster parents are \$10.00 more than the regular daily rates.

Relief/Respite Per Diem Rates		
	Age 11 & under	Age 12 – 19
Regular & Restricted homes	\$36.79	\$40.33
Level 1 homes	\$55.60	\$55.60
Level 2 homes	\$68.35	\$68.35
Level 3 homes	\$90.89	\$90.89

Main advantages & challenges

Our working model is not the "traditional" SOS Model as we are working with Foster Parents who are retained by the state, and we are therefore neither the legal guardians of the children nor employers of the

Caregivers. Our greatest challenge is working at "arm's length" in a legal sense. We can provide subsidized homes for the Foster Families, but have no control over the children the Ministry chooses to place there. Due to the fact that we provide extensive therapeutic and other supports the Ministry has increasingly placed challenging children into the care of our Village Foster Parents, and since the level of care a child requires reduce the number of children a Caregiver can foster, our village population remains very low. We also can only assist in the creation of care plans for the children, and have no authority to enact such plans.

Also since we are a "supplementary" program we do not receive governmental funding, although most of the children in our village desperately need the services we provide. Further the consistent pressure to reduce budgets has caused a large number of young people to be denied services and we are overwhelmed with requests for support. If the Ministry funds our efforts in these areas they would be admitting that the issues exist, so therefore they do not fund SOS nor other organizations dealing with these young people. Homelessness, nutritional, affordable housing, employment, transitional programming, mental health, and general health services for young people on the fringes of the child welfare programs receive little or no government funding.

Recommendations to programs with similar working models to ours is simply to foster and build a network of organizations who together can ensure that the political will is created to appropriately fund and support the work that SOS undertakes with foster families.

The survey also confirmed that the process of leaving care is a very anxious time for young people. Youth expressed fears regarding loneliness, loss of structured routines and motivation, lack of confidence in coping with independent living, a loss of the safety net that their child protection agency had provided, and the loss of caring adults to provide emotional support. Thus, in our survey, youth who had left care provided a number of suggestions to improve the transition process, including:

- Financial assistance while completing high school and post-secondary education;
- Access to affordable and safe housing;
- Access to emergency funds;
- Information on budgeting;
- Assistance obtaining basic documentation;
- Ongoing and long term emotional and social support: someone to contact;
- Ability to contact a protection worker after leaving care;
- Life skills on housing, cooking, grocery shopping, job hunting, budgeting, laundry, making doctor's appointments, etc.;
- Opportunity to practice life skills prior to leaving care;
- Health and dental coverage for as long as needed, especially for those taking medication;
- Clothing and recreation allowance;
- Access to community services, such as counselling.

FLORIDA

Legal framework

Florida statutes dictate how foster care is delivered in the state. There are several chapters within the statutes that addressed different parts of the system. The most common are Chapter 409 and 65c13.

In 1999, the state of Florida embarked on a sweeping effort to transfer child welfare services from the Department of Children & Families to local communities and community based agencies.

Community-Based Care is a comprehensive redesign of Florida's Child Welfare System. It combines the outsourcing of foster care and related services to competent service agencies with an increased local community ownership of service delivery and design. This innovative statewide reform increases accountability, resource development, and system performance.

The department's community-based care initiative has captured the interest of the nation by actively negotiating and contracting with respected local, non-profit agencies to provide child welfare services in their local communities for children who have been abused, neglected and/or abandoned.

Communities coming together on behalf of their most vulnerable children demonstrate what community-based care was designed to do: transition child protective services to local providers under the direction of lead agencies and community alliances of stakeholders working within their community to ensure safety, well-being, and permanency for the children in their care.

A statewide network of comprehensive, community-based care agencies have been equipped to manage and deliver services to Florida's foster youth. This innovative new system includes key features that address common problems and challenges in child welfare systems, such as;

- Contracting with **local lead agencies** through competitive procurement to engage community stakeholders in designing their system of care, and to develop and maintain a service delivery network within their service area.
- Formation and support of **Community Alliances** of local stakeholders, community leaders, client representatives, and other agencies funding human services;
An Alliance may cover one or more counties, as determined locally. Duties of Community Alliances include, but are not limited to joint planning for resource utilization, needs assessments and establishment of community priorities, determination of local outcome goals supplemental to state outcome requirements, and community education and advocacy.
- A formal process was developed for assessing and preparing local Department units and Lead Agencies to safely transition services from the state to the local provider network.
The Department's **Readiness Assessment** process utilizes an external team of Peer Experts to assess the development of the local infrastructure and transition plans, as well as provide technical assistance to both parties prior to initiating transfer of any services.

Alternative care in the country

SOS Florida has a contract with the ChildNet for the services SOS Florida provides. ChildNet is the community based care organization in the area that is responsible for overseeing the foster care system. ChildNet manages the system of foster care and related services for Broward and Palm Beach County's abused, abandoned and neglected children. As the lead agency, ChildNet contracts with local social service organizations to provide an array of services for local children and their caregivers. They work closely with their network of providers and non-contracted community organizations to provide the necessary resources for Broward and Palm Beach County's most vulnerable children and their caregivers.

As a regional community based care lead agency ChildNet is responsible for 3200 children in foster care. ChildNet coordinates a network of child welfare services that provide case management, adoption, diversion, family preservation, family strengthening, foster homes, and group and residential care. ChildNet manages this comprehensive system of care through partnerships, subcontracts, and service agreements. In Broward County, ChildNet has 39 contracts with 26 local agencies and in Palm Beach County, 24 contracts with 14 agencies.

Alternative care options as defined by law

Care setting	Definition
Traditional Foster Care	Children that do not have serious mental health or behavioral issues.
Enhanced Foster Care	Foster care program for children that have more serious behavioral issues, including children with developmental disabilities, oppositional/defiant behavior, mental health and emotional issues or sexually reactive behavior.
Specialized Therapeutic Foster Care	A Medicaid funded treatment alternative for children with a serious mental health diagnosis. Intensive therapy is provided in the home for the children.
Medical Foster Care	A Medicaid funded foster care program for children with a serious medical conditions. Enhanced, Specialized Therapeutic and Medical foster parents are provided with additional specialized training to prepare them to care for their preferred population of children.
Group Care	Staffed 24 hour residential care of children in programs that do not offer maternity services, emergency shelter and runaways services or provide services in a wilderness setting.

Limit defined at national level on the number of children that may be looked after in each care setting

	Residential care		Foster-care		Family-based care	
	Yes	No	Yes	No	Yes	No
Is there a limit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
How many?	6		5		5	
Comments						

SOS Children's Villages position in the country

Working model of SOS parents/main caregivers

For the past 10 plus years SOS Children's Village Florida has worked under a hybrid shift model. Our most current model has each home staffed with two individuals, one who worked 24 hours a day from Sunday at 5:00 pm until Thursday at 11:00 am and a second who worked Thursday at 9:00 am until Sunday at 5:00 pm.

Earlier in 2013, we decided to move to a full time live in model where we will have either a single individual or a married couple living full time in each home. This is a houseparent model that allows for greater consistency for the children we serve. The plan is to license each home as a foster home and SOS Florida is working with the state agency in this process. We are still exploring if/when we will have them licensed as foster parents. As of now there is no contract but if we move to foster parents their contract will be with SOS.

As of April 2014, we currently have 7 homes transitioned to this new model. We are actively recruiting for this new position and we hope to have all homes functioning under this new model by the end of 2014.

The primary goal of foster care is to reunite the child with their birth parents. Whenever possible, SOS will work with the biological family and support the reunification process. If the court or the birth parent decides that reunification is not appropriate or possible, the child can remain in the SOS foster home until another permanent solution is identified. In the event that another permanent option is not identified, the child can remain in the SOS foster home until they age out and then SOS will continue to work with the child in our Transitional Independent Living Program.

Children aged new-born to 17 years are placed at SOS due to abuse, neglect or abandonment by their birth parents or care takers. They are referred to SOS through the state foster care system. Children will be matched with an appropriate foster family and placed in the family's SOS home. SOS will closely monitor the child's progress in the home and offer support services to the child and the foster parents.

SOS provides the initial training for our house parents. This is a comprehensive training offered by different staff members. The training runs about 2 – 3 weeks and involves observation in the home as well as classroom training. If we decide to license the caregivers as foster parents there is a training that they will have to take.

In case of moving to the foster care model, SOS shall provide or identify training opportunities for foster parents to increase their skills and ability to parent children who are not their own. SOS shall ensure that each newly licensed foster parent receive not less than 40 hours of training per year. Training opportunities should include training on agency policy, rules and laws, training which provides foster parents with an understanding of foster care, training which provides foster parents with an understanding of the needs of children and their families, training on the responsibilities of the foster parent to the agency and the child. Training will be provided on site at SOS and staff will also have the opportunity to attend trainings in the community when applicable.

SOS shall have a signed agreement with all foster parents which includes the following:

- Expectations and responsibilities of the agency staff and the foster parents
- The fiscal and medical arrangements for the children placed in the home
- The authority which foster parents can exercise for the children placed in their home
- The actions which require agency staff authorization; and
- A statement of the agency's discipline policy.

In the event that a foster parent resigns or is asked to leave their position, it is our goal to have individuals identified and trained and ready to move into the foster parent position that becomes available. We will conduct on going recruitment events and training opportunities so that we can have people waiting to move into the foster parent position should the need arise. Our ultimate goal is to hire individuals into the "babysitter" position that are wanting to move into the live in foster parent position so that if the need arises they are ready, willing and able to move right into the position.

Main advantages & challenges

In the state of Florida, there is a ratio of 1 staff member to 6 children ratio that we have to maintain according to state guidelines. This ratio limits our ability to allow our children to invite friends to the home because most homes have 6 children living in them already. If our children were to invite friends over than we would be out of compliance with the state mandated ratio. Inevitably, this situation leads to dissatisfaction on the side of children in care (rate of 66% according to the survey results).

Many of our children have no contact with the biological family and when there is contact it is either supervised by a state employee or by our case management staff or it is unsupervised meaning the family visits with the child alone. Additionally, because we have an average of 6 children in any home it limits the caregiver's ability to go on these family visits because they have other children they are responsible for.

Again, children are not happy with the situation when the SOS caregiver is not with them when family comes to see the child or when the child visits the family (rate of 37%).

When it comes to staff, following topics were identified as areas for potential improvement:

- All educators are involved in the development of the individual development plan
- There is a proper use of confidential information on families
- Depending on your level of responsibility how much do you feel you are able to participate in the decision making process
- The process of annual performance appraisal is set up adequately

We are still considering whether we will license our caregivers as foster parents or keep them as house parents. The only difference is that they would be licensed by the state as a foster parent (which would require additional training before they are licensed) and as a houseparent they do not get this license. We also do not have a contract with them as house parents but would if they were licensed. Otherwise, all other things are the same – their training, etc.

FRANCE

Legal framework

For the past 50 years, the French child welfare system has been divided into two distinct sectors. The first is administrative: social protection through child welfare services (Aide Sociale à l'Enfance (ASE), the organisation in charge of looked after children since 1956), which are under the responsibility of the local authorities⁸.

The second is judicial: Judicial Juvenile protection, which falls under the responsibility of the state, and which was created to deal with instances of failure in paternal authority (transformed in parental authority in 1970).

Judicial and administrative protections are independent but complementary. When administrative measures providing support on a voluntary basis, in partnership with parents, prove difficult to implement, court orders take precedence over them. Children's judges are the guarantors of the child's right to an education."

Measures for protecting minors, under the jurisdiction of ASE concern minors whose health, safety or morality is in danger or the conditions of their education are severely compromised (art 375 of the French Civil Code). The jurisdiction of the general councils and the missions of child welfare are organised by the French Family and Social Action Code, In particular L. 221-1 (child welfare missions, defined as prevention missions and protection of minors), L.222-5 and L. 223-1 (child welfare benefits) and L.223-2 (notifications of minors in danger).

With societal changes important critiques on the child welfare system have emerged. The law reforming child protection was voted in, in March 2007 with 4 main objectives:

- reinforce preventives measures and improve family and professional relationships
- improve the reporting and investigating system
- ensure the availability of suitable range of alternative care options to provide flexible and better adapted responses to family needs (sequential or alternate hosting, home placement, daytime hosting)
- protect children against sectarian risks.

Several years after, the implementation of this law seems to suffer of insufficient consideration about the ways of funding the development of new experiences and of the difficulty of local authorities in meeting all their obligations without additional resources.

Alternative care in the country

At the end of 2010⁹, 273,126 children and youth between 0 and 17 years were beneficiaries of a social youth welfare measures (e.g. 19 for 1,000 French children and youth). 21,300 young people between 18

⁸ In 1983, the French government "launched de-centralisation (1983-89), transferring power in many areas from the central government to the Conseils Généraux (local authorities)."

⁹ 8ème rapport au gouvernement et au parlement, Observatoire National de l'Enfance en Danger, mai 2013,

and 20 years were concerned by a care measure (e.g. 8,7 for 1,000 French young people of this age group).

The choice of type of care must normally be made on the basis of a situation assessment (foreseeable duration of care, children's needs, ability of parents to accept their children being in care, etc.). However, care services sometimes tend to work on an "open spot" basis, giving less attention to the assessment criteria. It is worth mentioning that public authorities are trying to bolster family-based care, officially to avoid the strenuousness associated with life in a group setting for children, but it is likely to be also because this type of care is cheaper than residential care.

Alternative care options as defined by law

Foster care family	Families, assessed by ASE, who take care of a child or children (cf article L. 421-2 du code de l'action sociale et des familles (CASF). Family assistant (foster care parent) is paid for the job. They are employed by two types of structures : services of child welfare (ASE) or associations
Maison d'enfants à caractère social /social child home	Out-of-home care setting registered as residential care
Pouponnières à caractère social / alternative care for babies	Out-of-home care setting registered as residential care for children from birth till 3 years.
Villages d'enfants/ Children's Villages	Out-of-home care setting providing family life type of care to siblings with family educators (SOS mother for SOS Children's Villages France)
Foyers pour l'enfance/	Out-of-home care setting providing emergency care for children, observation, assessment of the situation and recommendation for the follow up
Lieux de vie	Out-of-home care setting providing family life type of care for youth with important difficulties. It is the life place of youth and pedagogical team (most often couple).
Centres maternels et sections d'accueil mere enfants / mother and child centers	Care for pregnant women, isolated mothers with child(ren) under 3 years in need of material and psychological support.

Following a recommendation from the Children's Parliament, a law was passed on 30 December 1996 which stipulates that "the child must not be separated from its brothers and sisters, unless this is not possible or the child's interests demand a different solution." This provision was later reiterated in the Child Protection Act of March 2007 which specifies that "the placement location must be sought in the interests (of the child) ... in order to facilitate maintaining the links with siblings, in line with article 371-5 of the Civil Code." But after more than 15 years there is no data available on the situation on **siblings in alternative care**. Very few facilities can accommodate sibling groups and offer a common daily life.

Limit defined at national level on the number of children that may be looked after in each care setting

	Residential care		Foster-care		Family-based care	
	Yes	No	Yes	No	Yes	No

Is there a limit?	X	<input type="checkbox"/>	X	<input type="checkbox"/>	X	<input type="checkbox"/>
How many?	Depending on accreditation		3 children		6 children maximum	
Comments						

SOS Children's Villages position in the country

Working model of SOS parents/main caregivers

Description of working model

- SOS mother + 5-6 children + one family assistant (support, replacement)
- Maison d'accueil familial ("family house"): 2 family assistants + 5-6 children (family house are dedicated to midterm care, 2-5 years, and for children with a delicate attachment to the SOS mother (because of the leave of the first mother or because of their age)
- SOS mother in the end of mission + max 3 children and hosted mostly outside of the village (2 cases)

Criteria for end of mission: more than 55 years, min of 10 years in SOS employment and no wish to have more siblings.

Internal policy for SOS parents/main caregivers' recruitment

No specific requirements for SOS mothers but sufficient knowledge to help follow primary school and a driver's licence. All applications are examined.

The status of the SOS parents is determined by the corporate agreement dated September 14th 2005, approved by the Ministry for Solidarity, Health and Social Protection (March 2nd 2006), and by the 1966 collective bargaining agreement.

Our training process for SOS mothers (and SOS family assistant):

- 2 stages (3 weeks in total) in residential care or association supporting families
- 200 hours of training during the first two years of employment (6 modules of 33 hours)

Internal policy for SOS parents/main caregivers on being present in the family

- **SOS mother**
 - 258 days of work, 72 days off, 35 days holidays (holidays guaranteed by the law)
 - Rhythm: 21 to 35 consecutive days (day and night) then 5 to 10 days off
 - Ratio family aid/SOS mother: 0.80 in average
- **Family assistant within the classical care** (together with an SOS mother)
 - 208 days of work, 122 days off, 35 days holidays
 - Organisation of working days: 154 days on individual responsibility (replacement of the SOS mother), and 54 days of work in tandem
 - Rhythm: 6 to 10 consecutive days of work (day and night) than min 2 days off
- **Family assistant within the "Family house"**
 - 208 days of work, 122 days off, 35 holidays
 - Organisation of the working days: 183 days on individual responsibility and 25 days of work in tandem
 - Rhythm:
 - 15 consecutive days of work (day and night) than 15 days off
 - 1 week consecutive work (day and night) than one week off

Support provided to SOS families

- Educators: 2-3 Children's village (incl. educational monitors), acting as educational reference for the siblings and SOS families
- Psychologist : 1 (full time) for one children's village (40-60 children), not offering direct therapeutic support for children, but organising support and accompaniment for them on the demand of the mothers
- Domestic aid: 1.33/children's village

Main advantages & challenges

The overall satisfaction rates with the current working model in SOS Children's Villages are very high in case of caregivers (SOS mothers and aunts), children and youth and former SOS children. Still, some difficulties can be noted.

Respondents appreciate and value the mode of care, i.e. family-based care with a stable educational and emotional relationship. Social inclusion, satisfactory network of friends, the presence of adults to talk to when there are problems and a strong relationship with the caregiver all show that the children and young people feel supported, respected and taken into account.

Beyond these very positive results, the survey helps us clearly identify what can be improved:

- Respondents wish for a stronger presence of childcare workers in the households, which also requires a more specific definition of how tasks are allocated and a better coordination between interventions. In fact, teamwork is a major concern.
- Respondents think that further strengthening support to young people towards becoming independent, be it in the village or after care, is necessary to overcome the apprehension associated with that period and to avoid feeling rejected and isolated (which hinders social habilitation).
- Respondents view support to caregivers (all types of support), from the on-boarding process to training and daily assistance, as a way to guaranty quality of care and of the relationship with the children and young people.

GERMANY

Legal framework

Child and Youth Services Act (Kinder- und Jugendhilfegesetz, SGB VIII)

Article No. 1 of the Child and Youth Services Act states that every young person has a right to be assisted in his or her development and to be brought up in an appropriate way so that he or she can grow into a responsible and socially skilled person. Care, upbringing and education of children are the natural right of parents and their primary duty. It is stated that for the realization of this right, child and youth services shall provide a wide range of aid from day care services and non-residential socio-educational services to alternative care.”

In the field of alternative care there is a differentiation between foster care (§33 SGB VIII) and residential care (§34 SGB VIII). Family based care like in Children’s Village Families is handled as residential care and is not mentioned in the law.

Alternative care in the country

Around 130,000 of all children and young people up to age 18 currently living in Germany are looked after in alternative care. A little less than half live in foster care families, and slightly more than half live in other forms of residential care. This number appears to be steadily growing over the last years. There are great differences in the rate of children in alternative care between the federal states, mainly going back to three tendencies: Territorial states (like Bayern) have less alternative care than urban states (like Berlin), states from the former GDR more than states from former FRG, and states in the northern more than states in the south of Germany. Sociologically the rate of alternative care is highly related to the rates of social burdens in a region, like rates of poverty, migration or single parenting.

Children under six years are mainly placed in foster care, there were 7,900 children coming to a foster care and 3,200 in residential care. For children between six and twelve years this rate changes to 3,600 in foster care and 7,200 in residential care, if possible in forms of family based care like CVF. In this age group there is additional demand of non-residential socio-educational services. Up to this age the reason

for alternative care are mostly related to the family of origin, like neglect, sexual or physical abuse, drug or alcohol abuse or educational deficits.

Youths elder than 12 years show a sharp increase in occupying residential care. There are 22,700 beginning cases compared to 3,200 beginning foster cares in this age group. In this age group the described reasons for a beginning alternative care are mostly related to the youth himself, like behavioural problems, school problems or mental disorders.

Residential care is either arranged as family based care like CVF or in living groups with some eight youths in a group. There are no forms of institutional care like defined in the glossary, but there are greater institutions with up to twenty living groups in a house or an area and some specialized youth facilities working with concepts for greater groups. Children between six and twelve years are more often cared for in non-residential socio-educational services, and they more often attend family based care like in CVF.

Alternative care options as defined by law

Care setting	Definition
Daycare in Groups (§32 SGB VIII)	Advancement of development of Children through social learning in a group of children over day. Children spend the nights with their families.
Fostercare (§33 SGB VIII)	Educational assistance through living of children and youth in other families, time-limited or in the long run. For children with extended developmental hinderances there should be specialised forms of foster care.
Residential care, other forms of supervised housing (§34 SGB VIII)	Educational assistance in institutions through day and night (residential care) or in other forms of supervised housing. Advancement of development through daily life and pedagogical and therapeutic measures. Goals are return to family of origin, preparation for living in foster care or living in the long run and preparation for independent living.

There is no definition of family based care in the law. Children Village families are classified as residential care.

Important changes in alternative care policies

- Strong extension of educational support within families
 - Realized in the form of educational counselling or socio-pedagogical family support
 - One goal of this extension was the reduction of alternative care, but this effect has not occurred so far.
- Changes in the child protection legislation.
 - amendment of the law in 2008 stated that every person getting information of facts pointing to a suspicion of a child's wellbeing at risk has to inform the Social Services mandatorily
 - This change led to an increase of child protection cases in alternative care, especially in regards to younger children.
- Support to families with young children
 - On one hand there is a steadily increasing number of children under 3 years looked after in nurseries or in other daycare arrangements, based on a newly implemented right of child care.

- On the other hand new forms of “Early Support” are installed aiming at preventive support for families with young children starting with birth, especially in populations at risk for endangering the children’s wellbeing.

Limit defined at national level on the number of children that may be looked after in each care setting

	Residential care		Foster-care		Family-based care	
	Yes	No	Yes	No	Yes	No
Is there a limit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
How many?						
Comments	In the law there is no such number given. Every institution providing residential care needs an operating permit describing the limit for each group and the institution based on the educational concept which is regularly evaluated.					

SOS Children’s Villages position in the country

SOS Children’s Villages Germany has 41 facilities, 16 of them with Children’s Village Families. In all facilities there is offered a specific mixture of programs, including forms of residential care, counselling for families and parents, child care, early support for families, vocational training or living and working for handicapped people. The facilities are situated in all federal states.

SOS Children’s Villages Germany cares for approximately 950 children and youths in alternative care. About 550 live in CVF, the others in living groups or other care arrangements. In alternative care SOS cares for about 1.5% of children and youths in residential care.

Working model of SOS parents/main caregivers

There are mainly three models for alternative care provided in SOS Children’s Village Germany.

1. Children’s Village Families (CVF) with Children’s Village Mothers/Fathers (CVMF)

Around 100 Children’s Village Families work in a model with a team of professional educators.

The team consists of a CVMF and additional educators. Regularly there are six children or youths cared for in each families, but there are exceptions for starting or ending families, transitional phases or special conditions. Therefore in the average there is actually an average of 4.7 children per family.

The CVMF is the team-leader. She works 5 or 6 days a week 24 h in the CVF, living with the children in the house. Some CVMF take their free days regularly each week, others do longer terms and go for longer offs. There are no couples working as CV parents, there are only two CV fathers. In some rare cases CVM live with children of their own or with a partner in the CV House. Most of the CVMF are women older than 40 years, some without, others with already grown-up children. By law all CVMF must be professional educators with an acknowledged training.

The other team-members are professional educators with a regular working contract, that is some 8 hours a day for 5 days a week, or with a part-time contract. They partly work additional to the CVMF in the educational work with the children, and partly they substitute the CVMF in living with the children, when the CVMF is not present. This substitution can last from one day up to two weeks in a row. The number of these additional team members depends on the number of children in the family. Regularly, when there are six children in the family, the team consists of 3.2 team members in average.

2. Children's Village Families (CVF) without Children's Village Mothers/Fathers (CVMF)

Some 20 CVF are carried on without a CVMF, especially when a CVMF has left an existing CVF. In this case the team consists of four professional educators. They do long term shifts living with the children, e.g. 4 days with 24h, and short term shifts for additional educational work. The long term shifts are not conform to the working-time-law, therefore this model is not really accepted by the authorities as a model for the long run, even in some cases it worked for some years.

3. Living groups with shift terms

The usual model in Germany in residential care is working in shift terms. Normally eight children are cared for together in a living group by four fulltime educators. They are cared for 24h a day, and the educators do shifts up to ten hours. This care-model is realized in around 50 living groups in CV and in youth facilities without CVF. In these groups most of the cared for are youths, usually coming in at age older than twelve years and staying for about 2 years in average. Additional there are caring models for older youth, who can live more and more independently, living in a flat shared with other youths or in a single apartment, both with part-time assistance by educators.

Reasons for implementing concrete working models

The working models in CVF were developed out of the traditional model. They were adapted to the requirements in the professional field, of the law and of the work in the CV themselves. Example given, all educators in CVF have to be fully professional skilled to get the permission for caring.

The working model in CVF without CVMF were developed from existing CVF, when the CVMF got out of the CVF, and the CVF should exist on, until a new CVMF was found. In some cases this transitional model exists for some years.

The other forms of residential care started as living groups for elder youths from CVF in preparation for independent living, but most of the youths cared for there are coming from other institutions or directly from their family of origin. The main target group for these groups are youths elder than 12 years and therefore too old for CVF. In some cases there are groups for younger children also, some of them could live in CVF also, for others a care arrangement similar to a family seems to be inappropriate. Today in most of the CV there are such forms of residential care also, for there are too less CVMF to fill all the houses with CVF. The working model in the living groups is the same as usual in the field of residential care.

Main advantages & challenges

In SOS Children's Villages Germany, there is an ongoing process to improve the conceptual framework of CVF.

As major challenges are seen:

- There are more and more children living in CVF with high psychological strain and with traumatizing experiences, who are not always suited for living in a family and need a lot of attention.
- There are not enough people willing to work as CVMF and being qualified and suited for this task. A core obstacle for younger candidates is the difficulty of work-life-balance, especially in terms of the perspective to build an own family.
- There is a severe lack of professional educators in Germany, and it is difficult to find educators for the work in CVF. Especially standing-in for CVMF in shifts of some days is seen as an obstacle for working in CVF.
- There is a need for flexible family based care arrangements, oriented on the needs of children and youths. For closer alignment on the needs of children there should be a professional admission and allocation process, and more flexibility in the number of children and care professionals.
- The main purpose is to keep CVF working, which are oriented on the needs of the children and are attractive working places. They have to be well accepted by the Social Services, and they

have to work in a clear defined economic framework, combining financial support from Social Services and from SOS-Kinderdorf.

- Other forms of alternative care should also be provided, either in (professional) foster care or in forms of residential care, which do keep as much of the characteristics of CVF as possible, mainly the close relationship and the high continuity of care.

Current demands are addressed by projects concerning

- Admission process, including diagnostics and allocation to CVF and alternative care arrangements
- Leaving care and support after care
- Cooperation with the family of origin
- Professional services and supporting systems
- Alternative forms of family based care
- Framework of job descriptions related to the CV

Additionally some further projects related to CVF are being conducted, bringing some new concepts into the discussion about CVF.

- Qualification program for working with psychological strained children and youths
- CV as chance for realization: research project on youths in CVF and residential care in CV based on the concept of capabilities
- CVF in urban surroundings
- Siblings in residential care

From these projects some new concepts are brought into the discussion about CVF.

The concept “capabilities” is a new way to look at the interaction between the individual competencies of youths and the chances and possibilities alternative care provides. Youths should have appropriate chances to develop an own satisfactory way of living. This seems to be a promising way to handle the challenges of preparing young people for leaving care and independent living.

GREECE

Legal framework

At the beginning, it is necessary to highlight some key points referring to the current situation of the Greek social policy status and in specific child protection policy.

- The legislation fails to keep up with current needs and therefore is obsolete
- There is no national authority vested with the responsibility of recording and monitoring child care and protection issues
- There is a lack of valid and reliable national database with comprehensive data on children without parental care entrusted in child protection settings or out-of-home care programs
- There is no official concrete national plan /policy in regards with matters of child protection. The National Plan of Action for Children’s Rights adopted by the government in 2007 has been notably left behind schedule

Current Situation:

- Partial legislative adjustment measures in the direction of compliance and consistence to European Committees and United Nations strong recommendations
- Partial recording of statistical data from different NGOs without central national monitoring
- The still widespread use of institutionalization and the low rates of foster care
- The lack of data on institutions, as well as the lack of systematic monitoring of the situation of children in institutions or in foster care
- The lack of review of placement of children in institutions and the long period spent there
- The shortage of staff and resources, which is worsening in the context of the current crisis

In Greece, there is not an official authority of social control dealing with child victims of abuse / neglect at central, regional and local level. Such incidents are treated together with other social problems by social services prefectural or local administrative mechanisms such as regional authorities.

Prosecutors, however, are extremely hesitant and hardly decide to remove child custody from their parents and assigned them to alternative care programs for two main reasons: firstly because of the perception that there is no best person for the upbringing of the child from the parent and secondly, because the detachment from family environment means that the child will be admitted in an institution/alternative care program and not in a foster family. Legal professional's experience in the Juvenile Prosecution of Athens indicates that the situation in the field of Justice in Greece on child protection cases, is quite dysfunctional, "Usually there is an absence of social service near the local judge. Therefore these cases are dealt together with other out of family contents during interlocutory proceedings. The proceedings in open court and not in private, e.g. inside the office of the judge in order to protect the family from exposure and ease the process for the family members, is hampering the process of making a decision that really serves the interests of the child".

An Independent Authority guaranteed by the Greek Constitution, which can take action to investigate, mediate, refer and to protect minors is the Ombudsman. Created in 1998 and its operation is governed by Law 3094/2003. The UN Committee on the Rights of the Child recommended in Greece (1.2.2002) 'to clearly identify the role of the Ombudsman in order to ensure the accessibility of its services to children and deal with children's upcoming issues in a way that meets their needs of minors'. After a year of national consultations, it was decided to extend the jurisdiction of the Ombudsman on defending and promoting children's rights.

As a consequence of lack of infrastructure and mechanisms for implementation Foster Care, especially regarding the direct placement of children in foster care procedures, the institutionalization of child protection remains to be treated as the only alternative of social services. Prosecutors in the vast majority of cases, except in cases where there is a particular person from the family environment in which the child may be given custody of by the public prosecutor or the court, despite the prediction that foster care qualifies juvenile offenders abandoned, abused or neglected and those living in institutions (Decree 86 / 09, Article 2).

It is also emphasized that although children can be placed directly in foster families, completely avoiding the experience of the institution, in majority of cases, they initially introduced in the above units of Social Care and then placed in foster care through programs of such Units. Consequently, they face lengthy procedures and hence, in many cases geographical removal from relatives and the wider social context.

Alternative care in the country

There is a complete lack of social- support structures which could be resorted a neglected child and to receive appropriate counselling and psychosocial support in a warm and friendly environment with qualified staff and adequate infrastructure. Unfortunately there are no hostels, or those are not enough, so they can accommodate the victims during the period of crisis. This complete lack of social - support structures on the side of the state is now covered by the action of NGOs, other child protection organizations as well as the voluntary sector, which is undoubtedly useful, but cannot replace the responsibility of a well-governed state.

Alternative care options as defined by law

Care setting	Definition
adoption	Adoption means the act by which an artificial parenthood is shaped, which is formed and provided by law or legal act by due to which any legal relationship with the child's natural family is interrupted and the child is fully integrated into the family of the adoptive parent. (Article 1561 of the Civil Code)
foster care	Foster Care aims to protect the privacy interests of the child when the parent or guardian is unable to care for the child. This legislation describes a real situation, which is created by awarding the child's care into another family which prerequisites agreement of the parents and the foster family and is a decision liable to the court of law.
units of social care	Social protection is provided by the Units of Social Care, such as "Paidopoli" (Child's Cities) and Centres of Children's Preventive Care. According to Article 108 of the Civil Code, public institutions acquire status by presidential decree, which approves their constitution. The deed is done and is required to be done by notarial act (Article 109, Civil Code). In the deed must be defined the purpose of the institution and the property dedicated. The decree authorizing the institution may designate, or to complete, or modify the agency provided, so that the founder's will shall be respected (Article 110, Civil Code) the admission takes place after parental request or district attorney's order.

Limit defined at national level on the number of children that may be looked after in each care setting

	Residential care		Foster-care		Family-based care	
	Yes	No	Yes	No	Yes	No
Is there a limit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
How many?						
Comments	The limits are defined by each Organization separately depending on its resources and philosophy.					

Foster care

It is a form of child protection recognized by the State by law No. 2082/1992.

Who can become foster parent?

- Those who have a sincere desire to help and care for a child.
- People aged 30 to 50 years
- Families with or without children of their own
- Single parent families
- People from the extended family of children in need
- Individuals

Which children are placed in foster families?

- children whose parents are temporarily unable to look after them , but they plan to reunite with them shortly
- children with special needs and problems of deprived families
- children who cannot stay close to the natural parents for important reasons and who might grow up in foster care while communicating with their natural parents

The age of children placed in foster care varies from infancy to early childhood.

How long the child stays in the family?

Foster Care can be temporary or permanent. One child may stay in foster care a few years or quite longer. Most children remain in foster care after their adulthood.

Provisions and benefits in foster families

The “MOTHER” institution provides for every child who is placed in a foster family:

- monthly allowance depending on the child's special needs
- full medical and hospital coverage
- covers specific additional treatments
- covers footwear, clothing and basic needs of the child first placed in the new family
- covers school expenses, if any

SOS Children's Villages position in the country

The SOS Children's Villages Greece Charity Association was established in 1975. Nowadays, it runs three SOS Children's Villages, one Youth house and one programme for abused babies and infants. SOS Children's villages Greece cares for 143 children in FBC programs.

Working model of SOS parents/main caregivers

SOS mothers can be women with no current family obligations aged between 33 and 45 years, with no criminal record and good mental and physical health which is testified through SOS internal protocols and procedures. No governmental requirements are set. The profile at the moment includes employment of single SOS mothers and Aunts (family assistants). Alternative models are under consideration at the moment. The number of SOS Mothers and Aunts is totally 47 and their average age is 47 years, the turnover rate for 2012 was 5%.

Main reasons that SOS parents/caregivers leave SOS structure were personal reasons and retirement.

Responsible for establishing the care plan for each child entrusted into care of SOS parents/caregivers is the pedagogical team of each FBC program. Regular review of placement is carried out approximately every six months and the overall responsibility regarding the revision, tools and assessment belongs to the pedagogical department.

All children protected in our context are involved in decision making process about their lives whether their families of origin are willing to participate or not. In every case the family of origin is informed and invited when the planning period begins, as well as when the decisions have been made. They are also informed when revisions of the initial planning occurs and asked for their contribution if it's possible for them to provide any kind.

SOS caregivers of all levels have all the holidays and labour leaves which are described and predicted by the States' labour law. SOS Children's Villages Greece engages, when necessary, additional measures in the best interest of the personnel which go above the minimum legal standards.

All SOS caregivers are present in the family house/youth hostel etc. for 22 days per month and have 8 days off. In general the average and desirable working condition is 5-6 days present in the house and 2

days off, approximately 2 days off per week, or 3 days off, every 10 days, which is not the most preferable arrangement, but sometimes due to unpredictable schedule changes it might occur.

Responsible for supporting the SOS family is the “pedagogue” who is a trained professional (usually coming from the field of psychology, social work, sociology etc.) Apart from the pedagogue the social worker of the village also supports the SOS care staff along with the director of the village in daily activities as well as in conflict resolution and management of the selected strategy. Additionally, each SOS mother collaborates with a family assistant (SOS aunt) who is the most intimate person to the children after her. The pedagogical counsellor is also involved periodically in SOS family planning, along with the village director and assists SOS families in when in revising individual development plans etc. Besides these roles, all SOS mothers and family assistants participate into weekly group sessions designed to support them in personal level in order to process issues related to the work they do with children but with focus on their own strong points or weaknesses, emotions, needs, difficulties, and better understanding of their own personal history and how this is connected to the history of the children they nurture. Finally, all SOS mothers and family assistants have during the week individual meetings/sessions with trained professional in order to be able to process more personal issues.

Main advantages & challenges

As far the further development of the working models of SOS parents/caregivers we are considering a pilot study within 2014-2015 in which we will explore how **SOS couples and SOS fathers** will work into the existing system. We will try to identify variables, limitations, strong points and implement in specific social contexts the scheme that will arise from the research as more suitable. The main reasons to do a change like this is the fact that it seems that recruiting and maintaining SOS mothers and aunts becomes more difficult every year. Additionally it is an opportunity to explore different models of “parenting” and research how attachment models apply in these settings. At the moment SOS parents/caregivers and children are not involved in the process.

As other factors, caregivers highlight especially high turnover rate for educational staff as it is perceived by them as destabilization. Another point raised by caregivers is the fact that although educators’ responsibilities are quite adequately defined, sometimes these responsibilities are not adequately applied in daily life. One of the factors that constitute this variable and is rated low, as dissatisfying, is the fact that frequently, or during some highly demanding periods, educators do not have the desirable time spend for individual dialogue within the family as well with SOS mothers and aunts separately.

Last but not least, caregivers also highlight the need to implement more training programmes regarding volunteer involvement into SOS programmes.

ILLINOIS

SOS Children's Villages Illinois operates two SOS villages in Chicago and Lockport. In both villages, Sibling Foster Care Programme is the only implemented working model.

Legal framework

In the United States, federal law provides a framework for developing policies, strategies and practices at the state level. The recently enacted Fostering Connections to Success and Increasing Adoptions Act of 2008 provides new opportunities to effectively and safely reduce the number of children in foster care.

The Child Care Act of 1969 as amended is the law in Illinois from which all child care licensing standards are established. Additionally, Title 89 of the Illinois Administrative Code outlines policies related to social services in the state of Illinois. Chapter 3 of Title 89 focuses on the Department of Children and Family Services. Within Chapter 3 are numerous subsections and specific rules that detail licensing requirements for homes and facilities, placement procedures, requirements for programs and services, and other pertinent information that governs all services provided by the Illinois Department of Children and Family Services and the licensed agencies with which it partners.

Alternative care in the country

The Illinois Department of Children and Family Services (DCFS) receives, investigates and acts upon a report of child abuse or neglect every five minutes, child sex abuse every two hours, and the death of a child by abuse or neglect every day and a half. Tens of thousands of children are safer thanks to those who call its Child Abuse Hotline each year. Unfortunately, up to 80 percent of abuse and neglect goes unreported, and one in five Illinois children is abused before the age of 18. In 2012, there were over 400,000 children in foster care in the United States; approximately 17,000 of them were in Illinois.

DCFS' history is steeped in a long tradition of service and innovation for the state's most vulnerable children. Illinois is home to the nation's first juvenile court, counts itself as the birthplace of social work (Jane Addams' Hull House), was among the first states to establish child protection laws, was an early signatory to laws mandating the reporting of child abuse and neglect, and created one of the nation's first state-wide child abuse hotlines.

Until 1964, the state's child welfare responsibilities were housed in the Department of mental health. Limited services and placement programs for children were provided by several state agencies, private agencies and county courts. Approximately 4,000 children were served during the Department's first year of operation compared to a peak of 51,000 children in care in 1997.

In the past 40 years, DCFS has worked with private and public sector partners toward the creation of a series of successful initiatives that have served as a model for child welfare agencies throughout the United States including the development of a unique subsidized guardianship program and the unprecedented placement of more than 42,000 foster children into permanent homes since 1997.

The Department has also led the nation in building new partnerships including the One Church One Child adoption program and the Corporate Partnership for Recruitment of Adoptive Families initiative. Additional accomplishments include the development of a unique risk assessment tool and the creation of a computer tracking system for missing youth.

DCFS remains the largest child welfare agency to earn accreditation from the Council on Accreditation for Children and Family Services. Services range from annual investigations involving more than 98,500 children to the care of nearly 19,000 youth to the licensing of day care facilities that serve more than 270,000 children. The Department has a staff of 3,600 who are dedicated to providing unrivalled professional service at all levels.

Alternative care options as defined by law

Care setting	Definition
Facility for Child Care or Child Care Facility	<p><i>“Facility for child care”</i> or <i>“child care facility”</i> means any person, group of persons, agency, association or organization, whether established for gain or otherwise, who or which receives or arranges for care or placement of one or more children, unrelated to the operator of the facility, apart from the parents, with or without the transfer of the right of custody in any facility as defined in the Child Care Act, established and maintained for the care of children.</p> <p><i>“Child care facility”</i> includes a relative who is licensed as a foster family home under Section 4 of the Child Care Act.</p>
Child Care Institution	<p><i>“Child care institution”</i> means a child care facility where more than 7 children are received and maintained for the purpose of providing them with care or training or both.</p> <p>This term includes residential schools, primarily serving ambulatory handicapped children, and those operating a full calendar year.</p>
Maternity Center	<p><i>“Maternity center”</i> means a facility in which any person, agency, or corporation other than one licensed as a foster family home or group home under the Child Care Act receives, treats, or cares for one or more unwed pregnant girls under 18 years of age.</p>
Child Welfare Agency	<p><i>“Child welfare agency”</i> means a public or private child care facility, receiving any child or children for the purpose of placing or arranging for the placement of the child or children in foster family homes or other facilities for child care, apart from the custody of the child’s or children’s own parents.</p> <p>This term includes all agencies established and maintained by a municipality or other political subdivision of the State of Illinois to protect, guard, train or care for children outside their own homes.</p>
Group Home	<p><i>“Group home”</i> means a child care facility which provides care for no more than 10 children placed by and under the supervision of a licensed child welfare agency with these homes being owned or rented, staffed, maintained and otherwise operated by the agency.</p>
Foster Family Home	<p><i>“Foster family home”</i> means a facility for child care in:</p> <ul style="list-style-type: none"> • residences of families who receive no more than 8 children unrelated to them – unless all the children are of common parentage; or • residences of relatives who receive no more than 8 related children placed by the Department, unless the children are of common parentage for the purpose of providing family care and training for the children on a full time basis. <p>The term <i>“foster family home”</i> includes homes receiving children from:</p> <ul style="list-style-type: none"> • any State-operated institution for child care; or, • from any agency established by a municipality or other political subdivision of the State of Illinois authorized to provide care for children outside their own homes. <p>The term <i>“foster family home”</i> does not include an <i>“adoption-only home”</i> as defined in Section 2.23 of the Child Care Act.</p>
Youth Emergency Shelter	<p><i>“Youth Emergency Shelter”</i> means a child care facility licensed by the Department to provide overnight shelter, and referral for other services, to homeless youth under 18 years of age in accordance with the requirements of the Child Care Act and applicable rules of</p>

	the Department.
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Secure Child Care Facility	<p><i>“Secure Child Care Facility”</i> means any child care facility licensed by the Department to provide secure living arrangements for children under 18 years of age who are subject to placement in facilities under the Children and Family Services Act and who are not subject to placement in facilities for whom standards are established by the Department of Corrections under Section 3-15-2 of the Unified Code of Corrections and which comply with the requirements of the Child Care Act and applicable rules of the Department and which shall be consistent with requirements established for child residents of mental health facilities under the Juvenile Court Act of 1987 and the Mental Health and Developmental Disabilities Code.</p> <p><i>“Secure Child Care Facility”</i> also means a facility that is designed and operated to ensure that all entrances and exits from the facility, a building, or a distinct part of the building are under the exclusive control of the staff of the facility, whether or not the child has the freedom of movement within the perimeter of the facility, building, or distinct part of the building.</p>
Adoption-only Home	<i>“Adoption-only home”</i> means a family home that receives only children whose parents’ parental rights have been terminated or surrendered for the purpose of adoption only.

SOS Children’s Villages Illinois’ homes are classified as *foster family homes*. Within the category of *foster family homes*, there are the following distinctions:

- *“Boarding home”* means a foster family home which receives payment for regular full time care of a child or children.
- *“Free home”* means a foster family home other than an adoptive home which does not receive payments for the care of a child or children.
- *“Adoptive home”* means a foster family home which receives a child or children for the purpose of adopting the child or children.
- *“Work-wage home”* means a foster family home which receives a child or children who pay part or all of their board by rendering some services to the family not prohibited by the Child Labor Law or by standards or regulations of the Department prescribed under the Child Care Act. The child or children may receive a wage in connection with the services rendered the foster family.
- *“Agency-supervised home”* means a foster family home:
 - under the direct and regular supervision of:
 - a licensed child welfare agency;
 - the Department of Children and Family Services;
 - a circuit court; or
 - any other State agency which has authority to place children in child care facilities, and
 - which receives no more than 8 children, unless of common parentage, who are placed and are regularly supervised by one of the specified agencies.
- *“Independent home”* means a foster family home, other than an adoptive home:
 - which receives no more than 4 children, unless of common parentage, directly from parents, or other legally responsible persons, by independent arrangement; and
 - which is not subject to direct and regular supervision of a specified agency except as such supervision pertains to licensing by the Department.

Limit defined at national level on the number of children that may be looked after in each care setting

	Residential care		Foster-care		Family-based care	
	Yes	No	Yes	No	Yes	No
Is there a limit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
How many?	10		8 ¹		8 ²	
Comments	¹ Unless all the children are of common parentage ² Unless the children are of common parentage for the purpose of providing family care and training for the children on a full time basis					

SOS Children's Villages position in the country

SOS Children's Villages Illinois is recognized as a 501(c)(3) nonprofit organization in the United States. A 501(c) organization, also known colloquially as either a 501(c) or a "nonprofit", is an American tax-exempt nonprofit organization. The most common type of tax-exempt nonprofit organization falls under category 501(c)(3), whereby a nonprofit organization is exempt from federal income tax if its activities have the following purposes: charitable, religious, educational, scientific, literary, testing for public safety, fostering amateur sports competition, or preventing cruelty to children or animals.

In Illinois, SOS Children's Villages Illinois is licensed as a Child Welfare Agency and as a Child Care Institution, in accordance with the Child Care Act and under Title 89: Social Services Chapter III: Department of Children and Family Services Subchapter e: Requirements for Licensure, Parts 401 and 404, respectively. Additionally, all of its private, single family homes are licensed as Foster Family Homes in accordance with the Child Care Act and under Title 89: Social Services Chapter III: Department of Children and Family Services Subchapter e: Requirements for Licensure, Part 402.

Working model of SOS parents/main caregivers

Professional Foster Parents are offered Pre-Service and In-service training through the Illinois Department of Children and Family Services (DCFS) and SOS University. Additionally, each Professional Foster Parent is encouraged to participate in the ongoing development of the Foster Parent Implementation plan that is updated annually. All foster parents candidates will undergo the following prior to SOS Children's Villages Illinois recommending a license:

- Submit to a background check
- Completion of the Pre-Licensure Foster or Adopt PRIDE
- Participate in Home Study Assessment
- Submit three unrelated references
- Provide medical report
- Complete an initial application for a foster family home license
- Participate in an EQI Assessment

Prior to licensure, Professional Foster Parents must attend mandatory PRIDE pre-service training. Potential foster parent candidates are referred to PRIDE by SOS Children's Villages Licensing Coordinator. As part of PRIDE pre-service training and SOS Children's Villages Illinois Professional Foster Parent orientation, the Licensing Coordinator will schedule and train Professional Foster Parents on rights and

responsibilities through the ongoing development of the Foster Parent Implementation Plan which will include the following:

- Specific duties of foster parents as outlined in DCFS Rule 402 and Rule 340
- Mandated Reporter for identification and reporting of abuse and neglect
- Home Account and Budgeting
- How to complete work orders for damages caused by children placed in the home
- Notification of and participation in any case review or court hearing regarding the child
- Complaint and Grievance Procedures including circumstances that will result in closing a home

As part of the licensing process, all Professional Foster Parents sign an **Acknowledgement of Understanding Concerning Prohibition of Corporal Punishment (CFS 452-3)** statement agreeing to refrain from the use of corporal and degrading punishment, and receive initial and ongoing training and support to promote positive behaviour and use appropriate discipline techniques.

Foster parent support

In addition to the initial training and licensing process, Professional Foster Parents receive ongoing support at SOS Children's Villages Illinois. Examples include:

- **SOS University** – SOS University provides ongoing training to Professional Foster Parents and staff at SOS Children's Villages Illinois. Rather than traveling off-site for training, SOS University brings the convenience of DCFS-approved courses right to the Villages. Courses are hosted at least monthly at each Village.
- **Family Advocate** – The Family Advocate is an employee at SOS Children's Villages Illinois focused primarily on providing additional support to Professional Foster Parents, Relief Parents, and biological parents at SOS Children's Villages Illinois. The Family Advocate works with parents to connect with community resources, improve programmatic offerings, and provide opportunities for parent collaboration.
- **Perspectives EAP** – SOS Children's Villages Illinois partners with Perspectives, an Employee Assistance Program, to support all employees. Perspectives provides employees and their families, significant others, and loved ones with grief support groups, critical incident stress debriefings for traumatic workplace events, advanced supervisory training and employee seminars, phone and in-person counselling, resources on work-life balance, and professional development opportunities.
- **Relief Time** – Foster Parents at SOS Children's Villages Illinois receive a minimum of 8 hours of relief time each week, during which a Relief Parent comes to the home and cares for all children. Additional relief time is provided as needed to meet the needs of both the children and foster parents.
- **Supervision** – Each Professional Foster Parent at SOS Children's Villages Illinois participates in monthly supervision (and more frequently as needed) with the Director of Programs and Services. Supervision provides an opportunity for both Professional Foster Parents and the Director of Programs and Services to address any concerns, identify additional support that may be necessary, and recognize successes and accomplishments.
- **Team Meetings** – Foster Parents have monthly team meetings at which they discuss issues of importance. One Professional Foster Parent from each Village additionally participates in the monthly Executive Management Team Meetings, and foster parents serve on task forces, committees, and work groups related to all facets of operations to ensure their input and considerations are taken into account.

Time off

Professional Foster Parents at SOS Children's Villages Illinois accrue time off, including sick, personal, vacation, and holiday time, in the same manner as all full-time SOS Children's Villages Illinois staff.

All employees at SOS Children's Villages Illinois receive three (3) personal days each calendar year; these days must be used during the calendar year or they are forfeited. Additionally, employees accrue sick and vacation time

Regular, full-time employees are eligible for holiday pay of their normally scheduled work day at their regular rate following completion of the 30-day probationary period. Part-time employees are not eligible for holiday pay. There are eight (8) holidays recognized by the Agency as paid holidays:

1. New Year's Day
2. Martin Luther King's Birthday
3. Memorial Day
4. Independence Day (4th of July)
5. Labor Day
6. Thanksgiving
7. The day after Thanksgiving
8. Christmas

While Professional Foster Parents do have holidays, SOS Children's Villages Illinois encourages them to spend these days with the children in their care and celebrate as a family. Foster Parents are able to bring the children to their personal family celebrations or host celebrations on-site. Foster Parents who choose to spend the holidays with their SOS Children's Villages Illinois family receive holiday pay or compensatory time to take at another opportunity.

Financial regulations

Each Professional Foster Parent at SOS Children's Villages Illinois manages his/her own home account. This home account is ultimately owned by SOS Children's Villages Illinois. The home account includes a fixed monthly allocation per child for consumables, including food, household, and recreational expenses; the Professional Foster Parent also receives this fixed monthly allocation. Additionally, DCFS regulations require that each child receive both a personal and a clothing allowance each month; the amount of these allowances is dependent on the age of the child. Professional Foster Parents have the option to defer a portion of the home account each month for a larger specific future expenditure, such as a vacation, the holidays, etc. Professional Foster Parents also manage a fuel card to be used solely for the Agency van they use. All costs associated with utilities, furniture/capital expenses, and home repair are paid by the Accounts Payable department and do not affect the home account.

Main advantages & challenges

Based on the survey conducted in SOS Illinois within last 6 months, following recommendations were highlighted in order to improve quality of care provided in the current working model:

- **Limitations on children of Professional Foster Parents**
SOS Children's Villages Illinois currently hires Professional Foster Parents with no more than one child (biological, adopted, etc.) in their care. A Professional Foster Parent will be allowed to continue in their position even if they have a second child while employed. However, once a foster parent is expecting a third child, the parent(s) must begin a transition out of the Village to ensure that there are adequate beds to meet the needs of the children. Because each home is limited by licensing generally to 6 children, with a maximum extension of 8 under special circumstances, the potential for 1/3 of the children living in the Villages to be biological children both limits our ability to serve the children who need our support, and reduces the revenue generated through contract-for-service care with DCFS.
- **Aging out of Professional Foster Parents**
Currently we face the challenge of successfully transitioning Professional Foster Parents who have given significant years of service and are either older in years and more limited in the care they can provide, or have been at SOS Children's Villages Illinois for a long time and have experienced changes in priority, struggle with burnout, or need a new challenge.
- **Improving Relief Time and Relief Parenting**
SOS Children's Villages Illinois is evaluating its relief structure, relief parents, and relief time for foster parents to improve the quality of this service. We are looking for more direct supervision of

relief parents, as well as increasing selectivity during the hiring process and strengthening initial and on-going training requirements.

- More training between professional foster parent and biological parents
- Increase focus on self-care, including yoga, meditation, etc.
- Increase conflict-management training for all staff

ITALY

Legal framework

- Law n.328/200: “Law for the implementation of an Integrated System for Social Services and Actions”;
- Law n.149/2001: “Amendments to the law n.184/1983 relating to the Rules for Adoption and Foster Care of Children”;
- Document “Action Plan for closing Child Institutions before December 31,2006”

The focus of these laws is to prevent separation of children from their families and to work for reunification in case of it.

Alternative care in the country

As of 31 December 2011, 29.388 children were in alternative care, 14.397 in foster care, 14.991 in residential and family like care. SOS Children’s Villages Italy is considered as a family like care setting.

Alternative care options as defined by law

foster family	Families, preferably with children under age, but also singles, assessed by Social Services as able to be suitable caregivers, who chose to take care of a child or siblings for a period according to the Social Service’s care plan. Foster families have no restriction in terms of age, education, income.
family-type community	One or two people living with the children in alternative care and one or two co-workers that support them. Located in normal houses with a maximum number of six children. Middle or long term care
community-type structure	A team of professionals working in shifts. Maximum of ten beds plus two for emergencies. Middle or long term care.
“Emergency house”	A team of professionals working in shifts, children hosted for a short period. Maximum of ten beds.
SOS family	There isn’t a peculiar definition of SOS family: in some Regions they are considered “family-type community”, in others “community-type structures”
Comment: Care definitions are established at regional level and so quality, organizational and structural standards	

Institutional care settings were closed / transformed in Italy by the end of the year 2006. Community-type structures and emergency houses (see above) are now considered as residential care settings.

Italian legislation states to choose in this order: first of all foster care, then family-type community and at last community-type structures. In this situation of economic crisis, “low cost” placements seem to be the most important criterion of choice.

Unfortunately, as stated in the report “Children in alternative care” (Eurochild, 2010), “the number of foster family applicants is inadequate: generally, foster families can be easily founded but the selection is restricted to a limited number of applicants so the risk of unsuccessful fostering experiences is too high. A similar problem has been observed with the communities: their number is adequate but they are unequally distributed in the regional territory and provide only a restricted range of services.” There is no legal regulation for the process of leaving care and after care. Governmental policy also does not say anything about sibling groups.

When it comes to foster care, it is important to highlight that there is no national foster-care policy. There are only local recruitment policies defined by municipalities available. There are also no legal requirements regarding preparatory training for foster parents. And unfortunately, the law does not require any form of supervision of the supportive/advisory services for foster parents. As highlighted in the report “Children in alternative care” (Eurochild, 2010), “Foster families are not adequately supported by social services, with particular regard to the relationship between the child and the birth family. The parameters for a standardised support to foster families have been defined in the recent Regional Directives.” As described above, there are national guidelines on foster care now in Italy.

Limit defined at national level on the number of children that may be looked after in each care setting

	Residential care		Foster-care		Family-based care	
	Yes	No	Yes	No	Yes	No
Is there a limit?	X	<input type="checkbox"/>	<input type="checkbox"/>	X	X	<input type="checkbox"/>
How many?	10 (+2 for emergency)				6	
Comments	Limit defined at Regional level in Italy					

The process of deinstitutionalisation was defined in the legislation in 2006. Law 149/2001, *Discipline of adoption and fostering of minors*, established that “Care in homes must be superseded by 31/12/2006 by fostering to a family and, where this is not possible, by integration to a family-type community characterized by an organization and inter-personal relationships similar to those of a family”. In early January 2008 the closure of the institutes appeared to have been essentially completed.

SOS Children’s Villages position in the country

SOS Children’s Villages Italy is registered as social co-operatives.

Working model of SOS parents/main caregivers

SOS parents/caregivers have a legal status of an educator. In accordance with the Labour Code in Italy, they are not allowed to work 24/7. Therefore, SOS Children’s Villages Italy had to find different solutions varying between different villages. At the same time, it needs to be highlighted here that there is no internal policy of SOS Italy on SOS couples.

Each CV has its own recruitment process and work planning and organization.

Care model 1 (e.g. “traditional SOS Children’s Village): 6 children in every house

Trento: 1 SOS mother + 2 educators for 1 family

Ostuni: 1 SOS mother per family? + 1 family assistant + 1 educator for each of the 5 families

Vicenza: 4 SOS mothers and 1 SOS father + 2 educators for each of the 5 families

Morosolo: 2 SOS mothers + 2 educators for 3 families

Roma: 5 SOS mothers + 1 educator for each of the 5 families

Saronno: 3 SOS mother + 2 educators for each of the 3 families

Mantova: 1 SOS mother + 2 educators for 1 family

Care model 2 (e.g. “residential care”): 6 children in every house

Trento: 5 educators (no SOS parents) per house (4 houses in total).

In some CVs, SOS parents have 26 days, in others 30 (see below). Again, concrete organization of working rhythm and days off slightly varies between different SOS Children's Villages. Minimum number of 26 days off is guaranteed by the law, i.e. National frame contract. Moreover, there is an internal SOS policy for SOS parents/caregivers on being present in the family and holidays.

Trento: 5 days / week – 26 holiday days / year

Ostuni: 6 days / week – 30 holiday days / year

Vicenza: 6 days / week – 26 holiday days / year

Morosolo: 5 days / week – 30 holiday days / year

Roma: 6 days / week – 26 holiday days / year

Saronno: 5.5 days / week – 26 holiday days / year

Mantova: 5 days / week – 30 holiday days / year

There are also local differences among different SOS Children's Villages concerning support provided to SOS families.

Trento:

- domestic help 3 mornings per week in the houses with SOS mothers (12h)
- domestic help 4 mornings per week in the houses with 5 educators (24h per week in each house)
- animators, i.e. co-workers organizing specific activities for all children living in the village (e.g. sport activities)
- pedagogical coordinator
- psychological supervision

Ostuni:

- domestic help (1 person for the whole Village)
- psychologist

Vicenza:

- 2 houses of 5 have domestic help (10h per week)
- European voluntaries (doing for example school home-works with children)
- pedagogical office
- team supervision, conducted once per month
- counselling
- psychologist

Morosolo:

- domestic help on demand
- European voluntaries (doing for example school home-works with children)
- pedagogical coordinator
- team supervision, conducted once per month

Roma

- European voluntaries (doing for example school home-works with children)
- pedagogical coordinator
- psychologist

Saronno:

- European voluntaries (doing for example school home-works with children)
- pedagogical coordinator
- team supervision, conducted once per month
- neuropsychiatrist

Mantova:

- domestic help every day (6h per day for each house)
- European voluntaries (doing for example school home-works with children)
- team supervision, conducted once per month

At the moment, there is no easily accessible mechanism / procedure neither for children nor co-workers to submit child protection concerns.

Main advantages & challenges

The main challenge currently identified by SOS Children's Villages Italy in almost all villages is recruiting new SOS parents. As a possible way out of this complicated situation, SOS Italy tries to recruit SOS couples.

NORWAY

Legal framework

Norway is in many ways at the forefront of advocating and implementing children's rights. Norway ratified the UN Convention on the Rights of the Child in 1991. It was incorporated into Norwegian law through the Human Rights Act in 2003, with precedence in the event of conflict with other Norwegian legislation. In 1981, Norway was the first country to create an Office of the Ombudsman for Children, responsible for monitoring law enforcement, administrative agencies, and the state of the country's children as well as working to improve legislation relating to child welfare.

Despite this, not all children grow up with quality care in Norway. There are gaps between the standards set in legislation and practice and shortage of resources in child welfare that affect the child care situation. There are also some weaknesses in legislation.

There are two main acts relevant for children in alternative care: The Children's Act¹⁰ and Child Welfare Law¹¹. Issues that determine children's care situation is dealt with in a special court – the county social welfare board (Fylkesnemnda).

Alternative care in the country

The current legal framework emphasizes that preventive measures should be tried before placing a child in alternative care. One of the objectives of the Child Welfare Act is to create a low threshold for contacting the child welfare services and for receiving preventive services. Preventive services are offered in a wide

¹⁰ The Children's Act (1982), available at <http://www.regjeringen.no/en/doc/Laws/Acts/The-Children-Act.html?id=448389>

¹¹ Child Welfare Act (1992) English translation, available at <http://www.regjeringen.no/upload/BLD/Lover/Barnevernloven%20engelsk%2001%2001%202010.pdf>

range of situations from addressing fairly limited needs to long-term intensive and comprehensive services aimed at avoiding out-of-home placement.

Alternative care options as defined by law

Care setting	Definition

Can you please provide more information on this?

When children are placed outside their family home, this will be in either residential care facilities or foster homes. There has been a politically induced move away from residential care facilities towards increased use of foster care. The majority of children are today placed in foster care (84 % in 2012)¹². Residential care facilities are run by either government or private companies, both nonprofit and commercial. According to the legal framework, when children are placed in foster care, family of origin should be considered as a placement alternative.

Limit defined at national level on the number of children that may be looked after in each care setting

	Residential care		Foster-care		Family-based care	
	Yes	No	Yes	No	Yes	No
Is there a limit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many?						
Comments						

Can you please provide more information on this?

SOS Children's Villages position in the country

SOS Children's Villages Norway operates one SOS village in Bergen. SOS Children's Villages Norway has an agreement with central national authorities to provide homes for children who cannot live in ordinary foster homes because of too complex difficulties.

Can you please provide more information on this?

Working model of SOS parents/main caregivers

¹² Statistisk Sentralbyrå, <http://www.ssb.no/emner/03/03/>

A children's village is built for children who cannot, or should not, live with their biological parents. In Norway, this means children who the child welfare services decide must be offered a foster care outside the home. The concept is to build or purchase houses and employ dedicated and fitting adults who move into the houses and form a family together with the children. This has many similarities to a foster home, except that the house is owned by SOS Children's Villages.

In the Norwegian village, both married couples and singles may become SOS parents. Recruiting suitable parents is a demanding task. SOS parents, as all foster parents, have a **low legal status what exactly does this mean?** in Norway. This is one of the reasons why so few apply for the position as a foster parent.

The SOS parents have five weeks holiday per year and one day and night off every week.

Can you please provide more information about working hours, financial regulations (e.g. per diem, child allowances etc.) and other support directly related to foster care in Norway?

The village is headed by a Village director who lives outside the village. In addition, there is an educational staff of three advisors supporting the families. The advisors work 37,5 hours per week, , which is a standard full working week in Norway. The parents are offered consulting by an external psychologist 2 hours per month. Every family has one or two dedicated family assistant(s) depending on the size of the family. Family assistants are primary caretakers when the parents are on leave. Volunteers are not allowed to work with the children in the village.

Main advantages & challenges

The fact that the house is owned by SOS Children's Villages means that children have "first right" to the house and can continue to stay there even if their SOS parents terminate their contract and move out. In such cases there will be recruited new, suitable parents who move into the house. The advantage of this is that children keep their home, their siblings, school, neighborhood and friends.

Many of the children expressed in the survey that they do not want to live in the SOS Children's Village but rather move back home to their families. Moreover, it seems that some of the parents are not satisfied with how the educational staff is prepared to handle conflicts. The lack of village director has had a negative influence on the both children and SOS parents. This role is special important when conflict situations arise. The survey also uncovered a need among the parents for more knowledge about children with special needs.

Can you please provide more information on this? How do you address this issue?

Sometimes children are returned to their parents. Once a year the biological parents can appeal the case. We know from experience that this affects the stability and bonding process in foster families in that it creates uncertainty for the children, foster parents and the process of bonding.

Can you please provide more information on this? How do you address this issue?

SPAIN

Legal framework

The Spanish legislation on child protection has as standard the Organic Law 1/1996 of 15 January, Legal Protection of the Minor which, together with the provisions of the Civil Code in this field, is the main regulatory framework of the rights of minors, guaranteeing a uniform protection throughout the territory of the State. This law has been the benchmark for the legislation which autonomous communities have been approving subsequently, in accordance with its competence in this matter. However, 18 years after its publication, have been major social changes which affect the situation of children and to demand an improvement of legal protection instruments.

Thus it is noted in various proposals made years ago by the Committee on the Rights of the Child of United Nations¹³, the Ombudsman, the Office of the Attorney-General and the Conclusions and Recommendations of the Special Commission created in the Senate in the last Parliament which studied the situation of the national adoption and related topics.

According to all these recommendations, it is currently working on a draft law of update of legislation of protection to children, in order to introduce changes allowing continuing to ensure minors protection uniform throughout the territory of the State and constituting a reference for the autonomous communities in the development of their respective legislation in this area.

Some of the major changes proposed in this document are

- The following are adopted as the **guiding principles of the reform of the institutions of child protection**:
 - Priority to stable against the temporary measures
 - Priority to the family against the institutional measures
 - Priority to the consensus against the imposed measures
 - Priority to national to international measures
- It sets the **maximum duration of two years of custody** of children requested by the parents, unless the best interest advise exceptionally the extension of it, thus avoiding deprive minors family and permanent solutions precisely during the years key early childhood. In addition, states that after two years of the notification of the administrative decision of abandonment, only be entitled the public prosecutor to challenge this resolution and that during that period, pondering the situation, public entities may adopt any measure of protection they consider necessary, including the proposal for adoption, when there is a forecast of irreversibility.
- It establishes the possibility of taking the **provisional custody** for a maximum period of 3 months without a prior declaration of abandonment or express request of parents, while take place the precise steps for the identification of the minor, the investigation of their circumstances and the finding of the real situation of neglect.
- **Foster care and adoption mechanisms should be simplified; the document also enhances the family-based care front residential care centres.** This reform enables public entities to attributed functions of tutelage to permanent foster care families to give them more autonomy. Provides that fostering in outside family may be **professionalized foster care**, defined as:
"That takes place in a family in which one of its members are professionals with specific training and qualification to address the performance of this function with a minor needs or special circumstances of type physical, psychological, or both, with full availability and receiving economic compensation".

Alternative care in the country

DEVELOPMENT OF PROTECTIVE MEASURES ADOPTED										
		2003	2004	2005	2006	2007	2008	2009	2010 ⁽²⁾	2011 ⁽¹⁾
Tutelage	Abs. Rate	25.589 342,3	26.438 350	26.614 348,5	29.497 381,6	30.818 391,5	30.792 383,5	30.629 376,4	30.637 373,5	30.057 364,2
Guardianship	Abs. Rate	6.109 128,9	7.208 110,1	8.321 109,2	9.598 124,7	6.536 83,2	5.834 72,7	5.694 71,3	4.693 57,3	4.537 55,1

Rates per 100.000 children

¹³ Comité de los derechos del Niño de Naciones Unidas, 2009

EVOLUTION OF THE MEASURES ADOPTED ACCORDING TO THE TYPE OF CARE										
		2003	2004	2005	2006	2007	2008	2009	2010 ⁽²⁾	2011 ⁽¹⁾
Residential Care	Abs. Rate	14.072 188,7	14.159 187,9	13.276 174,3	14.683 192,9	14.948 194,1	15.643 194,8	15.257 187,5	15.476 188,7	14.059 170,8
Administrative Foster Care ¹⁴	Abs. Rate	14.912 199,5	14.793 14.367	13.642 14.694	15.616 14.678	15.160 14.880	208,9 188,1	176,9 191,9	194,9 180,4	184,8 180,3
Judicial Foster Care ¹⁵	Abs. Rate	8.225 7.852	8.663 8.623	9.664 8.461	7.820 6.439	6.566 145,9	144,3 151,7	145,6 154,9	128,8 114,6	102,1 103,6

(1) No data from Ibiza either Formentera. (2) No data from Ibiza. NOTE: The lack of coincidence between the sum of PROTECTIVE MEASURES ADOPTED (tutelages and guardianships) and the sum of ACTION TAKEN BY TYPE OF GUARDIAN (Residential Care, Foster Administrative Care and Judicial Foster Care) is that the data provided by the autonomous communities are not automatically changed in all records at the same time and there are children with preventive measures, monitoring or observation, for example in Residential Foster Care, for which still has not opened the file, or posted as usual Guardianship or Guardian.

Alternative care options as defined by law

Actions in abandonment situation	Definition	Foster Care	Resources
Provisional Guard / Emergency Foster Care	Which assumes the public entity for a maximum period of 3 months, without a prior declaration of abandonment or express request of the parents, while identifying the child, their circumstances are investigated and showed the real situation of helplessness.	Family based care	Extended family (relatives of the child) Alien family (unrelated to the child) - Not professionalized - Professional (fostering is your profession)
		Residential care**	- Residences of first foster, assessment and diagnosis * - Homes for unaccompanied foreign minors
Voluntary Guard	It is that assumes the public entity for a maximum period of two years at the request of the parents of the child. After this period, he must be returned to their parents or guardians; If not will dictate a permanent protective measure.	Family based care	Extended family (relatives of the child) Alien family (unrelated to the child) - Not professionalized - Professional (fostering is your profession)
		Residential care**	- Residences of the 1st child (0-6 years) - Children's daycare homes (4-14 years) - Residences / apartments youth (15-18 years) * - Homes of family life (0-18 years) * - (Children with special needs who require professional attention) specialized homes * - Homes for children with emotional disorders or behavioral - Residences for compliance with judicial measures

Temporary Foster Care	It will have a transitory nature with a maximum of 2 years, well because expected the reintegration of the minor in his	Family based care	Extended family (relatives of the child)
			Family not related to the child - Not professionalized - Professional (fostering is your profession)

¹⁴ Administrative foster care is provided based on the contract where biological parents or child's guardian express its consent. It is administrated by the responsible public authority

¹⁵ Judicial foster care is provided based on the court decision in cases where biological parents or child's guardian do not agree with placing the child into foster care or they are not available to provide their consent.

	family of origin, or because it is while it adopts a more stable protection measure	Residential care**	<ul style="list-style-type: none"> - Residences of the 1st child (0-6 years) - Children's daycare homes (3-14 years) - Residences / apartments youth (14-18 years) * - Homes of family life (0-18 years) * - Specialized homes (children with special needs who require professional attention) * - Homes for children with emotional disorders or behavioral - Residences for compliance with judicial measures - Homes for unaccompanied foreign minors
Permanent Foster Care	It is at the end of the term temporary foster care for not being possible the family reintegration, or well, in the case of children with special needs, or when the circumstances of the child and his family so warrant.	Family based care	Extended family (relatives of the child) Family not related to the child <ul style="list-style-type: none"> - Not professionalized - Professional (fostering is your profession)
		Residential care**	<ul style="list-style-type: none"> - Residences of the 1st child (0-6 years) - Children's daycare homes (3-14 years) - Residences / apartments youth (14-18 years) * - Homes of family life (0-18 years) * - Specialized homes (children with special needs who require professional attention) * - Homes for children with emotional disorders or behavioral
Support after the cessation of the protective measures	For older youth who were under protection. Accessing the program 2 years before the termination of the measure and offered psychological and socio-educational support, accommodation and socio-labor insertion.	Residential care**	<ul style="list-style-type: none"> - Homes / apartments of emancipation or preparation for independent life (to the extent possible, will work on system of self-management under the technical supervision of educators) *

*This resource exists in Spain SOS Children's Villages

****Residences**- group homes with common spaces where between 24-40 minor may reside or
Homes or houses –small group homes in standardized houses where live up to 6 - 10 minors.

SOS Children's Villages position in the country

SOS Children's Villages Spain is considered by the Government as Residential Care Centers, and may receive protected minors from 0 up to 18 years. Certainly, the trend of legal regulations is that children under 3 should not be admitted to residential centers, but there are still cases in which this is not possible, and remain in SOS Children's Villages until they can be referred to a program of Foster Care.

Working model of SOS parents/main caregivers

In Spain the only legal requirements are framed within the required qualification to undertake the work of SOS mother. Of the eight existing 3 of them are required as prerequisite university degree in social field races (Social Education, Social Work, Teaching, Psychology, etc.) having greater laxity in the rest of the villages and taking into account regulated studies of secondary education or vocational training of middle or superior degree related to the care and/or integration.

Profile necessary to assume the emotional and educational group of minors assigned needs attention, is a person with a strong social character and motivation by the world of children, adolescents and youth at risk. Applicants should be devoid of family responsibilities such as children or dependents persons requiring full-time assistance.

Due to the emotional intensity of the mother SOS post the characteristics described below would be the most significant:

- Aged between 35-55 years approximately
- Previous experience in care and intervention with minors in vulnerability and social exclusion

- Valuable experience in coordination and work teams
- Emotional maturity and stability: ability to face reality with serenity, balance and adaptability
- Determination and perseverance
- Resistance to frustration: capacity to overcome particularly conflict situations
- Flexibility: ability to adapt to different situations and people
- Teamwork: able to collaborate and make decisions within an educational unit
- Social skills of communication and empathic capacity: Express and understand other people's feelings
- Ability to establish emotional ties of attachment
- Organizational capacity
- Grief resolution capacity

The SOS Mothers legal situation is the same as any other worker, subject to the labour legislation applicable in Spain with independence of the sector. They are governed by the regulations imposed by the Statute of Workers¹⁶, and the Collective Agreement SOS Spain.

In general, SOS mothers work 5 days a week and take 2 days off, but they are always present in the family on weekends, when the children are in the house. They have an annual 20-day break in compensation for 14 public holidays, to be enjoyed with drafts of weekends established in the work schedule (every 5 weeks); addition to the holiday that will be 23 working days. They also receive a salary supplement for continuing care to untimely SOS sleeplessness at home, and may receive compensation in cash, that reward their permanence after 8 years as SOS Mothers (up to a maximum of 8 monthly).

There is an educational unit for each home SOS. The educational unit makes it up the three most significant persons for children: 1 mother SOS and 2 educators. It is a stable team with the purpose of promoting a narrow and long lasting affective link with the child. Educators (family support) work 40 hours per week, preferably at those times when children are present. At that time there are always two people in charge of them.

Educators work mainly in evening and weekend hours carrying out educational and welfare functions to the proper development of the child, working directly with the SOS mothers and replacing her in those two days of rest. The SOS mother is the figure that coordinates the work of your home and distributes educational support according to the needs of minors within the established day. Therefore, usually SOS mother remains 24 hours with the support of one of the two educators during evening and weekend hours.

In case of exceeding the number of minors by home (5 or 6) or if there is a child with special educational needs or difficulties involving more detailed supervision can be requested in the territory table the possibility of adding an extra (only in exceptional cases) caregiver.

The SOS family can count on the supportive team (task force) of the village consisting of a social worker, a teacher and a psychologist.

- **Psychologist**

- He/she focuses on the development of the strengths and resources of the children / and youth SOS Children's Village and Youth Residence, and advice to its reference figures to understand their emotional reality and thus help them interact so that their emotional and relational needs are covered.
- Their actions are:
 - Coordinate with professionals from different public and private institutions that are involved in the educational process of children.
 - To transmit the required information to the Public Administration.
 - Transmitting equipment psychological information collected on admission of the child.
 - Diagnose and assess aspects of personality, intelligence and skills of children.

¹⁶ [Estatuto de los Trabajadores. \(Real Decreto Legislativo 1/1995, de 24 de marzo\)](#). Updated September 18, 2010. Spain

- Detect the necessary training needs in relation to psychological area to facilitate the work educational staff.
 - Coordinate treatment with external professionals in the area of mental health.
 - Maintain effective coordination with all personnel directly or indirectly involved in the educational process of the child.
 - Advise the planning, implementation and evaluation of educational activities.
 - Make the necessary interventions to prevent risky behavior or emotional disorders.
- **Pedagogue**
- He/she deals with family and social integration, as well as the educational development of children and youth in the Children's Village and the Youth Residence, contributing to the development of their autonomy and emancipation in equal rights and obligations as other minors.
 - Their actions are:
 - Facilitate the normalization of foster children, promoting the relationship with the environment through the use of the resources offered.
 - Ensure school integration of children, ensuring the necessary support for proper development of learning, making personalized monitoring academic progress and individual attention for special needs education.
 - Coordinate with the different public and private institutions and provide the requested information about the educational process of children.
 - Provide Educational Team of the whole school, academic and educational information on each child and have to give u guide their work.
 - Participate in diagnoses, interventions and monitoring of Individual Educational Projects of each child and Projects Home.
 - To guide, motivate and involve educational team and the Youth Village Residence in teaching - learning of children, providing training in methods, strategies and content to facilitate its mediation in the process.
 - Maintain effective coordination with all personnel directly or indirectly involved in the educational process of the child.
- **Social Worker**
- He/she deals with family and socially integrate children with protective measures that are entrusted to the Organization.
 - Their actions are:
 - Develop, participate and evaluate the project intervention with the child.
 - Participate in the evaluation of family-related issues.
 - To follow up the relationship that children maintain both members of his biological family as those outside it but of importance to their socio-emotional development.
 - Advise biological families in crisis situations, as well as organizing and managing resources to support them in their relation to minors.
 - Reinforce the establishment of positive links between children and their biological family members in order to achieve emotional stability thereof.
 - Collaborate to that minors can identify and accept their family reality, and the reasons that led to their entry and stay in SOS.
 - To help the child develop a positive personal and family history.
 - Assist the biological family to make constructive use of the Village SOS and Youth Residence from admission to the family return or emancipation of the young.
 - Contribute to decisions that affect the child and the biological family, providing expertise and perspective in coordination with management.
 - Facilitate the return of the child process in coordination with the administration.
 - Apply proposed change of measure to protect minors.
 - Coordinate with the different public and private institutions involved in the process of family intervention and transmit the information requested by them.
 - Collect all possible information on the socio history - relative of the child, through the Social Services and the contacts themselves with extended biological family and / or to ensure adequate program of social and family intervention.

- Inform Educational Teams about the socio - family of the child and guide the actions resulting from this information.
- Maintain effective coordination with all personnel directly or indirectly involved in the educational process of the child.
- Participate in the development of Individual Educational Project and the Project Home
- Ensure that all children have the personal and health documentation.
- To know the social resources that exists in the municipality and autonomous region.

Main advantages & challenges

SOS Children's Villages Spain provides family based care with organizational support, where children have a protected stable reference figure (the SOS mothers) that guarantees a secure attachment relationship in a family environment, where they receive the best care and an education that develops their full individual potential.

Although it is true that the family is the ideal living environment for the overall development of children, today, the number of Spanish families, willing and prepared to accommodate a minor, it is still less than the number of unprotected children we have in Spain. In addition, there will always be a profile of children without parental care who it is harder to find a foster family; such is the case of sibling groups, children with special educational needs or disabilities. For them, Parental Care Model that we offer is the most appropriate.

However, since 2011, SOS Children's Villages Spain has developed Foster Care Programs. Using the experience accumulated in the care of children, our organization accompanies and supports foster families with counseling, training and psychological support, while involved with birth families, either to achieve the strengthening and family preservation or return of child with family of origin. We also have Meeting Points and Family Mediation, where the child can have supervised visits with their biological parents in order to have the family reintegration as the first and preferred option, when it is possible.