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A SATISFACTION SURVEY ON SOCIAL SERVICES

TIRANA, ALBANIA
JUNE 2018



Leave
No One
Behind

Disclaimer

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Summary

This study provides baseline data for the program Leave No One Behind (LNB). The purpose is twofold: (a) to map social services and beneficiaries and (b) to examine satisfaction with social services. To collect baseline data, two complementary methods were used: (a) administrative data were collected on social services and beneficiaries in 18 municipalities; (b) interviews were conducted with service users in 28 social service agencies. Below are the main findings of the study:

- Social service departments reported the total number of 121 service providers in 18 municipalities. The mean value of reported services was around 3.5. The total number of beneficiaries was 29,978. The number of reported beneficiaries with disabilities was 2,558. The number of Roma and Egyptian beneficiaries was 2,812 and 1,825, respectively. The main service providers were local NGOs and local government agencies. The majority of service providers focused on children and multiple age groups. Municipalities with the highest number of reported beneficiaries included Lezha, Dibra, Shkodra, Kruja, Tirana, and Durrës.
- The majority of study participants reported that they have access to entertainment activities (63.04 percent), education services (47.85 percent), awareness-raising activities (41.91 percent), and counseling (41.25 percent).
- The mean value for the reported quality of all social services is 1.48 (SD = .34; range: .77 – 2.59).¹ Members of the Roma community reported lower quality of social services than persons with disabilities and Egyptians. Service users in non-public agencies, compared to service users in other types of agencies, assigned higher values to the quality of social services. Differences between women/girls and men/boys on the perceived quality of social services were not statistically significant.
- The mean value of reported satisfaction with social services is 1.48 (SD = .34; range: .77- 2.59).² Members of the Roma community reported lower levels of satisfaction with social services than persons with disabilities and Egyptians. Service users in non-public agencies, compared to service users in other types of agencies, reported higher levels of satisfaction with social services. Differences between women/girls and men/boys were not statistically significant.

¹ A Likert scale, ranging from 1 (very poor) to 5 (very good), was used to measure the quality of social services.

² A Likert scale, ranging from 1 (very dissatisfied) to 5 (very satisfied), was used to measure satisfaction with social services.

- The majority of study participants have obtained support from social workers (45.54 percent), teachers (37.95 percent), psychologists (34.32 percent), therapists (32.34 percent), and community mediators (18.48 percent).
- 12 percent of study participants reported that social services do not fulfill their needs at all. Roma were more likely than persons with disabilities and Egyptians to report that social services do not fulfill their needs at all. Roma were less likely than persons with disabilities and Egyptians to report that services are provided on time.
- 64.36 percent of service users reported that they know their rights and 73.93 percent reported that service providers have organized discussions on the rights of beneficiaries.
- 70.41 percent of service users reported that they have made suggestions on service improvement. 23.08 percent of those who reported that they have made suggestions (n = 27) said that none of their suggestions was taken into consideration.
- 17 service users (5.61 percent) reported that they have participated in meetings held in the municipality to discuss the budget. 3 (out of 17) said that the issues that they have raised were reflected on the municipal budget. Differences between the three groups – persons with disabilities, Roma and Egyptians – diminished on participation in decision making.
- All study participants currently obtaining services from municipal departments (n = 29) demanded the provision of transportation. Other highly demanded social services included legal aid, counselling, speech therapy, financial support, information, physical therapy, and connections with community activists.

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Introduction

The goal of the program Leave No One Behind (LNB) is empowering vulnerable groups to have equal access to public services and opportunities, have a voice in decision-making, and hold local authorities accountable. The first phase of the program (2017 – 2021) focuses on three interrelated aspects: (a) improving access to social services for vulnerable populations; (b) supporting local authorities to manage the provision of social services; and (c) supporting national-level institutions to implement social policies and fund the provision of social services. **The program is built on the premise that the improvement of social services will promote social inclusion in Albanian communities.** The main instruments that will be utilized to improve social services are capacity building, organisational development, and innovation.

To promote greater equality and inclusion in service provision, the program focuses especially on persons with disabilities, Roma and Egyptians. Furthermore, the program seeks to promote gender equality in service provision. Several studies show that poverty levels among Roma and Egyptians are higher than the general population.³ Forty-nine percent of Roma and 15 percent of Egyptians have never attended school. The level of unemployment for Roma is estimated to be around 71 percent.⁴ The picture is bleak for persons with disabilities as well. Only 75 percent of children with disabilities, between 6 and 14 years old, are enrolled in school. Meanwhile, the percentage for the non-disabled population is 96.⁵ But even when children with disabilities attend school, they are more likely to drop out. Only 55.6 percent of persons with disabilities over 15 years old have completed basic education.⁶

The program Leave No One Behind aims to improve social services for vulnerable populations. The program seeks to fulfill the following three outcomes:

³ UNDP. (2015). *Roma and Egyptians in Albania: A socio-demographic and economic profile based on the 2011 Census*. Retrieved from http://www.al.undp.org/content/albania/en/home/library/poverty/_roma-and-egyptians-in-albania--a-socio--demographic-and-economi.html; Government of Albania. (2015). *National action plan for the integration of Roma and Egyptians in the Republic of Albania, 2016 – 2020*. Retrieved from <http://www.al.undp.org/content/albania/en/home/library/poverty/national-action-plan-for-integration-of-roma-and-egyptians-in-th.html>

⁴ Republic of Albania. (2011). *The Decade of Roma Inclusion: National Action Plan 2010-2015*. Retrieved from <http://www.al.undp.org/content/dam/albania/docs/The%20Decade%20of%20Roma%20Inclusion%20-%20National%20Action%20Plan.pdf>

⁵ UNDP. (2015). *Profile of the disabled population in Albania*. Retrieved from <http://www.al.undp.org/content/albania/en/home/library/profile-of-the-disabled-population-in-albania.html>

⁶ Ibid.

- Vulnerable groups request and receive adequate social services from local authorities that support their social inclusion. Vulnerable populations hold local authorities accountable.
- Municipalities effectively manage the provision of social services and promote social inclusion.
- National institutions implement policy frameworks to ensure social inclusion and adequately fund social services through improved data collection system, developed capacities, and empowered target groups.

This study collects baseline data for the first and (in part) second outcome. The purpose is twofold: (a) to map social services and beneficiaries, and (2) to examine satisfaction with social services. Changes in service provision will be tracked over time. The goal of collecting data during different points of time is to understand change. What change did the program Leave No One Behind promote at the organizational and community level? How did access to and satisfaction with social services change over time? Below is the description of each indicator for which baseline data is collected in this study.⁷

Outcome 1: Vulnerable groups request and receive adequate social services from local authorities that support their social inclusion. Vulnerable populations hold local authorities accountable.

Outcome indicators:

- Number of vulnerable persons that receive adequate social services by local government units and relevant organizations.
- Satisfaction with social services received by persons with disabilities, Roma and Egyptians (sex-disaggregated data).
- Improved and expanded provision of social services throughout Albania.
- Increased coverage of the needs of persons with disabilities, Roma and Egyptians by non-financial assistance (health, housing, health, education, employment, etc.).
- Number of issues/concerns raised by persons with disabilities, Roma and Egyptians addressed in annual planning and budgeting of social services.

Outcome 2: Municipalities effectively manage the provision of social services and promote social inclusion.

⁷ Indicators were established in the (LNB) program document.

*Outcome indicators:*⁸

- Qualitative and quantitative evolution of social services and role of non-public service providers.

Referring to Law 121/2016 On Social Care Services in Albania, social care services encompass “an integrated and organised system of benefits and facilities that are provided by professionals of respective public or non-public fields with the purpose of ensuring the wellbeing, independence and social inclusion of individuals and families in need of social care” (article 3). Law 121 (article 8) has established 7 types of social services: pre-social services,⁹ services in community centers, services in residential centers and shelters, services in emergency situations, alternative care services to children without parental care, specialised services, and telephone or online services.¹⁰ Social services are divided into public and non-public (Article 9). Public social services include services funded by the budget of the central government and/or local government. Non-public service providers do not receive funding from the government and they are divided into profit and non-profit.

The rest of the report is divided in the following way: Section 2 describes the methodology. Section 3 presents findings. Section 4 provides the summary of baseline indicators and data. Appendices provide information on sampling and analysis.

Methodology

To collect baseline data on established indicators, two complementary methods were used: (a) administrative data were collected on service users and beneficiaries in 18 municipalities; (b) interviews with service users were conducted in 28 social service agencies and 4 municipal departments. Below is the description of the methodology.

Mapping social services and beneficiaries

⁸ This report does not provide baseline data for the following indicator: improved capacity, organisation development and quality management of service providers and effective planning and budgeting.

⁹ Pre-social services (shërbime parashoqërore) include informing beneficiaries about social services available, conducting initial needs assessment, and matching needs with services available.

¹⁰ See Law 121/2016 for the definition of each type of social service.

Sampling

18 municipalities¹¹ were purposefully selected to map social services and beneficiaries. Municipalities were selected based on NLB priorities.

Methods

A questionnaire was developed and sent to the department of social services in each municipality. The department was asked to provide information about all social service providers in the municipality. Guidelines on how to fill out the instrument were also provided.

Measurement

The questionnaire was divided in two sections. The first section focused on types of services offered, types of service providers (public, non-public, hybrid¹²), governance of service providers (central government, district, municipality, international organization, local NGO, foundation, hybrid), age group of beneficiaries, total number of beneficiaries by gender, number of persons with disabilities by gender, number of Roma beneficiaries by gender, number of Egyptian beneficiaries by gender. The second section focused on the process of participatory budgeting in the municipality. The following questions were asked: Has the municipality organized participatory budgeting during 2017? Have vulnerable groups participated in budget discussion? Have vulnerable groups raised concerns regarding social services during the discussion of the budget? Were the concerns of vulnerable groups reflected on the budget of the municipality? All questions had a binary response (yes, no).

Data analysis

Data analysis was conducted in STATA. Univariate analysis provided a description of service providers and beneficiaries, for instance the number of service providers, the number of beneficiaries, the number of persons with disabilities, Roma and Egyptians receiving social services.

Satisfaction with social services

Sampling

¹¹ See Appendix A for the list of municipalities where mapping was conducted.

¹² Service providers that share characteristics of both public and non-public providers, e.g., some staff members are supported by the municipality and others by an international organization.

Selection of municipalities. 17 municipalities were purposefully selected to conduct interviews with social service beneficiaries.¹³ Selection of municipalities was based on NLB priorities.

Selection of service providers. 28 service providers were purposefully selected. The selection of service providers was based on the following criteria: they (a) provided services to persons with disabilities, Roma or Egyptians; and (b) were well established in the community. Furthermore, some of the providers were supported by UNDP and/or UNDP aims to support them in the future through the program NLB. Both public and non-public service providers were included in the study. This allowed comparing different types of service providers with one another. A request for collaboration was sent to each service provider. The request provided information on the program, the purpose of the research project, and research procedure. Requests were sent either through email or distributed in person by interviewers. Response rate was 100%.

Interviews were also conducted with a smaller group of individuals who have demanded services from municipal departments. Usually, this group of individuals turns to the department of social services to obtain information about the availability of social services. This group of individuals differs significantly from the first one. They live in municipalities where access to social services is very limited and their needs are largely unmet.

Selection of beneficiaries. The number of beneficiaries selected in each center ranged from 8 to 12. The selection of beneficiaries was based on the following procedure: Beneficiaries of social services were listed by gender. Then, an equal number of women/girls and men/boys was randomly selected. If the selected individual was under 16 years old, then the interview was conducted with his or her guardian. Similarly, if the individual could not respond because of the disability, the interview was conducted with the guardian. Most of interviews were conducted in the premises of social service centers. Service providers were asked to provide a setting where interviews were conducted. They were also asked that the setting maintains confidentiality. Overall, 303 interviews were conducted.

Methods

The questionnaire was developed based on established indicators. The questionnaire was piloted in two centers – public and non-public – in Tirana. The process led to the revision

¹³ Appendix C provides information on selected municipalities, service providers, and number of interviews.

of a few questions. Some of the questions that were reviewed focused on participation in decision making. Furthermore, the list of social services was reviewed. Two junior researchers were involved in data collection. They were trained on data collection and ethical issues. As a second step, researchers were involved in piloting the instrument. In the field, they communicated with service providers, supported them in sample selection, and conducted interviews. Informed consent was obtained from each study participant or guardian.

Measurement

The questionnaire was divided in 5 sections that focused on the following characteristics: access to social services, social services received in the center, quality of social services, satisfaction with social services, relationship with staff members/professionals, conditions and relationship with professionals in the center, changes in life, access to information and involvement in decision making, and suggestions for service improvement. These different aspects allowed capturing experiences of service providers in social service agencies. The expectation is that experiences will improve over time.

Access to social services. To obtain information on access to social services, questions focused on the length of time receiving services and frequency of service use.

Social services received in the center. A list of social services was provided to study participants who were asked to indicate if they received (yes = 1) or did not receive (no = 0) the service. Some examples of social services include food, clothing, health services, counselling, speech therapy, physical therapy, vocational training, financial support, asset support for starting a business, legal aid, education, referral to other centers, transportation to other centers, entertainment activities, awareness-raising activities, and connections with community activists.

Quality of social services. Study participants were asked to assess the quality of social services that they received in the center, from 1 – very poor to 5 – very good. They were asked to report about the quality of each social service and then for the quality of all social services.

Satisfaction with social services. Study participants were asked about satisfaction with social services. A Likert scale, ranging from 1 – very dissatisfied – to 5 – very satisfied was used. They were asked about the level of satisfaction with each social service and then for the quality of all social services.

Relationship with professionals. Study participants were provided with a list of professionals who offer support in social service agencies. Then, they were asked about the professionals from whom they have obtained services (1 = yes, 0 = no). The list of professionals included personal care assistant, therapist, physical therapist, caregiver/guardian, social worker, psychologist, teacher, doctor, nurse, lawyer, companion, mediator with the community.

Satisfaction with the work of professionals. Study participants were asked to rank satisfaction with the work of professionals who have served them, from 1 – very dissatisfied to 5 – very satisfied.

Conditions and relationship with professionals. A set of questions was included to obtain information on conditions and relationship with professionals. For instance, do services fulfill your needs? Is the physical environment suitable for persons with disabilities? Are staff members polite? Is the language used by staff members easy to understand? Are services provided on time? For each question, they could select one of the three alternatives: not at all, partly, or fully.

Changes in life. Study participants were asked if their life has changed after receiving services in the center and (if yes) the ways that their life has changed.

Access to information and involvement in decision making. Several questions focused on access to information and involvement in decision making. Service users were asked if they know their rights in the center. If they said yes, then they were asked to share examples of their rights. Questions focused on involvement in discussions held in the center: if the center has organized discussions on the improvement of social services, if they have participated in discussions, have made suggestions on the improvement of services and if their suggestions were taken into consideration. The study also looked into engagement with local authorities. Study participants were asked if they have participated in meetings organized by the municipality to discuss the budget of 2018, if they have raised any concern regarding social services and if the issues that they have raised were reflected on the budget of the municipality.

Suggestions for service improvement. Study participants were asked to provide suggestions for the improvement of services offered in the center.

Information was also collected on individual-level characteristics, including gender, age, education level, type of disability, payment and type of payment received from State Social Services, services obtained from other centers, and income.

Data analysis

Data analysis was conducted in STATA. Univariate analysis provided a description of the sample, for instance the mean value of services received, the mean value of satisfaction with social services, percentage of study participants who reported that social services fulfill their needs or have participated in decision making. Bivariate analysis – ttest and chi-square – was conducted to examine the relationship between reported quality and satisfaction with social services and individual-level characteristics, such as length of time receiving services and gender.

Findings

Mapping social services and beneficiaries

Social service departments reported the total number of 121 service providers in 18 municipalities. The mean value of reported services was around 3.5. The majority of service providers were non-public. Specifically, 40.50 percent of service providers were public and 59.50 percent were non-public. 9.09 percent were a combination of the two – public and non-public. The main service providers were local NGOs (29.75 percent) and local government agencies (27.27 percent) (Figure 1).

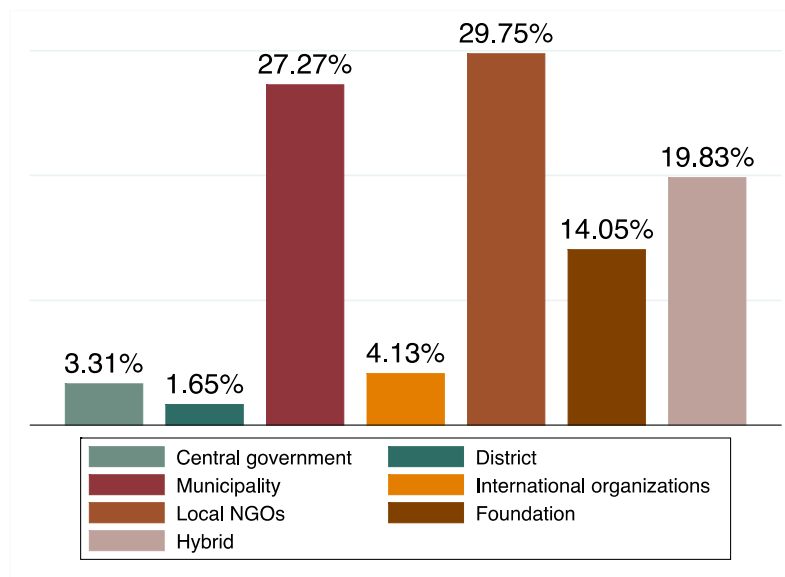


Figure 1: Governance of service providers

More than half of service providers focused on multiple age groups. 29.76 percent focused on children, 4.13 percent on youth, and 9.09 percent on older adults. None of service providers focused on middle age (Figure 2).

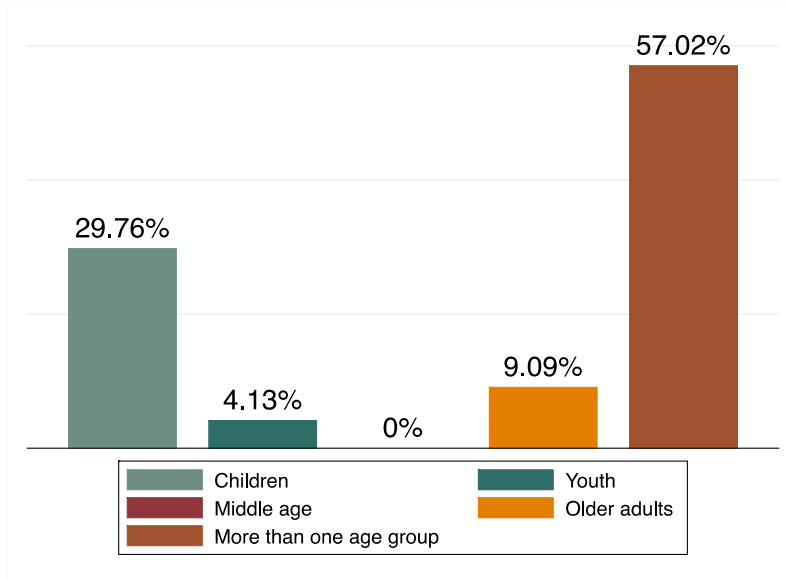


Figure 2: Age group of beneficiaries

The total number of beneficiaries was 29,978 (Figure 3). 53 service providers did not disaggregate data by gender. The ones who disaggregated data reported the number of 9,422 men and 8,605 women. The number of reported beneficiaries with disabilities was 2,558. Service providers who disaggregated data by gender reported the number of 1,443 men and 1,046 women with disabilities. The number of Roma and Egyptian beneficiaries was 2,812 and 1,825, respectively. Service providers who disaggregated data by gender reported the number of 1,102 Roma men and 1,005 Roma women, and 684 Egyptian men and 582 Egyptian women.

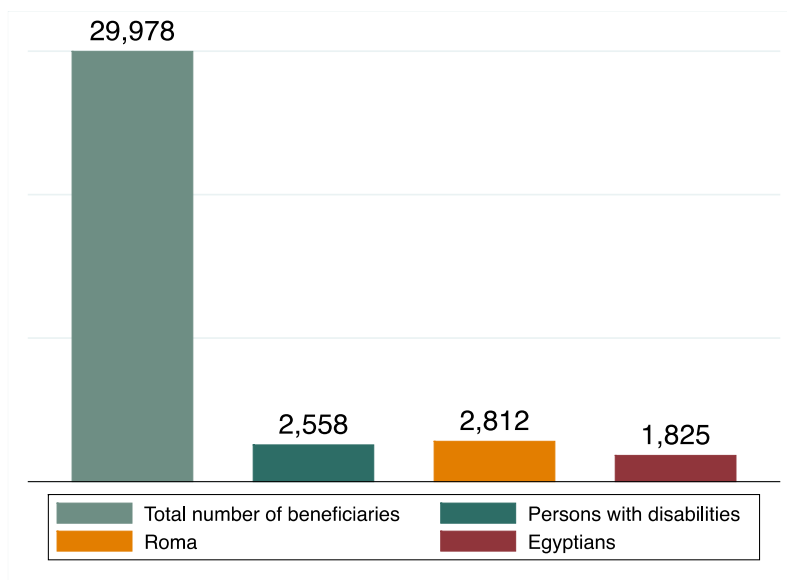


Figure 3: Number of beneficiaries by group

Municipalities were ranked by the number of beneficiaries. **Municipalities with the highest number of reported beneficiaries included Lezha, Dibra, Shkodra, Kruja, Tirana, and Durrës.** Municipalities with the lowest number of beneficiaries included Ura Vajgurore, Shijak, Bulqiza, Lushnja, and Prrenjas. Municipalities with the highest number of beneficiaries with disabilities included Kruja, Lezha, Përmet, Tirana, and Berat. Municipalities with the highest number of Roma beneficiaries included Tirana, Durrës, Shkodra, Fier, and Berat. Municipalities with the highest number of Egyptian beneficiaries included Tirana, Lezha, Shkodra, Berat, and Pogradec. Table 1 (Appendix A) presents information on the reported number of beneficiaries by municipality.

Satisfaction with social services

Characteristics of study participants

48.84 percent of study participants were women/girls and 51.16 percent were men/boys. 53.80 percent did not have any level of education, 25.41 percent had primary education, and 12.54 percent had 8 or 9 years of education. 59.41 percent had a disability, 26.73 percent and 16.17 percent belonged to the Roma and Egyptian community, respectively.¹⁴ 62.38 percent received monthly payments from State Social Services. The most common type of payment was the disability entitlement (54.13 percent) and the

¹⁴ There were a few instances of study participants who belonged to more than a group. For instance, they had a disability and belonged to the Roma community.

payment for the caregiver (28.71 percent). 8.25 percent received economic aid. The mean value of age was 19.23 years (SD = 14.40; range = 1.5 – 70). Almost half of study participants were 13 years old or younger. The mean value of monthly (personal) income was 20,528 ALL (SD = 19,542; range = 0 – 140,000) (Table 5).

Access to social services

The average number of years receiving social services is 4.06 (SD = 4.32; range: 0 – 20). The mean value of (daily) hours spent in the center is 2.60 (SD = 1.92; range: 0 – 8). Study participants reported that they visit service providers quite frequently. 25.41 percent reported that they visit service providers every day, 21.78 percent and 18.48 percent (n = 52) reported that they visit service providers 4-5 times a week and 2-3 times a week, respectively. 9.57 percent reported that they visit service providers once a week. There were also instances of respondents who said that they visit service providers only during special occasions, for instance when group meetings or activities are organized (Figure 4).

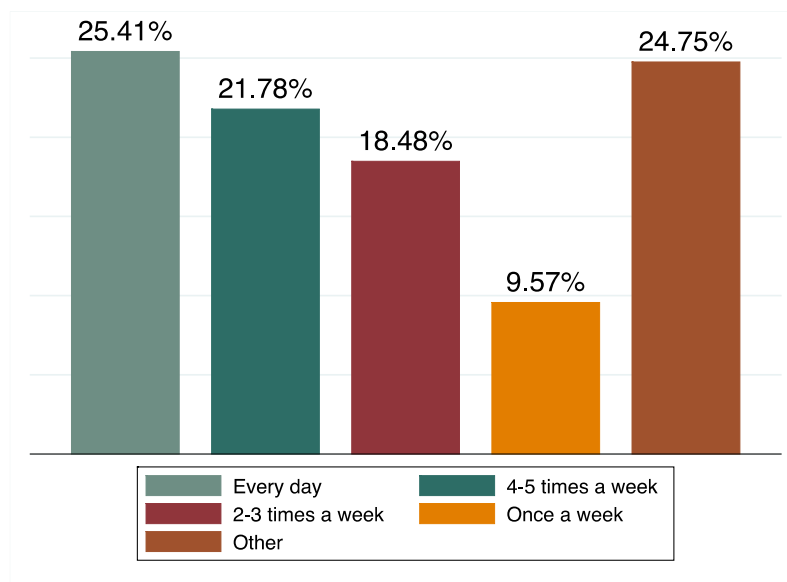


Figure 4: Frequency of service use

The majority of study participants reported that they have access to entertainment activities (63.04 percent), education services (47.85 percent), awareness-raising activities (41.91 percent), and counseling (41.25 percent). A small percentage of study participants reported that they have access to transportation (1.65 percent), referral (4.29 percent), asset support for starting a business (6.6 percent), and vocational training (6.93 percent) (Table 7). However, access varied by group and needs. Persons with disabilities were more likely than Roma and Egyptians to report that they have access to

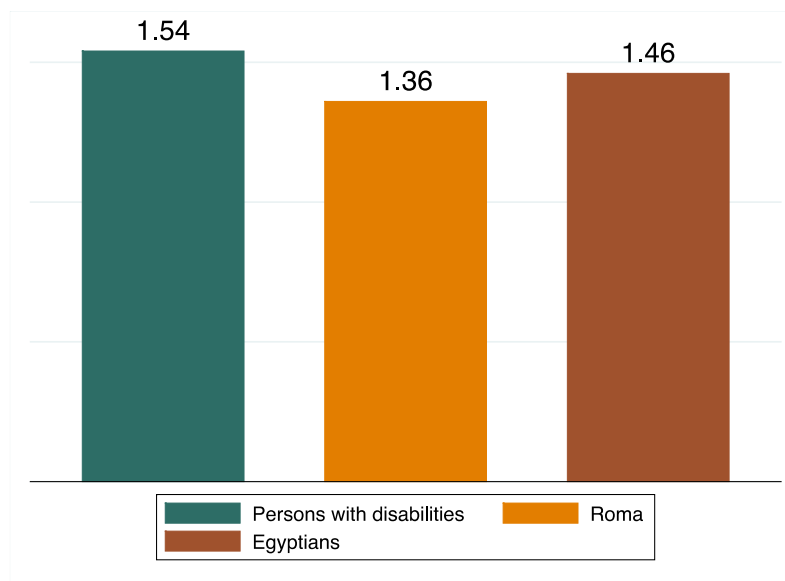
counselling and speech therapy. Meanwhile, Roma and Egyptians were more likely to report that they have access to legal aid and participate in awareness-raising activities.

Quality of social services

The mean value for the reported quality of all social services is 1.48 (SD = .34; range: .77 – 2.59). Almost 50 percent of study participants assigned a mean value of 1.45 or less. In other words, the mean value of reported quality with social services is located between very dissatisfied and dissatisfied.¹⁵

Social services with the lowest reported quality (mean values of 1.5 or lower) include transportation (M = 1.04; SD = 0.38), referral (M = 1.14; SD = 0.71), asset support for starting a business (M = 1.22; SD = 0.88), vocational training (M = 1.22; SD = 0.86), clothing (M = 1.29; SD = 0.95), financial support (M = 1.4; SD = 1.05), counselling (M = 1.41; SD = 1.2), connections with community activists (M = 1.43; SD = 1.19), and health services (M = 1.44; SD = 1.18) (Table 8).

There were statistically significant differences on the reported quality of social services between persons with disabilities and Roma and Egyptians. **Members of the Roma community (M = 1.36; SD = .38) reported lower quality of social services than persons with disabilities (M = 1.54; SD = .32) and Egyptians (M = 1.46; SD = .29)** (Figure 5).



¹⁵ A Likert scale was used to measure the quality of social services, which ranged from 1 (very poor) to 5 (very good). See the section of Methodology for more information on the instruments used.

Figure 5: Mean value of perceived quality of social services by group

Comparisons were also drawn by type of service provider – public, non-public, hybrid, and municipal departments. **Service users in non-public agencies, compared to service users in other types of agencies, assigned higher values to the quality of social services.** The difference was statistically significant. Figure 6 presents the mean value of perceived quality of social services by service provider.

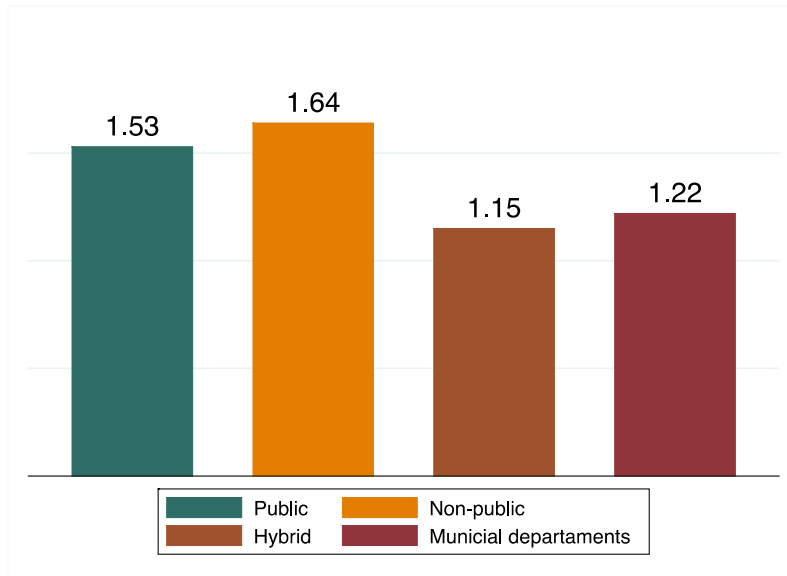


Figure 6: Mean value of perceived quality of social services by provider

Differences between women/girls and men/boys on the perceived quality of social services were not statistically significant. Figure 7 presents the mean value of perceived quality of social services by gender.

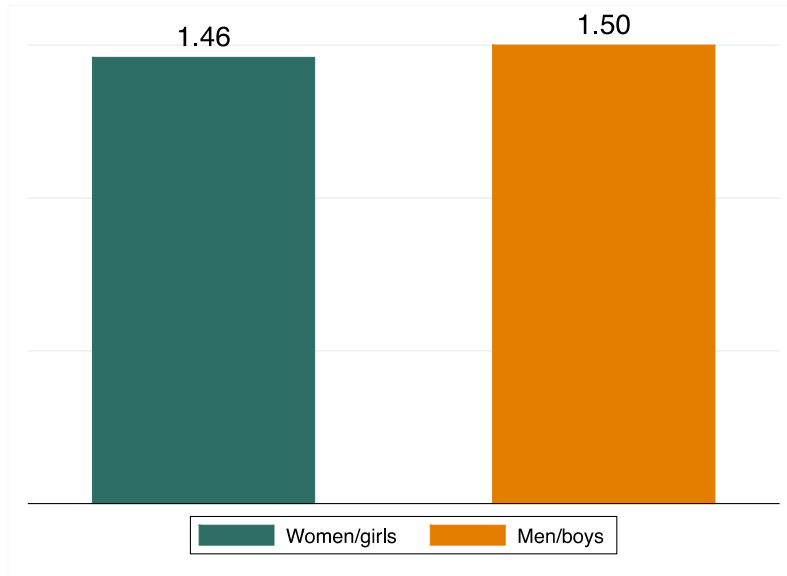


Figure 7: Mean value of perceived quality of social services by gender

Satisfaction with social services

The mean value of reported satisfaction with social services is 1.48 (SD = .34; range: .77-2.59). The mean value of reported satisfaction with social services is located between very dissatisfied and dissatisfied.

Study participants assigned lower scores to transportation (M = 1.06; SD = 0.47), referral (M = 1.1; SD = 0.58), vocational training (M = 1.24; SD = 0.93), asset support for starting a business (M = 1.25; SD = 0.94), clothing (M = 1.3; SD = 0.99), financial support (M = 1.37; SD = 0.99), and health services (M = 1.43; SD = 1.18) (Table 9).

There were statistically significant differences on reported satisfaction with social services between persons with disabilities and Roma and Egyptians. **Members of the Roma community (M = 1.37; SD = .40) reported lower levels of satisfaction with social services than persons with disabilities (M = 1.53; SD = .32) and Egyptians (M = 1.47; SD = .31) (Figure 8).**

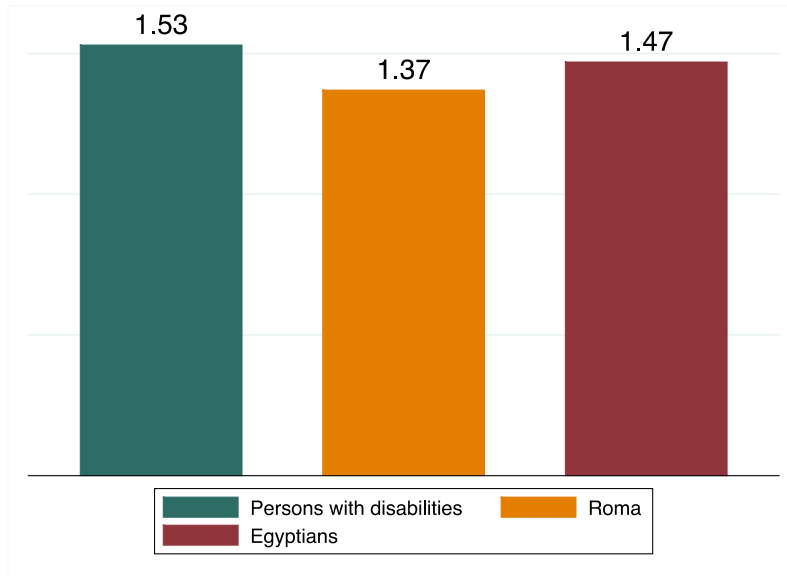


Figure 8: Reported satisfaction with social services by group

Service users in non-public agencies, compared to service users in other types of agencies, reported higher levels of satisfaction with social services. The difference was statistically significant. Figure 9 presents the mean value of reported satisfaction with social services by service provider.

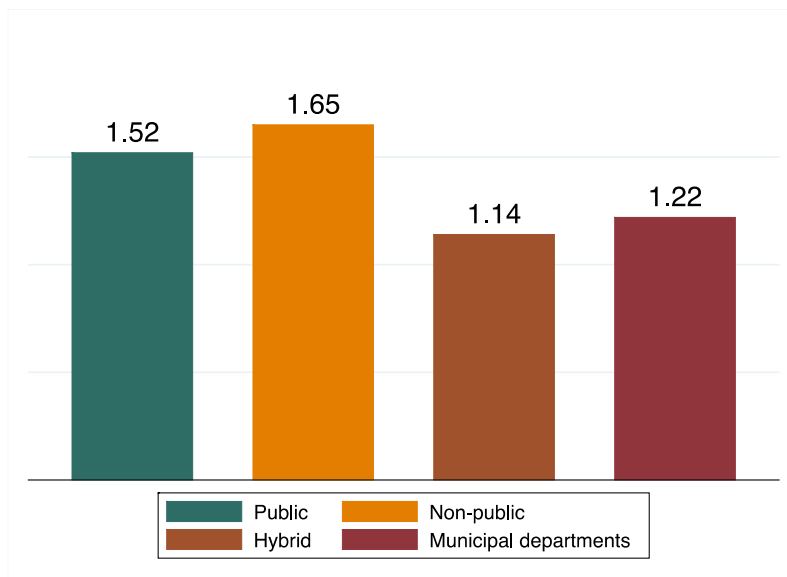


Figure 9: Reported satisfaction with social services by service provider

Differences between women/girls and men/boys were not statistically significant. Figure 10 presents the mean value of satisfaction with social services by gender.

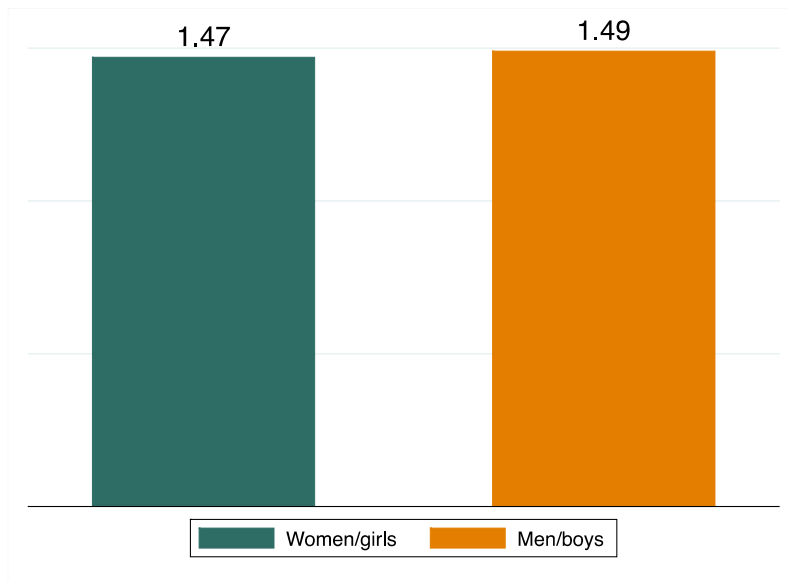


Figure 10: Mean value of satisfaction with social services by gender

Study participants who were more involved with service providers, i.e. they spent more time receiving social services, were more likely to be satisfied with social services.

Professionals providing support

The majority of study participants have obtained support from social workers (45.54 percent), teachers (37.95 percent), psychologists (34.32 percent), therapists (32.34 percent), and community mediators (18.48 percent). A smaller percentage has received support from personal care assistants (2.64 percent), lawyers (3.63 percent), nurses (9.57 percent), and doctors (10.56 percent) (Table 10).

Persons with disabilities, compared to Roma and Egyptians, were more likely to report that they have received support from personal care assistants, therapists, physical therapists, psychologists, and teachers. Roma and Egyptians were more likely to report that they have received support from social workers.

The mean value of satisfaction with professionals ranged from 1.1 to 2.97 (Table 11). There were no statistically significant differences between persons with disabilities and Roma and Egyptians on their satisfaction with the work of professionals.

Service users in non-public agencies, compared to service users in other types of agencies, reported greater levels of satisfaction with the work of professionals.

Conditions and relationship with professionals

12 percent of study participants reported that social services do not fulfill their needs at all. 44.67 percent reported that social services fulfill their needs only in part (Figure 11).

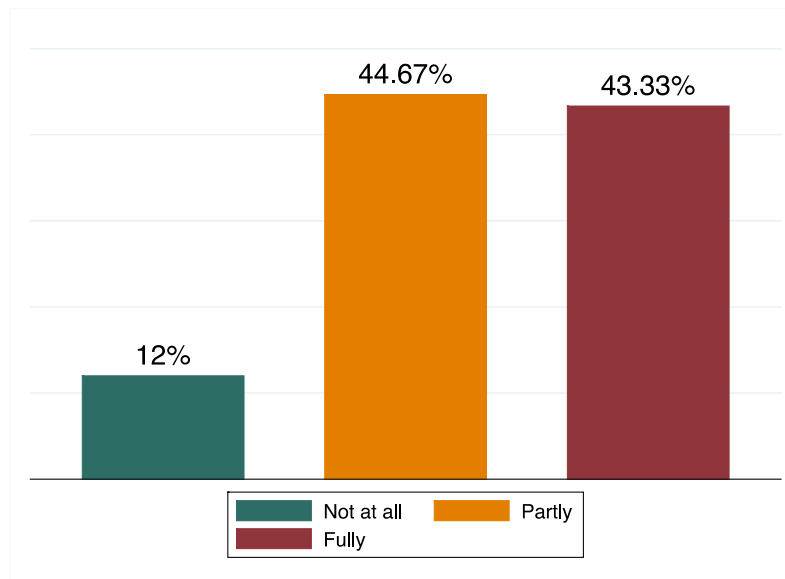


Figure 11: Fulfillment of needs by group

Roma were more likely than persons with disabilities and Egyptians to report that social services do not fulfill their needs at all. 11.30 percent of persons with disabilities reported that social services do not fulfill their needs at all. This percentage for members of the Roma community was almost 20 (19.75 percent). The difference was statistically significant. Members of the Roma community were also more likely than persons with disabilities and Egyptians to report that staff members are not communicative. Similar differences were also observed on the language used by staff members.

A significant gap also existed on the timely provision of services. **Roma were less likely than persons with disabilities and Egyptians to report that services are provided on time.** 91.38 percent of persons with disabilities fully agreed with the statement “social services are provided on time.” This percentage for members of the Roma community was 68.75.

Service users in non-public agencies reported better relationships with professionals. Compared to service users in public and hybrid agencies, they were more likely to report

that services fulfill their needs, and staff members are polite and have good communication skills.

Changes in life

Beneficiaries of social services were asked if their life has changed after receiving services. **11.55 percent reported that their life has not changed and 54.46 percent reported that their life has partly changed.** 33.99 percent of study participants reported that their life has fully changed (Figure 12).

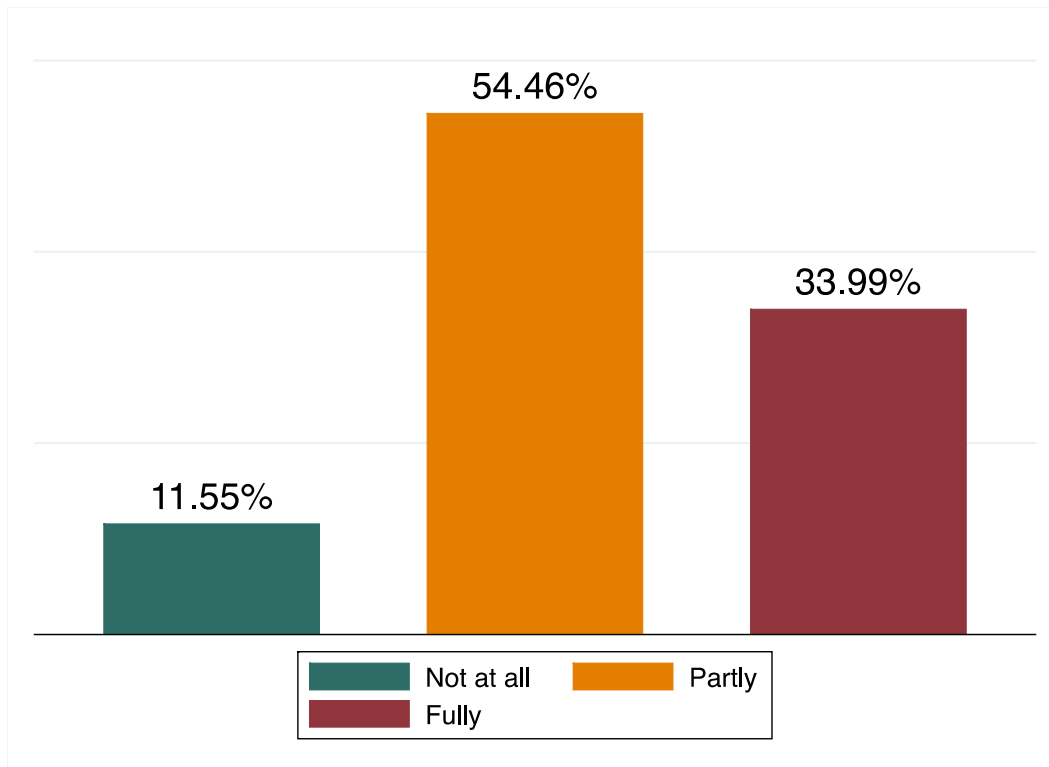


Figure 12: Changes in life

Service users discussed about improvements in communication, behaviour, attitudes, relationship with others, mental health, physical mobility, social life, organization with the community, skills, housing conditions, self-control, independence, and concentration.

Roma were more likely than persons with disabilities and Egyptians to report that their life has not changed at all. 8.89 percent of persons with disabilities and 8.16 percent of Egyptians reported that their life has not changed at all. Meanwhile, around 21 percent of Roma reported that their life has not changed at all.

Service users in non-public agencies were more likely to report that their life has partly or fully changed. 49.11 percent of service users in non-public agencies reported that their life has fully changed. Meanwhile, 25.13 percent of service users in other types of agencies reported that their life has fully changed after receiving services.

Access to information and involvement in decision making

64.36 percent of service users reported that they know their rights (Table 13). Some of the rights that they highlighted were the right to benefit services, to be heard, to be treated equally, to complain, to benefit economic aid, to receive good quality services, to participate in activities, to learn how to read and write, to be treated with respect, to fulfill basic needs, to be informed about the child and his/her progress, and the right for professional development (Figure 13).

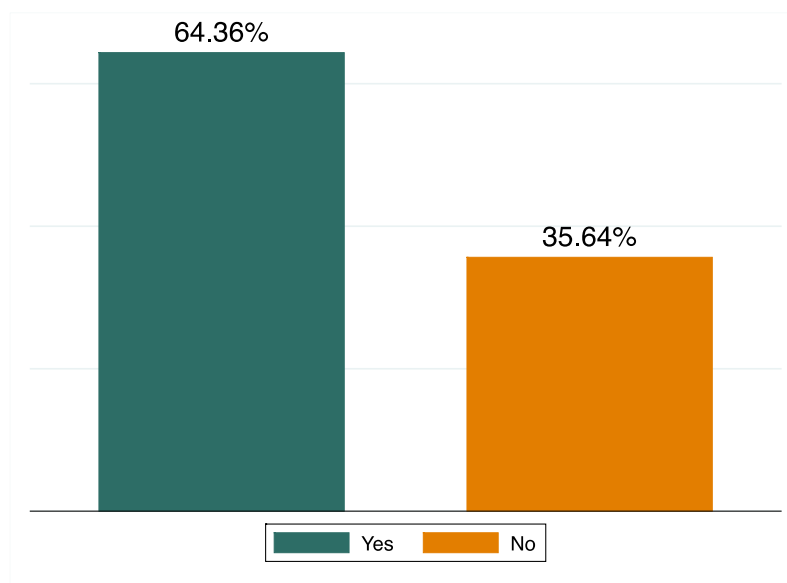


Figure 13: Knowledge of rights

A smaller percentage of Roma reported that they know their rights. However, the difference was not statistically significant.

Service users in non-public agencies were more likely to report that they know their rights. 82.14 percent of service users in non-public agencies reported that they know their rights. Meanwhile, the percentage for service users in other types of agencies was 53.93.

73.93 percent of study participants reported that service providers have organized discussions on the rights of beneficiaries. 7.59 percent reported that they don't know if service providers have organized discussions on the rights of beneficiaries (Figure 14).

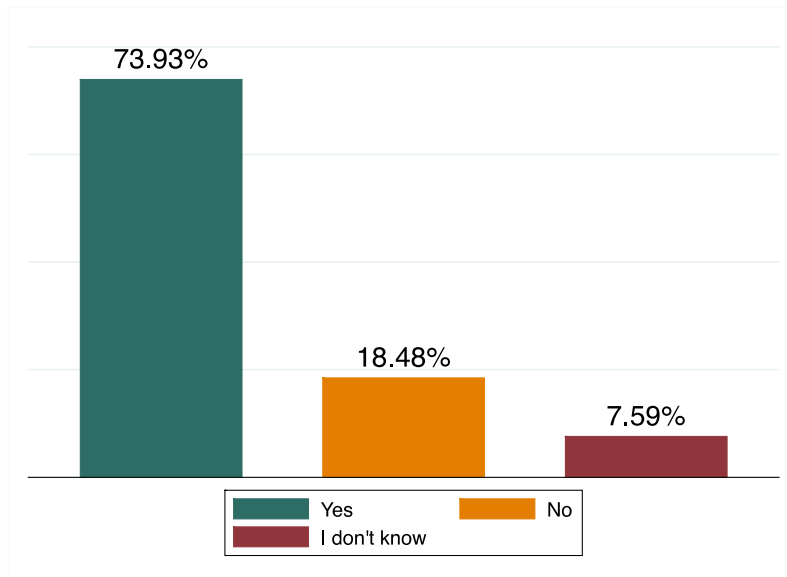


Figure 14: Organization of discussions on the rights of beneficiaries

39.93 percent of study participants reported that their rights are displayed in the premises of the center. 35.97 percent reported that they don't know if their rights are displayed in the premises of the center (Figure 15).

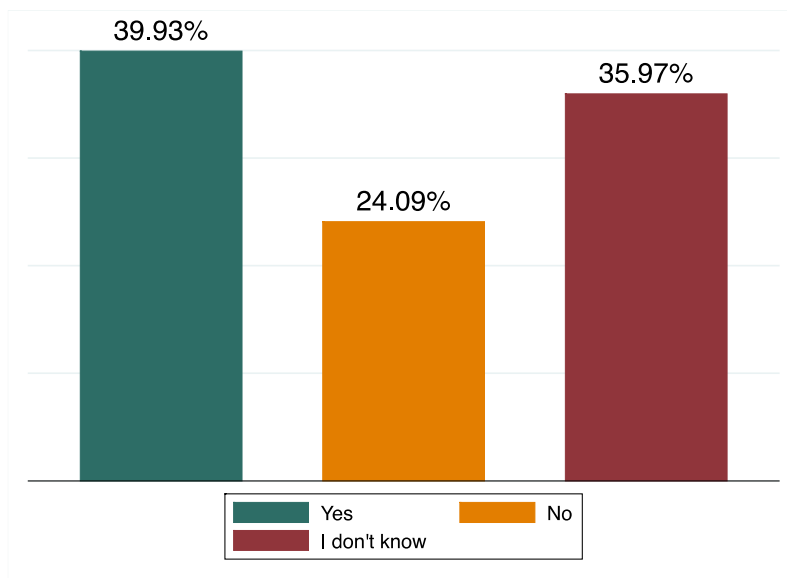


Figure 15: Display of rights in the premises of the center

Members of the Roma community were more likely to report that they don't know if their rights are displayed in the premises of the center.

Service users in non-public agencies were more likely to report that their rights are displayed in the premises of the center. 25.89 percent of service users in non-public agencies reported that they don't know if their rights are displayed. The percentage for service users in other types of agencies was 41.88.

66.34 percent reported that the center or the municipality has organized discussions on how to improve services. 13.86 percent reported that they don't know if discussions on service improvement have been organized the center (Figure 16).

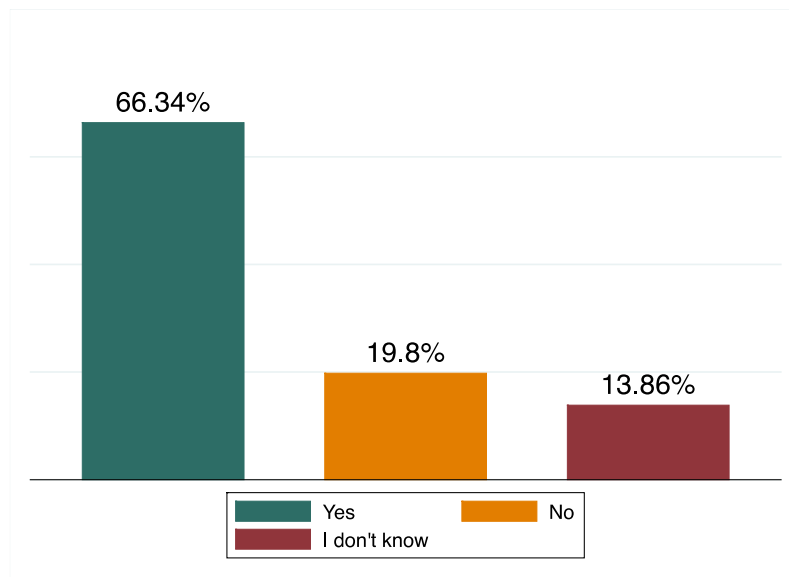


Figure 16: Organization of discussions on the improvement of social services

82.84 percent of study participants reported that they have participated in discussions on service improvement (Figure 17).

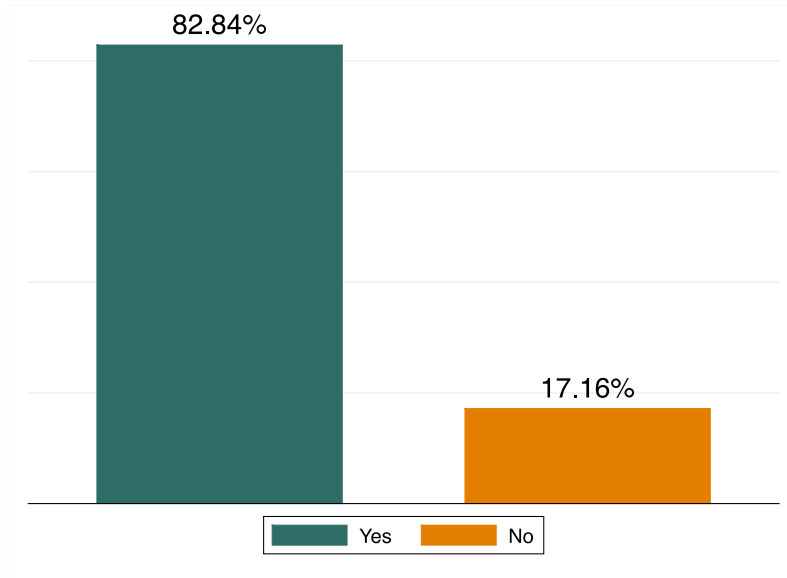


Figure 17: Participation in the discussion of services

Differences between the three groups – persons with disabilities, Roma and Egyptians were not statistically significant. Similarly, differences between public, non-public and hybrid service providers were not statistically significant.

70.41 percent of service users reported that they have made suggestions on service improvement (Figure 18).

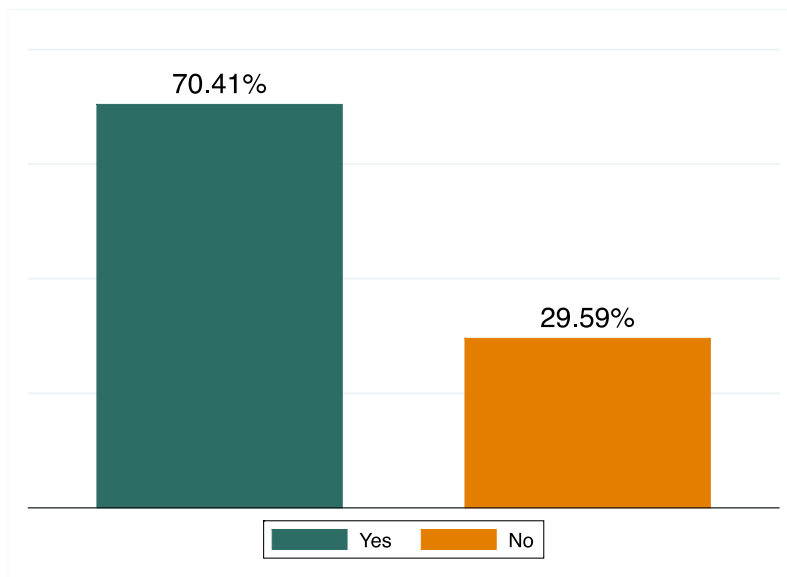


Figure 18: Suggestions for service improvement

There were no differences across the three groups – persons with disabilities, Roma and Egyptians. Similarly, differences between public, non-public and hybrid institutions were not statistically significant.

A question focused on whether suggestions were taken into consideration. **23.08 percent of study participants who reported that they have made suggestions (n = 27) said that none of their suggestions was taken into consideration.** 52.14 percent (n = 61) said that their suggestions were partly taken into consideration, and 24.79 percent (n = 29) said that their suggestions were fully taken into consideration (Figure 19).

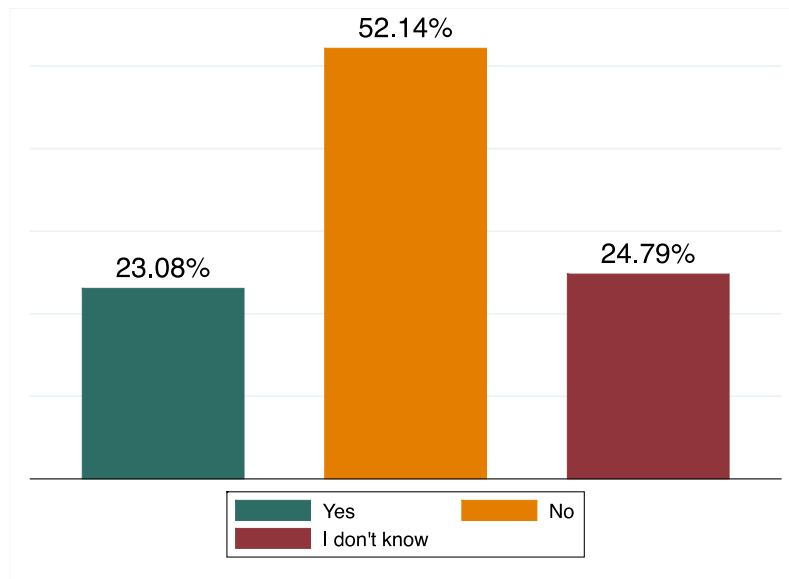


Figure 19: Suggestions were taken into consideration

Differences between public, non-public and hybrid service providers were not statistically significant.

17 service users (5.61 percent) reported that they have participated in meetings held in the municipality to discuss the budget (Figure 20).

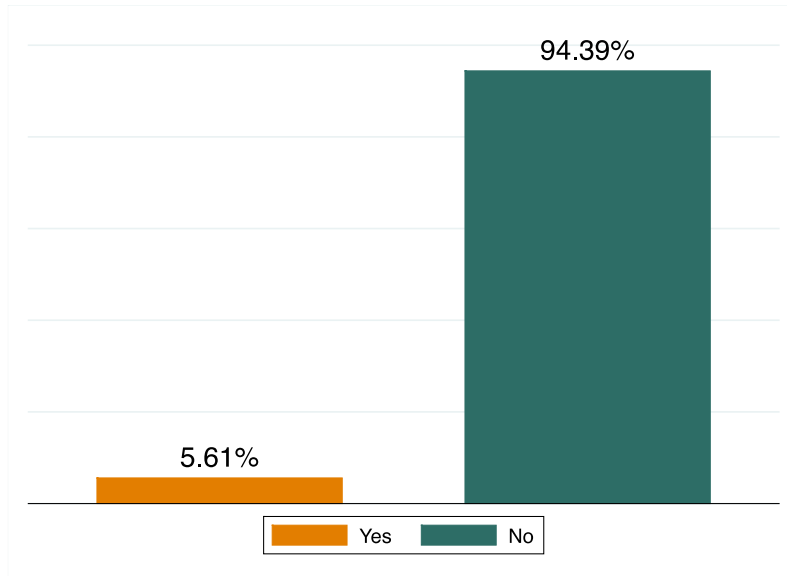


Figure 20: Participation in municipal meetings

Overall, they have raised 16 concerns. Some of their demands have focused on investing in community centers for persons with disabilities; increasing the number of hours providing services; providing transportation, heating; organizing entertainment activities; increasing financial support for persons with disabilities; and providing financial support on time.

3 (out of 17) said that the issues that they have raised were reflected on the municipal budget.

All study participants currently obtaining services from municipal departments (n = 29) demanded the provision of transportation. Other highly demanded social services included legal aid, counselling, speech therapy, financial support, information, physical therapy, and connections with community activists (Table 14).

Summary of baseline data

The table below summarizes baseline data for the year 2018.

Outcome 1: Vulnerable groups request and receive adequate social services from local authorities that support their social inclusion. Vulnerable populations hold local authorities accountable.

<i>1. Number of vulnerable persons that receive adequate social services by local government units and relevant organizations¹⁶</i>		<i>n</i>	
Total number of beneficiaries ¹⁷		29,978	
Total number of beneficiaries: men/boys		9,422	
Total number of beneficiaries: women/girls		8,605	
Number of persons with disabilities		2,558	
Number of beneficiaries with disabilities: men/boys		1,443	
Number of beneficiaries with disabilities: women/girls		1,046	
Number of Roma		2,812	
Number of Roma: men/boys		1,102	
Number of Roma: women/girls		1,005	
Number of Egyptians		1,825	
Number of Egyptians: men/boys		684	
Number of Egyptians: women/girls		582	
<i>2. Satisfaction with social services received by persons with disabilities, Roma and Egyptians (sex-disaggregated data)¹⁸</i>		<i>M</i>	<i>SD</i>
Satisfaction with social services		1.48	.34
Satisfaction with social services: women/girls		1.47	.33
Satisfaction with social services: men/boys		1.49	.36
Satisfaction with social services for persons with disabilities		1.53	.32
Satisfaction with social services: women/girls with disabilities		1.52	.32
Satisfaction with social services: men/boys with disabilities		1.53	.31
Satisfaction with social services: Roma		1.37	.40
Satisfaction with social services: Roma women/girls		1.38	.36
Satisfaction with social services: Roma men/boys		1.36	.46
Satisfaction with social services: Egyptians		1.47	.31
Satisfaction with social services: Egyptians women/girls		1.46	.30
Satisfaction with social services: Egyptian men/boys		1.49	.33
<i>3. Improved and expanded provision of social services throughout Albania¹⁹</i>		<i>N</i>	
Number of beneficiaries		29,978	
Number of service providers		121	

¹⁶ Based on administrative data.

¹⁷ The sum of women and men does not equal the total number of beneficiaries because some agencies did not disaggregate data by gender.

¹⁸ Based on interviews with service users.

¹⁹ Based on administrative data.

Number of public service providers	49	
Number of non-public service providers	61	
Number of hybrid service providers	11	
<i>4. Increased coverage of the needs of persons with disabilities, Roma and Egyptians by non-financial assistance (health, housing, health, education, employment, etc.)²⁰</i>		
	<i>M</i>	<i>SD</i>
Number of social services for persons with disabilities	4.36	1.78
Number of social services for Roma	4.00	2.26
Number of social services for Egyptians	4.34	1.85
<i>Types of social services:²¹ persons with disabilities</i>		
	<i>n</i>	<i>%</i>
<i>Information</i>	26	89.66
<i>Counselling</i>	6	20.69
<i>Referral</i>	6	20.69
Food	53	29.44
Clothing	4	2.22
Health services	19	10.56
Counselling	105	58.33
Speech therapy	88	48.89
Physical therapy	52	28.89
Vocational training	8	4.44
Financial support	36	20.00
Asset support for starting a business	0	0
Legal aid	5	2.78
Education	93	51.67
Referral to other centers	5	2.78
Transportation to other centers	1	0.56
Entertainment activities	128	71.11
Awareness-raising activities	61	33.89
Connections with community activists	15	8.33
Other types of services	64	35.56
Other types of services	9	5.00

²⁰ Based on interviews with service users.

²¹ The first three social services – information, counselling, and referral – are delivered by municipal departments. Only respondents who obtain services from municipal departments are included. Percentages are not included when the sample size is too small.

Other types of services ²²	1	0.56
Types of social services: Roma		
<i>Information</i>	<i>1</i>	
<i>Counselling</i>	<i>1</i>	
<i>Referral</i>	<i>1</i>	
Food	33	40.74
Clothing	11	13.58
Health services	18	22.22
Counselling	17	20.99
Speech therapy	1	1.23
Physical therapy	0	0
Vocational training	10	12.35
Financial support	7	8.64
Asset support for starting a business	14	17.28
Legal aid	38	46.91
Education	36	44.44
Referral to other centers	5	6.17
Transportation to other centers	3	3.70
Entertainment activities	38	46.91
Awareness-raising activities	34	41.98
Connections with community activists	14	17.28
Other types of services	37	45.68
Other types of services	5	6.17
Other types of services ²³	1	1.23
Types of social services: Egyptians		
<i>Information</i>	<i>1</i>	
<i>Counselling</i>	<i>1</i>	
<i>Referral</i>	<i>1</i>	
Food	22	44.90
Clothing	17	34.69
Health services	5	10.20
Counselling	6	12.24
Speech therapy	2	4.08

²² There are six other types of social services, including development therapy, art therapy, ABA therapy, work therapy, emergency services, and YourStory (a program for Roma women).

²³ See above.

Physical therapy	1	2.04
Vocational training	3	6.12
Financial support	11	22.45
Asset support for starting a business	6	12.24
Legal aid	26	53.06
Education	19	38.78
Referral to other centers	3	6.12
Transportation to other centers	2	4.08
Entertainment activities	29	59.18
Awareness-raising activities	35	71.43
Connections with community activists	10	20.41
Other types of services	10	20.41
Other types of services	4	8.16
Other types of services ²⁴	1	2.04
<i>5. Number of issues/concerns raised by persons with disabilities, Roma and Egyptians addressed in annual planning and budgeting of social services²⁵</i>	<i>n</i>	
Number of individuals participating in meetings organized by the municipality to discuss the budget of 2018	17	
Number of individuals raising issues/concerns regarding social services during budget discussion	12	
Number of issues/concerns raised during budget discussions	16	
Issues reflected on the budget of the municipality		
Yes	3	
No	6	
I don't know	3	
Organization of participatory budgeting by the municipality		
Yes	14	
No	2	
Participation of vulnerable groups in budget discussions		
Yes	13	
No	3	
Vulnerable groups addressing issues/concerns		
Yes	11	
No	5	
Concerns of vulnerable groups reflected on the budget		

²⁴ See above.

²⁵ Based on administrative data and interviews with service users.

Yes	12	
No	4	
Outcome 2: Municipalities effectively manage the provision of social services and promote social inclusion		
<i>1. Qualitative and quantitative evolution of services and role of non-public service providers²⁶</i>	<i>M</i>	<i>SD</i>
Perceived quality of social services	1.48	.34
Perceived quality of social services: women/girls	1.46	.32
Perceived quality of social services: men/boys	1.50	.36
Perceived quality of social services: persons with disabilities	1.54	.32
Perceived quality of social services: Roma	1.36	.38
Perceived quality of social services: Egyptians	1.47	.31
Perceived quality of social services: public service providers	1.53	.28
Perceived quality of social services: non-public service providers	1.64	.33
Perceived quality of social services: hybrid service providers	1.15	.24
Perceived quality of social services: municipal departments	1.22	.17

Conclusions

The purpose of this study was to provide baseline data for the program Leave No One Behind. To collect baseline data, two complementary methods were used: administrative data were collected on social services and beneficiaries in 18 municipalities, and 303 interviews were conducted with service users in 28 social service agencies. The study provides information on the scope of service provision in 18 municipalities. Social service departments reported the total number of 121 service providers and 29,978 beneficiaries. Municipalities with the highest number of reported beneficiaries included Lezha, Dibra, Shkodra, Kruja, Tirana, and Durrës. The majority of service providers focused on multiple age groups and children. Local NGOs and local government agencies were the main service providers.

The study revealed low levels of satisfaction with social services. One of the main explanations for the low levels of satisfaction is the small number of social services provided. All groups – persons with disabilities, Roma and Egyptians – demanded a package of services that does not only fulfill their basic needs, but also promotes their independence and wellbeing. Some of the highly demanded social services included legal

²⁶ Based on interviews with service users.

aid, counselling, speech therapy, financial support, information, physical therapy, and connections with community activists.

Persons with disabilities, compared to Roma and Egyptians, were more likely to report that they receive counselling, speech therapy, physical therapy, and education services. Meanwhile, Roma and Egyptians were more likely to report that they receive financial support, asset support for starting a business, legal aid, and clothing. Observed differences can be explained by the varying needs of these different groups.

Often, we observed that rights were understood as responsibilities. Some of the respondents highlighted that their rights are “to comply with rules,” “to avoid begging,” and “to obtain aid.” These findings have two implications. First, social service agencies should focus on measuring the effectiveness of the services that they provide, and take measures when such services do not demonstrate effectiveness. Second, more work should be done to inform service beneficiaries about their rights.

Statistical analysis revealed significant differences between service providers. Service users in non-public agencies reported higher levels of satisfaction with social services. They were more likely to report that their life has changed after receiving services. This finding suggests that the governance of service providers matters for satisfaction with social services. Hence, it is important to pay greater attention to how social services are regulated and managed.

Levels of participation in decision making were quite low for all service users, which implies that all types of service providers should promote greater engagement of service users in decision making. The same conclusion holds for participation in council meetings. Only 17 service users (5.61 percent) reported that they have participated in meetings held in the municipality to discuss the budget.

Several differences were observed between persons with disabilities, Roma and Egyptians. Members of the Roma community were more likely than persons with disabilities and Egyptians to report that social services do not fulfill their needs at all. They were also more likely to report that services are not provided on time and their life has not changed after receiving services. The same conclusion holds for access to information. Roma were less likely to report that they know their rights. While this study does not focus on the effectiveness of social services, it highlights that members of the Roma community report less positive experiences than persons with disabilities and Egyptians.

These differences underline the importance of differentiating the two groups – Roma and Egyptians – because often they are grouped together.

Limitations

Initially, the team planned to map services and beneficiaries through desk research. However, the review of existing data revealed very little information about social service agencies. This led to the development of the instrument that was distributed to social service departments in municipalities. The process of collecting administrative data from different departments often took a long time. There were also a few instances when the information provided was not complete. For instance, information was not provided for all social service agencies or was not disaggregated by gender. These limitations should be considered during the second round of data collection. One of the ways through which these limitations can be addressed is through greater engagement at the local level. In addition, more time can be spent in the field communicating with social service agencies directly. Another issue concerns the reliability of administrative data. In several instances, we collected data on the same social services from two different sources – the municipality and the service provider. Differences were quite significant. The lack of reliable data undermines the process of tracking change over time.

Recommendations

Service users provided several suggestions on how to improve social services. Their suggestions focused on the following aspects:

- Expanding existing services, so more people in need can benefit.
- Increasing the number of staff members and developing their expertise. Several social service agencies had a limited number of staff members. There were instances of social service agencies who did not have physical therapists, psychologists, or other professionals who could provide critical services.
- Increasing the length of time that service users spent in social service agencies. Service users demanded that they spend more hours receiving social services.
- Introducing new social and health services for persons with disabilities, such as logotherapy, physical therapy, medical assistance, health services, dental services. Social service agencies were in dire need to expand the type of services that they offer.
- Supporting the development of new skills for children with disabilities, such as eating in group, playing basketball, swimming, reading, writing.

- Increasing the number of entertainment and outdoor activities.
- Introducing new equipment to assist persons with disabilities.
- Providing heating during winter, transportation, and food.
- Addressing cases of discrimination and unfair treatment from staff members.
- Obtaining soft loans for housing.
- Introducing new incentives for starting a business.
- Offering parents the opportunity to observe their children while receiving services as well as offering training sessions to build parents' skills.
- Encouraging greater engagement with service users, and expanding skills and expertise on new methods and interventions.
- Supporting children with school materials and equipment.
- Some of the parents suggested that service providers should organize and support large-scale systemic changes, for instance advocate for the inclusion of children with disabilities in kindergartens and supportive teachers in schools. They also demanded that service providers support their efforts of obtaining disability entitlement and economic aid.

Appendix A: Selected municipalities

Mapping was conducted in the following municipalities: Lezhë, Krujë, Fier, Dibër, Përmet, Ura Vajgurore, Korçë, Pogradec, Lushnje, Bulqizë, Sarandë, Shijak, Tiranë, Durrës, Shkodër, Kukës, Berat, Prrenjas.

Appendix B: Number of beneficiaries by municipality

Table 1: Number of beneficiaries by municipality

Municipality	Number of Beneficiaries	Number of persons with disabilities	Number of Roma	Number of Egyptians
Berat	634	170	247	50
Bulqizë	42	11	0	0
Dibër	4,860	6	0	5
Durrës	1,006	139	391	5
Fier	836	53	260	3
Korçë	292	12	7	0
Kruja	4,160	925	72	0
Kukës	100	22	0	0
Lezhë	8,770	404	50	559
Lushnje	66	54	1	4
Përmet	363	317	0	0
Pogradec	209	142	23	14
Prrenjas	68	0	0	0
Sarandë	152	54	24	0
Shijak	10	10	0	10
Shkodër	4,525	0	312	280
Tiranë	3,880	239	1425	895
Ura Vajgurore	5	0	0	0

Appendix C: Characteristics of service providers and beneficiaries

Table 2: Characteristics of service providers and beneficiaries

	<i>n</i>	<i>%</i>
Number of service providers	121	
Type of service provider		

Public	49	40.50
Non-public	61	50.41
Hybrid	11	9.09
Governance		
Central government	4	3.31
District (qarku)	2	1.65
Municipality	33	27.27
International organization	5	4.13
Local NGO	36	29.75
Foundation	17	14.05
Hybrid	24	19.83
Age group of beneficiaries		
Children	36	29.76
Youth	5	4.13
Middle age	0	0
Older adults	11	9.09
Children and youth	17	14.05
Children, youth and middle age	14	11.57
Children, youth, middle age and older adults	17	14.05
Children and middle age	1	0.83
Youth and middle age	3	2.48
Youth, middle age and older adults	2	1.65
	<i>N</i>	
Total number of beneficiaries	29,978	
Men/boys	9,422	
Women/girls	8,605	
Number of persons with disabilities	2,558	
Men/boys	1,443	
Women/girls	1,046	
Number of Roma	2,812	
Men/boys	1,102	
Women/girls	1,005	
Number of Egyptians	1,825	
Men/boys	684	
Women/girls	582	
Organization of participatory budgeting		
Yes	14	
No	2	

Participation of vulnerable groups in budget discussions	
Yes	13
No	3
Vulnerable groups addressing issues/concerns	
Yes	11
No	5
Concerns of vulnerable groups reflected on the budget	
Yes	12
No	4

Appendix D: Selected municipalities and service providers

The following municipalities were selected for interviews: Bulqizë, Berat, Dibër, Durrës, Fier, Korçë, Krujë, Kukës, Lezhë, Lushnje, Përmet, Pogradec, Sarandë, Shijak, Shkodër, Tiranë, Ura Vajgurore.

Table 3: Number of interviews by municipality

Municipality	<i>n</i>	%
Bulqizë	4	1.32
Berat	16	5.28
Dibër	8	2.64
Durrës	24	7.92
Fier	24	7.92
Korçë	19	6.27
Krujë	22	7.26
Kukës	8	2.64
Lezhë	30	9.90
Lushnje	10	3.30
Përmet	7	2.31
Pogradec	21	6.93
Sarandë	8	2.64
Shijak	7	2.31
Shkodër	24	7.92
Tiranë	64	21.12
Ura Vajgurore	7	2.31

Table 4: Selected service providers

Municipality	Service provider
Bulqizë	Community Center for Persons with Disabilities / Qendra Komunitare për Personat me Aftësi të Kufizuara
Berat	Center "Lira" / Qendra "Lira" Intercultural Community Center / Qendra Nderkulturore Komunitare
Dibër	Municipality / Bashkia
Durrës	Center for Community Services for Persons with Disabilities / Qendra e Shërbimeve Komunitare për Personat me Aftësi të Kufizuara Multifunctional Community Center Nishtulla / Qendra Komunitare Multifunksionale Nishtulla
Fier	Daily Center for Persons with Disabilities "Horizont" / Qendra Ditore për Personat me Aftësi të Kufizuara "Horizont" Help for Children Foundation / Fondacioni Ndhimë për Fëmijët
Korçë	Disutni Physical Rehabilitation Center / Qendra e Rehabilitimit Fizik
Kukës	Social Services Center / Qendra e Shërbimeve Sociale
Krujë	Help for Children Foundation / Fondacioni Ndhimë për Fëmijët Daily Center for Development, Arrameras / Qendra Ditore për Zhvillim Municipality / Bashkia
Lezhë	Daily Center for Development "Trëndafilat" / Qendra Ditore për Zhvillim "Trëndafilat" Help for Children Foundation / Fondacioni Ndhimë për Fëmijët Shenjta Mari Center / Qendra Shenjta Mari
Lushnje	Development Center for Persons with Disabilities / Qendër Zhvillimi për Personat me Aftësi të Kufizuara
Përmet	Municipality / Bashkia
Pogradec	Daily Center for Persons with Disabilities / Qendra Ditore për Personat me Aftësi të Kufizuara Qendra Ndërkulturore Komunitare / Intercultural Community Center
Sarandë	Daily Center for Persons with Disabilities / Qendra Ditore për Personat me Aftësi të Kufizuara
Shijak	Community Center / Qendra Komunitare
Shkodër	Multifunctional Center no. 4 / Qendra Multifunksionale nr. 4 Daily Center for Development / Qendra Ditore për Zhvillim
Tiranë	Albanian Children Foundation "Domenick Scaglione" / Fondacioni Fëmijët Shqiptarë "Domenick Scaglione" Help the Life Center / Shoqata Ndhmoni Jetën Jonathan Center / Qendra Jonathan

	Multifunctional Center “Shtëpia e Ngjyrave” (ARSIS) / Qendra Multifunkionale “Shtëpia e Ngjyrave” (ARSIS)
	Romani Baxt
	The Roma Woman of Tomorrow / Gruaja Rome e së Nesërmes
Ura	Municipality / Bashkia
Vajgurore	

Appendix E: Sample characteristics

Table 5: Sample characteristics

	<i>n</i>	%
Gender		
Woman/girl	148	48.84
Man/boy	155	51.16
Education level		
No education	163	53.80
Primary education	77	25.41
8/9 years of education	38	12.54
High school	12	3.96
Vocational training	2	0.66
University	9	2.97
Master or Doctorate	2	0.66
Group*		
Person with disability	180	59.41
Roma	81	26.73
Egyptian	49	16.17
Type of disability		
Intellectual disability	28	9.24
Autism	75	24.75
Problems concerning the ability to see	5	1.65
Chronic illness	21	6.93
Problems concerning the ability to listen/speak	37	12.21
Occupational disability	1	0.33
Mental health problems/behavioral/emotional disorders	34	11.22
Paralysis/absence of limbs	21	6.93
Other**	60	19.80
Recipient of monthly payment from State Social Services		

Yes	189	62.38
No	114	37.62
Type of payment		
Disability payment/entitlement	164	54.13
Payment for the caregiver	87	28.71
Economic aid	25	8.25
Other***	9	2.97
Recipient of social services in other centers		
Yes	37	12.21
No	266	87.79
Respondent		
Selected person	104	34.32
Personal assistant for persons with disabilities	1	0.33
Child's custodian	192	63.37
Other****	6	1.98
Type of service provider		
Public	114	37.62
Non-public	112	36.96
Hybrid	48	15.84
Municipality	29	9.57
	<i>M</i>	<i>SD</i>
Age	19.23	14.40
Monthly personal income (new lek)*****	20,528	19,542

*There were a few instances of individuals who belonged to more than group. In these cases, group membership was counted more than once.

**For example, movement disorders, arm impairment, Angelman syndrome.

***Supportive services for persons with disabilities, such as hygiene package.

****Spouse, relative, grandmother, sister.

*****42 respondents (13,86 %) refused to provide information.

Appendix F: Satisfaction with social services

Table 6: Access to social services

	<i>M</i>	<i>SD</i>	<i>range</i>
Length of time receiving services	4.06	4.32	0-20
Time spent in the center/municipality	2.60	1.92	0-8
	<i>n</i>	<i>%</i>	

1. Every day	77	25.41
2. 4-5 times a week	66	21.78
3. 2-3 times a week	56	18.48
4. 1 time a week	29	9.57
5. Other (specify):*	75	24.75

*Any time meetings are organized; during summertime; once a month; once in two weeks.

Table 7: Social services received

Type of service*	n	%
Information	26	89.66
Counseling	6	20.69
Referral	6	20.69
Food	108	35.64
Clothing	31	10.23
Health services	42	13.86
Counselling	125	41.25
Speech therapy	88	29.04
Physical therapy	52	17.16
Vocational training	21	6.93
Financial support	51	16.83
Asset support for starting a business	20	6.60
Legal aid	68	22.44
Education	145	47.85
Referral to other centers	13	4.29
Transportation to other centers	5	1.65
Entertainment activities	191	63.04
Awareness-raising activities	127	41.91
Connections with community activists	37	12.21
Other (specify):**	111	36.63
Other (specify):**	18	5.94
Other (specify):**	3	0.99

*The first three social services – information, counselling, and referral – are delivered by municipal departments. Only respondents who obtain services from municipal departments are included.

**Other social services include development therapy, art therapy, ABA therapy, work therapy, emergency services, YourStory (a program for Roma women).

Table 8: Quality of social services

Type of service*	<i>M</i>	<i>SD</i>	<i>range</i>
<i>Information</i>	2.83	1.71	1-5
<i>Counseling</i>	1.41	1.20	1-5
<i>Referral</i>	1.44	1.20	1-5
Food	2.16	1.65	1-5
Clothing	1.29	.95	1-5
Health services	1.44	1.18	1-5
Counselling	2.47	1.78	1-5
Speech therapy	2.58	1.72	1-5
Physical therapy	1.97	1.64	1-5
Vocational training	1.22	.86	1-5
Financial support	1.40	1.05	1-5
Asset support for starting a business	1.22	.88	1-5
Legal aid	1.79	1.51	1-5
Education	2.60	1.79	1-5
Referral to other centers	1.14	.71	1-5
Transportation to other centers	1.04	.38	1-5
Entertainment activities	3.11	1.76	1-5
Awareness-raising activities	2.48	1.79	1-5
Connections with community activists	1.43	1.19	1-5
Other:**	2.28	1.76	1-5
Other:**	1.13	.68	1-5
Other:**	1.02	.32	1-5
All services	1.48	.34	.77- 2.59

*The first three social services – information, counselling, and referral – are delivered by municipal departments. Only respondents who obtain services from municipal departments are included.

**Other social services include development therapy, art therapy, ABA therapy, work therapy, emergency services, YourStory (a program for Roma women).

Table 9: Satisfaction with social services

Type of service*	<i>M</i>	<i>SD</i>	<i>range</i>
<i>Information</i>	3.31	1.58	1-5
<i>Counseling</i>	1.48	1.27	1-5
<i>Referral</i>	1.51	1.27	1-5
Food	2.16	1.66	1-5
Clothing	1.30	.99	1-5

Health services	1.43	1.18	1-5
Counselling	2.44	1.78	1-5
Speech therapy	2.58	1.72	1-5
Physical therapy	1.88	1.53	1-5
Vocational training	1.24	.93	1-5
Financial support	1.37	.99	1-5
Asset support for starting a business	1.25	.94	1-5
Legal aid	1.80	1.54	1-5
Education	2.62	1.82	1-5
Referral to other centers	1.10	.58	1-5
Transportation to other centers	1.06	.47	1-5
Entertainment activities	3.09	1.77	1-5
Awareness-raising activities	2.50	1.81	1-5
Connections with community activists	1.81	1.16	1-5
Other:**	2.29	1.77	1-5
Other:**	1.19	.83	1-5
Other:**	1.03	.36	1-5
All services	1.48	.34	.77- 2.59

*The first three social services – information, counselling, and referral – are delivered by municipal departments. Only respondents who obtain services from municipal departments are included.

**Other social services include development therapy, art therapy, ABA therapy, work therapy, emergency services, YourStory (a program for Roma women).

Table 10: Professionals providing support

	<i>n</i>	<i>%</i>
<i>Municipal officials*</i>	28	96.55
Personal care assistant	8	2.64
Therapist	98	32.34
Physical therapist	51	16.83
Caregiver/guardian	19	6.27
Social worker	138	45.54
Psychologist	104	34.32
Teacher	115	37.95
Doctor	32	10.56
Nurse	29	9.57
Lawyer	11	3.63

Companion	23	7.59
Community mediator	56	18.48
Other (specify):**	32	10.56
Other (specify):**	11	3.63

*Applicable only to respondents who obtained services from municipal departments.

**Coordinator, facilitator, communication manager, driver.

Table 11: Satisfaction with the work of professionals

	<i>M</i>	<i>SD</i>	<i>range</i>
<i>Municipal officials*</i>	3.39	1.28	1-5
Personal care assistant	1.16	.75	1-5
Therapist	2.97	1.86	1-5
Physical therapist	1.97	1.61	1-5
Caregiver/guardian	1.24	.92	1-5
Social worker	2.62	1.86	1-5
Psychologist	2.21	1.75	1-5
Teacher	2.32	1.78	1-5
Doctor	1.36	1.12	1-5
Nurse	1.27	.97	1-5
Lawyer	1.10	.57	1-5
Companion	1.29	1.00	1-5
Community mediator	1.60	1.34	1-5
Other:**	1.13	.71	1-5

*Applicable only to respondents who obtained services from municipal departments.

**Coordinator, facilitator, communication manager, driver.

Table 12: Conditions and relationship with professionals in the center

	Not at all (%)	Partly (%)	Fully (%)
1. Do services fulfill your needs?	36 (12.00)	134 (44.67)	130 (43.33)
2. Is the physical environment suitable for persons with disabilities?	5 (3.25)	33 (21.43)	116 (75.32)
3. Does the way that you are treated in the center make you feel good with yourself?	7 (2.34)	40 (13.38)	252 (84.28)
4. Are staff members polite?	1	18	283

	(0.33)	(5.96)	(93.71)
5. Are staff members communicative?	0	18	284
	(0)	(5.96)	(94.04)
6. Is the language used by staff members easy to understand?	2	17	283
	(0.66)	(5.63)	(93.71)
7. Are conditions suitable, for instance warm during winter?	5	29	195
	(2.18)	(12.66)	(85.15)
8. Are services provided on time?	6	40	249
	(2.03)	(13.56)	(84.41)
9. Can you connect with the center through telephone?	16	5	280
	(5.32)	(1.66)	(93.02)
10. Has your life changed after receiving services in the center?	35	165	103
	(11.55)	(54.46)	(33.99)

Table 13: Access to information and involvement in decision making

	<i>n</i>	<i>%</i>
Knowledge of rights		
Yes	195	64.36
No	108	35.64
Discussions on the rights of service beneficiaries		
Yes	224	73.93
No	56	18.48
I don't know	23	7.59
Rights displayed in the premises of the center		
Yes	121	39.93
No	73	24.09
I don't know	109	35.97
Discussions on the improvement of services held in the center/municipality		
Yes	201	66.34
No	60	19.80
I don't know	42	13.86
Participation in discussions held in the center/municipality		
Yes	169	82.84
No	35	17.16
Suggestions for the improvement of services in the center/municipality		
Yes	119	70.41
No	50	29.59

Suggestions taken into consideration in the center/municipality		
None	27	23.08
Partly	61	52.14
Fully	29	24.79
Participation in meetings held in the municipality to discuss the budget		
Yes	17	5.61
No	286	94.39
Raising issues concerning social services during budget discussion		
Yes	12	70.59
No	5	29.41
Number of issues raised*	16	
Issues reflected on the budget of the municipality		
Yes	3	25.00
No	6	50.00
I don't know	3	25.00

*Types of issues raised: investing in a community center for persons with disabilities; increasing the number of hours providing services; providing transportation, heating; organizing entertainment activities; increasing financial support for persons with disabilities; providing financial support on time.

Table 14: Social services demanded

Type of service*	<i>n</i>	%
<i>Information</i>	16	55.17
<i>Counseling</i>	6	20.69
<i>Referral</i>	7	24.14
Food	10	34.48
Clothing	7	24.14
Health services	4	13.79
Counselling	23	79.31
Speech therapy	23	79.31
Physical therapy	14	48.28
Vocational training	8	27.59
Financial support	19	65.52
Asset support for starting a business	0	0
Legal aid	26	89.66
Education	0	0
Referral to other centers	7	24.14
Transportation to other centers	29	100

Entertainment activities	25	86.21
Awareness-raising activities	0	0
Connections with community activists	13	44.83
Other:**	13	44.83

*This table is based on data collected only from study participants who do not obtain services from social service agencies.

**Wheelchair, life skills, hygiene package, individual therapy.