

70 YEARS OF IMPACT

IMPROVING THE LIVES OF CHILDREN WITHOUT ADEQUATE PARENTAL CARE



SOS CHILDREN'S
VILLAGES
INTERNATIONAL



1949-2019



IMPRINT

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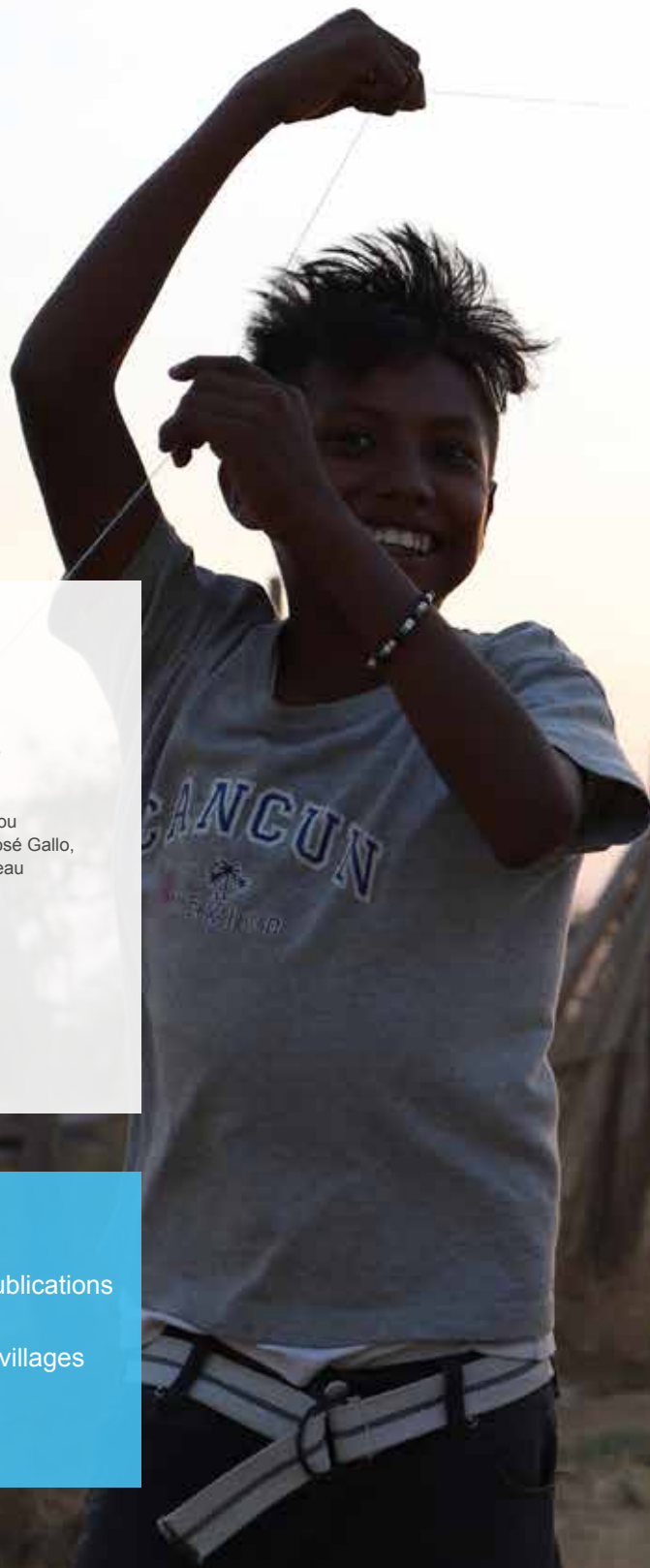


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1. FOREWORD

Putting today's impact into a historical perspective

Seventy years ago, in the aftermath of the Second World War, Europe was hard at work putting itself together. Children suffered the most and a countless number were without parents and a loving home.

In 1949, our founder Hermann Gmeiner's vision of providing loving care in a family-like environment for children who had lost their families was revolutionary. Rather than being placed into traditional orphanages, where children experienced large-scale institutional care, this new care solution – in the form of SOS families – enabled children to stay together with their siblings in smaller family groups, with a stable and committed caregiver (SOS parent) who took on the parental role. Living close together, as part of an SOS Children's Village, these SOS families were able to provide a mutual support network and a protective environment. The individual development of children was nurtured by dealing with past traumas and taking steps to build successful futures.

70 years later, we can see the results of Hermann Gmeiner's pioneering work in family-like care. What he started together with dedicated friends and supporters, and which was later consolidated by Helmut Kutin (1985-2012), has multiplied and expanded both in scope and in content. Hermann Gmeiner and all of us can be justifiably proud to experience that from a small beginning in Imst, Austria, today so many children, young people, families and communities in 135 countries and territories participate in SOS Children's Village programmes, bringing a positive impact to their lives. Today, family-like care is recognised as an effective alternative care solution by governments and partners around the world. Everywhere that it has taken root, this service has been adapted to the local context, reflecting a multitude of social, cultural and religious realities. At



Siddharta Kaul
 President
 SOS Children's Villages International

the same time, efforts are made to continuously improve and ensure care quality, to learn from experience and ongoing developments in alternative care and to work together with partners to implement international standards set forth in the Guidelines for the Alternative Care of Children, as welcomed by the United Nations.

Since the mid-1970s, SOS Children's Villages has been working with vulnerable families to help them stay together and enabling them to take care of their children, and in doing so, preventing family separation and the need for alternative care. This preventive work has grown steadily across the world and complements family-like care, by ensuring that children and their families are supported and strengthened. We now have deep experience in seeing how family-like care and family strengthening work together to make a significant impact in the communities where we work. We have also been contributing more widely through education, health and emergency work and introduced steps to extend our overall impact with partners, with whom we work together, to implement the Sustainable Development Goals to 2030.

We are excited to share this impact report that looks back over the past 70 years of SOS Children's Villages. The evidence shared in this report supports us in



Helmut Kutin

President 1985-2012

SOS Children's Villages International

demonstrating that our care services have achieved positive results, reflected in the lives of children we have worked with – both in family-like care and family strengthening. This is not only seen in terms of the four million children and young people we have directly worked with over the past 70 years, but also in the impact achieved for the generations to come. This report gives, additionally, an overview of some areas where we must give more attention to improve the quality of our work with the children and families.

Our aim as an organisation is to ensure every child can grow in a secure and loving family. We celebrate that we have achieved this for many children and young people over the past 70 years who have gone on to live successful lives.

I sincerely thank the thousands of children, young people and caregivers who took part in these impact studies over the past two decades, to help us to learn and improve the care services provided. I also express my thanks to the caregivers, co-workers, board members, partners, governments and donors who continue to contribute with passion, strength and tireless daily efforts. Together, we renew our commitment to increasing the impact we have on current and future generations of children, so that "NO CHILD GROWS UP ALONE". The worldwide SOS



Hermann Gmeiner

President 1949-1985

Founder of SOS Children's Villages

Children's Villages movement is very proud of its efforts and the positive results and impact it has achieved. Let us use this as the motivation and inspiration to continue to give our best for those who need it most.

Siddhartha Kaul

President, SOS Children's Villages International

2. INTRODUCTION

For us, it is crucial to gather evidence regarding the long-term impact of our work on the lives of the children, families and communities with whom we have worked. The results and learnings help us to improve the quality of our services, inform strategic decision-making and our research agenda, and increase accountability and transparency towards our programme participants, partners, and donors.

In the area of family-like care, initiatives to track our impact already started a few decades ago, most notably, in a large-scale research project called 'Tracking Footprints', which was carried out in more than 50 countries during 2002-2009. Additionally, individual research projects and impact studies on former programme participants have taken place in specific countries. These include studies in Austria, France and Germany, where we have been providing family-like care the longest, as well as a number of other countries in Eastern Europe, West Africa, and Latin America.

In the past five years, we have developed a more systematic and comprehensive approach to measuring the impact of our work and have applied the methodology in selected countries. In addition to measuring our impact in family-like care, we are now also systematically measuring the long-term impact of our family strengthening services, our impact in the wider communities, our contribution to the Sustainable Development Goals, and the social return on investment of our services. Thus far, we have carried out social impact assessments in 15 countries across Africa, Asia, Europe, the Middle East, and Latin America.

On the occasion of the 70th anniversary of SOS Children's Villages, this report brings together the findings of these studies on the impact of our family-like care and family strengthening services. In addition, we have used and analysed various sources of data for the report, including statistics on the number of children and young people we have reached in the past 70 years, external benchmark data, and data on current programme partici-

pants captured in our internal database. The findings are presented in the following chapters:

- ➔ **Measuring our impact:** The methodology
- ➔ **Our impact in the lives of individuals:** Long-term impact on former programme participants from 37 countries along four main themes
- ➔ **Our projected contribution to the Sustainable Development Goals (SDGs) by 2030**
- ➔ **Our impact in communities** across 12 countries
- ➔ **Our social return on investment** across 12 countries
- ➔ **Other areas of impact** beyond our core services
- ➔ **Where we will go from here:** the next 70 years

This report highlights our achievements over the past 70 years as well as areas where we can improve further. Together with our partners, staff members, supporters, and children and young people, we will continue to work so that no child needs to grow up alone.

3. SEVENTY YEARS OF CARE

1949 to 2019

In 1949, Hermann Gmeiner, together with social worker Maria Hofer and fellow students, founded SOS Children's Villages. Their vision was to enable children who had lost their parents in the Second World War to grow up in a family setting, as opposed to the large orphanages that were common at that time. This care option allowed children to stay together with their siblings, in smaller family groups, with a reliable caregiver who took on the parental role.

By the end of 1951, the first 40 children had moved to SOS families at SOS Children's Village Imst, Austria. In the years that followed, SOS Children's Villages associations were also founded in France, Germany and Italy. The need for family-like care, adapted to local realities and contexts, was also apparent in other regions.

are active in 135 countries and territories, meeting the care needs of approximately 70,000 children and young people in more than 550 communities worldwide.

At the outset, there was the common goal "to create something better for the children who were abandoned as a result of the World War, something different than orphanages or homes."

Maria Hofer²

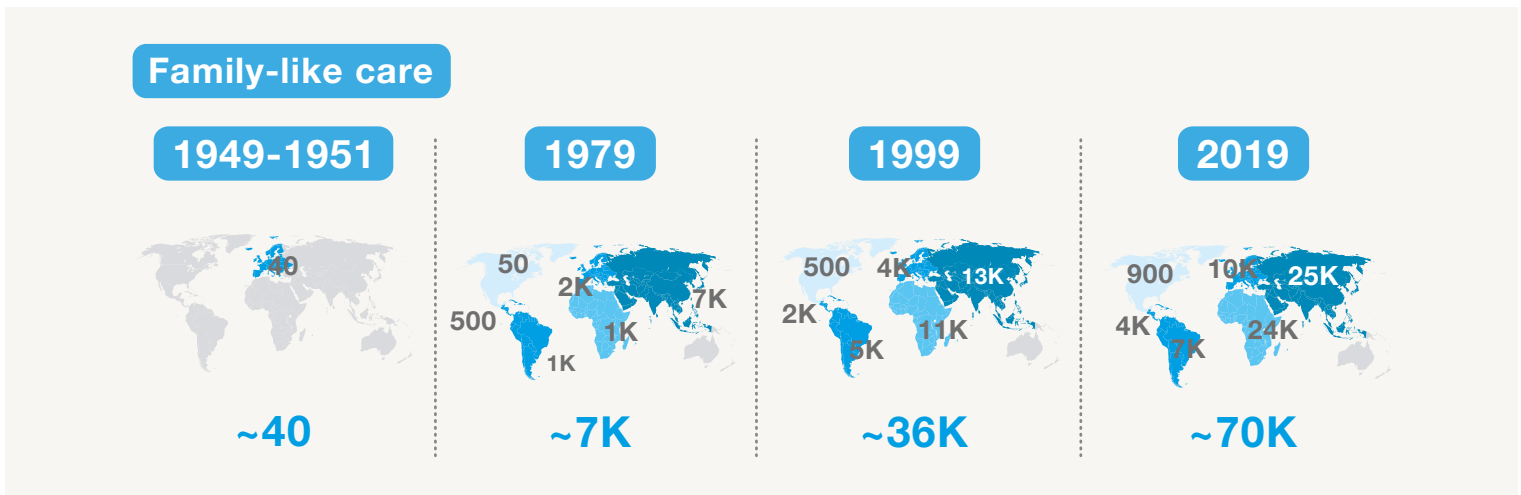


Figure 1: Family-like care³: Number of children reached

This led to the establishment of family-like care services in regions outside of Europe from the 1960s onwards, including Asia, Latin America, Africa, the Middle East, and finally, Eastern Europe and the Commonwealth of Independent States in the 1990s.¹

Over the past 70 years, we have made family-like care and other forms of alternative care available. Today, we

¹ See C. Honold & G. Zeindl, *About us – SOS Children's Villages. A loving home for every child*, Innsbruck, 2012; and R. Münchmeier, *Geschichte des SOS-Kinderdorf e.V. Nur was sich ändert, bleibt bestehen (The history of SOS Children's Villages e.V. in Germany. Only what changes, remains)*, Verlag Barbara Budrich, Opladen, Berlin and Toronto, 2016.
² Maria Hofer, as cited in: B. Hofer & C. Liehnhart, *Idealistisch und wagemutig. Pionierinnen im SOS-Kinderdorf. (Idealistic and brave: Female pioneers in the SOS Children's Village)*, StudienVerlag, Innsbruck, p. 45.
³ Numbers reached through family-like care also include other forms of alternative care run by SOS Children's Villages in some countries (e.g. foster care, small group homes).

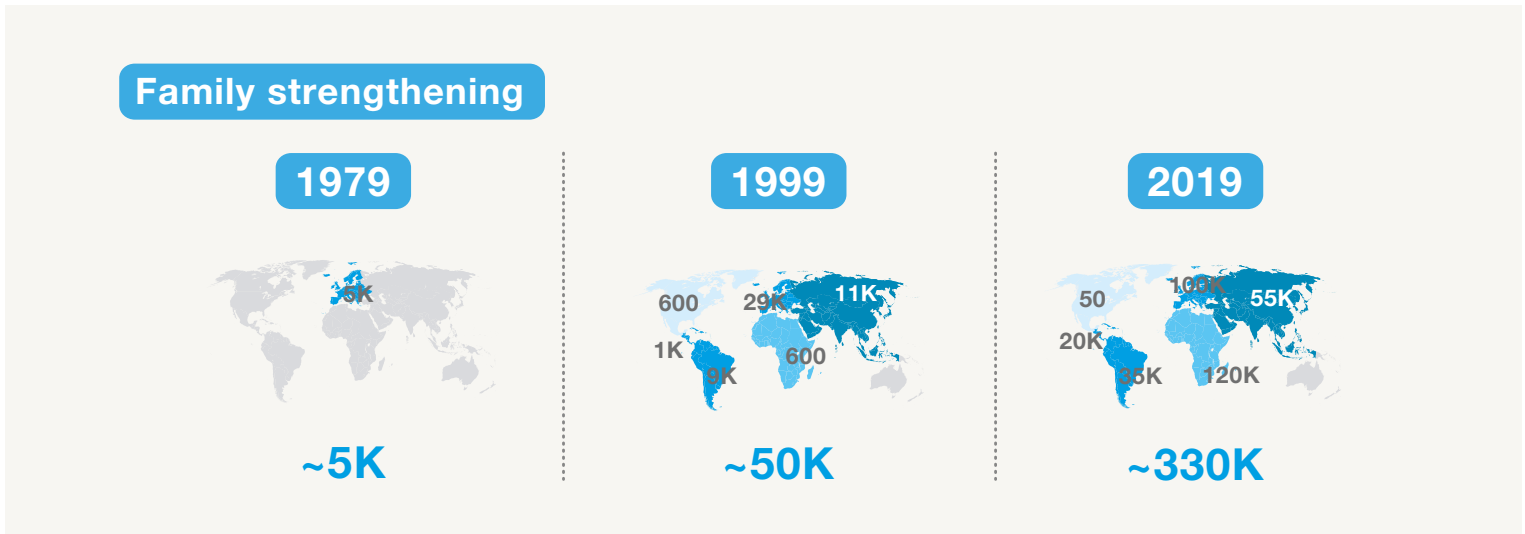


Figure 2: Family strengthening: Number of children reached

Since the late 1970s, we have also been working to help vulnerable families stay together, preventing family separation and the need for alternative care. Here, children grow up in the care and protection of their parents or extended family and a range of supportive services are provided according to the individual situation of each family. Family strengthening services were first conceptualised in Germany in the mid-1970s, which led to the first SOS Children’s Villages counselling and family centre in Munich in 1977.⁴

Since then, our work in family strengthening has grown steadily. At the beginning of the 1980s, further family strengthening services started in Bolivia, the Philippines and Lebanon, before spreading to other regions from the 1990s onwards.⁵ Today, around 330,000 children are being supported through family strengthening services in over 500 locations worldwide. If we also count the caregivers and other family members we have reached through family strengthening, we are supporting more than 500,000 children and their families.⁶

Today, through both services, we currently support 400,000 children and young people worldwide. Including the extended family members of children in family

strengthening, this amounts to more than 600,000 children, young people and their families currently being supported.

Since 1949, an estimated 4 million children and young people have been supported through either family-like care or family strengthening. Around 255,000 children and young people have been supported through family-like care and other alternative care services. Approximately 3.7 million have been supported through family strengthening. Significantly, 80% of the children and young people were reached in the last 20 years due to the rapid expansion of these services across the world since the 1990s.

⁴ Münchmeier, *op.cit.*, p. 157.

⁵ Honold & Zeindl, *op.cit.*

⁶ SOS Children’s Villages International, *International Annual Report 2017, 2018*. Figures in this section are based on the assumption of constant programme size between 2017 and 2019.



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Approximately four million children and young people

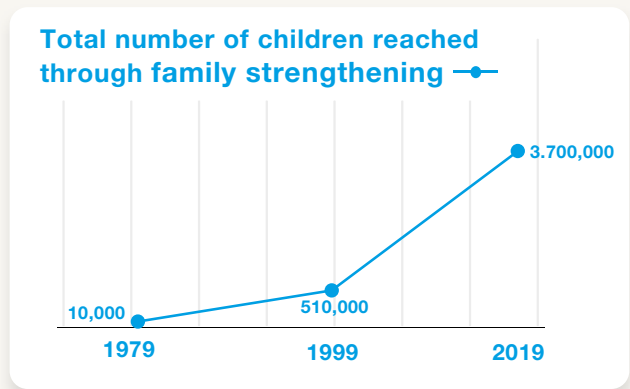
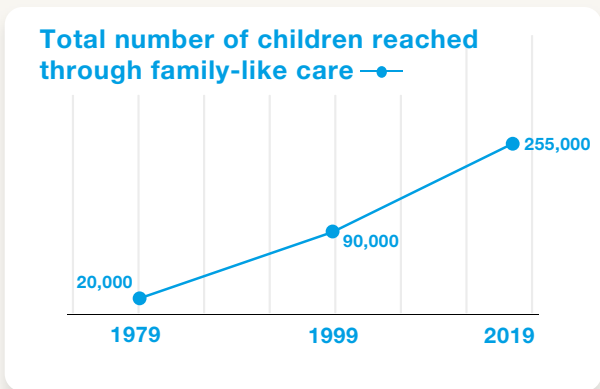


Figure 3: Total number of children reached through family-like care and family strengthening

4. MEASURING OUR IMPACT

The methodology

We recognise the value of reliably tracking our performance to improve programme quality and transparency of our results. To do so, we measure our long-term impact on various levels.

We assess how our work is affecting the lives of individuals. In this report, we have not only included results from our recent social impact assessments, but we have also integrated the results of a previous research project called 'Tracking Footprints', which was focused on former participants from family-like care. These results have been integrated in the report section 'our impact in the lives of individuals'.

More broadly, the recent social impact assessments have also captured the wider impact of our work on communities and how we contribute to the achievement of the

Sustainable Development Goals (SDGs). We also quantify the social impact of our work in financial terms.

"I have never been asked about my life experiences in so much detail before. In a way, I am feeling very rejuvenated to be part of this social impact assessment and sharing my life experiences. I will eagerly look forward to understand findings and conclusions of the assessment [...]"

Former participant, Nepal

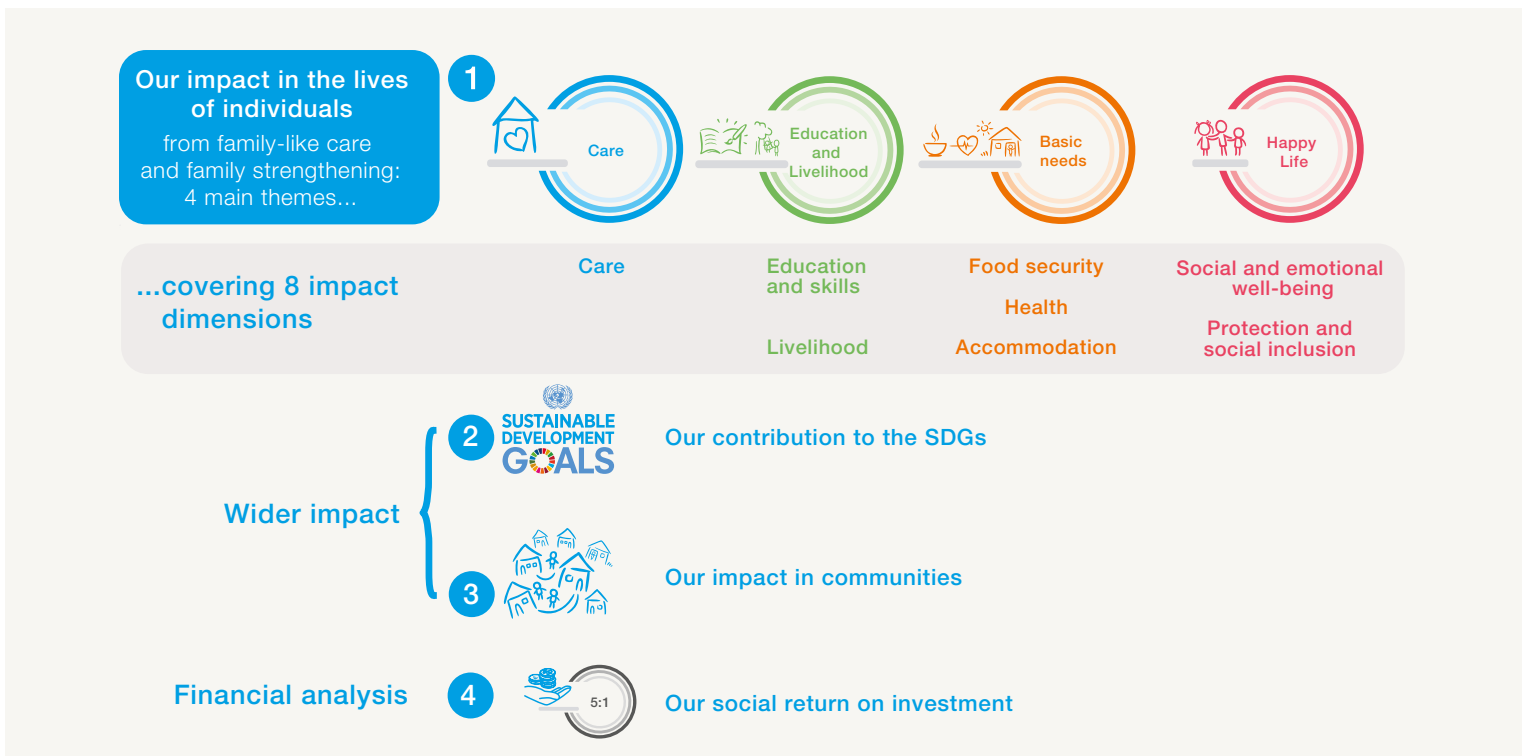


Figure 4: The four levels of our social impact assessment approach

1

OUR IMPACT IN THE LIVES OF INDIVIDUALS

The results of current social impact assessments and the previous research project called 'Tracking Footprints' have been brought together into one framework⁷:

SOCIAL IMPACT ASSESSMENTS (SIA)	'TRACKING FOOTPRINTS' (TF)
WHAT	
<ul style="list-style-type: none"> "8 impact dimensions" framework (see figure 4) 	<ul style="list-style-type: none"> Previous impact surveys used a methodology that was different from our current one, so we have mapped all data against the newer "8 impact dimensions" framework⁸
HOW	
<ul style="list-style-type: none"> Data collected via individual interviews and focus group discussions, by independent researchers Data from ~600 former participants from family strengthening and ~490 former participants from family-like care 	<ul style="list-style-type: none"> Data collected via individual interviews by independent researchers Data from ~2,360 former participants from family-like care
WHEN AND WHERE	
<ul style="list-style-type: none"> 2015-2018: 16 programme locations in 15 countries Benin, Bolivia*, Bosnia and Herzegovina, Côte d'Ivoire, Ethiopia, Italy, Mozambique, Nepal, Palestine, Peru*, Senegal, Sri Lanka*, Eswatini, Togo, Tanzania. 	<ul style="list-style-type: none"> 2002, 2003 and 2008: 25 countries⁹ Argentina, Austria, Bolivia*, Brazil*, Chile*, Colombia*, Dominican Republic, Ecuador*, El Salvador, Honduras, Hungary, Kenya, Nicaragua, Pakistan, Paraguay*, Peru*, Philippines, Poland*, Portugal, South Africa, Spain, Sri Lanka, Uruguay, Venezuela*, Zimbabwe.
(*) conducted social impact assessments and 'Tracking Footprints' studies	(*) conducted several assessments in different years
CONSOLIDATION OF FINDINGS	
<ul style="list-style-type: none"> Consolidation of raw data and meta-analysis of all country reports 	<ul style="list-style-type: none"> Consolidation of raw data and meta-analysis of global and regional reports; 12 individual country reports

Former participants were selected to take part in these studies based on the following criteria:

- ➔ **Minimum participation in the programme:** 2 years
- ➔ **Years since leaving the programme:**
 - Family-like care: left at least 2 years ago, but generally limited to no more than 6 years for the social impact assessments, and unlimited (beyond 6 years) for the 'Tracking Footprints' studies
 - Family strengthening: left 1 to 5 years ago
- ➔ **Reasons for leaving the programme:** all types of reasons, including those that left the programme unexpectedly
- ➔ **Sampling of former participants in each assessment¹⁰:**
 - Family-like care: For the social impact assessments, we included all those that could be contacted and agreed to take part; in the 'Tracking Footprints' studies, a random sample was used
 - Family strengthening: a random sample was used.¹¹

⁷ In addition to the assessments highlighted in the table, studies to measure the impact on former programme participants have been conducted or commissioned by various SOS Children's Villages associations around the world, such as Austria, Burkina Faso, Democratic Republic Congo, France, the Gambia, Germany, Guatemala, Hungary, Indonesia, Israel, Romania, Malawi, Mexico, Nicaragua, Niger, Ecuador, Guatemala, and many more. The results from these studies could not be included in this report, due to differing methodologies used.

⁸ Some dimensions could not be mapped, as they were either not measured or differently measured in the previous impact studies. This affects the themes related to 'basic needs' and 'building a foundation for a happy life'.

⁹ Countries for which 'Tracking Footprints' raw data was available were included. These countries are not distributed equally across all regions of the world and so the results may include a regional bias (e.g. larger Latin American sample size; smaller Asian sample size).

¹⁰ Some former participants could not be located due to missing contact details, and some decided not to take part. For more information about the sampling and methodology, please refer to R. Willi, D. Reed, G. Houedenou & The Boston Consulting Group (BCG), *Social Impact Assessment in SOS Children's Villages: Approach and Methodology*, SOS Children's Villages International, 2018.

¹¹ In each assessment, we try to target as many families as possible with children still under their care; sampling criteria of family type, reason for exiting the programme, age and gender are used to make the sample representative.



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2 OUR PROJECTED CONTRIBUTION TO THE SDGs BY 2030

The impact in the lives of former participants who took part in the studies was extrapolated to the whole population of participants reached by SOS Children's Villages between 1949 and 2019¹², as well as those expected to be reached between 2020 and 2030. For those reached in future, this is based on the conservative assumption that the number of participants in each programme will stay the same until 2030. The projected positive impact on children and young people in different areas of life by 2030 was then mapped to related targets in the selected SDGs which are most directly relevant for our work.

¹² Please note that for former participants from family strengthening, the results are based on a smaller sample (600) than for family-like care (2850).

3

OUR IMPACT IN COMMUNITIES

The changes in the situation of the community brought about by the programme were evaluated. Evidence has been collected from 13 programme locations across 12 countries as part of our recent and ongoing social impact assessments.¹³ Independent researchers carried out individual interviews and focus group discussions with relevant community stakeholders, including authorities, partners and programme staff.

The key dimensions assessed are:

- ➔ **Community awareness:** Key stakeholders are aware of the situation of vulnerable children and families, and have a clear idea of how to improve this situation
- ➔ **Community-based support systems,** including:
 - Civic engagement in terms of individual community members taking action for vulnerable children and families
 - Formal community networks that take coordinated action to support vulnerable children and families
 - Child safeguarding mechanisms in the community that respond and address child rights violations
- ➔ **Progress towards sustainability:** Where key implementation partners are in place, these could continue the activities to support vulnerable children and families in the community if SOS Children's Villages withdrew
- ➔ **Alternative care:** The number of children placed in alternative care has reduced since the services started

4

OUR SOCIAL RETURN ON INVESTMENT (SROI)

The social return on investment quantifies the social impact of a programme in financial terms. The calculation is a cost-benefit analysis. The SROI from 12 countries has been consolidated for an overall SROI figure.¹⁴ The SROI is informed by results from primary research and secondary data.

- ➔ The benefits quantify:
 - Income and benefits for the family: the expected additional income that an individual will be able to earn over a lifetime due to being in the programme, the increase in family strengthening caregiver income, and the next-generation benefits for children of former participants.¹⁵
 - Community benefits: the impact of the local expenditures of the services, the expected future savings on government expenditure (e.g. to provide alternative care and social benefits), and giving and volunteering of former participants.
- ➔ The costs include costs at all levels, including 'on the ground' by the programme itself, as well as organisational support costs from national and international levels of the organisation.

The programme's total costs are compared to the expected benefits to society in financial terms.

¹³ Benin, Bolivia, Bosnia and Herzegovina, Côte d'Ivoire, Italy, Mozambique, Nepal, Palestine (Bethlehem and Gaza), Peru, Senegal, Tanzania, Togo. Community impact was not measured in the pilot countries Eswatini and Ethiopia. The results from Sri Lanka were not yet available. The 'Tracking Footprints' studies did not assess community level impact.

¹⁴ Benin, Bolivia, Bosnia and Herzegovina, Côte d'Ivoire, Eswatini, Ethiopia, Italy (family-like care only), Nepal, Palestine, Peru, Togo, Tanzania. In the consolidated SROI across countries, statistical outliers have been excluded for a more robust overall figure. The 'Tracking Footprints' studies did not include an SROI calculation.

¹⁵ An underlying assumption is that the benefits can only be sustained by those former participants who are doing well in terms of their educational achievements and employability skills, and their current livelihood, in terms of their current income and employment situation. Therefore, only the results of those former participants are factored in on the benefits side, whereas the resources spent on all former programme participants (including those not currently doing well in terms of their education and skills, and livelihood) are included in the costs. For more information please refer to R. Willi, D. Reed, G. Houedenou & BCG, op.cit.

CHALLENGES IN MEASURING OUR IMPACT

Children in different care situations face different levels of vulnerability and risk and have different care needs. This depends on whether the children are living in their families of origin, but require tailored support to prevent family separation, or whether the children have lost the care of their parents or relatives and need a suitable form of alternative care. To effectively meet these individual care needs, a range of care options is required. Our contribution to realising a range of care options includes our core services in both family-like care and family strengthening. Depending on the type of service provided, the duration, range and intensity of support services provided will differ, as shown in figure 7.

It is recognised that some of the positive results seen in the lives of former participants are due – wholly or partly – to support provided by others and cannot always be claimed by SOS Children's Villages alone. This is known as the 'attribution gap'. Efforts have been made to take the role of partners into consideration in the SROI calculation, particularly for family strengthening services,

where the duration and intensity of support services are less comprehensive than in family-like care. Family-like care services are more holistic, including 24-hour care and a range of support services directly provided to children over a number of years.

The use of control groups can help to rigorously measure the extent of our overall impact. We attempted to use control groups when piloting the first impact assessments, but it was not possible to find a sufficient sample of people who shared the same characteristics, risk profile and who had not received any care services or who had received similar care services. Consequently, we opted to benchmark the results against comparable external data.

This approach assumes impact is occurring rather than attempting to prove or quantify that impact through the use of control groups. At the same time, it means that a certain degree of uncertainty will remain regarding the exact extent of the impact that can be attributed to our work. The results presented in this report are therefore largely built upon the experiences and perceptions of children, young people, caregivers, staff and external stakeholders, and the observations of external researchers about the impact of our work.¹⁶

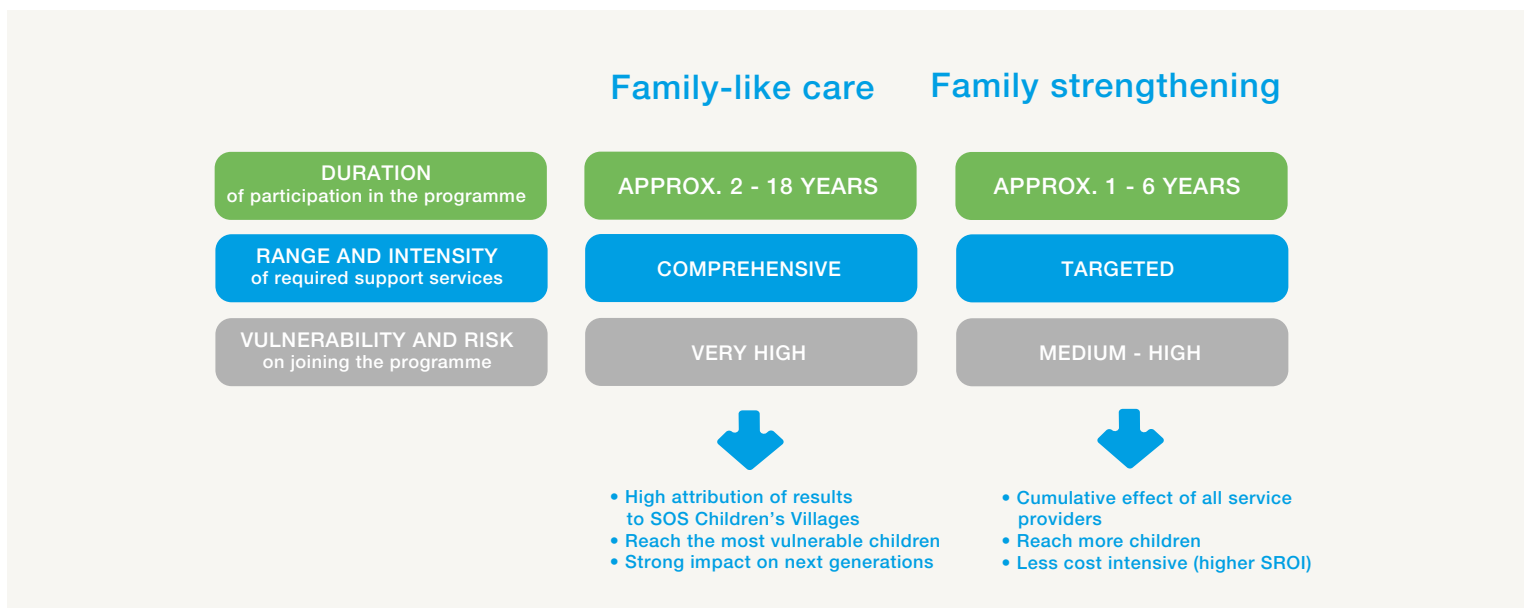


Figure 7: Two different service types and levels of support

¹⁶ For more information on the methodology used and the related challenges, please refer to R. Willi et al., op.cit.

5. OUR IMPACT IN THE LIVES OF INDIVIDUALS

OUR OVERALL IMPACT ALONG FOUR MAIN THEMES

It is estimated that at least 220 million of the world's children are growing up without adequate parental care.¹⁷ Our ambition is to improve care for children who are at risk, lifting them out of precarious conditions and helping them to succeed in life. To do this, we provide holistic support to children, young people and families in all areas of life.

“They put us on the right path, supported us on all levels, and planted in us the ability to move forward. Now it is our turn to improve our life and take all the opportunities available to improve and move on towards the better.”

Former participant, **Palestine**

Key facts on the former participants who participated in the assessments:

- 3,450 children and young people interviewed
- 47% male, 53% female
- 2,850 from family-like care
- 600 from family strengthening
- Interviewees received services in the years 1986-2017

With this in mind, we aim to achieve impact along four main themes:

- | **A. Breaking the cycle of separation and abandonment through care:** To what extent can former participants rely on family, friends and neighbours for support? If still children, do they receive quality care, and if parents, do they meet their parental obligations?
- | **B. Enabling self-reliance through education and employment:** Do former participants have adequate education and skills? Do they have a job and are they able to earn a decent living?
- | **C. Securing basic needs:** Do former participants have adequate accommodation, food security and health?
- | **D. A foundation for a happy life:** To what extent do former participants experience social and emotional well-being, and are they safe from discrimination and harm?

Figure 8 shows the average results achieved in both services across the four themes.¹⁸

¹⁷ See V. Jans, *Child at Risk. The most vulnerable children: who they are and why they are at risk*, SOS Children's Villages International, 2016.

¹⁸ Please note that 'Tracking Footprints' data could only be mapped to the themes "Breaking the cycle through care" and "Enabling self-reliance through education and employment".

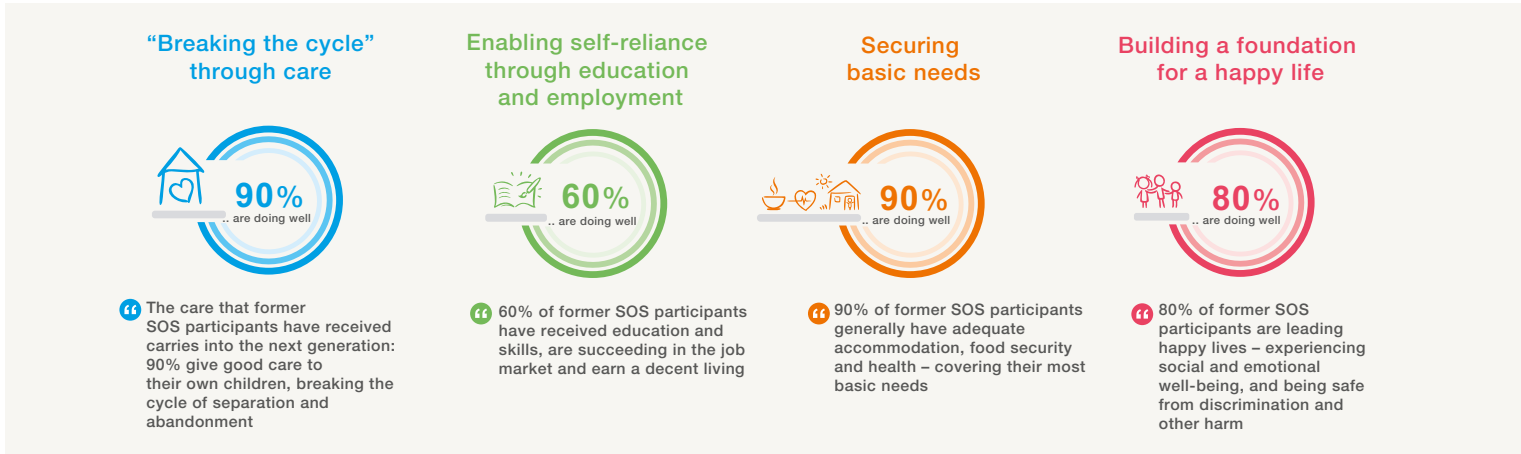


Figure 8: Percentage of former participants doing well¹⁹ across the four themes²⁰

A. “Breaking the cycle” through care

Enabling children to grow up in a safe and caring family environment is the primary goal of SOS Children’s Villages, whether through family-like care or family strengthening services. In family-like care, we work to provide consistent quality care to children and to build strong relationships with their families of origin. In family strengthening, we support families so that children grow in a safe and nurturing environment.²¹ Such environments are the foundation for a child’s de-

velopment. For more on the role of care, see our publication, the Care Effect.²²

The extent to which we have achieved providing a foundation of care can help to understand whether we have managed to break the cycle of separation and abandonment across generations through our services.

Encouragingly, 90% of former participants are doing well in terms of having supportive networks and fulfilling their parental obligations (if they are adults) or being cared for adequately by their caregivers (if still children).

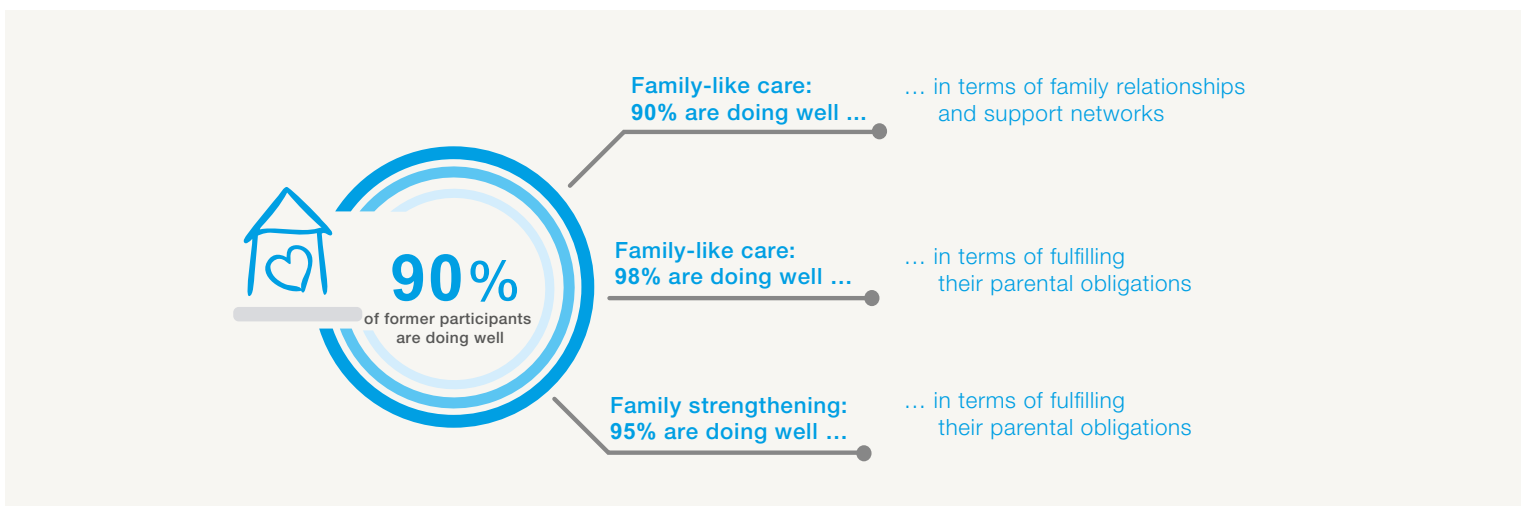


Figure 9: “Breaking the cycle” through care

¹⁹ During the interviews with former participants, the interviewer rates the status of the participants on a scale of 1 to 4. Ratings of 1 to 2 are considered to be “doing well”, while those of 3 to 4 are “not doing well”.

²⁰ Please note that all figures in this section have been rounded off.

²¹ Families are supported through a range of services, including trainings for parents in child care and early childhood development, guidance and mentoring, peer support groups, home visits, etc.

²² SOS Children’s Villages International, *The Care Effect. Why no child should grow up alone*, 2017.

FAMILY RELATIONSHIPS AND SUPPORT NETWORKS

90% of former participants from family-like care have **positive relationships** with family members²³, friends or neighbours, who are a reliable source of mutual support, which is a key factor for success in life. Across countries, the social relationships cited as most important were their own (newly formed) families, their SOS family, biological family and friends. Most former participants still receive moral, emotional and, in rarer cases, financial support from their SOS or biological families.

“I am always in contact with my biological father and siblings. Our affection is true. I have a very special relationship with my SOS mother because she always gave me affection and love, even though we do not have blood ties. I always had a loving home. I visit her constantly”

Former family-like care participant, **Bolivia**

In the majority of countries included in our research, current ties with biological siblings were reported to be especially strong, at least in part due to the fact that the children were raised in family-like care together with their siblings. For example, across 10 countries in Latin America, 76% of former participants lived with their biological siblings, a trend also recorded in other regions.²⁴ This is an important finding, as we make every effort to keep siblings together and prevent them from being separated when moving to alternative care. However, the need for more targeted support to assure regular contact with the families of origin (including

parents, if alive, and grandparents and aunts/uncles) of children in care was a trend across some assessments.²⁵ While most former participants reported that the organisation supported contacts with their biological families where this was desired by the child and biological family members, and in the best interests of the child, a significant proportion of former participants felt that more could have been done to strengthen and support the contact. For example, in Paraguay 28% felt that they should have been encouraged to want more contact with their families of origin and build up these relationships, even if they were hesitant at the time. In other cases, for example, in Tanzania, the importance of maintaining a close relationship with the biological families of children was emphasised as being crucial for them to “orientate” themselves within ‘their original homes... and culture’.²⁶ Focus group attendees highlighted that they encountered difficulties with family and social networks, due to differences in outlook towards life and gender norms.²⁶

The existence of positive relationships with families of origin was reported to be a helpful and supportive factor for young people leaving care and becoming independent. In recent years, SOS Children’s Villages has put more emphasis on promoting positive practices in this regard, to strengthen relationships and the sense of identity of children, but also with a view of supporting reintegration where possible and appropriate. This is also reflected in the new guiding policy for programmes – the SOS Care Promise – which pays special attention to this.²⁷ While the identification of good practices and further research in this regard is an area to be further explored in the coming years, some initiatives have already been taken. For example, a recent study conducted by SOS Children’s Villages Austria explores how reintegration processes were experienced by the children, family members and professionals involved, and what conclusions can be drawn from their experiences and recommendations.²⁸

²³ Family members can include SOS or biological parents/caregivers, siblings, spouse/partner, and/or extended family.

²⁴ The countries across Latin America include Argentina, Bolivia, Brazil, Colombia, Chile, Ecuador, Paraguay, Peru, Uruguay, and Venezuela. For the remaining children, they either had no siblings (39%), they were not admitted to SOS Children’s Villages (34%), they do not know where their siblings are (21%) and 6% were placed in another SOS family, as outlined in a consolidated report by the SOS Children’s Villages International Office Region in South America in 2008. Percentage of children placed into care with their siblings in other countries/regions: South Africa: 86%, Portugal: 93%, Austria: 74%.

²⁵ Reported in four social impact assessments; also a general trend in the former impact studies ‘Tracking Footprints’.

²⁶ For example, the case was mentioned that in the SOS Children’s Village it would be normal for a boy to cook, but this would be less common in a community family; social impact assessment report, Tanzania.

²⁷ SOS Children’s Villages International, SOS Care Promise: How SOS Children’s Villages ensures the best care for children and young people, 2018.

²⁸ C. Lienhart, B. Hofer & H. Kittl-Satran, „Dass es eine Einrichtung gibt, die vertrauen hat in die Eltern“. Rückkehrprozesse von Kindern und Jugendlichen aus der Fremdunterbringung in ihre Familien („That there is an organisation that has confidence in the parents“. Return processes of children and adolescents from out-of-home care to their families.), Forschung & Entwicklung/Fachbereich Pädagogik/SOS-Kinderdorf und Arbeitsbereich Sozialpädagogik/Institut für Erziehungs- und Bildungswissenschaft/Universität Graz, Innsbruck, 2018.

TAKING GOOD CARE OF THEIR OWN CHILDREN: FULFILLING PARENTAL OBLIGATIONS

The extent to which caregivers are fulfilling their parental obligations towards their children is an important indicator for our work, as this is the primary focus of the services we provide. In this sense, we assess the involvement of the caregiver in the child's life and any lack of care due to absence, illness, knowledge or skills of the caregiver.

“For me it has been very important to participate in the family support because in those days my husband and I were not doing well, we were about to separate, but the programme helped us to move on and find a way to work without abandoning our young children. I am personally very grateful with SOS Children's Villages for their help and for making me understand how important families are.”

Former family strengthening participant, **Bolivia**

It is promising that 95% of former participants from **family strengthening** (who are still children or dependent on their parents) have a primary caregiver who is actively involved in their life, and nurtures them; yet 4% of children do not always have a consistent caregiver, due to their parents' employment situation; and 1% of former participants were reported to be without the care of their parents.²⁹ This means that for all other children in the sample, family separation was avoided and the primary goal of preventing family separation was achieved at the time of the assessment.

²⁹ Two former participants from Togo; two former participants from Palestine were referred to alternative care

In terms of main areas for improvement, across four programme locations there was a need to have a stronger focus on services that strengthen parental care, rather than on material support. Moreover, in some locations specialised services for specific sub-groups, such as single parents, are recommended.

In terms of former participants from family-like care, more than half³⁰ already have their own children. Of those, 98% reported fulfilling their parental obligations, be it directly in their own household, or in their partner's household in cases of divorce or separation. This is a very positive result, considering the fact that the former participants came from difficult life situations and broken homes. In addition, it means that there is a positive impact on the next generation of children.

EXPECTED IMPACT ON THE NEXT GENERATIONS OF CHILDREN

Studies have shown that the nature and quality of parenting are often passed on from one generation to the next.³¹ Therefore, it is likely that the children of those former participants doing well today will also benefit from these positive results, thus breaking the cycle of separation and abandonment.

“I do not know what my life would be like now if it had not been for the village. It will help me take care of my son and give him everything I did not have.”

Former family-like care participant, **Spain**

Figure 10 shows the expected generational impact, when extrapolating the results for the sampled participants do-

³⁰ 54% across countries in which Social Impact Assessments were conducted

³¹ See J. Belsky, R. Conger & DM. Capaldi, 'The intergenerational transmission of parenting: introduction to the special section', *Development Psychology*, vol. 45, nr. 5, 2009, pp.1201-4; I. Roskam, 'The Transmission of Parenting Behaviour Within the Family: An Empirical Study Across Three Generations', *Psychologica Belgica*, vol. 53, nr. 3, 2013, pp. 49-64; AM. Lomanowska, M. Boivin, C. Hertzman & AS. Fleming, 'Parenting begets parenting: A neurobiological perspective on early adversity and the transmission of parenting styles across generations', *Neuroscience*, vol. 342, 2017, pp. 120-139.

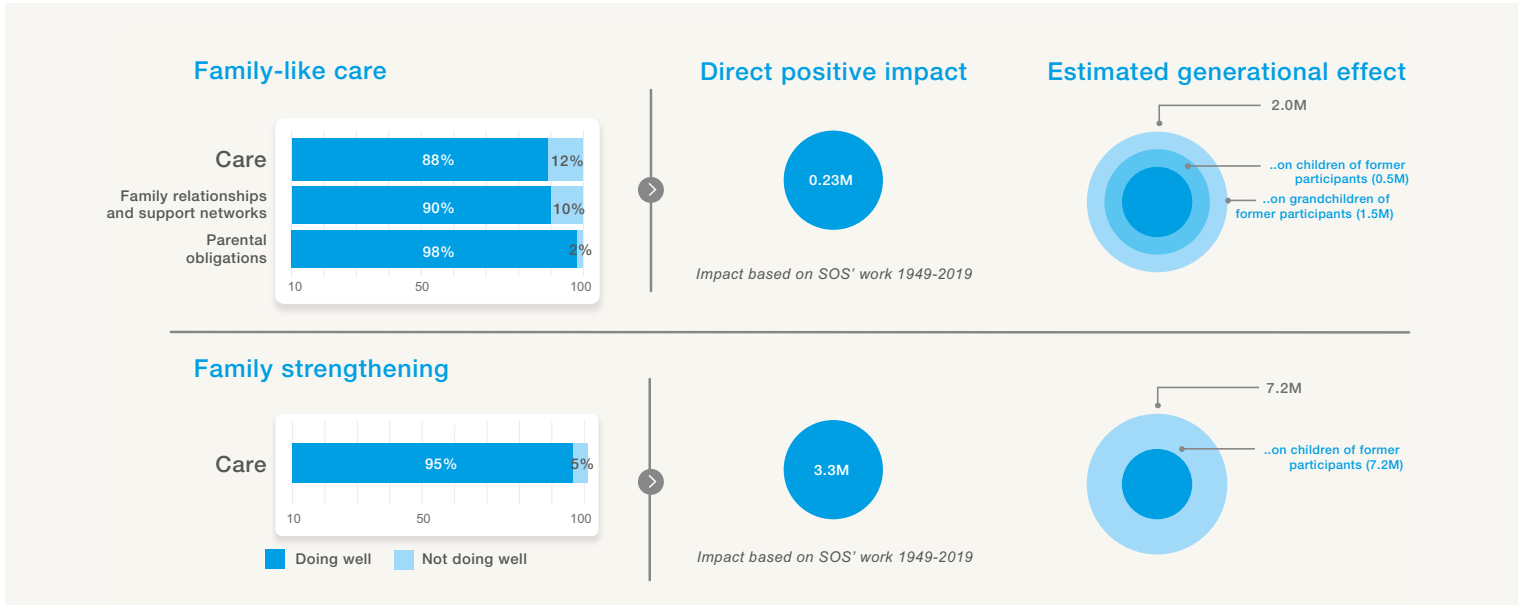


Figure 10: Estimated generational effect of former participants doing well in “care”

ing well in the “care” dimension, to all former participants reached since 1949. For family-like care, where the support has been more comprehensive and extensive, we expect the positive effects to be seen in the lives of their grandchildren. For family strengthening, generational effects to the next generation can be expected, considering the more limited scope of services provided.

A former participant who was admitted to an SOS family in Austria at the age of two, as his parents could not adequately take care of him due to alcohol abuse, shares:

“In my family it was important that I would not bring the kind of weaknesses that both my parents had, that I would not bring that into my own family. (...). Doing something together, being happy with each other, crying together, and unity, yes, that’s what makes a family.”

Former family-like care participant,
62 years old, **Austria**

Based on the above assumptions, our previous work with participants between 1949-2019, as well as regional birth and child mortality rates, we estimate that our services will have positively impacted 13 million parent-child relationships.³²

B. Enabling self-reliance through education and employability

This theme includes education and skills, as well as livelihood. Our services aim to support children to attain relevant education and skills, according to their interests and potential, so that they are able to secure a suitable job which provides for a decent living. We believe this to be a prerequisite for an independent and self-determined life as an adult. The services we provide include supporting school attendance, tutoring, homework support, IT trainings, employability/career guidance, language courses, promotion of special talents, access to scholarships, speech therapy, day care, economic/financial skills, support with employment and access to credits/loans for income-generating activities.

Overall, 60% of former participants from family-like care and family strengthening are doing well in terms of their education and skills, and livelihood.

³² All numbers are estimations only. The effect is estimated for descendants of SOS participants 1949–2019. Birth and child mortality rates by region were taken from the World Bank. Please refer to the annex (figure 20) for a more detailed breakdown. Further research is required on the extent of intergenerational transmission and the related influencing factors.



Figure 11: Percentage doing well in terms of their education and employment situation

EDUCATION AND SKILLS

As shown in figure 11, the results for education and skills are more positive than the results for employment and income (livelihood). More specifically, in the case of former participants from **family-like care** who are mainly already independent adults, 85% have completed secondary or vocational education and have the skills to secure a decent job, or are studying towards relevant qualifications. Many former participants mentioned educational opportunities as one of the key benefits of the programme, shown in the high number of former participants who completed secondary education or vocational training. A considerable number of former participants have also gone on to study at university. For example, 47.5% of former participants went to university in Nepal, 23% in Peru and 20% in Palestine.

Across the vast majority countries, former participants achieved higher educational levels than the national average.³³ For example, in Mozambique, around 41% of former participants reached post-secondary level of schooling, which includes tertiary, professional vocational studies and postgraduate studies, whereas nationally, those that completed post-secondary levels amount to approximately 1%.

"[...] I was abandoned by my family because I was the tenth child. I was lucky to be brought to SOS Children's Villages. I sometimes wonder if I would even be alive today if I had not been taken in by SOS. But even if I had been alive, I doubt I would have been able to get the kind of education that I got while I was with SOS. Schooling is expensive and most Ivorians don't go to university. Without my degree, I would not have my current job and the prospects for the future that I have."

Former family-like care participant,
Côte d'Ivoire

In Palestine, 90% completed at least secondary education or vocational training, and 52.5% already finished or are working towards a college diploma or degree. In comparison, in the West Bank only 5.8% of young people in the general population have attained this level of education.³⁴

³³ This was a general trend across the 'Tracking Footprints' studies in countries outside of Europe, as well as in the countries involved in the Social Impact Assessments.

³⁴ Mozambique: National data from the Education Data and Policy Centre (2011); Palestine: National data from the Palestinian Bureau of Central Statistics (2017); sourced in Social Impact Assessment reports from Mozambique and Palestine.

In terms of former participants from **family strengthening**, who are mainly dependent children³⁵, 82% are attending school (or other relevant education) and learning well, progressing according to their abilities. For those 18% not doing well in their educational attendance and performance, the most common reasons were that caregivers lacked the financial means to send their children to school or poor living conditions influenced school performance. Across countries, the school attendance rates of former participants were generally higher than the national averages. For example, in Abidjan in Cote d'Ivoire, 92% of former participants regularly attend secondary school, whereas for Abidjan the rates of children of the general population regularly attending secondary school are between 25% and 33%.³⁶

"I think in such a case [without support from SOS Children's Villages] my son would have been transferred to the school for children with special needs. Thanks to SOS he attended school with all [the] other healthy children."

Former family strengthening participant,
Bosnia and Herzegovina

SECURING DECENT EMPLOYMENT

Around 80% of former participants from **family-like care** are currently employed or are not looking for a job as a household member or spouse are employed, and 70% can make a decent living and cover their expenses. The main reasons for those who are struggling included a lack of professional networks, and lack of work experience or qualifications related to the demands of

the labour market. More locally specific barriers were also mentioned. For example, in Gaza in Palestine, former participants mentioned the dire economy as a primary barrier to finding adequate employment, due to a general lack of (well-paying) jobs. In Bolivia and Peru, while a high number of former participants do have jobs, these are often in the informal sector.

"If we have become what we are today, it is thanks to the care of SOS Children's Villages, which enables us to learn a profession or undertake higher education and get work. If we have trouble getting by, it is often because we did not manage to integrate well into society or into the job market when we left SOS (...)."

Former participant, Togo

The qualitative findings in the reports uncovered an area for improvement related to young people's ability to transition towards independent lives. Across all programme locations, some former participants mentioned difficulties in integrating into society after leaving care, as they had a very sheltered upbringing in their SOS families. The young people reported that this often meant that leaving care was a difficult adjustment, as they had to face the harsh realities of life, as well as the competitive job market. Accordingly, the findings suggest that more tailored support for leaving care and after care, as well as a support network for those who have left care, is needed. This would strengthen young people's ability to adapt to independence. The above findings have been taken up in our guiding programme policy, the SOS Care Promise. In addition, measures have been put in place to ensure more community integration of our family-like care services, as outlined in our global strategy towards 2030.³⁷

³⁵ In Tanzania (7 former participants) and Mozambique (all) former participants from family strengthening were already independent adults. Across other countries, some former participants were already above the age of 18, but were still counted as "dependent children" due to the fact that they were still living with their parents and thus dependent on them.

³⁶ Data taken from national analysis report by the government of Cote d'Ivoire on the situation of children in the country, carried out in 2014; sourced in the Social Impact Assessment report from Cote d'Ivoire.

³⁷ SOS Children's Villages International, No child should grow up alone. SOS Children's Villages Strategy 2030

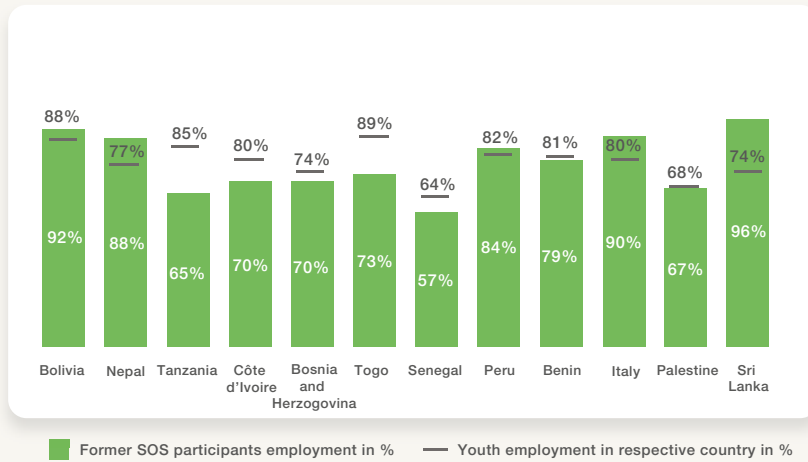


Figure 12: Young people in employment, education or training³⁸ (%) vs. former SOS participants from family-like care in employment (%) across 12 countries³⁹

In recent years, we have put more emphasis on supporting the employability of young people leaving care or from vulnerable backgrounds, most notably through the YouthCan! initiative. This global partnership for youth employability between SOS Children’s Villages and the private sector was launched in 2017. During 2018 YouthCan! reached out to 5060 young people in 25 different countries, equally supporting boys and girls. 1300 corporate volunteers supported the young people through training, job exposure or mentoring.

Of course, the problems that young people leaving care face in finding employment also reflect the global youth employment trends and the disadvantaged situation of young people in the labour market. According to the latest report on the global employment trends for youth in 2017 (International Labour Organization/ILO), young people are especially disadvantaged in their efforts to find employment. Moreover, quality is often a concern, and there is a higher prevalence of young people in the informal economy. Globally, more than 75% of young people in the general population are in informal jobs. Young people in low-income countries are especially affected.⁴⁰ Figure 12 depicts the situation of former participants from family-like care and young people in the general population in employment, education and training. Across five of the countries in which social impact assessments were conducted, young people from SOS Children’s Villages are doing better than the national average, but in a number of countries, young people leaving care are struggling compared to their peers.

This situation especially affects young people leaving care, as a recent study on decent work and social protection for young people leaving care across 12 countries has shown.

³⁸ Inverse of the NEET indicator: The NEET indicator is regularly collected across the world by various organisations and is also used to measure SDG target 8.6. It refers to the proportion of youth who are “not in employment, education or training”; for statistical purposes, youth are defined as persons between the ages of 15 and 24 years

³⁹ Please note that for reasons of simplicity, all graphs show the country name, rather than the location name where the studies were conducted. Depending on the number of impact assessments conducted in each country, the number of former participants assessed in different countries varies. This also applies to figure 14. It is worth mentioning that 20 former participants were included for Italy who met the sampling criteria, which is a smaller number than the other countries. Please note that the number of former SOS participants in employment, also include students and those participants who have made a decision not to seek formal employment, as their spouse or other household member is employed

⁴⁰ International Labour Organization (ILO), *Global Employment Trends for Youth 2017: Paths to a better working future*, International Labour Office, Geneva, 2017, pp. 1; 21-22

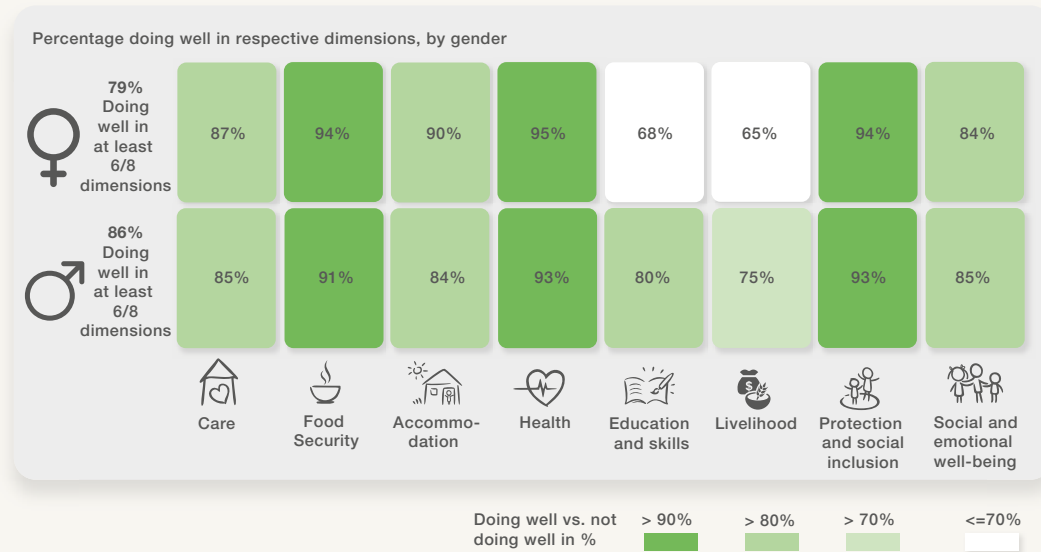


Figure 13: Percentage of former family-like care participants⁴² doing well in respective dimensions, by gender⁴³

“They do a very good job, but moving to a flat at 18 is a very abrupt step; you go from being strongly supported to living alone and having to stand on your own.”

Former family-like care participant, **Spain**

Due to a lack of legislative and practical support provided to young people leaving care, they are often required to become fully independent and self-reliant at a relatively early age compared to their peers. This pushes many into informal and low-paid employment, which can result in exploitation. The lack of recognition of care leavers as a vulnerable group means their rights are often neglected or violated, leading to a lack of opportunities for decent work.⁴¹ This situation especially affects female care leavers, as shown in figure 13. Female former participants are significantly less frequently employed than male former participants, as shown in the ‘livelihood’ scores. Across countries, there

were notable differences. The gap between employed female and male former participants was especially strong in Togo, Senegal and Mozambique. In almost all countries, women were either equally or less frequently employed than men. Only in Zanzibar in Tanzania, slightly more women than men were employed, in education or training at the time of the survey. During the assessments, one of the reasons mentioned for lower employment levels was that young women often had to stay at home to care for their children, due to a lack of child care opportunities.

While we apply a gender-sensitive approach in our programmes and especially empower girls in terms of their education and skills, there were slightly lower scores for women in terms of educational attainment and relevant skills for employment.

One explanation for this may be external factors, including barriers to education and employment for women. The ILO reports that globally, women are three times more likely to be neither in education, employment or training than men.⁴⁴

⁴¹ C. Cameron, H. Hauari, C. Arisi, *Decent work and social protection for young people leaving care. Gaps and responses in 12 countries worldwide*, SOS Children’s Villages International, 2018.

⁴² In family strengthening, no significant gender gap was found among former participants in education and skills, and livelihood.

⁴³ The figures only include the results across 15 social impact assessment countries

⁴⁴ ILO, *op.cit.*, pp. 21-23.

"[Now] we have a source of income due to the project they have provided to us and I was able to develop my project through the advice and guidance SOS [Children's Villages] provided. They did not only support, but also directed us to other organisations."

Former family-strengthening participant,
Bethlehem, Palestine

In terms of **family strengthening**, on average across all countries in our research, 64% of caregivers have sufficient funds to cover their children's survival and development rights. The scores vary significantly across locations; for example, in Surkhet in Nepal (92%) and Dakar in Senegal (82%), the vast majority of families were able to cope with their income, whereas in other locations like Hawassa in Ethiopia, only 30% of families had sufficient resources to cover their necessary household expenses. Those not doing well are mainly informally employed and have unstable incomes, and many reported not feeling financially autonomous when leaving the service.

Former participants who were struggling to find adequate employment or to start their own business mentioned that the main barriers were that income-generating activities did not have the desired effect, they experienced setbacks after leaving the programme, or they were not fully financially self-sufficient when leaving the programme. In some cases, lack of relevant qualifications, the economic or conflict situation in the country, lack of available child care options, or living in rural areas with limited work opportunities were also cited as reasons.

Nevertheless, former participants in Cote d'Ivoire, Togo, Senegal and Peru reported that their income, though it still may be low, is much higher than before they entered the programme. In Kara, in Togo, positive experiences were made with savings and loans associations, and participants involved reported that they gained a wide range of additional organisational and technical skills, thanks to these savings groups. In general, programmes are encouraged to engage in more partnerships with organisations who

are specialised in economic empowerment, to boost the economic situation of the families being supported. In addition, it is recommended that there is clear communication with participants from the start of the programme about goals, duration, types of services and end, to avoid dependency. Additionally, some programmes should implement a more manageable staff-to-participant ratio to more adequately serve the needs of the families and community-based partners.

"SOS Children's Villages' support ended in 2012. They said we were able to take care of ourselves again, but I do not understand how they could say that. My husband still does not make a lot of money, and neither do I. The children are still in school, but there is never enough money. I think SOS should at least keep helping the children as long as they are in school. But I would also like to congratulate SOS for the work they do."

Former family-strengthening participant, **Côte d'Ivoire**

INCOME COMPARED TO THE BENCHMARK

In spite of the above-mentioned struggles, figure 14 indicates that on average, across many countries, former participants from both family-like care and family strengthening still have considerably higher income than the average income of the lowest income group in the respective country (bottom 20% of the population).⁴⁵ The differences between countries are mainly driven by local income. For example, the average income of the bottom quintile in Peru is considerably higher than in Bolivia, meaning that in Bolivia former participants earn proportionally higher incomes compared to this group than former participants in Peru.

⁴⁵The rationale behind comparing the results to the lowest quintile is based on the fact that former participants, having not received any alternative care or preventive services, would most likely be in the bottom income group in the country.

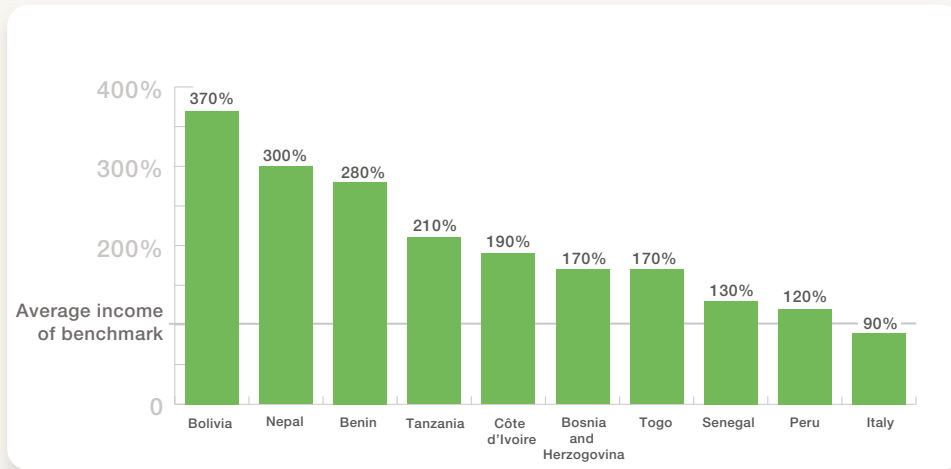


Figure 14: Average income of former participants across 10 countries compared to the income of the benchmark group⁴⁶

⁴⁶ Values were taken from the year the social impact assessment was conducted and where not available from that particular year, the inflation rate was considered. Sources: Public data from Oxford Economics, World Bank, Statista, (mid-year) exchange rates from finanzen.net and xe.com, and social impact assessment country reports. Comparable benchmark data for Palestine was not available and for Mozambique it was not available in the needed granularity; therefore these two countries were not included.



C. Securing basic needs

This theme explores the extent to which former participants are doing well in terms of their basic needs, which includes their living conditions and stability of their accommodation, health status, and food security. In family-like care, children are empowered to learn how to take care of themselves when grown up, e.g. through nutritional courses, development of day-to-day life skills, and age-appropriate household responsibilities in the home and family. In some programmes, young people leaving care are also supported through housing support that gives them access to more affordable housing or loans. In family strengthening, caregivers have access to nutritional support trainings, receive guidance on health care services, and accommodation support, usually through local partners.

It is encouraging that 90% of former participants from family strengthening and family-like care are doing well in at least two out of three of these basic needs. On average across the three dimensions, 70% are doing well. This is based on social impact assessments in 15 countries.

ACCOMMODATION

Almost 87% of former participants from family-like care have a stable housing situation and adequate or fairly adequate living conditions, which include basic

services such as electricity, water and sewerage, as per local standards. Those not doing well reported structural issues with their accommodation, and they lack the financial means to make the necessary repairs.

External factors also negatively affected the housing situation, for example in Nepal, former participants had some cracks in their housing due to the recent earthquake, and in Palestine, the ongoing conflict situation affected the stability of housing of some families. A smaller number of participants reported that they may have to move as they cannot afford the rent.

“I found a job, then bought an apartment with the help of SOS Children’s Villages. It was hard at the beginning, because I did not know how to save money. Now I have a good job. I would not change anything.”
 Former family-like care participant,
Bosnia and Herzegovina

For family strengthening, 70% of former participants are doing well. However, 30% especially struggle with their living conditions, which includes not being able to afford paying for repairs or not having basic services, living in underprivileged neighbourhoods and overcrowded situations with many extended family members. Fam-

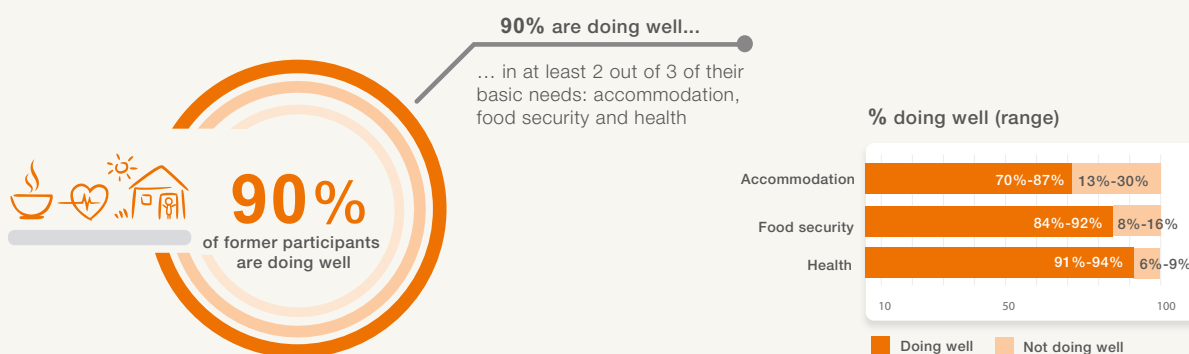


Figure 15: Securing basic needs

ilies reported that this is mainly linked to low family resources. In this sense, accommodation was an area for improvement in many locations. It is recommended that programmes should strengthen partnerships and community-based initiatives to support families to improve their living conditions.

FOOD SECURITY AND HEALTH

It was found that 92% of former participants from family-like care and 84% from family strengthening are eating two to three meals per day and do not go to bed hungry. Those that did report difficulties reported that this was due to financial reasons or busy lifestyles. In terms of health status, 94% of former participants from family-like care and 91% from family strengthening appear to be in excellent health. Those that have minor illnesses or chronic conditions receive adequate treatment. Those not doing well reported difficulties to access health care, mainly due to financial reasons.

“SOS Children's Villages did not just provide us with food, but with teaching – learning how to sew helped me to buy food.”

Former family strengthening participant, **Tanzania**

D. Building a foundation for a happy life

This theme assesses the extent to which former participants are doing well in terms of social inclusion, protection and general well-being. In the case of independent adults, we measure this through their level of self-esteem, happiness, and whether they report experiencing discrimination. For former participants who are still children, we assess whether they are protected from abuse and exploitation, have all legally required documents, experience any discrimination, as well as their happiness level and social behaviour.⁴⁷ Services we provide in this area include life skills training, social and emotional support as part of day-to-day interactions,

support groups, counselling, trauma therapy, psychotherapy, child rights trainings, and other psycho-social support services whenever required.

Overall, 80% of former participants reported doing well. This is based on social impact assessments in 15 countries.

SOCIAL INCLUSION

Overall, 93% of former participants from family-like care reported experiencing no discrimination that compromises their well-being. From family strengthening, 88% of former participants are doing well. Children generally have all legally required documents, do not experience discrimination and are safe from abuse and exploitation, according to their parents. Some families reported that, thanks to the programme, they now felt more included in and accepted by the community, some even engaging in community activities. Others reported that the programme had helped them learn how to cope with hardships. Those that did not receive satisfactory scores, either did not have an identity card or birth certificate for their children, or experienced discrimination in the neighbourhood or at school.

“We have regained our dignity. During the holidays, nobody dared to come to our house, since poverty had excluded us from the community. Today neighbours visit us and we manage to share something with others.”

Former family strengthening participant, **Togo**

⁴⁷ We wish to cover many different dimensions of well-being during the interviews, and so some areas which are more abstract, like happiness and discrimination have only been assessed through a limited set of questions. This creates certain limitations in drawing conclusions about these aspects of the respondent's lives.

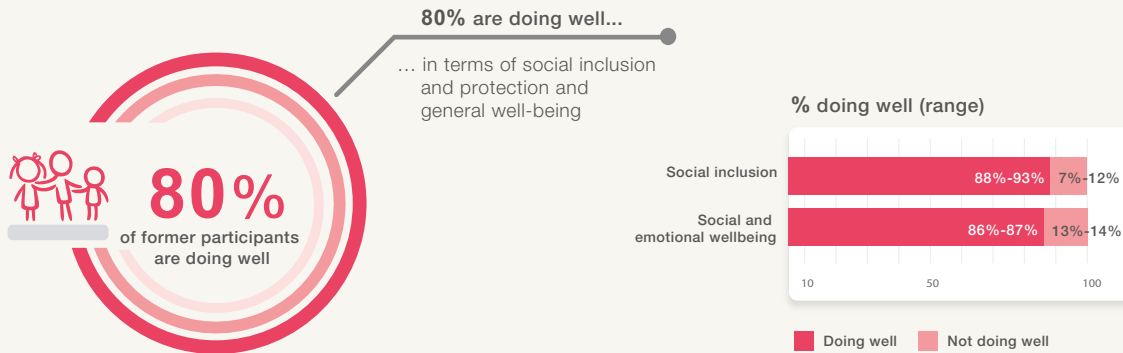


Figure 16: Building a foundation for a happy life

SOCIAL AND EMOTIONAL WELL-BEING

In terms of their social and emotional well-being, 87% of former participants from family-like care reported being generally satisfied with their lives, having a sense of purpose in life and wanting to achieve personal goals.

Those with unsatisfactory scores were unhappy with their employment situation and had not achieved their

goals, but remained optimistic about their ability to be able to achieve them. This explains why the self-esteem scores were slightly higher than happiness levels.

In family strengthening, 86% reported to be doing well, in the sense of the social behaviour of the children and their happiness. Those with unsatisfactory scores mentioned experiences of discrimination, dissatisfaction with living conditions or behavioural problems reported by teachers at school.





6. OUR CONTRIBUTION TO THE SUSTAINABLE DEVELOPMENT GOALS

Through our efforts together with partners, we aim to have an impact on the Sustainable Development Goals (SDGs), the global goals for peace and prosperity adopted by the United Nations in 2015 as part of its Agenda 2030. Five SDGs in particular – SDG 1 (no poverty), SDG 4 (quality education), SDG 8 (decent work and economic growth), SDG 10 (reduced inequalities) and SDG 16 (peace, justice and strong institutions) are central to our work.⁴⁸ These SDGs reflect our aim to contribute to a

world free from deprivation and inequalities by making a difference in the lives of children left furthest behind.

Based on our impact in the lives of individuals, we are able to estimate the extent to which we contribute to specific targets of relevant SDGs.⁴⁹

Given our impact in the lives of former participants, it is reasonable to expect that equally positive results shall

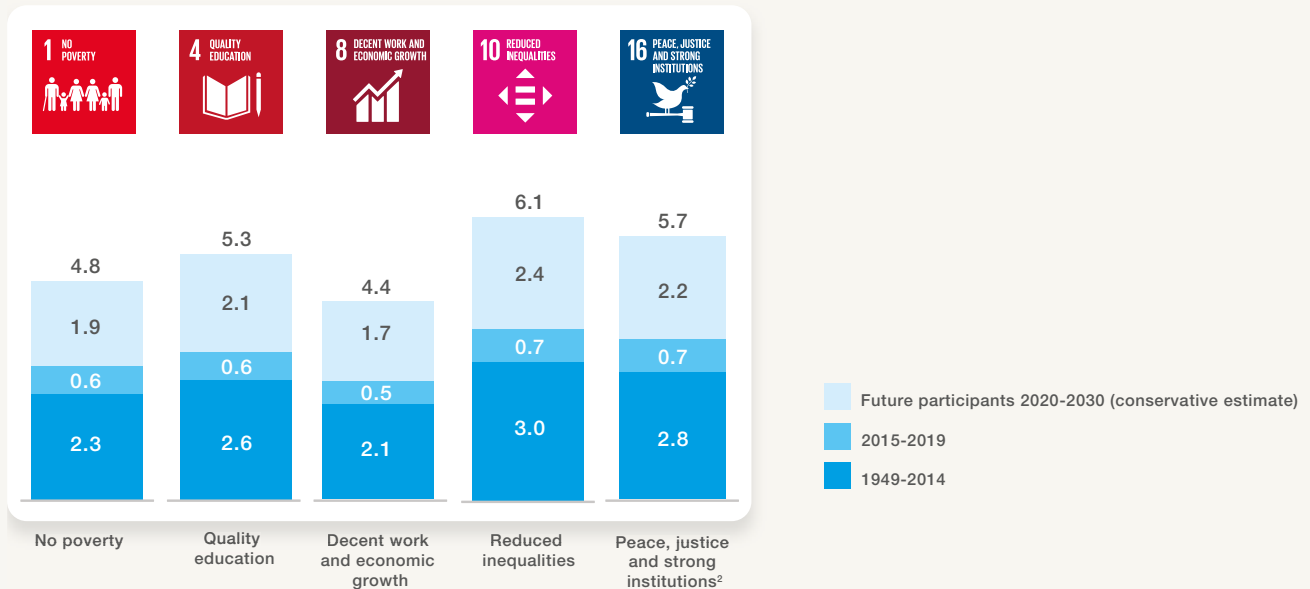


Figure 17: Number of participants (in millions) positively impacted in respective SDG, 1949-2030⁵⁰

⁴⁸ SOS Children's Villages International, *Care for children is care for development. How SOS Children's Villages supports the Sustainable Development Goals*, 2016.

⁴⁹ The relevant SDG targets for our work include 1.3, 4.2, 4.3, 4.4, 4.5, 8.6, 10.2, and 16.2. For more information about the SDGs and the SDG targets, please refer to United Nations, *Transforming our world: The 2030 agenda for sustainable development*, United Nations General Assembly, New York, 2015.

⁵⁰ Number of lives impacted per main theme derived from a random sample of approximately 2,900 former family-like care participants (social impact assessments and 'Tracking Footprints' studies) from 37 countries and 600 former family strengthening participants (social impact assessments only) from 15 programmes in 14 countries. The projected future impact on children assumes constant programme size and duration until 2030. All numbers are approximations only. Please note that individuals are counted in more than one SDG.



also be seen in the lives of current and future participants by 2030. For example, in our family-like care and family strengthening services we support children to access quality education and skills training, from early childhood development through to secondary education, vocational training and in some cases even university education, as highlighted in section 5b of this report. On average, in all these areas related to education and skills, 82% of former participants are doing well. SDG targets 4.2-4.5 specifically refer to these education areas, meaning that our work directly contributes to those targets.

Our assumption is that we can also expect 82% of our current and future participants to be positively impacted in terms of education and skills, which would amount to 5.3 million children by 2030. This same logic has been applied to related SDG targets in SDGs 1, 8, 10 and 16, as illustrated in figure 17.

In addition to the above SDGs, to which we are directly contributing, together with partners, we also

indirectly contribute to a number of other SDGs. For example, SDG 3 relates to 'good health and well-being'. Our impact results have shown that around 92-93% of former participants from our programmes are in good health and have access to relevant health care services. In our programmes, we work closely together with local partners to ensure adequate access to health care of our programme participants.

Therefore, based on the above reasoning, we will have likely positively impacted 6 million children through our indirect contribution to SDG 3 by 2030.

7. OUR IMPACT IN COMMUNITIES

SOS Children's Villages has become a vital pillar of many communities through our work to strengthen support systems for vulnerable children and their families. In our assessments, many stakeholders viewed SOS Children's Villages as an irreplaceable partner for child care in their community. Our work is seen to be highly relevant and having a positive impact.

of changes that took place in recent years, including a broader range of services, like a shelter for parents and their children in acute crisis situations, trainings for foster families, and social businesses for young care leavers to gain work experience. These have considerably raised the profile and awareness about the broad range of services the organisation provides.

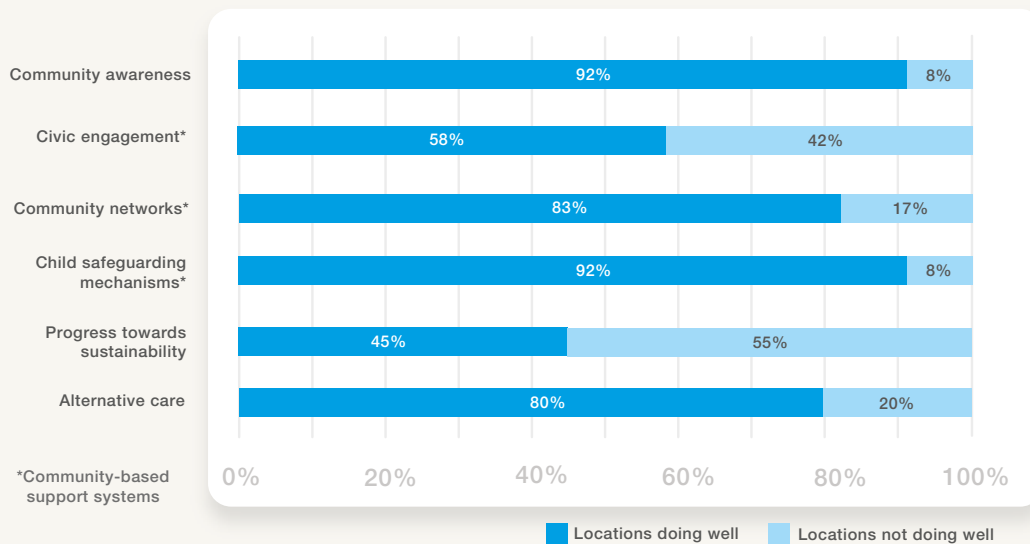


Figure 18: Average community scores across 12 SIA locations⁵¹

Across all locations the studies showed that SOS Children's Villages works closely with governments, NGOs and community-based organisations, encouraging joint efforts to support vulnerable children and families. As figure 18 shows, our impact in communities was generally rated positively, but the results also highlighted some areas to further strengthen.

Community awareness looks at whether key stakeholders are aware of the situation of disadvantaged children and their families and have a clear view on how to improve the situation. Encouragingly, across almost all communities, key stakeholders and partners are generally aware of the situation and have a clear idea on how to support vulnerable children and families. In Vicenza in Italy, stakeholders positively noted a series

“SOS Children's Villages is well-known and well-respected and has a history of service in Palestine. There is no doubt in the high quality of the work it does and the great need for its services.”
 Ministry of Social Development representative in the West Bank

⁵¹ Benin, Bolivia, Bosnia and Herzegovina, Côte d'Ivoire, Italy, Mozambique, Nepal, Palestine, Peru, Senegal, Togo, Tanzania. Community-level impact was not assessed in the pilot countries Ethiopia and Eswatini. Italy did not assess the “progress towards sustainability” and “alternative care” dimensions. Peru did not assess the dimension “alternative care”. Data from Sri Lanka was not yet available. As mentioned in chapter 4, the ‘Tracking Footprints’ studies did not cover community impact.

Community-based support systems look into the extent to which there is individual and collective action of community members to support vulnerable children and families, for example, in the form of neighbourhood clubs or support groups, community networks of partners working together in a coordinated way, and child safeguarding mechanisms, to identify and quickly respond to child rights violations. The results showed that while there is strong awareness of children and families at high risk, civic engagement lags behind significantly. In some locations the efforts and resources of community-based organisations, local authorities and other relevant partners are not well coordinated, which is a reflection of lack of investment in social support systems. A lack of data on children without parental care or at risk of losing it, makes it difficult to deliver coordinated and effective services, as shown by the quotes from Bosnia and Herzegovina.

“There is generally goodwill among organisations and individuals, but because of the lack of official networks we have duplication of activities.”

“When you have a country that does not have an accurate number of children without parental care, that tells you something is not working. It is all about the money and willingness to invest in social services.”

Community stakeholders from **Sarajevo, Bosnia and Herzegovina**

Positively, SOS Children's Villages raises strong awareness for child safeguarding and development issues among relevant stakeholders (e.g. government, local authorities, NGOs), as reported in almost all locations.

Progress towards sustainability looks at the existence and capacity of key implementation partners in the programme locations, and whether activities for the support of children at risk would continue if SOS Children's

Villages withdrew from the communities or have continued after SOS Children's Villages has withdrawn. The results were diverse across the programme locations in this regard. In Kara in Togo, a community-based approach was implemented and strong partners are now in place. In other locations, partners are not in place or not strong enough, which limits the sustainability of support services, as the quote from Palestine shows. In Bolivia, for example, SOS Children's Villages withdrew from a neighbourhood and due to changes in key stakeholders and a lack of knowledge transfer, services have since then stopped completely.

“Lots of children would be homeless. There is no organisation working with our target group. FSP [family strengthening project] families are living on the edge. Many would not be able to continue without us. We're carrying a big load. It's all SOS Children's Villages.”
Staff member in **Gaza, Palestine**

The **alternative care** dimension assesses whether fewer children are placed in alternative care since SOS Children's Villages started its services in a given community. While this is a figure which is very difficult to measure, due to a lack of national and regional data, stakeholders across seven locations did mention that the number of children placed in alternative care has stabilised since the family strengthening services started.

The need for more quality alternative care options was raised in Nepal and Bolivia, because it is still the case that the only alternatives to SOS family-like care are large state orphanages.

We strongly advocate for the closure of large-scale institutions and for governments to put in place a range of quality services to be provided for children who need to be placed in alternative care, to respond to different care needs.

8. OUR SOCIAL RETURN ON INVESTMENT (SROI)

The financial impact

As part of our impact assessments, changes brought about by our programmes can be quantified in financial terms, and the results show that we are having a tangible economic impact: for every €1 invested into SOS Children's Villages' programmes, €5 is returned to society in benefits.

At first glance, family strengthening services appear far more “profitable” than family-like care services. However, family-like care and family strengthening services differ in many respects, including the children's level of vulnerability when joining the programme, as well as the intensity and duration of support received, as outlined in chapter 4. Children in different care situations face different risks and have different needs. Therefore, a range

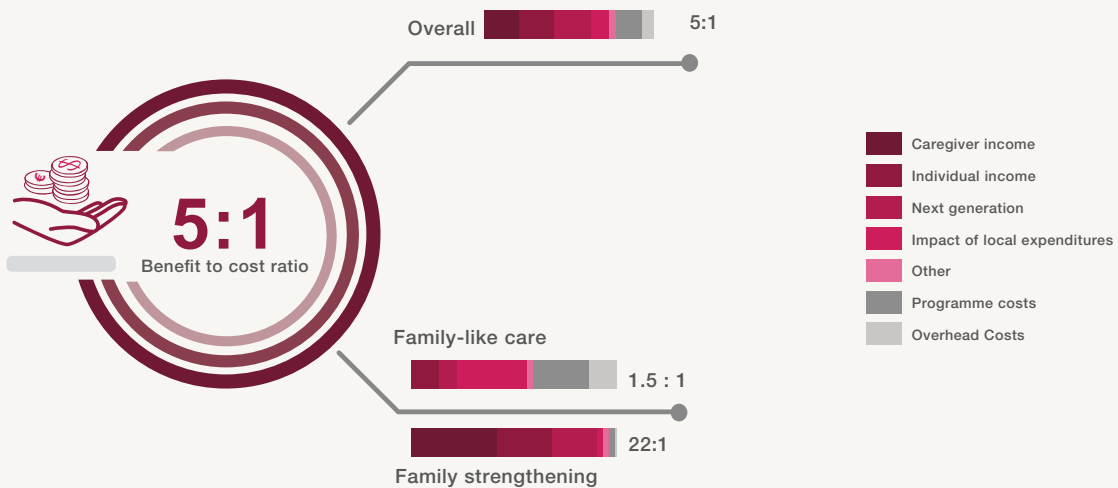


Figure 19: The social return on investment in 12 countries

The SROI represents a cost-benefit analysis. A key driver for the benefits is the increase in the income and projected income of former participants and their caregivers as a consequence of participating in the programme. In terms of next-generation benefits, the children of former participants are likely to grow up in a more conducive family environment than those of individuals of the same target group who did not receive support from SOS Children's Villages. This is measured in the ability to currently take care of and nurture the development of their children. A third key driver is the impact of local expenditures. Costs occurring locally on the ground are injected into the local economy, for example, through salaries paid to local employees.

of services is required – from support services aimed at preventing families from separating, to supporting children who have lost the care of their families through alternative care. In family strengthening, the SROI is the result of a cumulative effect of many partners and service providers working together in a given location. Family-like care services are more resource-intensive, including a range of support services directly provided by SOS Children's Villages over a number of years.

Therefore, we do not compare the two services per se, but rather compare service types across different countries. Most countries in our research have a positive SROI from family-like care, with social returns of 1 to



3 euros per euro spent.⁵² The key driver in the SROI is the impact of local expenditures of the programme and the projected increase in individual income over the lifetime of the young people. Gaps between the highest and lowest SROI in family-like care are mainly driven by variations in programme costs and local overhead costs, which are higher in countries like Bosnia and Herzegovina, compared to countries such as Ethiopia. On average, the benefit-cost for family-like care is 1.5:1, which means that an investment of €1 yields benefits worth €0.50 on top of the initial cost. This is a positive result, given that children entering alternative care lack appropriate care and are particularly disadvantaged. A higher investment in these children, including more intense direct support services over a longer period of time is needed. If these children are not supported, there may be negative costs to society.

Therefore, a higher SROI in family strengthening is to be expected. The children live with their families and SOS

⁵² Togo had a slightly negative SROI in family-like care. The main reason is that there was a lack of data to be able to quantify all of the benefits of the programme.

Children's Villages provides targeted support services to the families over a shorter period of time. There is a benefit-cost ratio of 22:1, meaning that an investment of €1 yields benefits to society of €21 on top of the initial cost. Caregiver income is the main contributor to the benefits.

The starting income of many caregivers before the services is very low, and especially in developing economies any increase in income shows a relatively high return. The results are very positive, and provide evidence that from a financial point of view we are making good progress together with our partners on the ground.⁵³ Of course, there are also additional layers of impact of our work which cannot be quantified financially. With every child's life that is improved, we contribute to a cared for and self-sufficient individual with a place in society. The value of this impact cannot be put into numbers.

⁵³ The SROI calculation took a relatively conservative approach overall. Only impact levers which could be directly linked to SOS Children's Villages and were readily quantifiable were selected; for example, multiplier effects of increased past participant income on the larger society were not included. Moreover, conservative assumptions (for example, for discount rate and income growth factor) were used in the calculation.

9. MAKING AN IMPACT IN OTHER AREAS OF WORK

In order to extend our impact and ensure that every child grows up in a safe and nurturing family environment, we complement our core services with advocacy, emergency response and global partnerships with other organisations and corporate partners.

We engage with those responsible for the design and implementation of child laws, policies and services, in order to ensure the availability and quality of a range of care options for children without parental care or at risk of losing it. We also support the implementation of international standards set forth by the United Nations Convention on the Rights of the Child and the Guidelines for the Alternative Care of Children. Through our experience as a service provider of 70 years, we are a valued partner for governments, local authorities and partner NGOs.

In addition, we provide specific protection and care to children affected by conflicts and natural disasters. Using our global infrastructure, our emergency response teams have helped children in more than 160 humanitarian situations. This includes the care of unaccompanied and separated children, support to reunify families, and also the set-up of child-friendly spaces and specialised psychosocial support services.

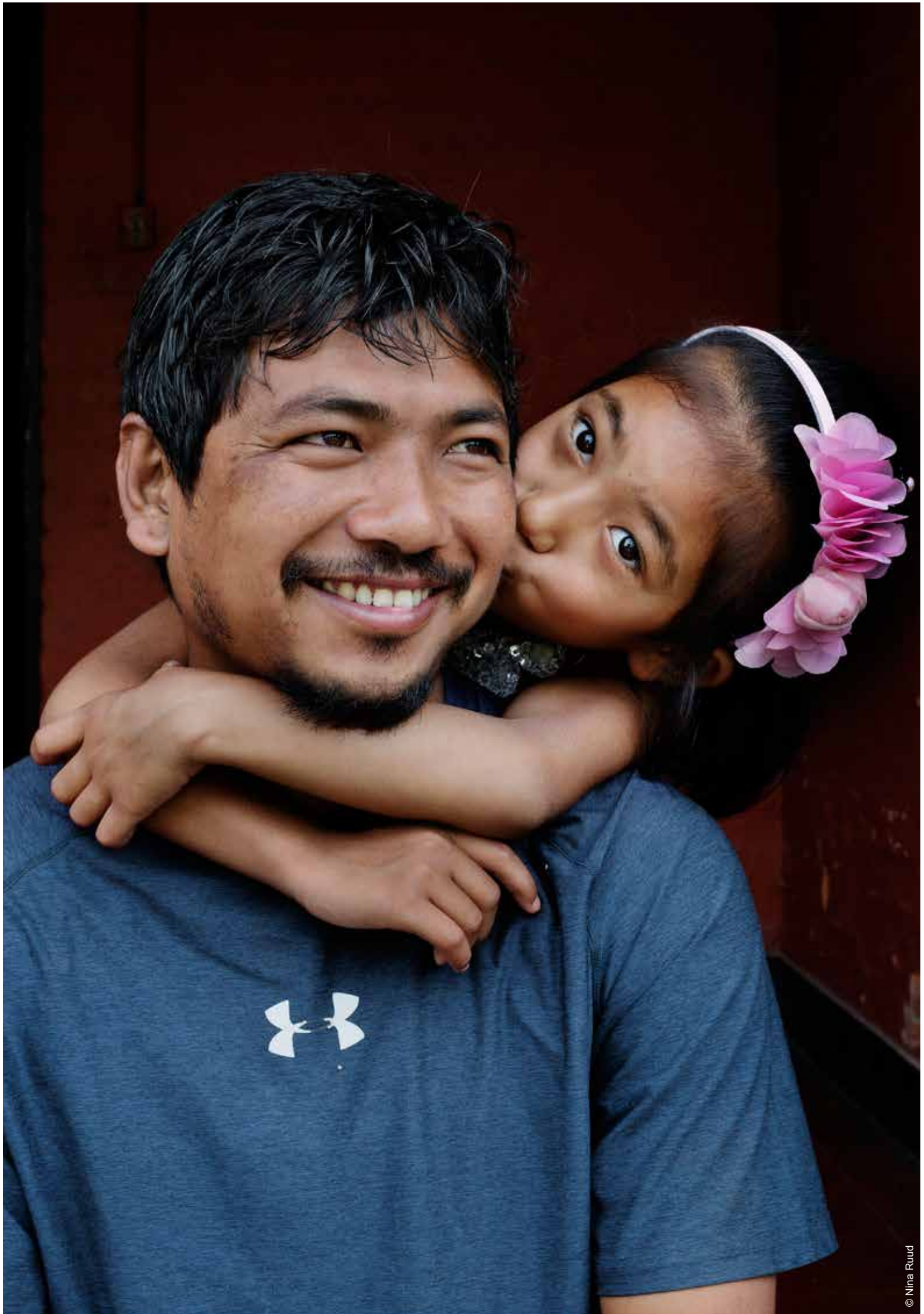
We also join forces with others in global partnerships, such as the current UN-level initiative with child-focused agencies to End Violence Against Children, or the previously mentioned YouthCan! initiative. End Violence Against Children includes organisations that have joined forces and pooled their resources to end all forms of violence against children.⁵⁴ YouthCan! is a global partnership for youth employability between SOS Children's Villages and the private sector.

It was launched in 2017 and has established 6 global and more than 130 national corporate partnerships. With this network of partners from different areas of the private and civil sector, we aim to support the diverse pathways to employment of young people in our programmes and to tackle the global youth unemployment challenge.

While measuring the impact of our work in these areas still represents a challenge, we will further work to widen our impact methodology and to demonstrate the tangible effects we are having in these areas of work in the years to come.

⁵⁴ For more information see <http://www.end-violence.org/about-us>





10. WHERE WE WILL GO FROM HERE

We have a wealth of experience in dealing with the issues related to children’s care, which we have built up over 70 years of working with children and their families. Nevertheless, we know that much more still needs to be done for every child to grow up in a protective family environment. Around the world, too many children continue to find themselves in vulnerable circumstances without parental care and many more are at risk of falling into that situation. We need to continually innovate and improve our work to respond to this situation.

With this in mind, the findings of the first seven social impact assessments were used to directly inform the development of our federation’s Strategy 2030 and our core programme policy, the SOS Care Promise. Additional findings and insights, as now shared in this report, are feeding into the current (mid-term) strategy review to further shape our strategy and programme development going forward. See table below:

In the years to come, we will continue to track our impact and expand the evidence base, to continuously strengthen the quality and relevance of our programmes. At the same time, this will enable us to assure transparency and accountability towards our partners and donors, and to the children, families and communities with whom we work. In this sense, we would like to sincerely thank everyone who took part in these studies, from those who funded them to those who shared their opinions and experiences with us. Based on the strong foundation of growth in the last decades, we envision that SOS Children’s Villages will continue to make a positive and meaningful impact in the lives of millions of children in the years to come. This shall be achieved not only by direct work with children, their families and communities, and by further advocacy work nationally, regionally and globally, but also by taking a lead in mobilising within society for a broader movement to ensure every child’s right to quality care.

RECOMMENDATIONS FOR GOING FORWARD

FAMILY-LIKE CARE	
<ul style="list-style-type: none"> Strengthen relationships with families of origin and reintegration of children into their families of origin when in the best interests of the child 	<ul style="list-style-type: none"> Strengthen the community integration of family-like care, ensuring that our programmes are well-integrated in the communities in which they operate
<ul style="list-style-type: none"> Support care professionals with ongoing capacity building, supervision and training 	<ul style="list-style-type: none"> Give more tailored support to prepare young people in their path towards independence
<ul style="list-style-type: none"> Provide stronger after-care and follow-up support, including closer relationships with those who have left care 	<ul style="list-style-type: none"> Continue to enhance the employability of young people, through partnerships and relevant support networks, such as YouthCan! and other initiatives
FAMILY STRENGTHENING	
<ul style="list-style-type: none"> Focus on preventing child-family separation and promoting quality of care within the family 	<ul style="list-style-type: none"> Introduce specialised services (together with partners) for specific sub-groups where necessary, such as single parents
<ul style="list-style-type: none"> Partner for economic empowerment, accommodation support and other basic services with others who are more specialised in these areas of work 	<ul style="list-style-type: none"> Manage expectations, including effective communication with participants from the start of the programme about goals, duration, types of services and exit; this includes a professionally structured development plan, with adequate duration of participation in the programme
<ul style="list-style-type: none"> Build strong support systems in the community together with our partners for more coordinated support services and enhanced sustainability 	<ul style="list-style-type: none"> Put in place adequate resources, including a manageable staff-to-participant ratio, to better serve the needs of families (and related community empowerment)
ADVOCATE WITH GOVERNMENTS TO:	
<ul style="list-style-type: none"> Strengthen the provision of a range of quality care options to children and stronger investment in social support systems, in line with international standards in alternative care and social protection 	<ul style="list-style-type: none"> Improve collection, analysis and dissemination of data on children without parental care and at risk of losing it in international and national monitoring systems

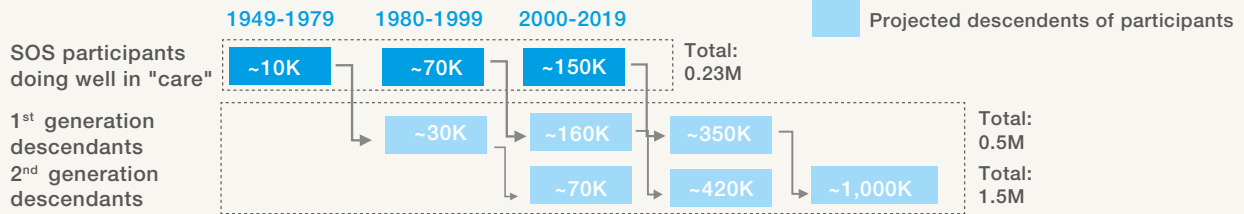
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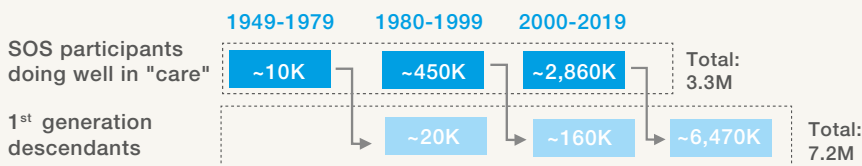
12. ANNEX

Type of support	Currently	Since 1949	Projected INDIRECT impact
NUMBERS OF CHILDREN AND YOUNG PEOPLE IN OUR PROGRAMMES			
FAMILY-LIKE CARE	70,000	255,000	2 million (figure 10) <ul style="list-style-type: none"> Based on 88% of former participants doing well in 'care', considering net birth rates per region (World Bank).
FAMILY STRENGTHENING	330,000	3.7 million	7 million (figure 10) <ul style="list-style-type: none"> Based on 95% of former participants doing well in 'care', considering net birth rates per region (World Bank).
SUB-TOTAL	400,000	4 million	9 million
TOTAL DIRECT + INDIRECT			13 million

Family-like care



Family strengthening



Note: Calculation based on participants in the programme during 1949-2019; calculations based on World Bank data on birth rates and child mortality rates by region

Figure 20: Calculation of generational impact

Key assumptions: a) there is likely to be a positive impact on children if one parent was in an SOS Children’s Villages programme and is “doing well”; b) children are counted if they have one parent who is a former participant; c) only children counted who reach at least age 14.

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