



**TRANSITION OF RESIDENTIAL CARE  
INSTITUTIONS INTO COMMUNITY BASED  
SERVICES IN THE MUNICIPALITY OF SHKODER**



**Save the Children**

**FEASIBILITY STUDY**



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## **FEASIBILITY STUDY**

**Compiled by Bep van Sloten, Consultant**

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Save the Children believes every child deserves a future. Around the world and in Albania, we give children a healthy start in life, the opportunity to learn and protection from harm. We do whatever it takes for children – every day and in times of crisis – transforming their lives and the future we share.

**TIRANA, 2017**

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# 1. Introduction

The Municipality of Shkoder and Save the Children cooperate in a project for the development of family-based alternative care for children who cannot grow up in their own nuclear family. This project aims to pilot services for children and families to assist in the transition process of residential care into family-based alternatives and develop community centres to support parents and prevent placements in care. If a child can no longer be cared for by their parents, the municipality aims to provide a continuum of family based alternative care, including but not limited to supported kinship care, foster care and casa famiglia type residential care.

An international consultant is recruited to conduct a feasibility study of which the results are laid down in this report. This report is meant to serve as a referral document with analytical information, findings, recommendations and costs description that will guide the central and local government institutions in planning and implementing community based interventions with the aim of de-institutionalization of children and development of an effective support structure for families and children.

The findings in this report are based on desk research of national and international reports about de-institutionalization in Albania and Europe, field visits and interviews with stakeholders. Some information was hard to identify and there are still many questions unanswered, because during the timeframe for this report it was impossible to extensively speak with all people identified as important actors in driving the process. In the action plan an important activity will be to include these people and organizations in moving forward.

The study is based on the principles as laid down in the United Nations Convention on the Rights of the Child, that Albania has ratified and implemented in their national legislation, and the Guidelines for the Alternative Care for Children, unanimously welcomed in the General Assembly of the United Nations in November 2009. These Guidelines provide a framework for the regulation and provision of alternative care for children without parental care or at risk of losing parental care. A large part of the Guidelines focus on the provision of services to prevent separation of children from their parents. The key principles of provision of services should be necessity and suitability. Only when necessary children and parents are separated and alternative care offered is suitable and meets the need of the individual child and its best interest and supports the child towards reintegration or permanent alternative care in order to develop his/her full potential. Paramount is to investigate the root causes leading to children being in vulnerable situations and pushing children into the care system and putting in place policies and services to address these instead of removing children from their families and placing them in residential centres. Responses to address the vulnerability will be gatekeeping measures to prevent child abandonment and relinquishment, support to families through a range of family strengthening programmes and a variety of services in the community to support parents in their child-rearing role.

## 2. The methodology

For the feasibility study different instruments were used as sources of information. These were:

1. **Desk research on models of community centres and De-institutionalisation in other countries**

A range of reports from countries in Central and Eastern European countries on de-institutionalisation and the development of community centres to support parents and caregivers in caring for their children are studied and analysed on models that could be contextualised to the Albanian situation and Shkoder in particular.

2. **Interviews with stakeholders and field visits**

Semi structured interviews with stakeholders at national and local level are held and the outcomes analysed. A number of interviews took place in combination with field visits to care facilities and casa famiglia. This assisted in understanding the situation from where answers were given.

3. **Focus Group Discussions with small groups of participants**

In small groups organised with stakeholders a small number of prepared questions are discussed to see what participants see as the main obstacles for the transition process and how they perceive themselves in the new structure. More focus groups need to be organised with children and staff of the residential institutions. Given the stressful situation in Shkoder at the time of the study this was postponed to a later stage and part of the feedback sessions.

4. **Feedback sessions**

Following the first mission a feedback session is organised with a group of stakeholders (directors of the residential centres) in Shkoder. A wider group of stakeholders, including the persons and organisations spoken earlier in interviews and focus groups, will need to be met to discuss the findings in this report at a later stage. Given the short time frame between the start of the study and this report this is part of the action plan.

The results of the four sources of information were first summarized per activity and then subsequently analysed and interpreted for this report. This analysis can be found in this report.

## 3. Goal of the study

The main goal of this study is to provide the Ministry of Social Welfare and the local government with professional information and recommendations on the costs and human resources required, effects to the beneficiaries, obligations from state institutions as well as partnering with NGOs and sustainability in the future, in case the residential care centres in Shkoder are turned into community centres.

The consultant had a number of meetings with key stakeholders to discuss the current state of affairs and identify where the key problems are in planning the transformation of services and promote community based care instead of placing children in residential care centres. In follow up meetings the

initial findings were checked with the directors of the residential centres and the director and social workers of the Directorate for Social Services, Housing and Public Health.

In this report, the process of transformation of services, is explained based on desk work of a number of reports from de-institutionalisation processes and development of community based care in other countries, with special focus on countries that made a similar political transition in the region (Central and Eastern Europe).

The situation in Albania and in Shkoder in particular is laid against these findings taking into consideration recent assessment reports about child protection and social service provision in Albania. The findings from these reports form the underlying basis but are not repeated in this report that is meant to serve as a practice tool for the national government institutions, Shkoder Municipality and Save the Children.

Key message is that the services need to be developed on the ground before children can be moved. Despite the recent problems in the residential centres in Shkoder, it is wise to carefully plan the development of community based services and family based alternative care first so that follow up can be provided for the children when reintegrated into the community to ensure this is a permanent solution and children fall out of their families again.

**Definition of institutional care:** It should be noted that the terms 'institution' and 'institutional care' refer here to forms of residential care without a parent or guardian for longer than three months catering for large numbers of children of 25 or more, or small numbers of children between 11 and 24 in a building often referred to as a 'children's home'. Throughout this report the term 'casa famiglia' is used to refer to small groups (10 or under), which provide high quality, family-type residential care in a normal house the community.

This report is not yet complete, as more needs to be discovered and discussed. The consultant proposes to set up a working group in the municipality as is explained later that will work on the findings in this report and identify the information to write a good plan for the transformation of the services with budget and human resources components. To do that at this stage is not possible due to missing information. The consultant will assist this working group in this task.

The consultant has chosen not to explain into depth the need for transition as the study clearly showed that the importance of children growing up in families and the risk and harm of residential care is well understood.

From the report of the European Commission Expert Group on the transition from institution to community-based care (2009).

The most clear-cut differences in outcomes can be demonstrated in the area of care for children (disabled as well as non-disabled). It is well documented that children who grow up in institutions display appalling rates of failure in subsequent adult life (alcoholism and drug dependency, criminal behaviour, suicide). By contrast, young adults who grew up in foster care tend to integrate into society without appreciable difficulties. There is now increasing evidence that the effects of institutionalisation for children - even where the institutions in question have good material conditions and qualified staff- can include poor physical health, severe developmental delays, (further) disability, and potentially irreversible psychological damage.

## 4. The De-institutionalisation project

De-institutionalisation (De-I) and the development of family-based care is a long-term project and cannot be reached overnight. The process is complex, involving logistical issues, re-deployment and redundancy of personnel, redundancy and re-use of buildings, complex financial investment (capital, transitional and running costs) but most importantly the movement of children from residential care to other placements (family based alternative care) or reintegration into their families. The outcome of de-institutionalisation in some countries is that children have been severely traumatised as a result of ill prepared and misguided deinstitutionalization processes and thus the way the process is implemented is of utmost importance. A movement of children should be meant to improve the services to families and children and should be carefully planned and supported. This report intends to assist the government and in particular the municipality of Shkoder in this process based on the experiences in other countries. As model Save the Children has chosen to make use of the framework as developed by a group of experts, organisations and institutions under the Daphne programme of the European Commission, based on experiences with de-institutionalisation across Europe, and published in 2007, in a good practice guide “De-institutionalising and transforming children’s services”.<sup>1</sup>

For examples from other countries this report focuses on a number of reports published in recent years by different INGO’s<sup>2</sup> in Europe about what has been done and is being done to make the transition from residential alternative care towards family based care. This process started in the 80<sup>th</sup> in Western and Northern Europe where the majority of large institutions are closed and transferred into family-type small group care units and the preferred placement is in kinship and foster care, what is developed as a specialized and well organized system. This transition is made possible through a robust set of specific child and youth laws, standards and regulations, monitoring and inspection mechanisms and qualified and trained professionals and caregivers.

In Central and Eastern Europe the transition started after the political transition and accession into the European Union when these countries implemented the UNCRC and a child rights focused approach into their legislation for the provision of health and social services. Following studies on the harm and risk of institutional care on the development of children and the development and implementation of the Guidelines for the Alternative Care for Children<sup>3</sup> De-institutionalisation is currently a worldwide process and the number of institutionalized children across Europe decreases remarkably since governments, like in Albania, has made this a priority. At the same time service provision is decentralized with the aim to bring the services more in line with the local needs and service provision closer to the people and tailored to their needs.

Twelve Countries in Central and Eastern Europe currently work together in a project called “Opening Doors for Europe’s children” with the aim to close down institutional care for at least 16000 children before 2018. This project follows many projects undertaken by different INGO’s like Save the Children, Family for Every Child, Lumos, Hope and Homes for Children and UNICEF together with government and national CSO’s and NGO’s in the region. Lessons learned from these projects and from the process other countries went through during

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1. A Guide to good practice published by the European Commission Daphne Programme, Directorate-General Justice and Home Affairs in collaboration with the WHO Regional Office for Europe and the University of Birmingham, UK; ISBN: 0704426269 9789704426269; <http://resourcecentre.savethechildren.se/sites/default/files/documents/5995.pdf>

2. See reference list in Annex 2 of this report

3. Guidelines welcomed in the UNGA in November 2009. See for more information [www.alternativecareguidelines.org](http://www.alternativecareguidelines.org)

the transformation can help Albania as a whole, and in the project of Save the Children Shkoder in particular, to carefully plan this transition. The Guide, to Good Practice earlier mentioned, can be used as a reference document and resource for tools to assist in the process in Albania.

Key<sup>4</sup> is to introduce a systems approach to improve the lives of children with a structural reform using modern social work practices including assessment, care planning and case management with clearly defined roles and responsibilities of all actors.

1. Political commitment must be present at local and national level in order to create lasting change.
2. Funding must be available to cover transition and development costs. Such investment allows budgets allocated to institutions to be used after their closure to sustain prevention and high quality alternative care.
3. The know-how must exist in country to implement reforms and make sure change is sustainable.
4. Civil society must play an important role in the planning and delivery of reform and services and ensure that children's voices are heard in decision-making

The most important is that De-I is not an investment of social services alone, but the process is bedded in cooperation between health, education, social security, social services, labour, social housing and child protection. Transformation of services needs to be a multifaceted and multi layered development and coordination of services to prevent separation is key.

**De-institutionalisation is not closing down an institution but developing a holistic system of quality services to meet the needs of individual children and support families and communities to care for their own children.**

Key challenges of deinstitutionalization processes are the replication of institutional culture in community-based services, what for instance is currently the case in Albania where the casa famiglia have to comply with the standards of residential centres and not have their own standards and guidelines, and the long-term persistence of parallel services (failure to close the institution). Conversely, there is also a risk when unrealistic targets and timetables are set and de-institutionalisation is seen as a cost-cutting exercise. Investment funding is required to develop the community-based services to support children and families. Additional costs are incurred during the period where two systems are running in parallel, where community services are being established and the residential centres have not yet closed.

Stakeholders, staff in the centres, the community, schools and even parents and children themselves, fear the changes and need considerable support. It is important that all these stakeholders are involved in the transition and decision-making processes and community-based services must be realised in parallel with the closure of the institutions.

One of the aims of Albania is to transform the current residential facilities into community centres. During the meetings with the Directorate of Social Services, Housing and Public Health it became

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4. Four points from Romania's De-I process. Opening Doors Campaign website

clear that not only the three homes for children without parental care, but also the home for persons with disability is planned to be closed and children and adults living there are to be reintegrated into the community or placed in specialized casa famiglia. This however cannot be the sole responsibility of the Municipality of Shkoder because 85% of the children placed are not from Shkoder and their families live in other municipalities that need to take the responsibility to assess the families and provide support services to them before the children can be moved. Furthermore it is important to realize that from the three centres for children without parental care, two are under the competence of the Municipality (staffing and physical structures) with funding coming from the national government and the home for children aged 3 to 6 is the full responsibility of State Social Services. In this report we include services for children with disabilities and special needs in the process of providing community services to prevent separation. While in the past years the number of children in institutional care decreased (national figure -13%), the number of children with disabilities increased (national figure + 33%).

It is concerning that the national government is reintegrating children without appropriate assessment and allocation of support structures from the institution 3 – 6 years. Assessment of the family situation of two reintegrated children in Shkoder led to great concerns about the safety of the children in their families. This is demonstrating what is stated above that moving children should be the final step in the process and organizing safety and support structures around families the first step.

The report of Lumos<sup>5</sup>: “Ending the institutionalization of children, a progress report, describing the work of Lumos in changing systems of care and protection for children in Moldova, the Czech Republic and Bulgaria” provides good case examples comparable to the situation in Albania.

Apart from Lumos the organization Every Child Moldova played an important role in the deinstitutionalization in Moldova. They published a thorough report about the whole countrywide process that will be quoted throughout this report.

The number of children in institutions in Moldova reduced by nearly 70% because of clear national strategies and policies for reform, consistent commitment and cooperation of all key stakeholders, political support for the reform programme and close cooperation of all government ministries, including health, education, labour, social protection and family and finance. Changes in the legislation are needed to ring-fence finances in residential care and transfer them to community based services, ensuring sustainability of services needed to replace institutions. Important is also the involvement of a number of NGOs working at county level to assist local authorities to implement change.

#### 4.1.1 Finances

If we look at the situation in Albania the financial component is important. In Moldova the financial support shifted from financing institutions towards community based services. In many countries the principle is that the money follows the child and during transition the funding used for a residential placement can be used for after care support for an agreed period of time, what allows social workers to follow up and monitor reintegration and provide support services from the community centres. In many countries with the transition and decentralization of services, the budget is also

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5. Lumos is founded in 2005 by the author J.K. Rowling, (Harry Potter books) as a charity with the aim to end institutionalization of children globally by 2050.

decentralized and national governments make clear budgetary agreements with the municipalities and agree shifted responsibilities on management and monitoring of services in line with where the money comes from.

In Albania the funding comes from two different sources: residential care financing from the national ministry budget while the municipality is expected to finance the development of community centres from the locally generated budget.

**For example:**

The Ministry provides per beneficiary 6 – 18 years placed in residential care in Shkoder per day an amount of 2035 LEK. The moment the children are reintegrated into their families these costs are reduced at the national budget, but do not come to the municipality to finance support services. In the age group 6 – 18 there are 5 children with families in Shkoder, the others are from other municipalities. If we follow the example of Moldova the money would follow the child and Shkoder would have 10125 LEK per day for provision of support to families. From this budget they could serve more than 5 families with preventative services and ensure that through gatekeeping measures no new children nor reintegrated children fall out of the system and enter the institutions again.

NGOs, like Save the Children and Terre des Hommes are involved in assisting the municipality of Shkoder and finance part of the development of new services on project basis (not structural). They should closely cooperate together and with other NGO's working with the national government on the deinstitutionalization agenda and advocate with the Ministry to allow local government to use the money currently used for the residential placements to finance reintegration of children into the community and develop family based alternative services.

It is remarkable that for foster families only around 9000 LEK (70 Euros) are provided per month what is not enough to cover the costs of the child, let alone provide for support services for the foster families. This hinders the recruitment of foster parents and limits the possibility to open up for foster care to only wealthy people. At present the costs for Casa Famiglia are completely provided by external donors. The national government investigates how to provide funding from state budget and outsource the services to NGOs. It is good practice in other countries to provide an equal amount for children placed in groups and in casa famiglia type of residential care to cover costs of buildings and staff. This helps to promote and sustain family based care for children over group care. Albania needs to develop a budgeting system that no longer depends on foreign funding in the long term as such funds are uncertain and not sustainable in the future.

#### **4.1.2 Children from all over the country**

One of the complicating factors is that children in the residential centres not only originate from the town where the facility is based, but come from all over the country. In Moldova and Bulgaria work was to be done all over the country to develop services before institutions could be closed. This counted for all institutions but even more so for institutions for children with disabilities that are often concentrated into one municipality. This requires leadership from the national government and funding to all municipalities where the children, currently living in residential care come from. Close cooperation between municipalities is needed to ensure appropriate case management of cases cross border.

Knowing that in Shkoder only 5 of the 27 children (6 – 18), 6 of the 11 children (3 – 6) and none of the children (0-3) currently placed in the three residential facilities originate from Shkoder this

is an important issue to be considered. (Data September 2016). Not only in Shkoder community centres and social services should be developed close to the communities, but all over Albania so that the children in the residential facilities and their families are supported and monitored after their transition. Additional to this the question should be answered who is responsible for the case management of children and their families when a child from outside Shkoder is placed in a residential home in Shkoder. In many countries the case manager comes from the residence from the family, in this case municipalities outside Shkoder. They should, in the case of regular review of the case investigate what the future of the child and family are and what services are needed to promote reintegration or to provide the child with permanent alternative care i.e. placement in foster care or casa famiglia. They should arrange payment of the placement and support and supervision of child, caregivers and birth family. This issue is to be discussed and agreed upon before moving the children.

### **4.1.3 Staff of residential centres**

One of the key challenges is the redeployment of staff of the residential centres. It is important to involve all staff in the transition process to avoid or minimize resistance. If staff members are resistant, and the study shows they are, they act this out in their behaviour towards children who are already uncertain about what will happen to them as soon as the deinstitutionalization process starts. Because not all children can be reintegrated at the same time, the period of transition is asking for continuous contact with and involvement of children and staff. Staff will need to be assessed and retrained and redeployed. And if the assessment shows that they are not fit for a new job in the new structure a system should be in place for them to be provided with additional redundancy payments to help ease the process.

Training of staff needs much attention. Not only because most staff members, and caregivers in particular, do not have a special education for their job, but also to prepare them for new functions and to ensure that they are prepared to help the children cope with all changes in their lives and they can be active members and advocates for the children in the multidisciplinary teams that take decisions.

### **4.1.4 The Facilities: buildings and locations**

In the de-institutionalisation process governments are faced with buildings, often not appropriate for alternative use. However there are good examples on how the large children homes are converted in apartments for young, single mothers and their children. The mothers receive job training and are helped to find work (Hungary, Romania). In Romania one of the largest children homes in Bucharest houses currently day-care centres for different groups (small children, children with autism spectrum syndrome), offices of NGOs and facilities for training and research.

In Shkoder there are three residential facilities organized according to age: 0 – 3, 3 – 6 and 6 – 18 years and one facility for people (children and adults) with disabilities. With the decrease of children in residential care, the buildings are currently only half in use for permanent residential care for children. The residential buildings host currently other services, like day-care, shelter for street children, development centre (Home 0-3) and there are plans to use space for other services like community centres. The residential centre 6 – 18 is partly not in use and the home 3 – 6 is nearly empty. The residential centre (development centre) for persons with a disability is not visited in the scope of this study but needs to be part and parcel of the plan for De-I. This houses both children and adults and family based care in casa famiglia and for children foster care is necessary for this group, as many may need long term alternative care.

The Directorate of Social Services, Housing and Public Health plans to have in total five community centres in each of the administrative units of Shkoder urban area and seven in the rural area. Plans for two are made and the others are in the pipeline when finances allow. The residential centres should be reused for services and may serve as one of the five community centres. Start is made with the centre for 0 – 3 where already a day-care centre for Roma and Egyptian children is located, a shelter for children and women victims of violence and a development centre for vocational training and work for women with an impairment.

The municipality also plans for a resource centre from where professionals are receiving training and information where all professionals will have access. They will also develop protocols of work and standards in order to oversee the licenses of all services providers and monitor their activities against the standards as set by the municipality. Mapping and network with all NGOs and Civil Society Organisations is needed to identify not only the licensed (by Ministry) services but also those providing social support without a license. The municipality will take a leadership role in the process. In one of the meetings the Municipality shared their desire to have the residential centres closed by 2018 what looks very fast given the problems identified and the fact that the provision of support to the families of the currently placed children lies with many partners and municipalities and the system for the case management and support to families between municipalities is not yet formalized and organized. This needs to happen before children can be moved and residential centres closed. It is recommended to transform the centre 6 - 18 into small groups and family units (like is the case in the centre 3 – 6) so that children have key workers they can learn to trust and can be cared for more age grouped to prevent problems between the older and younger children and between girls and boys although this will never solve all problems.

Most important is that the municipality has sufficient resources (human and financial) to develop the infrastructure for gatekeeping and strengthening and supporting families to care for their children and develop family based alternative care (foster care and casa famiglia) before the national government orders the closure of the institutions. It is also important to clearly define responsibilities and management of individual cases between different authorities (national and local).

#### **4.1.5 Advocacy**

A key component of change is a change in attitudes of the general public and policy makers away from the acceptance of the use of residential institutions.

Poverty, identified as the main reason of admission in residential care, is a significant underlying reason for children across the world to end up in institutions. In Albania this is not different. Many parents struggle in providing food, housing, medication and access to education for their children and are led to believe that placing them in a children's home is a positive choice that will provide them with a better future. If these underlying societal problems are not adequately addressed, children will remain to suffer and end up on the streets begging or contributing to the family income with selling small goods to care and public. That can never be the purpose of reintegration and thus if de-institutionalisation is undertaken, the potential of families and the services available and offered to them are important.

In Albania the government and State Social Services have a de-institutionalisation approach and admissions to institutions have decreased due to better family planning, acceptance of children born out of wedlock and abandonment has dropped because of more abortions. In the discussion

with the directors of the facilities concerns are shared that, because the social administrators are not trained social workers, poverty is addressed, but child protection issues are not sufficiently addressed and children are left in situations where their rights are violated because support services and family based alternative care are not available or accessibility is still limited. This is also a fear when reintegration is undertaken without the appropriate support provided to parents. With the reintegration started the drop-in centre in Tirana reported a growing number of children in street situations not prepared or willing to open up for support.

A smaller percentage of children have been placed in institutional care as a consequence of orphan hood, neglect or abuse. Although care outside of their birth or extended family may be necessary and in their best interest, children homes are not the answer and family-based alternative care like foster care and casa familia be the best place for these children to grow up in. These two forms of family-based alternative care are in development in Albania but the numbers are limited. In Shkoder there are at present only three foster families, lacking the support services they would need, and eleven casa famiglia that are fully occupied and cannot take in more children.

Advocacy is needed to get foster care and casa famiglia better regulated at national level so that Shkoder can develop and expand the advocacy agenda they have made. Standards and policies are developed by State Social Services but not yet approved by government decision and thus not operational.

From the report of Every Child Moldova:

The theory of change at that point was about linking practice development at local levels (the development of services and assessment of institutions and deinstitutionalisation) with policy development at national levels; cost-benefit analysis, residential reform strategic planning, human resource development to support the reform; and fortifying the communication and advocacy efforts to prepare the ground for change. In doing so, children, families and professionals were supported to take part in making change at local level, and thus influencing change at the national level.

## 4.2 Development of community centres

### 4.2.1 Functions of the community centres: what model to use?

**Community centres** are public locations where members of a community tend to gather for group activities, social support, public information, and other purposes. They may sometimes be open for the whole community or for a specialized group within the greater community.<sup>6</sup>

Community centres should be based in the community, easy accessible and open for all community members. In many countries these centres serve as the cornerstone for preventative services such as:

- Day care for children below the primary school age and Early Childhood Development activities.
- After school services (home work, recreational services and support services for children from difficult backgrounds (empowering and development stimulation activities).
- Day care centres for young children, children with special needs like disabilities, psychiatric disorders or autism what makes it hard to integrate them in normal education.

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6. Wikipedia

- Health care services to monitor growth and development of all children 0 -12 years.
- Parenting support services: walk-in centre for consultation (parenting advise). Parenting courses for groups of parents.
- Social work and social administration
- Call centre to report cases of abuse and neglect with a follow up system (medical and social work) and a child helpline where children can report and ask questions.
- Short-term emergency care unit. (Children taken out of home or from the street in an emergency situation)
- Mother and baby unit (to prevent abandonment and teach them parenting skills)
- Rehabilitation services: physiotherapy, speech therapy, play therapy, psychotherapy etc.

### **ACTIVE Family Support**

Hope and Homes for Children developed a model called ACTIVE Family Support aimed at strengthening families at risk of separation. The model enables targeted support in five integrated areas – relevant to child wellbeing and builds on the family’s strengths, whilst identifying the areas that make them vulnerable. These include living conditions, family and social relationships, education, physical and mental health and household economy. The key to this approach is that each intervention is building on individual strengths, addressing needs and circumstances, and empowering children and families themselves to contribute to their success.

The model allows for the identification and documentation of clusters of needs at community level that might lead to the institutionalisation of children, and addresses these by **developing targeted services accessible to the whole community**. The nature of the services varies from one community to another, ranging from emergency support for families, Mother and Baby services (where the most vulnerable young families can receive support without mothers and babies being separated), or Emergency Reception and/or Foster Care services where children at risk of neglect or abuse can be placed on a short-term basis. Other services provide support that helps parents to look after their families, including access to parenting skills, counselling, conflict resolution, financial aid, legal aid, access to social welfare, as well as facilitating access to other existing services. A Day Care service offers a safe environment where children can learn and play while their parents find work. Meanwhile, life skills training can give adults the skills and encouragement they need to keep their families together – vital if the parents themselves grew up in institutions and have found it difficult to adapt to family life.

In many areas Hope and Homes for Children worked with local communities to develop **Community Hubs**. These are resource centres that provide a wide range of services according to local needs. Community Hubs help to break down barriers and encourage members of the community to support the most vulnerable families.

The Department of Social Services in Shkoder cooperates with Terre Des Hommes in developing a pilot community centre. The project plan and the model draw on three key pillars: health, education and social services. It is important that this model is piloted and financed in such manner that the investment of the funds leads to sustainability and replication in other areas. Looking at the ACTIVE family support model of Hope and Homes for Children there are many similarities and an important component is that the services are addressing the needs in the given area.

Because the project plan for the centre with Terre des Hommes is in development at first only the idea was shared with the consultant in June 2016. When the place for the centre was visited in September 2016, it became clear that the first staff recruited were lawyers and a psychologist. Although it is important to have a multidisciplinary team, social workers should be the ones starting a community centre. They are trained and skilled to develop services and assess needs in communities. Human Resources should be high on the agenda and the qualities of social work professionals well invested. Contact between the Municipality, Save the Children and Terre des Hommes is needed to stem all ideas together and ensure that plans complement each other.

Since the restructuring of the country into 61 larger municipalities, Shkoder has expanded. The population doubled and the covering area changed from 100% of population living in the urban area towards 50% where they have an enormous area to cover with ten previous “towns” added to their responsibility. The local government is faced with this large area where there are no services on the ground and school facilities in very bad circumstances what even might force them to bring the few children from certain communities to the urban area to get basic education. The population is living in mountainous and remote areas with few families in small communities what will make it hard to bring all needed services to them what asks for a clear mapping of most urgent needs, poverty being the most obvious, to address these and ensure that families are appropriately supported.

The Department declared that it is planning to do a mapping of vulnerabilities as to adapt services in a certain area to the identified needs in that area. Another important activity is to map the services provided by NGO's and CSO's to link clients to these services instead of developing them as government and create overlap. The services provided by, for instance, SOS Children's Villages in supporting the most vulnerable families can be explored and expertise used. Government will never be able to provide the level of intensive services and work with one family they do and thus close cooperation with the NGOs and CSOs needs to be established and carefully monitored. It is also important to assess long-term sustainability of all project related services and to identify expertise and services that the local government could outsource to (“buy” services from) NGOs and CSOs. This will ensure that existing knowledge, experience and contacts are capitalized and in outsourcing quality criteria and standards can be monitored through reporting mechanisms built in outsourcing contracts. This will also guarantee that government can oversee needs and service provision and collect data and information for their own planning, monitoring and evaluation.

The Municipality will ensure that not only in Shkoder urban area community centres are developed (5) but also seven (7) in the rural areas. The first two of these to be developed this year are planned in Dajc and Guri I zi. The budget for this development, 5 in urban and 2 in rural areas are in place for 2016. With this 65-70% of the population is covered. The remaining 35 – 30 % live in very remote areas covering 93% of the territory of Shkoder! It will be hard to assist the people living in these 30% and they will continue to travel to the town for services.

For 2017 the development of the other centres depends on the mapping and the budget available. The Department has to come up with a good plan and their new central staff members, tasked with this started working in September this year. This makes planning at present challenge.

The model for the other centres depends on the needs mapping of the location earlier mentioned. Important is the accessibility of the community centre and its family friendly atmosphere. The municipality intends to also use the home for 6 – 18 years old for this purpose but that will require

many changes in the set up and construction of the building. Cost effectiveness is an important factor to be considered here.

It is advised that the plan for the further development of the community centres be discussed once the issue around responsibilities and finances between the Ministry and the municipality are solved.

#### 4.2.2 Staff

Important in the development of the community centres is the recruitment of social workers. Shkoder municipality intends to have social workers/psychologist etc., in all the centres they develop, what is a key component for success and also helps the Department at municipality level to focus on policy making and monitoring instead of direct social work, what is currently the case. It is important that these social workers receive additional and on-going training in child protection and alternative care. The standard bachelor or master education in Albania is not yet providing this sufficiently and the project of Save the Children/Terre des Hommes on the development of alternative care aims to do this. Another important issue, to budget for, is the cooperation between the social workers and the intervision and supervision during the development of the new services in order to prevent working in isolation, especially in the remote areas, and lack of quality. Currently the supervision task lies with the alternative care specialist. The specialist contracted by Save the Children from Foundation Bethany gives training. It is important that this will be a permanent activity and budgeted for by the municipality in the future.

From the report of Every Child Moldova<sup>7</sup>:

Through the project EvC brought increasing focus to the importance of strategies aimed at building the social work capacity of local staff through training, including child/family assessment and case planning and management. These were the days of the first social workers in Moldova. The social workers for the ECHO project were recruited from the existing government structures, trained, and continued to work after the project ended. According to EvC, the project significantly contributed to the acceptance of family support services in the regions where it was implemented because of the capacity building. The project worked at Ministry level in several ways: building capacity of government to define and develop relevant legislation policies and strategies to better protect vulnerable children and families; strengthening the capacity of Local Administrations to plan and deliver child protection services; and strengthening the technical capacity of front-line social assistants to assess the needs of children and devise appropriate intervention plans.

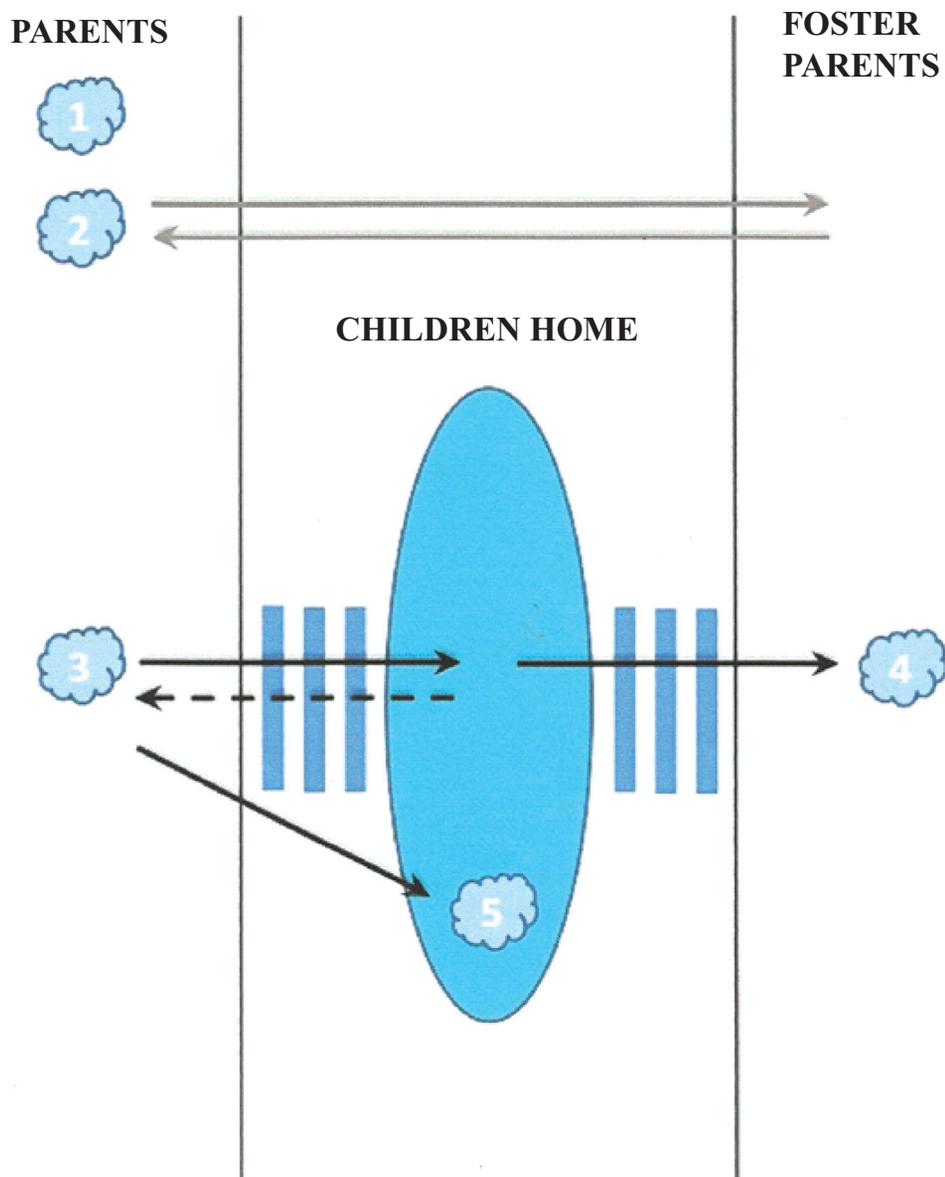
The focus in Shkoder is on the training of social administrators and their capacity to not only administer financial needs but also to identify child protection cases and report these effectively to the Child Protection Unit (CPU) and health issues to the health services etc. Cooperation and close ties between the different professionals working in the network around the community centres will ensure that holistic support is provided and not only poverty is targeted with cash transfers from the social fund/ social security sector.

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7. EveryChild and Partnerships for Every Child Moldova (2013) EveryChild Moldova's Programme Experience: Improving Children's Lives Through Deinstitutionalisation. EveryChild, London.

## 5. Overview of new transformed services from residential to the community-based centres: typology of services.

The continuum of care can be visualised in the picture<sup>8</sup> below:



1. Children grow up in their own supported families, with their biological parents or with kinship caregivers.
2. Children needing (temporary) alternative care outside their families are placed in screened, trained and licensed foster families. When possible the children reintegrate in their (extended) families and otherwise grow up with foster parents permanently.

8. Model designed by Ljiljana Nicolich and René de Bot, The Knowledge factory

3. Children needing (temporary) alternative care are placed in short term residential care with the aim of reintegration in their own (extended) families or permanent placement in foster care.
4. Children grow up with foster parents until they grow independent. Preparation for independent living is supported with special services.
5. Children needing long term alternative care who cannot be placed in foster care are placed in casa famiglia type residential care or small group care for children.

**1. Children grow up in their own supported families, with their biological parents or with kinship caregivers.**

In accordance with article 18 of the UNCRC States have the obligation to support parents in their childrearing task in order to ensure that parents are able to care for their own children. This includes but is not limited to provision of a social protection system to prevent that children grow up in poverty and parents can provide their children with a healthy, nurturing environment, let them attend school and stimulate them to develop into healthy adults. The community centres offer services for all parents via in-house services (community centres) or via an appropriate and accessible referral system to services provided by GO, NGO and CSO service providers. These services are accessible for all parents and social workers are pro-active in identifying the most vulnerable groups and involve these groups in the service provision. Most vulnerable are children with special needs, children from minorities (e.g. Roma communities) and children living in remote areas or growing up with single parents or broken families. Community centres not only wait until parents come to ask for help but also are pro-active and engage with the community to ensure that all children in need are targeted. See chapter 4 for further explanation.

**2. Children needing (temporary) alternative care outside their families are placed in screened, trained and licensed foster families. When possible the children reintegrate in their (extended) families and otherwise grow up with foster parents permanently (see under 4).**

Children found in need and in situations where their health or development is in danger are referred to the Child Protection Unit. The Unit is organised at municipality level with social workers decentralised in the different community centres doing the assessment of the families and identification of their needs. If these needs cannot be met with support to their own family or placement with kinship caregivers the case is referred to the alternative care specialist who has to find the child a placement in foster care. A pool of foster parents is available to receive the children at short notice: emergency and short term foster care. These foster parents are trained specifically to work with the social worker, the psychologist and the biological family on the care plan for the child in order to reintegrate the child in the family and be stand-by during reintegration. Conditions to make this work are:

- An operation and well functioning foster care system with a specialised social worker, psychologist and database/family register for foster parents
- Trained staff to recruit, screen, train, support and supervise foster parents in their task
- A good matching structure with clearly defined indicators to identify the suitability of children for placement in foster care and profiling of children and foster parents to ensure appropriate matching. The family register/ database can be a tool to assist although matching needs trained social workers to oversee the “human” aspect.

- Case management system for foster care with appropriate forms, care and support plan models and reintegration plans. Decision making structure with multidisciplinary teams to ensure that all voices are included.
- Child and (foster) parent participation guaranteed in all decisions that affect them.
- Appropriate support system for children, foster families and biological families. Support to foster parents is provided individual and in groups where peer support is facilitated. This support includes on-going training, especially in managing behaviour and understanding and addressing trauma.
- Standards and Guidelines for foster care service provision and for foster parents
- Monitoring and Inspection both for foster care service providers (GO and NGO) and at case level.
- On-going support services and good transition of support via integrated social services provided to biological parents after reintegration.
- Financial support to cover the living costs of the children in care of foster parents and provision of support services like therapies to overcome trauma and treatment and medical aid for children with special needs.

### **3. Children needing (temporary) alternative care are placed in short term residential care with the aim of reintegration in their own (extended) families or permanent placement in foster care.**

For a group of children foster care may not be an option. This is the case for instance for children living or working on the streets, teenagers with challenging behaviour, children severely traumatised and taken out of home during emergency actions (arrest of their parents, identification of severe abuse and neglect etc.) and children needing specialised health care. These units can also serve for children whose parents refuse their placement in foster care as a preparation for return home or sensitising the parents for placement in foster care. The placements are meant for transition and groups need to be carefully managed and organised. It is important to have specialised groups for different age groups and for different target groups who need specialised attention. Children who lived or worked on the streets do not easily match with small children who were abused at home or with teenagers with challenging behaviour. During their placement in small emergency or short term units these children need to be carefully assessed, assisted in dealing with trauma, re-socialised etc. Extensive work needs to be done with their biological families to see if the children can be reintegrated within a reasonable time frame. The younger the children are, the shorter the period they can be “waiting” for their parents to recover and thus measures are to be taken to make the decision to place the children in long term families to ensure their healthy attachment. Caregivers and workers in these facilities need specialised training to observe the children, manage their behaviour, help them overcome the traumas and guide them in the transition period they are in. The current staff of the residential homes will need extensive training to be able to provide such service and there must be psychological support available of psychologists and therapists to help the children.

### **4. Children grow up with foster parents until they grow independent. Preparation for independent living is supported with special services.**

Children that cannot be reintegrated need permanent placements in foster care what may lead to either adoption or to children growing independent in their biological families and be supported

towards independent living. The conditions listed under 2 also apply here but the characteristics of the foster parents differ. They have to be able to cooperate with or recognise the role biological families in the lives of the children but they must be willing to make the children full members of their families and in the case of small children in Albania this often leads to adoption. In any case they will become the primary attachment figures for the children and have to provide them with a nurturing family where they also belong to after they have grown independent. In Albania this will mainly be available for the group of children under the age of 12 and thus asks for long-term commitment of foster parents. The state is required to support these foster parents and provide them with the means to care for the children until they are independent. This includes special preparation programmes for teenagers and after care support services (e.g. social housing and adult support services once they have become 18+)

#### **6. Children needing long term alternative care who cannot be placed in foster care are placed in casa famiglia type residential care or small group care for children.**

Children, who need alternative care and cannot be placed in foster care for different reasons, should be placed in casa famiglia in the community. The current buildings are unsuitable for the housing of such permanent groups. The reasons for this are that they are stigmatising and still institutions. These children need to learn to stay/become members of the community and would do much better in the casa famiglia. The municipality could see that they rent an apartment (or more if necessary) in the community and place the children in small and carefully composed groups. It is important to place siblings together but also to separate the smaller children from the teenagers and boys and girls separated when teenagers. Long term residential care will be probably the best option for older teenagers but needs to comply with certain criteria:

- Groups are 6 – 8 children (max 10) in a normal house or apartment in the community
- If possible the groups have fixed caregivers who can act as role models and attachment figures. Ideally they live with the children or there are few working in shifts and provide the care in a family-type manner.
- The caregivers ensure that children build a network in the community, for instance in recruiting a significant adult or respite foster family who can be their mentor/ supporter after they turn 18.
- In the casa famiglia we identified a blockage of young adults not leaving the home because they could not cope outside. This shows the importance of a preparation for independent living programme and after care support. It also shows the importance of the network building so that the young people can manage in the community as adults.
- Links with the biological (extended) family are maintained or re-established to ensure that young people become not isolated and lonely after reintegration.
- Care is provided according to an individual care plan that is regularly reviewed and the children are involved in this review. Psychologists and therapists are available to assist the children understand their past and define their future. Life books, memory boxes and programmes to help them understand their life history are made with them.
- Children and young people should be involved in decision making: a youth panel or children's council or casa famiglia meetings should be organised regularly to discuss the situation in the house, the joined responsibility for the conditions and atmosphere in the home and the chores and other tasks that make the group a "family".

## Problems identified in Albania and Shkoder Municipality

Given the timeframe of this study and the fact that not all identified stakeholders were able to speak with the consultant this list is not exhaustive and should be discussed further in focus group sessions. Identified problems are described according to the same numbering above:

### 1. Supported families in the community

- Budget is not available to develop all needed new services in every location in the municipality. Although part of the municipality budget, still external funding from (I)NGOs is needed. In the long run more budget is needed, also from national budget (social fund).
- The referral system is not accurate and up to date. There are many small project driven NGOs and CSOs that do not cooperate and work in isolation for a small target group. There is overlap and organisations develop, sometimes expensive, services that cannot be replicated locally.
- Most NGOs, according to the mapping of State Social Services, are located and provide services in the urban area. The rural area misses services and people live isolated with problems not yet identified and addressed.
- There are insufficient trained social workers and specialists to address the issues identified.
- Decision making in court is slow and judges and prosecutors are not specifically trained for child cases that is part of the civil cases and dealt with by all available judges. This hinders reintegration and legal follow up.
- Monitoring of reintegrated children is lacking.
- State Social Services have insufficient staff to do their task sufficiently.

### 2. Short term foster care

- The foster care system is in development but not yet operational. The children currently placed in foster care (only 3) are with people who have chosen specifically for them and are assessed and trained after they were matched.
- For short term foster care you need special recruitment campaigns to identify suitable people willing to invest their time and energy for challenging placements and prepared to cooperate closely with biological families and long term foster parents/ adopters.
- To speed up the process training of social workers and recruitment of staff is urgent and the initial training provided by Foundation Bethany needs follow up to keep participants motivated.
- Budget is not in place to find foster parents for short term foster care what asks quite some investment of time and energy of foster parents. The money is not covering the costs of a child and should be increased. The money currently spent on residential care should be shifted to equip municipalities to develop and provide foster care services. In the long run foster care can be 50% cheaper and provide better outcomes but the development asks for investments and should be budgeted for in coming years.
- Court procedures are too long what block the possibility to place children in short term or emergency foster care. The new legislation should provide for this service and enable the regional office of State Social Services to place children with families and have time to monitor such placements to ensure that children are safe. This requires clear standards and monitoring procedures with clearly identified roles and responsibilities.
- Recruitment of foster parents for short-term placements for older children, sibling groups and children with special needs is only possible when short term foster care is better regulated and supported.

### **3. Short term residential care**

- The current facilities need restructuring to make small emergency units and family type group facilities for short stay
- Staffs are not trained for the new task in short-term care and participation in multidisciplinary teams to ensure smooth transition of children towards reintegration or foster care.
- Staffs are uncertain about the future and resistant towards change, especially because recent problems in the residential centres, the many inspections and mapping teams and the lack of information about new system planning.
- There are insufficient trained social workers to do case management essential for provision of short-term stay in residential care.
- Assessment of children and their needs asks for knowledge and skills what is missing and when in place the identified problems need to be addressed. There is no referral system in place for specialised services to help children overcome trauma and provide therapy in order to prepare them for transition.
- Because the community centres and the foster care services are not yet functional, services are not available to support children towards new placements short stay cannot be guaranteed and results in long-term residential care. Support to biological families is not provided to prepare them for reintegration

### **4. Long term foster care**

- See under 2.
- The current regulations for foster care are bureaucratic and procedures take too long. The criteria are too rigid what exclude probably interested people that could be trained to become foster parents for certain children who are now left in residential care. Especially for babies and toddlers this is unacceptable and damaging their development.
- The recruitment campaign started while the follow up was not sufficiently in place and people showing their interest, are discouraged what can have a negative effect on other people to come forward. Activities should be put on hold until the system is developed or quicker procedures and more action is needed to keep people who show interest motivated, assess and train them and place children with them.
- Key advocacy should be on the court procedures and people working in court (judges and prosecutors) to ensure that they prioritise special child sessions as soon as this is desired and they are not put on hold and treated like any civil case. It is also important to set rules about the procedure.
- Programmes for transition from long term foster care towards independent living should be in place and organised in line with the after care services for children who grow up in residential care.

### **5. Long term residential care**

- The current facilities are unsuitable and thus additional casa famiglia homes need to be rented. Budget for this is only available if the national government recognises the change and shifts the budget from the current facilities to the casa famiglia and the local government is willing to invest in the rent of housing.
- Casa Famiglia are not yet specifically regulated and need to comply with the standards and regulations of large children's home what is not possible when a family model is followed. Standards and Guidelines, procedures and structures are to be developed. State Social Services is working on this (planning December 2016)
- Casa famiglia placements are not funded by the national government. When children are

placed in the current NGO's who provide the service these NGOs pay the costs for the child from international donors and sponsors what is not sustainable.

- Current staff is not trained for the shift and a new role as casa famiglia caregivers. Training is needed before such care can be offered.
- The referral system is not in place. The current casa famiglia are independently providing psychological and therapeutic services. Finances for these are not in place and come from external donors and sponsors.
- Appropriate case management is not in place for placement in casa famiglia. The current casa famiglia operate on their own and involvement of the CPU social workers seems to be delegated to the social workers and psychologists in the homes. The role of the regional State Social Services office is not clear with regards to regular review of care plans and contact with biological families of the children.
- The issue of children currently placed in Shkoder with families in other municipalities needs to be solved and structures in place to manage cases in order to ensure that biological families can play a role and children can be reintegrated into their families.
- The current casa famiglia struggle with children that cannot be reintegrated into the community, and are blocked with young adults not able to live independently. Programmes are to be developed to prepare them with social housing and (protected) labour opportunities or on-going support for young people who study and want to complete their education.

## 6. Recommendations

To address the problems identified above a ranking is made in order to act as a framework for action rather than just a listing of recommendations. A table follows the description with actions set out against a proposed timeframe as a starting point for the working group. Much is still to be assessed while the work progresses.

### De-institutionalisation

#### 1. Consultation process

It is important that the consultations on national and local level take place during the same period and the planning of transforming the homes is done in cooperation between Ministry, State Social Services and the Department of the municipality to prevent what happens at present: assessment of families **after** instead of **before** reintegration.

##### a. In Shkoder

- Once the municipality has sufficient staff to carry out the tasks for reintegration of the children of Shkoder in their communities, consultation should take place with all those who will be involved in the closure/ transition procedure. The directors are already included in this process; the next step is to include all staff and the children themselves in a sensitive manner. This will reduce resistance and in any case help to address resistance appropriately and get their cooperation.

##### b. At National level

- Where one of the important problems identified is the relation/ role and the responsibility between the national government and the municipality, it is important that the plan is

discussed and stemmed with the de-institutionalisation plan as prepared by the national government and UNICEF.

## 2. Projection of required services

- A. An updated stock and flow analysis is needed about the number of children and the reason for their placement in care for the children coming from Shkoder municipality, to identify what services are needed. The stock and flow analysis done in 2014 by Peter Evans (UNICEF) forms the basis and can be updated with the currently placed group.

This will provide information for the projection of needed services:

a. **Prevention/ Gatekeeping:**

- Where geographically there is a need for day care, counselling and other family support services.
- How many emergency placements are required each year and over what length of time

b. **Placement:**

- What alternative care placements are needed for the children currently in the facilities who cannot be reintegrated in their own families, and what is to be expected in the coming years
- What is the type of foster parents to recruit/ short term or long term and how many casa famiglia to establish?

B. **Children from other municipalities**

Agreement with State Social Services and national government for the placement of children not from Shkoder, who cannot be reintegrated or placed in alternative care in their hometowns. It must be clear if they are to be placed in foster care/casa famiglia in Shkoder and if so, clear agreement about roles and responsibilities for case management and payment of these placements is to be reached with the municipalities where their families are living.

## Projection of running costs for future services

Once there is a plan and projection of running costs for the new services (what is still to be done), it is possible to compare this with the running costs of the current institutions. In the long run this may be cheaper but the investments needed for the development of services need to come from the local budget and funds from NGOs. It is important to know what is or could be available in the coming three years. This budgeting could, with the currently available information, not be done by the consultant and is thus part of the action planning.

This will provide the basis under the lobby and negotiations with the Ministry for budget shifts from the institutions towards development of services in Shkoder and in the municipalities where the children come from.

Shkoder will invest own and fundraised budget in the development of prevention services and community centres as a gatekeeping measure to prevent new inflow in residential care. Shkoder and Save the Children are investing in the development of family-based alternative care.

It must become clear who will invest in the reintegration of the children currently in the children homes and pay for the development of alternative care placements for them (foster care, casa famiglia) and for new admissions until the homes close.

## **Projection of capital investment required for the development of new services**

The needs of the children are cross- and multi-disciplinary. They cannot be met only by services from the Department of Social Services, Housing and Public Health. They involve partners from each of the relevant disciplines: health, justice, police, education, labour and both local and national stakeholders. It is important that all these partners are involved and thus the mapping of service providers and services is key.

## **Assessment of all children**

An assessment needs to be done of each and every child currently residing in one of the three facilities. This should include an assessment of their current (extended) family situation and the network of services available in the town where their families are living. This requires cooperation with all municipalities from which children are placed in Shkoder and State Social Services who placed the children.

Care plans and possible reintegration plans needs to be carefully prepared before any child can be transferred to another placement. This requires agreements about the management of the case and how a reintegration plan looks like and sufficient human resources to speak with all involved, including the children, and agreements with CPUs from other towns.

## **Proposing a timeline and action plan: composing a working group**

Based on the information gathered under the headings above a working is to be composed to manage the closure of the residential homes and an action plan with clear timescale to be made. For Shkoder it is advised that the working group is composed of the Director, the alternative care expert, the child protection expert, representatives of Terre des Hommes, Save the Children, (SOS), the directors of the residential facilities, Finance department and State Social Services. This ensures that based on all information gathered they decide and oversee all activities in relation to the closure and development of new services. The European good practise guide provides detailed information and forms and guidelines on all actions to be taken and lead by the working group.

At present this work is done by the Department of Social Services on top of their other duties and it is important that sufficient time is freed for the planning of the new services and the careful closure of the residential centres and that they have the authority to take decisions and plan actions.

It is important that this becomes part of the advocacy agenda with the National Ministry and State Social Services and the discussion around budget ring fencing is done so that the working group knows their starting position.

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9. A Guide to good practice published by the European Commission Daphne Programme, Directorate-General Justice and Home Affairs in collaboration with the WHO Regional Office for Europe and the University of Birmingham, UK; ISBN: 0704426269 9789704426269; <http://resourcecentre.savethechildren.se/sites/default/files/documents/5995.pdf>

The task of this working group will include but not be limited to seeking the approval of all parties at local and national level, minimising resistance and involvement of the local community, seeking sufficient funding, building a monitoring and evaluation process and ensuring that no other party takes steps (for instance moving groups of children unprepared) or develops services without the working group knowing and be involved in.

## Development of new services

### Community Centres

#### Working group: informed planning and cooperation with all stakeholders

At present the development of the community centres is part of the work of the Department, already overwhelmed by their social work task. The pilot is undertaken together with Terre des Hommes. There are all kind of ideas what to develop but it is advised that this becomes part of a more thorough planning in the working group as described above. That will ensure that no plans are made and services developed without appropriate, overall and informed decisions by a team that oversees the whole process and is in contact with all disciplines and service providers. A database for the mapping clients receiving services will be developed with assistance of Save the Children.

## 7. Advocacy plan

This study showed a number of issues to address in an advocacy plan.

### A. Lobby and advocacy for Regulations and Policies

1. Clarity of roles and responsibilities and finances
  - a. Roles and responsibilities with regards to responsibility, monitoring and decision making between national and local government.
  - b. Different finance streams: national and local government.
  - c. Children in the care centres from other municipalities and the need for cooperation and clarity of responsibilities and financing.
  - d. Courts need to prioritise cases for children and speed up the process of placement of children in foster care. Training and awareness is needed within the courts on child rights and child development/ child protection.
2. Family based alternative care
  - a. Development of foster care is blocked because of the strict rules to become a foster parent, the low foster care allowance and the slow court procedure.
  - b. Casa famiglia regulations not yet in force hampering further implementation (costing/ budget not clear)

### B. Awareness:

**The public opinion: “Every child should grow up in a safe and loving family environment where they can fulfil their full potential!”**

1. Awareness about the importance of children to grow up in families and what support and services are available to support families. Important message is that residential care is not a solution and the community is needed to support children growing up in vulnerable situations. Save the Children is preparing an advocacy plan together with the Municipality of Shkoder.

## 8. Proposed Action Plan

This action plan is meant for discussion with the Directorate and Save the Children.

### Basic conditions

**Budget** plans need to be made with every step in the process to ensure that plans made can be sustainably funded from the local budget (with subsidies from national budget?) and where start up fundraising is necessary.

**Standards** need to be developed about the minimum conditions that families need to meet before children can be reintegrated into their families.

**Training** is needed for all professionals involved in this plan. Training needs are to be addressed for new staff recruited and for staff involved in the referral system network. A separate training plan is to be developed.

- 1 Compose a working group as described in this report to oversee all activities as proposed in the action plan.
- 2 Get clarity with the Ministry and State Social Services about roles, responsibility and Financing of the transition.
- 3 Complete a mapping exercise to identify the vulnerabilities in each of the administrative areas and make a needs plan for support services to be addressed by the community centres or accessible and available service providers
- 4 Work out the outcomes of the workshop with all NGOs and CSOs and the exercise to fine tune the mapping of service provision and form a local network and referral system. Start the process of assessing non licensed services to see if they comply with standards for service provision as set by the municipality and can be included in the network and referral system
- 5 Pilot the community centre project with Terre des Hommes and first pilot all other plans when this is evaluated, making use of current structures, the mapping and referral system and then develop plans for the development of all the other community centres.
- 6 Organise consultation sessions with staff of residential centres to involve them in the process, explain the time frame, assure them of the attention given to their employment, the possibility of training etc. to minimise resistance and get them positively engaged.
- 7 Organise consultation sessions with children to engage them in the process and assure them that their voices are being heard and included and that each and every child will be individually approached to make a plan for the future with them.
- 8 Plan the advocacy strategy and compose clear messages for the general public: ensure that the plans are clear before the general public is involved. Start can be made with a campaign to explain the importance of growing up in families to pave way for the message that the whole community is needed to realise this.
- 9 Make an assessment of each and every child in the residential centres and start communication with Directorates and regional SSS to oversee the possibility for reintegration of children.
- 10 Based on individual assessment plans and the stock and flow analysis project the need for casa famiglia and foster care in Shkoder.
- 11 Develop monitor, evaluation and inspection services to oversee the new system.
- 12 Only when all services are in place make plans to prepare the children and transfer them to a new, permanent, placement.

<b>Action</b>	<b>Who</b>	<b>2016</b>	<b>2017-1</b>	<b>2017-2</b>	<b>2017-3</b>	<b>2017-4</b>	<b>2018</b>
Compose a working group to oversee all activities.	Mun, Save the Children, TdH, RSSS	X					
Quarterly meetings		X	X	X	X	X	X
Get clarity with the Ministry and SSS about roles, responsibility and Financing of the transition.	Mun, Save the Children,	X	X				
Complete a mapping exercise to identify the vulnerabilities in each of the administrative areas and make a needs plan for support services	Mun	X	X	X			
Work out the outcomes of the workshop with all NGOs and CSOs and mapping of service provision and form a local network and referral system.	Mun, Save the Children,	X	X				
Start the process of assessing non licensed services	Mun		X				
Pilot the community centre project with Terre des Hommes	Mun, TdH	X					
Evaluate pilot	Mun, TdH		X				
Develop other community centres	Mun		X	X	X	X	
Organise consultation sessions with staff of residential centres	Mun	X	X	X			
Organise consultation sessions with children to engage them in the process	Mun	X	X				
Meet individually with every child	Mun, RSSS	X	X	X	X	X	X
Plan the advocacy strategy and compose clear messages for the general public:	Mun, Save the Children,	X					
Public Campaign	Mun, Save the Children,		X	X			

## Annex 1: Bibliography

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