

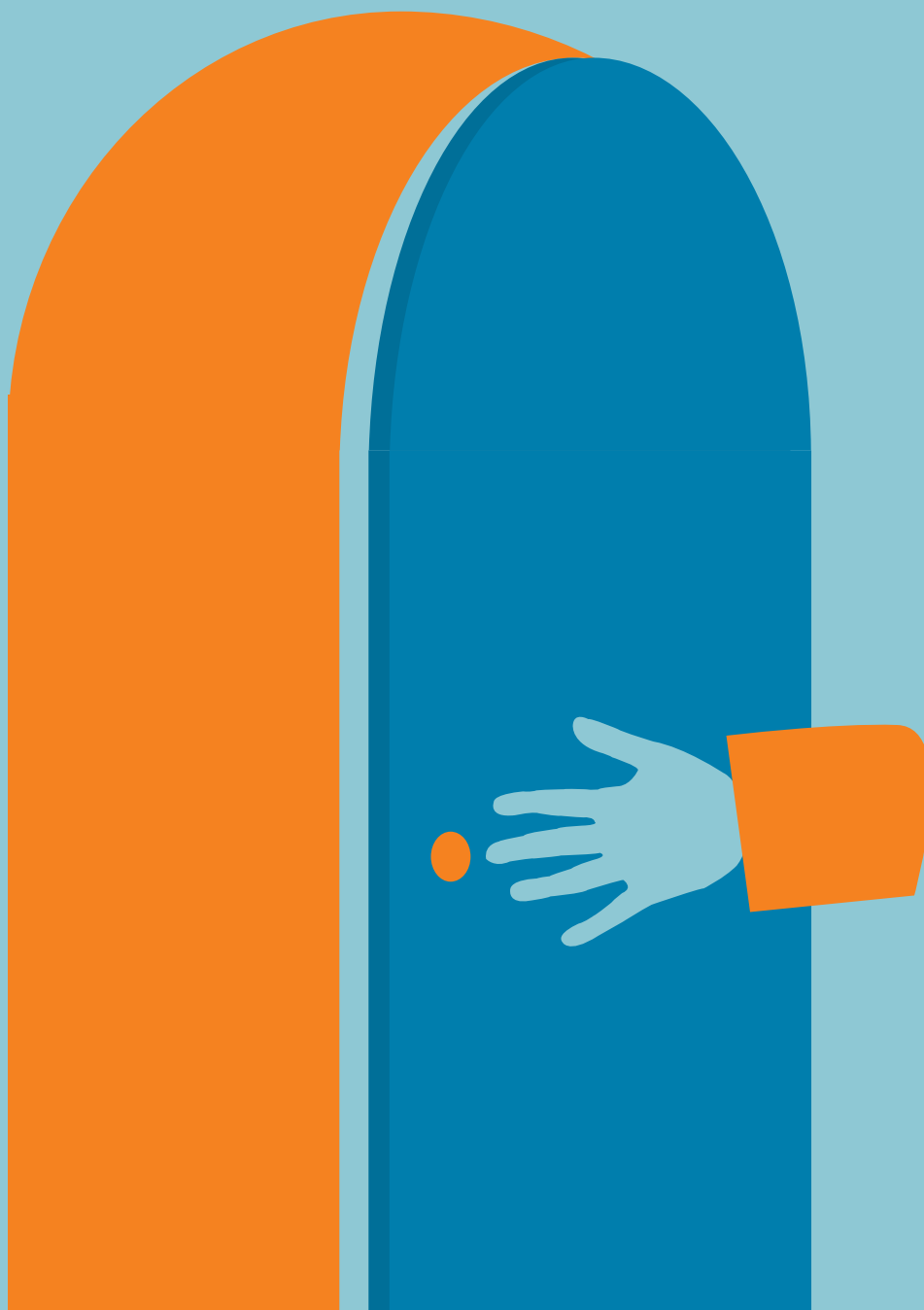


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INTEGRATED COMMUNITY BASED SOCIAL SERVICES IN ALBANIA TO ADDRESS THE NEEDS OF ROMA AND EGYPTIAN COMMUNITIES





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PILOT MODEL

INTEGRATED COMMUNITY BASED SOCIAL SERVICES IN ALBANIA TO ADDRESS THE NEEDS OF ROMA AND EGYPTIAN COMMUNITIES

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The project empowers Roma and Egyptian communities to participate in local planning processes and prioritization of infrastructure development of Roma and Egyptian neighborhoods through an Area-Based-Approach. It works to build capacities of Roma and Egyptian civil society organizations to be able to implement small scale projects in response to community needs. The project also supports Roma and Egyptian individuals through skills, employment and entrepreneurship. The government is supported for delivering inclusive integrated family focused social services and to implement and monitor the **National Action Plan for the Integration of Roma and Egyptians, 2016-2020**.

The project is implemented in four municipalities: Tirana, Durrës, Shkodra and Berat. It is funded by the European Union and implemented by the United Nations Development Programme in Albania in partnership with the Ministry of Social Welfare and Youth.

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Acronyms

CPU	Child Protection Unit
ICBSS	Integrated Community Based Social Services
LGU	Local Government Unit
MDT	Multi-Disciplinary Team
NGO	Non-Governmental Organization
UNDP	United Nations Development Programme

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Introduction

The *“Economic and Social Empowerment of Roma and Egyptians - a booster for social inclusion”* Project is developing pilot models of Integrated Community Based Social Services (ICBSS) for Roma and Egyptian Communities in four pilot regions: Tirana, Durres, Berat and Shkodra.

Although specific models have been developed for each of the four pilot areas, based upon the needs of the community and the context, these reflect a common approach (the ‘ICBSS Model’). This approach, at its foundation, is family based. It reflects the importance of family in the lives of children and the emphasis of community as an integral part of identity, especially within Roma and Egyptian populations. Adopting a family based approach means that the whole family becomes a focus for planning and intervention. Strengthening families helps to improve the resilience of the family unit, and consequently contributes to empowering family members.

More generally within Albania the move to a family based approach with supports and services delivered through or at the community, reflects a trend within the country towards early intervention and localized services which are delivered in an integrated and holistic way.

Background to the initiative

The current administrative and territorial reforms being undertaken by the Albanian Government aim to increase the cost efficiency of local government units (LGUs), thus enabling them to provide better services and make sure that all citizens can access these services. Furthermore, the reform of social services, launched early in 2013, together with the development and approval of the **National Strategy for Social Protection** and the **Policy Document for Social Inclusion**, as well the new **Law on Social Services** (entered into force on 24th November 2016) and the proposed draft Law on the Rights and the Protection of the Child creates a policy and legal foundation for the development of community based social services, which by their very nature should be more accessible than traditionally centrally managed provisions.¹

The provision of services to Roma and Egyptian communities has always been a challenge. According to the Albanian census of 2011, the numbers of Roma and Egyptians in Albania are respectively 8,301 and 3,368, (0.3% and 0.1% of the total population). However other sources estimate between 18,276² and 120,000 Roma³ and over 200,000 Egyptians⁴, which makes their inclusion into public services a real objective and necessity for the Albanian Government. Although Roma and Egyptians live throughout the country, the largest concentrations can be found

in central and southeastern Albania⁵.

Despite the successful implementation of important political, social and economic reforms, Roma and Egyptian communities continue to face direct and indirect barriers in accessing public services. This is for a variety of reasons, but mainly because of a lack of information and understanding of administrative procedures. This is compounded by eligibility criterion for accessing services that cannot be met, sometimes related to the ability to produce necessary documentation. Importantly, the negative and discriminatory attitudes toward Roma and Egyptian by the majority of the Albanian population also serve to further marginalize and isolate Roma and Egyptian families.

The main challenges faced by Roma and Egyptian communities are related to:

- Securing housing & accommodation
- Finding reliable and adequately paid forms of income & employment
- Accessing government services, including health and education.

In particular, the inability to register means that Roma and Egyptian families are often unable to access services that do exist.

In relation to the specific needs in the four pilot areas, a comprehensive needs assessment, upon which the ICBS Model has been developed, was conducted during late 2016.⁶ However, general trends that have been noted include:

1. See Appendix for more detailed description of the legal and policy framework

2. Open Society Foundation in Albania (SOFA), *Roma Census Study of Albania Communities*, April 2014, http://www.osfa.al/sites/default/files/roma_census_albanian.pdf. This figure belongs only to the Roma that live in concentrated areas.

3. Estimate provided by the Roma Association "Amarodrom" quoted in the World Bank report *Roma and Egyptians in Albania: From Social Exclusion to Social Inclusion*, prepared by Hermine De Soto, Sabine Beddies and Ilir Gedeshi, 2005, <https://openknowledge.worldbank.org/bitstream/handle/10986/7313/32181.pdf?sequence=1>, p. xxiv.

4. *Ibid*, estimate provided by the Egyptian Association "Vëllazërimi".

5. According to Mapping Roma Children in Albania, Tirana, November 2011 Even though mobility is noticed in all the Roma communities, the main hubs are Fushë Kruja, Kthesa e Ariut, Tirana, Rrapishta in Elbasan, village of Gosë in Kavaja, Rrom village in Fier, Peqin, Cërrik, Berat, Rrogozhina and less in Bilisht, Korça, etc. At the time of the survey the Roma of Fushë Kruja were in Shkodra, Beltoja, Ura e Drojës, Kukës, Peshkopi, Milot, Ura e Dajlanit, Vrion in Saranda, etc. The Roma from Rrapishta were in Shkodër, Fushë Ali and Shupenza in Peshkopia, Farka and Shkoza in Tirana, Shkozet in Durrës, Saranda, Qafë e Vishës in Himara, etc. While the Roma from Bilisht during the summer 2011 were found in Shkozet in Durrës, in Erseka.

DEVELOPMENT OF THE MODEL OF INTEGRATED COMMUNITY BASED SOCIAL SERVICES (ICBSS)

As mentioned previously, providing services to Roma and Egyptian communities in appropriate ways that create sustained and systematic change and which overcome the endemic marginalization, social isolation and lack of accessibility to services has long been a challenge.

The desire to identify a new model of service delivery has combined with the **Strategy of Social Protection 2015-2020** which identifies the establishment of an integrated system of social care services at local level by Local Government Units as a priority, and the **National Action Plan for the Integration of Roma and Egyptians in the Republic of Albania 2016-2020**. In addition, the new Social Services Law foresees the creation of services delivered at community level. In particular, the new law provides for:

- ▶ **“Social care services”** representing an integrated and organized system of benefits and facilities that are delivered/provided by professionals of relevant public or non-public entities, with the goal of improving the conditions of disadvantaged persons.
- ▶ **“Para-social care services”** services that include provision of information, support to families so that they identify their needs for care, initial assessment, and support to the individual to make the choice for the service that they need.
- ▶ **Complimentary “Specialized care services”** which support at local level services delivered at the regional level for children with special needs such as autism, child victims of sexual abuse and women and girls who are victims of abuse and violence or trafficking.
- ▶ **“Online of telephone counselling services”** services offered through the help phone line 24 hours 7 days a week, that support and counsel families or children in cases of crisis, domestic violence or for protection of children.

Within this framework, and based upon the Needs Assessment in the four pilot areas, a new model of Integrated Community Based Social Services has been developed. The proposed ICBSS Model, as outlined in this guide, meets four principles set out in the new Law on Social Services:

- ▶ **Principle of social justice:** Ensuring the basic living conditions of all people, including employment.
- ▶ **Principle of subsidiarity:** Social services are brought as close to citizens as possible.
- ▶ **Principle of social support:** Those in need are able access and are provided with services and support while in need.
- ▶ **Principle of partnership:** The system of social services is based on a close cooperation between central governance and local governance, as the main sources of funding of social services, together with NGOs and other non-public entities whose scope of activity includes delivery of social services.

Poverty

Average income per capita among Roma and Egyptians was estimated in the first half of the last decade as less than a third of that of the non-Roma and Egyptian population, with as much as 80% of the Roma population living below the poverty line⁷. About 48% of Roma families state that they earn less than 10000 Lekë per month (with the poverty line set at 19000 per month). Less than 1% of Roma families report earning an income of up to 50000 Lekë per month. Poverty is also often cited as a reason for the disproportionate number of Roma and Egyptian children placed in residential institutions (respectively 18% and 5%⁸).

Unsuitable living conditions

Living conditions are way below what could be considered to be acceptable - in shacks/barracks⁹ in peripheral and remote areas, with no sewerage systems, potable water, utility connections, or public transportation. The situation is aggravated by the fact that many Roma and Egyptians fail to meet income threshold required to access the available social housing and are unable to regularize their homes under the revised Law on the legalization of property¹⁰.

Unemployment

The main income for families is usually derived from working in low-skilled jobs, most often in the non-formal sector, such as the trade of second hand clothes and the collection of recy-

clable waste¹¹. Roma and Egyptians who have moved from rural to urban areas do not qualify for unemployment opportunities or economic cash support because they are not registered as residents of these cities. As a result, the level of poverty is very high and almost 90% of Roma and Egyptians are out of the economic aid assistance system or lack access to other basic services such as health, education, and civic registration¹².

Health

While vaccination rates among Roma and Egyptians are only slightly lower than among their non-Roma and Egyptian neighbours (i.e. 89% versus 99%), access to medical insurance is more problematic: less than a third of Roma are insured, as compared to half of non-Roma who live in proximity to Roma settlements.¹³

Education

Only a small number of Roma and Egyptian children move beyond elementary school education because of poverty, low cultural value placed on education and discrimination in

9. UNDP 'A Needs Assessment Study on Roma and Egyptian Communities in Albania', 2012

10. Written comments by the European Roma Rights Centre for Consideration by the European Commission concerning Roma Inclusion in the Western Balkans Progress Reports 2016 <http://www.errc.org/cms/upload/file/ec-submission-on-roma-inclusion-in-the-western-balkans-july-2016.pdf>

11. http://www.al.undp.org/content/albania/en/home/library/poverty/_roma-and-egyptians-in-albania--a-socio-demographic-and-economy/ Patrick Simon with Emira Galanxhi and Olgeta Dhono

12. Study on "The situation of children in street situation in Albania" UNICEF, SCH, ARSIS (undated)

13. 'A needs assessment on the capacities, tools and methodologies needed to deliver integrated community based social services for Roma and Egyptians in the regions of Tirana, Durrës, Berat, and Shkodra', Final Needs Assessment Report, November 2015 produced by UNDP and Terre des hommes.

INTEGRATED COMMUNITY BASED SOCIAL SERVICES MODEL

Format of the Guide to the ICBSS Model

PART 1: FOUNDATIONS

Sets out “how to” implement the Model, examining important considerations for the ICBSS Model in terms of its ethos and implementation.

PART 2: SERVICES

Outlines the core services which are expected to be provided and provides a framework for identifying other needs and providing additional secondary services.

PART 3: ACTIONS

This section provides more detail regarding the core services that should be provided, according to the needs identified in each of the four pilot areas.

This section details the standards which frame the work of the centres implementing the pilot ICBSS Model.

PART 4: STANDARDS

In addition, the Appendices contain a number of resources referred to throughout this guide and which might be of use in supporting the development and implementation of the ICBSS Model in the four pilot areas.

schools.¹⁴ In 2011 a regional survey¹⁵ found that that 48% of Roma in Albania between the ages of 7 and 15 years old attend school, dropping to 13% among Roma aged 16 to 19 years old. Early marriages (often forced) are another fac-

tor hindering education and encouraging drop out, especially for Roma girls¹⁶. It appears from some analysis that the gap between educational attainment in Roma and Egyptian communities and wider society in Albania appears to be worsening.¹⁷

14. According to Decade of Roma Inclusion Secretariat Foundation (2013) Civil Society Monitoring Report some of the reasons are related to: education is not directly linked to the employment and therefore they do not believe that education could alleviate their poverty; parents need children to contribute in their day-to-day lives due to extreme poverty and lack of employment; parents are not confident that their children will have the minimal skills needed to complete basic education; very poor living conditions hamper children's ability to do homework, which is detrimental to learning; almost all parents are illiterate and are not able to assist their children in doing their homework; and parents are out of the home all the day to try and provide for their family and there would be nobody to take care of the younger children.

15. Commissioned by UNDP, the World Bank and the European Commission.

Civil and Birth Registration

Many Roma and Egyptian children do not have their births registered. This is for a variety of reasons including: being born abroad and without documents, with inaccurate data; being born outside of health facilities/maternity wards and therefore parents being without the document

16. *Mapping Roma Children in Albania, Tirana*, November 2011

17. CESCR, 2013, pg. 4.

of “assistance at birth”; being born in health care facilities/maternity wards but with the wrong data submitted by parents; and being born in health care facilities/maternity wards and abandoned by the relatives.¹⁸ The lack registration of children in the civil registry office drastically reduces their chances in accessing and benefiting from economic, social and cultural rights¹⁹.

Guide to ICBSS Model

The new ICBSS Model, in many senses does not fundamentally change the services which are being offered. What is different is the approach that is proposed, essentially one which is more holistic and based upon the family, proactive (requiring follow up) and with a higher degree of community involvement. Critically the service is expected to be accountable to the community. The ICBSS Model as described provides a framework for developing community based integrated support which is:

- **Relevant** to the local community;
- **Acceptable** to the local community.

The ICBSS Model seeks not to duplicate existing services but to compliment and to increase their accessibility for Roma and Egyptian families, and where necessary provide supplementary services.

It is expected that the ICBSS Model will provide two ‘types’ of services:

1. Those which are **flexible** and can be accessed as desired. These will be more informal and social support in nature - such services are often important entry routes into developing relationships and building trust which can help with more sustained engagement;
2. Those where there is **sustained engagement** with the family, **case management** will be used to ensure a more structured, systematic and thorough

intervention based on individual family needs. Although case management will be a family basis, individual plans will be provided for each family member.

While a number of **core services** are expected to be provided in each location, in addition the centres implementing the ICBSS as part of the pilot will be able to tailor the supports given, and are required to offer additional services according to the specific needs of each community in which they are based.

In order to be flexible and adaptable, the ICBSS Model is presented more as a ‘how to’ guide, rather than ‘what to’ do, albeit that some services are required to be provided. However, even where specific services are identified the method of delivery for these and their exact scope can and should be contextualized according to local needs.

Targeting of families

While the ICBSS Model specifically targets Roma and Egyptian families, it is not recommended to only target these families, especially where others from the surrounding non-Roma and Egyptian communities may also be impoverished as this can increase the isolation from the wider community and impede efforts to integrate families.

It is particularly important to create opportunities for communities to gain a positive view of Roma and Egyptian families to increase inclusion and social cohesion. One way to do this is for Roma and Egyptian families to be seen to be bringing resources to an area for the benefit of all. Of course, in doing so it is essential that the needs of Roma and Egyptian people are not side-lined. **Although no specific targets have been set for inclusion of non-Roma and Egyptian families, it is a requirement that centres implementing the ICBSS Model monitor and record data regarding the use of the centre by non-Roma and Egyptian families** as well as numbers of Roma and Egyptian.

18. *Mapping of the child protection system*, in 2015, produced by Maestral for UNICEF

19. CESCR, 2013, pg. 4.

Part 1

Foundations

Essential Characteristics

The operation of the ICBSS Model, based upon the underpinning principles, will translate into a number of essential characteristics which will define the work of the centres implementing the ICBSS Model in the pilot areas.

Involvement of the community

The need for consultation, participation in design and management of services, reviews and evaluations, and use of written agreements with individual families.

It is critical that community are involved in the implementation of the services. This includes:

- **Participation of individuals** regarding their particular needs as part of developing individual care plans. As part of this in addition to the care plan which should be developed and reviewed with the service users, written agreements should be used to identify what are the objectives for each service provided, what are the commitments and expectations both of the user and the Centre, and to provide a baseline for reviewing the work and activities. A suggested **Written Agreement** Template is included in the Appendices.
- **Participation of families** regarding their particular needs. Families are made up of individuals, however the family as a whole unit has its own dynamic and synergy which is influenced by family relationships. For example, in considering domestic violence, it is not desirable to only concentrate on victim support, but it is also important to attend to the perpetrator and witnesses (others in the household). The needs of the family should also be carefully considered.

A care plan should be developed with the family for the family, and if necessary for individuals within the family. A template for a **Care Plan** can be found in the Appendices.

Empowerment

Supporting people in ways which are empowering involves:

- *Supporting them in developing a sense of control in their own lives – this includes involving them in the way services are delivered.*
- *Working with strengths rather focusing only on weaknesses.*
- *Providing information in an appropriate manner, using suitable language.*
- *Helping to identify resources.*
- *Assisting in exploring options for change.*
- *Facilitating understanding of the consequences of actions.*

- **Participation of communities** regarding the services to be run and activities to be implemented, including identifying needs, running and reviewing programmes. This includes having community members involved in activities, such as using volunteers to support the delivery of services (for example acting as outreach workers) and consultation to identify services and activities required. This is necessary to ensure that the ICBSS Model is accountable and remains reflexive, able to adapt to the changing needs of the community.
- **Participation of children** should also be carried out in order to ensure that their opinions are taken into account, and to maximize their involvement in activities. This helps develop key life skills and resilience, and also contributes to the realization of children's right to participation under the United Nations Convention on the Rights of the Child, to which Albania is a signatory.

Added value of community based approach

When services are developed and delivered locally they are more accessible to the community and relevant to the context. They are also able to harness more effectively any local services and resources that exist.

In the longer term, working at community level helps to enhance informal support which in turn enables the population to become more resilient and self-sufficient.

Empowerment of Children through the Process

Much emphasis is rightly placed on the importance of child participation and empowering children to be involved in decisions that affect their lives, helping them to take control of their own futures. While child participation is often seen as a separate activity (for example taking part in consultations) the best way to empower children is through the processes in the project and by incorporating their involvement at every stage. This includes making sure that children are given choices about what to participate in as part of a programme rather than being 'made' to participate because that is what is expected or what is provided.

The age, development and the extent to which children have been able to participate and exercise control over their lives in the past while have a direct bearing on the amount of support and encouragement that children will need from workers to actively participate. Particularly where children have been punished for not doing as they are told, it may be difficult for them to speak freely. Where children have not been listen to or feel that their opinion will not be taken seriously it may take them sometime to accept that workers are genuinely interested in what they have to say. Peer support, peer education and peer advocacy schemes (in which children play the leading role

in the activities) can be effective ways of engaging children and helping them to both develop confidence and feel that they are making a difference and to learn new skills. Additionally, since children often turn to other children first for help, or often are more likely to listen to what children say rather than the advice of adults, children can also play a key role in the protection of other children, and support them in their recovery and reintegration. Children can also be involved in community-level prevention & advocacy efforts to address stigma and discrimination.

The establishment of peer support, education and advocacy schemes must always be undertaken with careful consideration for the safety of the children involved. It is also necessary to ensure that schemes are inclusive, and that they are carefully supported so as not to place children at additional risk or force upon them responsibilities which are inappropriate for their age and development.

Partnership with local NGOs - community services

This means complimenting and building upon existing resources. This includes a requirement for mapping and networking and helping to raise the capacities of mainstream services to respond to the needs of Roma and Egyptians.

While the centres implementing the ICBSS Model should ensure that they provide all the core services identified, this does not mean that they need to provide all the services directly. It may be that there are other service providers such as NGOs who provide services which can be considered core services under the Model.

In such cases a main role for the centres will be to ensure that service users are linked to those services. This does not mean only referral, but also proactive follow up and perhaps accompanying service users for appointments, especially during the early stages and carrying out joint meetings.

The key to working in partnership with other agencies and providing holistic support is to ensure that all needs of service users are addressed and that agencies work *together*.

UNDERPINNING PRINCIPLES

The foundation of the Model is a strength based approach, from a rights perspective, which is family focused. Specifically, all activities must be rooted in:

- ▶ **Respect** for the individual, their choices and their identity;
- ▶ Providing **opportunities** for learning and skill development, including key life and social skills to enhance problem solving, independence and relationships, and thus enhance self-esteem;
- ▶ Enhancing **self-esteem, confidence and sense of self agency**, and therefore increase resilience and promote independence;
- ▶ **Involvement of service users** in the management and running of services (to also increase self-esteem, and empowerment);
- ▶ Creating opportunities to develop and sustain positive social and family relationships as a way of providing informal support in the longer term;
- ▶ Promoting **integration and social inclusion** of Roma and Egyptian population both through community based activities and access to mainstream services;
- ▶ Increasing **access to mainstream services** including civil registration, health care and education;
- ▶ **Protection of children** and promotion of their welfare through integrated child protection services and appropriate child care practices;
- ▶ **Ensuring accountability** of service providers, including both state and non-state actors.

Mapping of services and agencies

It is necessary to know who else is working in the area or who may be potential sources of support and to understand *what they do* and not make assumptions. It is critical to do this so as not to duplicate the work of others and instead to plug gaps or build upon the others' efforts. This is particularly important where resources are limited. The Needs Assessment Report is a good basis for mapping services but centres will need to do more to identify others working in their area. One way to do this is to consult with community members regarding who they go to for support and what services exist.

Often when mapping service providers and those working in the field, it is tempting to con-

sider only the typical partners (health, education etc.), but thinking more widely about those who might be able to contribute towards efforts to supporting communities, not just traditional partners, can help uncover and identify additional resources that may be available.

In undertaking a mapping exercise both formal services and structures, and informal systems and services need to be explored. Examples of formal services and structures include Child Welfare, Social Services, Ministries and Departments as well as police and NGOs and other sectors such as health and education. Examples of informal systems include such a traditional leaders and significant people from the community who may provide advice and support.

Case Management Approach

1. Case management is a process or a set of procedures which are established to ensure that cases, including cases of abuse, are handled in a systematic and timely manner.
2. Increasing interest is being placed on the introduction of case management practice as a way of ensuring quality and access to services, which are delivered in a timely way and meets service users' needs.

Linkages with other resources

Identifying the specific role for the ICBSS Model in relation to supporting community members will be an important consideration, and in particular how this links with other services and resources. For example, referrals, collaboration and advocacy with other agencies, including child protection, health, education etc. are necessary elements of working in collaboratively with others to provide integrated support.

In many cases the key role for the centres operating the ICBSS Model will be providing services, as set out in Part 2 of this guide. However, the role of the centres should not be limited to providing services but also to what might be considered either managing or participating in the management of cases. While cases will generally be managed by the centres implementing the ICBSS Model, in some specific situations, for example where there are child protection concerns and the Child Protection Unit is involved, the centre should work with the Child Protection Unit to ensure that protection plans developed by the Child Protection Unit are created and implemented to appropriately protect the child. In adopting a case management approach there are a number of steps which are involved.

For child protection cases managed by the **Child Protection Units** these are set out in the **Work-**

ing Protocol for Protecting Children. For all other cases, each centre delivering the ICBSS Model should establish reasonable timeframes for each step (shown below), which may be dependent upon available resources and demand for services. Steps in the case management which should feature in the way that the centres manage cases should include the following:

Identification

This can be as a result of service users approaching the centre, cases being referred for support from other agencies, and outreach and identification of cases needing support by the centre, for example through running activities such as awareness raising campaigns and outreach.

Registration

All those using the services provided through the ICBSS Model should have a personal file. Families can share a file, but there should be separate sections for the individual family members. To protect confidentiality where there is a child protection concern a note should be made on the file that a separate file exists. This is necessary as the file will be the property of all staff and volunteers at the centre and it is important that personal information is not shared inappropriately. Issues relating to confidentiality are discussed in a separate section later in this guide.

Assessment

This stage includes gathering information and coming to an understanding of what is happening for the service user, and what needs they have. Assessments should be *needs based* - not service based. For example, 'school' is a service, while education is a need. This is an important distinction because there are often many ways of meeting a need, and in contexts where there are few services thinking about needs can help workers be creative in finding solutions.

Ideally assessments should involve other service providers who have had contact with the service user, and should also include service users in identifying their needs.

A suggested **Assessment Template** is included in the Appendices.

Planning

Once an assessment has been completed that identifies the holistic needs a plan should be developed which sets out how those needs will be met, by whom and when. As with assessment it is important to include others in developing the plans, including service users, so that they are realistic and agreed. Each service user should have their own plan – so that for a family several plans may be on file.

All plans should be regularly reviewed to ensure that they continue to be relevant and are being implemented.

The Appendices include a **Plan template**.

Implementation of the plan

Once a plan has been developed it needs to be implemented. This will be both through the provision of direct services and also through referrals to other organizations. During the implementation stage it is important that workers regularly follow up the case to ensure that the plan is being implemented.

Referral

While some services will be provided directly (and should have a separate written agreement which sets out their objectives and expectations, including any dates for review), it is likely that referrals will need to be made to other governmental institutions, agencies and organizations. In some cases, a referral can be made, and should be made, prior to the assessment being completed if there is an obvious immediate need such as for basic services.

Depending on the nature of the referral, it may be necessary to make an immediate telephone

call (even late at night). At other times, a referral can 'wait' until the next day or at a more convenient time to make it. Regardless of how a referral is made, referrals to other organizations should always be followed up in writing. A record should be kept on the service users' files so that the referral can be followed up at a later date to make sure that adequate action was taken.

Staff and volunteers should be careful not to make promises or give guarantees about what another organization can or cannot do. This is necessary to ensure that Centres do not break any trust they have established with the service user. The Appendices contain an example of a **referral template**.

Review

At regular intervals plans should be reviewed to ensure that they continue to meet the needs and are on track. The timeframe for review should be set at the original planning meeting, although plans should be reviewed at least quarterly as a minimum. Copies of the reviews should always be kept on file.

Case closure

Once all needs have been met, cases should be closed. This should be done in agreement with the service user and all those involved in delivering elements of the plan. In practice, for Roma and Egyptian families, long term support may be required and cases may be open for a protracted period, but it is always useful to work towards closing cases as a goal.

Providing a proactive and accessible service

Developing a proactive service that seeks to engage even the most resistant and hard to help families is an important feature of the ICBSS Model. To ensure holistic and appropriate support, the ICBSS Model requires that centres provide services in ways which are **proactive and accessible**. This means:

Ways to increase self-confidence & self-esteem – in adults and children

- ✓ Notice strengths and talents and point these out
- ✓ Praise & give positive messages
- ✓ Promote sense of achievement
- ✓ Provide positive role models
- ✓ Give responsibility
- ✓ Promote culture & identity
- ✓ Create culture of 'belonging'
- ✓ Remove / reduce 'blame' & negative ideas
- ✓ Encourage participation
- ✓ Impart sense of importance
- ✓ Show care & concern (and mean it!)

- Considering the **location** of service users in relation to where services are delivered, and if necessary providing mobile services so that services can be provided nearby. This might also include providing services in other locations such as in schools or health centres or premises of NGOs (this will depend on availability and agreement).
- **Outreach** into the community, for example through home visits in order to follow up cases and identify cases, and accompanying service users to appointments etc.
- Thinking about the **operating hours** of the centres so that service users can use these, such as during the evenings and weekends. This may require changes to the working hours of staff, or including volunteers or allowing other service providers to use the centre at times which mean that service users can benefit from services provided.
- Ensuring that services provided are **inclusive and non-discriminatory**.

Family focused, but child centred

Although services must be provided to service users in ways which respect their individual choices, a requirement of the law in Albania is that the **best interests of children** must always be a primary consideration. In practice this means that the needs of children, especially in relation to protection, must always be prioritized. Since the determination of needs of children is a specific skill, where there is an apparent concern or a conflict between the needs of adult family members and children, a consultation should always be held with the Child Protection Unit.

Strength based

To help empower community members, services need to be delivered in ways which are strength based – this means not just noticing the problems service users have, but also their strengths, and then building upon those strengths.

Working with strengths and developing these helps to increase self-confidence and self-esteem which are important qualities which contribute to the development / enhancement of resilience and which promotes independence.

Operationalization of the ICBSS Model

Staffing levels and types

In order to make the ICBSS Model work, it is important to have sufficient staff. Ideally, staff should be from a range of backgrounds / professions. It is also important to include staff from the members of the Roma and Egyptian community wherever possible.

All staff should have **job descriptions** which clearly set out their responsibilities. A feature of these job descriptions should be that staff work together to implement the ICBSS Model, not that staff work in isolation.

IMPLEMENTING THE ICBSS MODEL

Structure and coordination

The anticipated structure and coordination envisaged has been identified to ensure that municipalities adopt a true bottom up approach and which is integrated.

At a local level, within each of the four pilot areas a **Local Coordination Team** should be established. These Teams will include representatives from LGU, Education, Health and other services providers, such as NGOs, CPU, plus representatives from the Roma and Egyptian communities. Ideally the Local Coordination Team should also include the Regional Court Offices and a representative from the Commissioner for Free Legal Aid.

The function of the Local Coordination Team is to:

- ▶ Act as 'advocates' for the ICBSS Model and the approach;
- ▶ Network and liaise with other agencies and sectors to raise awareness and smooth cooperation and multi- agency working;
- ▶ Support the development of specific activities by providing technical advice as necessary;
- ▶ Support frontline staff in adopting the community based approach.

Frontline staff will be responsible for delivering services, ideally working from the community centres.²⁰ While it is not strictly necessary to have a physical centre to develop integrated services, nevertheless a centre can provide a focus to activities.

Finance and Resources

Appropriate budgeting for the running costs is key for the operation of community based services as envisioned under the new Social Services Law. Budgeting for the community centre should be done in accordance with the needs of the community and in collaboration with the Local Government Unit to set realistic budget lines.

Physical conditions and environment

The building and location, including the facilities that it has, will determine the way in which services can be delivered and what services can be provided. For example, some centres may choose to provide meals or cooking facilities as part of the services that they offer, but this can only be done where there is space and provision.

As has been mentioned earlier, the ICBSS Model can be implemented without having a physical centre to work from, although for the purposes of the pilot in the four selected areas the ICBSS Model will be implemented by a centre.

The centre should be well maintained and provide a welcoming atmosphere. This includes:

- ▶ Ensuring that those entering the centre are welcomed promptly;
- ▶ Having information available;
- ▶ Providing seating in the reception area for those waiting, and perhaps a few books or toys for children to play with while they wait;
- ▶ Having access to a private area with seating where service users can discuss their situation to ensure confidentiality.
- ▶ In addition, a telephone line and internet connection should be available.

20. It should be noted that the ability to engage these partners in a proactive way or to use their services is yet to be negotiated, even if in principle agreement has been given.

USING VOLUNTEERS TO DELIVER SERVICES

A dynamic is created when working with volunteers. There are many different types of volunteers – ranging from those who provide one-off assistance (for example helping with a specific activity) to those who give sustained support to programmes and who may have or require specialist skills.

It is important that volunteers are not used instead of paid staff, but to complement paid staff. This is important because otherwise unrealistic expectations can be placed upon volunteers – especially in terms of time available to participate. This is a careful balance considering the need for volunteers to be able to generate income, if necessary. Volunteers may be paid a small stipend, to compensate for expenses, but care should be taken about the amount of money paid as this can lead to a lack of sustainability. Maintaining motivation is essential for all volunteers. Regular supervision and support, together with the sense of purpose from the work itself, contributes towards keeping volunteers motivated and committed. There are other practices that can also help create a sense of commitment to volunteering, such as special ‘volunteer days’ when volunteers are invited to enjoy food or the presentation of certificates for participation. Another positive motivation for volunteers can be training and capacity building as a route to developing skills for future employment.

Irrespective of the motivation benefits, all volunteers should be recruited and prepared for their role as if they were paid staff. This means that they must be recruited taking into account child safe guarding procedures.



Safeguarding procedures

In line with good practice internationally all institutions that work with children should be ‘child safe’.

Centres need a **Child safeguarding policy** and accompanying procedures detailing how child protection concerns will be handled. The policy and procedures should cover:

- The proactive measures the centre will take to prevent child abuse (for example in recruitment);
- The reactive steps the centre will take when abuse is reported. This includes outlining

what steps the organization will take when allegations are made against staff and volunteers.

An important step in creating a child safe environment is ensuring that those recruited are appropriate and safe to work with children. There should be screening procedures (for example by carrying out police checks and seeking references) to ensure that individuals who may threaten the safety of children are not recruited.

All applicants *without exception* should be screened. References should be sought from former employers (at least two, preferably three)

or others who know the applicant (though not family members). Checks should also be made with the police.

In conducting background checks, information should be sought on the applicant's suitability (or otherwise) to work with children. Having a police record does not necessarily mean that the person cannot be recruited and it is important to understand the nature of the record and the offence. However, any offences against children or sexual offences against adults should always mean automatic rejection, even for roles which do not involve direct contact with children.

Wherever possible, references should be in writing and should be retained on personnel files. If it is not possible to obtain a written reference, a record of the conversation should be made and filed.

Child protection awareness training should be provided to *all* workers and volunteers as part of their orientation, with more in-depth training for positions with a child protection component. Training should also include instruction on how to report suspected abuse.

Child safeguarding policies and procedures do not need to be long or complicated. They do need to be clear, and workers, volunteers and service users need to be aware of them and how to make a report under the policy.

The Appendices include a suggested **Child safeguarding policy**. This can be used as a basis for centres to develop their own policies and procedures, congruent with the circumstances and context they work.

Codes of conduct

Staff and volunteers should have a shared understanding of expected behaviour. Having a clear code of conduct also sets out for service users the way in which they can be expected to be treated, and this is a key step in providing a service which is respectful.

The Appendices include a sample **Code of conduct**.

All people make mistakes, and this can create an opportunity to learn and develop skills. How-

ever, where staff and volunteers have breached protocols, including codes of conduct, either willfully or negligently, consideration should always be given for the need for **disciplinary action**. This might include suspension while an investigation takes place and / or termination of employment (paid or voluntary).

Processes should be clear, and the person concerned should be given an opportunity to put forward their side of the story. It is important to ensure that policies and processes are in accordance with legal requirements, which may also apply to volunteers and unpaid workers.

Supervision and support

It is important that staff and volunteers receive regular supervision and support, regardless of their training, qualifications or role within the organization. This is necessary to ensure that they are properly supported in their work, so that they do not become emotionally overwhelmed, disillusioned or burnt out. It is also necessary to maintain standards of service and consistency of care. Supervision and support should be an opportunity to think about how situations are managed, what went well and what could have been done differently. Although supervision should always be in the spirit of positive reinforcement, it is nevertheless important to make sure that issues of concern are addressed.

Supervision can be provided either individually or as a group.

Group supervision provides a space to discuss more thematic issues and areas for skills development. Ideally, it should be facilitated by the same person on a regular basis. Supervision should take place approximately every month or six weeks. Having a regular supervisor helps with consistency.

An important feature of group supervision is that only relatively general issues should be discussed. It is never appropriate in group supervision to discuss issues which apply to only one staff member. This is especially true if it is a sensitive or personal matter. Not only is it unfair for the individual concerned, it can make others

present feel uncomfortable or awkward.

As an alternative to group supervision (or to supplement it when there are specific issues) is **individual supervision**. This type of supervision gives staff the opportunity to discuss issues of relevance.

Regardless of the types of supervision used, notes or minutes should always be written and copies given to those present for their reference. In addition to supervision, all staff and volunteers should have the opportunity to have a regular (at least annual) appraisal and review. This is time for them to explore their work, and identify areas for improvement and development.

The Appendices contain simple **Supervision Annual Appraisal forms** which can be used and further developed.

Ongoing Training and Skill Development

It is essential – not just important - that staff and volunteers continue to develop their skills and knowledge. This must be based on the needs of individual staff, and as part of appraisals and through supervision, training and capacity building requirements should be identified.

It should be remembered that training is just one way of building the capacity of staff. Co-working, mentoring and coaching can also increase the capacities of staff and volunteers.

Record Keeping and Data Collection

While record keeping and data collection can sometimes seem like a chore (or an ancillary or secondary function), it forms the foundation of good practice in implementing the ICBSS Model. Good records ensure that continuity can be provided to service users. Records also provide excellent material for advocacy, and can provide real and meaningful information to key decision and policy-makers.

All records should be kept up to date. Notes on case should not be kept in private note books but secured on service users' files.

Confidentiality

Linked to the nature of the services offered is the level of **confidentiality** provided to service users. In general information, should not be provided to other service or agencies without the express permission of service users who have a right to expect that the information they give is respected and kept private.

This means that details about service users should not be shared outside the centre with anyone, except in agreed-upon circumstances – either because it has been decided that confidentiality cannot be maintained (for example in the case of a child protection incident) or because the service user has given specific, express permission for their story to be told (and to who). Permission to share information should be given in writing. A **Consent form** is included in the Appendices.

Breaking of confidentiality often occurs inadvertently. This may happen because staff are not aware of the need for confidentiality or the information 'slips out'. This can also happen when staff personally know the child or their family. Confidentiality can also be broken when staff / volunteers seek help on coping with their feelings regarding their work. This is one reason why appropriate supervision is critical.

Levels of confidentiality expected must be established (and be clear from the outset) so that all staff and volunteers are aware of the policy. To ensure that both staff and volunteers are aware of the policy relating to confidentiality, and how it relates to their work, they should be asked to sign a confidentiality form which spells out the policy.

The Appendices contains a sample **Confidentiality form**, which can be adapted as necessary.

Monitoring & Evaluation

Part 4 of this guide sets out Standards which should be used to monitor the implementation of the ICBSS Model. In addition to outside monitoring and inspection it is essential that those implementing the ICBSS Model also undertake internal monitoring through reviewing services

provided (for example using written agreements) and through regular consultation with communities. This will help to ensure that services remain relevant and appropriate.

Monitoring is an ongoing process: it helps to ensure accountability and also provides regular feedback so that the services provided can be refined and adjusted. Monitoring also feeds into evaluation.

Monitoring should be carried out on a monthly basis, coordinated by the centre manager. This should include:

- Number of cases open during month / care plans developed
- Number of cases closed during month
- Number and type of activities carried out
- Number of service users supported through ICBSS Model, disaggregated according to child / adult, gender, Roma and Egyptian / Other
- Feedback from service users provided through written agreements
- Complaints

Evaluation is a more considered and periodic reflection of the implementation of the ICBSS Model. This should be carried out every six months and should include both a synthesis of the information gathered through monitoring, plus more detailed consultation with the community and service users to identify their views on the operationalization of the service.

Questions that should guide the internal evaluation include:

- Who are using the services, and how helpful do they find the support? What difference is it making to them?
- Are procedures for delivering services in place and implemented properly?
- How do service users participate in decisions made about the services and in identifying needs?
- How does the centre collaborate and work with other agencies, and how effective is this?
- Do staff have knowledge of specific needs and situation of service users?
- Are there any unmet needs (i.e. needs identified that are not currently addressed)? If so, how could these needs be met?

Part 2

Services

The ICBSS Model, as described in Part 1 (Foundations), is a model which has been designed to be flexible and responsive to community needs.

While services should be determined according to the needs of the local community, and in line with their own priorities, the following services should be considered 'core' and be provided in each location, either directly or in conjunction with another service provider if one exists. These **core services** are based on the general needs identified through the assessment carried out in the four pilot areas during the latter part of 2016.

Mode of service delivery

The mode of the delivery can be flexible to be implemented in different ways, depending upon the needs and circumstances in the various locations. The principle ways are to offer individual sessions, through groups or by a drop-in service or a combination of these. Each mode has different dynamics which should be considered and thought through.

A **drop-in service** provides a very flexible way for services users to get support, as they can access according to their needs and desires. However, providing services through drop in can be difficult to provide continuity. In addition, the appropriate person to deal with the issue may not be available. However, drop in can be a useful entry point into more sustained support.

Individual sessions allow for very targeted support and they are most of use when exploring

Positive parenting vs. Positive discipline

The terms positive parenting and positive discipline are often used interchangeably. However, positive discipline is only one aspect of positive parenting.

Positive discipline, sometimes also called positive **behaviour management or non-violent discipline**, can be thought of as ways of encouraging desirable behaviour in children by using child centred, non-violent techniques to modify unwanted behaviours. This includes disciplining children for 'bad behaviour'.

Positive parenting, by contrast, can be considered as providing emotional and physical care in an appropriate way according to the needs of the child in order to promote the child's wellbeing and development and support children in reaching their maximum potential. This includes the discipline of children but also covers physical, emotional and psychological welfare.

very sensitive or specific issues. However, they are very labour intensive. The other problem with individual sessions is that the main source of support becomes the worker; this means that they are limited in terms of either

Ways of promoting positive parenting

Positive parenting can be promoted through helping parents to feel confident and capable, which might include teaching new skills or increasing knowledge.

This can be achieved in several ways including:

- Workshops and awareness raising opportunities on parenting related topics;
- Formal and informal support sessions – including support groups;
- Modelling behaviour (i.e. showing parents what to do by example, for example when interacting with children in front of their parents);
- Individual support sessions for families regarding specific problems;
- Providing materials and other reference resources;
- Creating opportunities for parents to practice their skills and enhance their relationship with their children through activities and recreational programmes.

harnessing strengths of the community or developing supportive relationships within the community. An individual session can be with a specific family member, or with part of / all the family.

Group work can be a very effective way of working with service users, and maximize the use of staff and volunteers. One of the benefits of a group is that it helps in creating a supportive network. However, this can also be a disadvan-

tage if the group is small or if one or more person dominates the group. In such cases the facilitators may have to work especially hard in order to ensure that the atmosphere remains positive and helpful.

Groups can be run as either an **open or closed**. This means that facilitators decide whether they ask the same people to sign up to a series of meetings and keep the membership the same, or allow users to join various sessions according to their availability and choice. While keeping groups open enables new users to join at any time, this can make it difficult to follow a progressive programme where issues / skills are explored and developed incrementally.

Complaints and concerns

A theme in the Needs Assessment was complaints from service users or instances where services that should have been provided were not. Establishing a central location where service users can make a complaint about other services will support both the collection of data as an evidence base for monitoring and advocacy efforts and help to ensure the integration of Roma and Egyptian families in mainstream services.

Complaints are twofold:

1. Against other service providers
2. Against the centre regarding services provided directly.

All complaints regarding other agencies should be recorded in writing, using the **Complaints form** including in the Appendices. These forms should be kept in a central file, for analysis on a quarterly basis by management.

Centre's should also develop a **Complaints procedure** which outlines the way in which service users can complain about the services provided at the centre, and which details how complaint will be handled. All service users, including children, should be informed about their rights to complain.

A simple **complaints procedure** which can be adapted is included in the Appendices.

Specific programmes:

Learning club

For confidence and self-esteem for older children and to support to homework (note in some areas, may be during school hours for those not in school, depending on need).

Positive living

Information and awareness on health and associated issues (such as positive parenting and nutrition) and supporting services users to be able to access health services.

Start right

Play group for younger children and parents which focusses both on promoting child development, raising awareness of health and the importance of education, and positive parenting.

Future's club

Employment and vocational training programme for adults and older children which also include individual support and access to employment.

Family fun

Occasional sessions to give parents and children the chance to spend quality time together, to increase social cohesion and improve / develop family relationships.

Supporting positive parenting

In line with the foundations and principles underpinning the ICBSS Model, and a strength based approach, it should be assumed that most parents are doing the best they can to care for their children, but that some parents may need additional support.

Parents need to feel confident to be able to fulfil their roles, and while for some this may require additional skills and knowledge, all parents need to feel empowered.

Just as children need a protective environment, so parents need a **supportive environment**. This means that attention must be given not

only to what support / services a parent is offered, but also *how this is done*.

It is vital not to either undermine parents or trap them into feeling they are victims as this can make them feel less confident and less able to be effective parents. This is particularly critical in contexts such as working with marginalized communities such as the Roma and Egyptians as parents may already feel disempowered and have experienced a loss of control and self-determination. Additionally, parents need an accepting environment where they feel supported rather than criticized.

In more extreme situations where the parent has a particular problem which interferes with their parenting, such as a mental health problem or drugs / alcohol use, specialist help from a mental health professional may be appropriate. In such cases, it is likely that a referral will also be necessary to the CPU.

Secondary Services

Depending on the identified needs and priorities of the community (and in line with the 'life cycle model', included in the Inception Report and as an appendix to this report) centres implementing the ICBSS Model can also include within their services various other activities which are considered necessary and relevant. This involves a careful consideration of:

- ▶ *Identifying community needs* – consulting with communities to identify priorities;
- ▶ *Mapping the local services* and identifying other resources before introducing a new service to ensure that it builds upon on existing services and does not duplicate.

Secondary services include:

- Parenting and family support programmes;
- Psychosocial support and counselling – including for specific issues such as drugs and alcohol;
- Family mediation
- Specialist interest programmes – for example to address specific needs such as girls who have experienced early marriage.

Awareness raising and information on rights

This includes information on basic entitlements, what services exist, and where / how to access services, including how to access other services specifically for Roma and Egyptians during migration and in other locations.

Awareness raising sessions, both to give information and as a preventative intervention, can be carried out through sessions at the centre, at another venue or in the community. In providing information and rights, it is essential that the format used is considered. For example, careful consideration should be given to the language used, and where literacy is low pictures should be used to supplement information.



CORE SERVICES

The following core services should be provided by or through all centres implementing the ICBSS Model. In line with the principles of working in partnership with others, it is not necessary that all services are provided directly, however centres must ensure and follow up where services are not delivered directly to ensure that the services *are provided* and to monitor them to ensure that they met the standards set out in Part 4 of this guide. The **mode of delivery**, for example through outreach, individual sessions or group work, can be determined by centres according to the available resources and local conditions.

Legal assistance and registration

Support provided to families in civil registration processes and with other similar processes such as enrolment with school. This might be via the provision of legal support, assistance with obtaining documentation and accompanying to offices etc.



Outreach support

To identify families, follow up home visit *and* to accompany service users to appointments and advocate on their behalf as necessary including for cash assistance / social support, access to housing, healthcare etc.



Emergency store

Maintaining small store of essential items such as pampers, clothes, baby milk etc., that can be distributed in an emergency. This needs to be done with care, in order not to raise expectations or create dependency, and ideally should be linked to another service but it can be useful to be able to give out and help make connections between workers and service users.

Full packets of nappies, milk etc. should not be distributed. The emergency store should provide small items of one off assistance.



'Help point'

This is a drop in for advice and low level psychosocial support and for referrals to other agencies. The 'help point' compliments the awareness raising and information sessions, as it will enable families to explore their individual situations.

It is important that the help point is available during advertised times, and this will necessitate having a member of staff available. In addition, if possible, a telephone number should also be provided.

Part 3

Actions

While Parts 1 and 2 of this guide articulate the ICBSS Model in general terms, this section details specific actions that should be undertaken in each of the four pilot areas to begin implementing the ICBSS Model based upon the Needs Assessment and the identified issues in each area

Since centres are currently operating under existing systems and there will be some time needed to transition to the new ICBSS Model, actions have been themed around the current activities, namely education, health, employment, housing and civil registration. General actions which are necessary pre-cursors to implementing the ICBSS Model are also included.

General actions for all pilot areas

- ▶ Provide training /orientation for all staff working in Centre on ICBSS Model
- ▶ Establish Local Advisory Group
- ▶ Meet with LGU to secure budget and resources (ongoing process, including Local Advisory Group)
- ▶ Map existing service providers / key agencies
 - Establish contact list (to be updated regularly)
- ▶ Develop strategy for raising awareness about the new ICBSS Model to:
 - Community members and existing service users
 - Other agencies and service providers
- ▶ Develop job descriptions for all staff / volunteers
- ▶ Agree Code of conduct and sign by all staff
- ▶ Develop and agree child safeguarding procedures
- ▶ Organize orientation for staff on child safeguarding
 - ▶ Develop and agree complaints procedure
 - Decide strategy for disseminating complaints procedure
 - ▶ Develop timescales for case management system and orientate staff
 - ▶ Ensure all current services users are REGISTERED at the centre and have a current case file
 - ▶ Review all current users at centre to ensure have up to date, current care plan if regular user of services
 - ▶ Review current services and activities to realign with Core Services
 - Develop strategy for transiting to new ICBSS Model
 - Conduct learning needs assessment for all staff to identify capacity building and training requirements
 - ▶ Identify supervisor for each staff member and begin rolling out supervision (if necessary revising current working arrangements)
 - ▶ Ensure building and physical environment is appropriate:
 - Chairs in reception /waiting area
 - Space to hold private meeting
 - Arrange for telephone line, computer and internet connection
 - Collect and display information – e.g. posters, leaflet etc.

ACTION PLAN TIRANA

Health
Education
Employment
Housing and
Environment
Civil
Registration
Other actions
required related
to local needs

Priority Actions for Health

The centre will provide health activities to at least 1000 Roma, Egyptian and other families including early treatment, preventative health-care, drug prevention / minimization, reproductive health, child care (including breast feeding and immunizations), healthy living, and nutrition

- ✓ Develop strategy to support all service users to obtain health cards, through assisting with documentation and accompanying when registering in person /online.
- ✓ Arrange meeting with local health providers to discuss situation for Roma and Egyptian and to advocate for improved and eased procedures for registration and general attitudes towards population.
 - Ideally agree to regular liaison meeting to review progress.
- ✓ Conduct awareness raising sessions for staff in health settings and Roma and Egyptian communities.
- ✓ Identify 'friendly' service providers who are willing to provide health care and to whom Roma and Egyptian families can be referred.
- ✓ Develop strategy to raise awareness within the population on the importance of preventative healthcare, including immunizations, if possible in conjunction with health staff.
- ✓ Explore possibility of providing local drop in clinic for mothers and young children.
- ✓ Accompany Roma and Egyptian for health appointments to reduce likelihood of discriminatory practices and ensuring that any incidents are recorded as complaints.
- ✓ Include awareness raising messages on the importance of birth registration in all interactions with pregnant women.
- ✓ Develop strategy to provide health activities, including deciding modes of delivery (outreach, home visiting drop in, group / individual sessions and community awareness) and how to be achieved (for example through partners, by referral) including consideration to providing the following services:
 - Promotion of knowledge on health and staying healthy
 - Immunization

- Screening for early detection of illness
- Parenting classes
- Community counselling group
- Pregnant women support group
- ✓ Support mobile team of health professionals to reach services users in their communities
- ✓ Invite doctors/different disciplines to conduct visits to the centre
- ✓ Arrange joint meetings among Roma and Egyptians, and health professionals to access appropriate information regarding health issues and existing services offered by health institutions.

Priority Actions for Education

- ✓ Develop and agree with education and Child Protection Unit a working protocol for managing school drop outs.
- ✓ Investigate possible sources of financial support to facilitate children's attendance at school.
- ✓ Identify /provide capacity building opportunities for teachers on the needs of children from Roma and Egyptian communities and appropriate classroom management techniques.
- ✓ Convene meeting between Child Protection Unit and schools and follow up when drop outs happen to ensure that there is coordination between education and Child Protection Units to ensure education needs are also included on Child Protection Plans.
- ✓ For older service users ensure that where functional literacy is included in programmes this is done in a practical way (for example practice in completing forms etc.).
- ✓ Provide awareness raising sessions for parents and children on child protection issues, including early identification and services provided by CPU.
- ✓ Support registration of children in pre-school education.
- ✓ Organize joint meetings with parents and teachers / preschool educators to foster inclusion and positive working relationships

- and to discuss challenges
- ✓ Develop strategy for delivery of activities, including most appropriate mode of delivery and implementation with consideration to providing:
 - Basic literacy and life skills development
 - Support for children afterschool with homework
 - Awareness raising for school/reintegration and family support of education needs / importance of education
 - Language course for young adults
 - Psychosocial activities, for example those which develop children self-esteem, confidence and identify
 - Cultural activities to support youth peer education and cultural diversity
 - Mentoring programme for youth at risk

Priority Actions for Employment

- ✓ Organize meetings with new privatized waste collection companies and investigate the possibility for employment for Roma and Egyptian to advocate for their employment.
- ✓ Support parents to follow basic literacy and life skills courses.
- ✓ Support individuals and groups in income generating activities.
- ✓ Follow up with the Regional Employment Office and Employment Department within the municipality for the employment of at least one parent from each family.

Priority Actions for Housing and Environment

- ✓ Develop advocacy strategy regarding easing access to Social Housing and meet with relevant stakeholders to campaign for changes in current practice, including temporary registrations for informal housing solely for the purpose of registration and access to services, not property rights.
 - If possible, develop joint strategies with other service providers to raise issue at both local and central levels with gov-

- ernment.
- Investigate whether it is possible for communities to use proxy address for registration – such as the Centre.
- ✓ Convene meeting with stakeholders and representatives from LGU covering the settlements of Shkoze and Bregu i Lunit to advocate for improved conditions to settlements (electricity water and sanitation, ground floors, etc.).
- Advocate for the inclusion of these settlements on local development plans / social inclusion strategy.
- ✓ Work with local government and police to ensure that if evictions of Roma and Egyptian are necessary in the future, they are carried out lawfully and in accordance to international standards and that appropriate alternative housing is secured.
- If necessary be present during evictions to act as independent monitor and ensure rights are upheld.
- ✓ Support families to prepare documentation, apply and benefit any available social housing programme.

Priority Actions for Civil Registration

- ✓ Develop strategy for advocating with Civil Registry Office for easing the restrictions for registry an identify documents, linking this to social development and inclusion plans.

- ✓ Accompany service users for appointments and support with provision of documents.
- ✓ Meet with State Agency for Protection of Children’s Rights to seek their support at central level in easing restrictions / problems associated with birth registration specifically (and by extension other registration).
- ✓ Consult with any free legal aid providers to ascertain why current legal aid system is not working, and based on this develop strategy to address.
- ✓ Identify unregistered cases and support them to benefit from registration.
- ✓ Develop strategy for awareness raising with community in relation to rights and processes.

Other actions required related to local needs

- ✓ Ensure that local plans for social inclusion, social protection and the local action plan for the integration of Roma and Egyptians are finalized and include within them specific reference to issues relating to Roma and Egyptians.
- ✓ Develop awareness raising campaign for all communities (and especially with children) about the importance of registration and documentation, and allow service users to lodge important documents on file at the Centre.

ACTION PLAN DURRËS

Health
Education
Employment
Housing
Civil
Registration
Other actions
required related
to local needs

Priority Actions for Health

The centre will provide health activities to at least 300 Roma, Egyptian and other families including early treatment, preventative healthcare, drug prevention / minimization, reproductive health, child care (including breast feeding and immunizations), healthy living, and nutrition

- ✓ Develop strategy to support all service users to obtain health cards, through assisting with documentation and accompanying when registering in person /online.
- ✓ Arrange meeting with local health providers to discuss situation for Roma and Egyptian and to advocate for improved and eased procedures for registration and general attitudes towards population.
- ✓ Conduct awareness raising sessions for staff in health settings and Roma and Egyptian communities.
- ✓ Investigate feasibility of providing mobile health clinic in Cezma e Ferres, or alternatively providing transport
- ✓ Arrange for transfer of registration in Nish Tulla from health centre of their previous residence in Shkozet.
- ✓ Identify 'friendly' service providers who are willing to provide health care and to whom Roma and Egyptian families can be referred
- ✓ Develop strategy to raise awareness within the population on the importance of preventative healthcare, including immunizations, if possible in conjunction with health staff.
- ✓ Accompany Roma and Egyptian for health appointments to reduce likelihood of discrimination and practices of bribery, ensuring that any incidents are recorded as complaints
- ✓ Include awareness raising messages on the importance of birth registration in all interactions with pregnant women.
- ✓ Develop strategy to provide health activities, including deciding modes of delivery (outreach, home visiting drop in, group or individual sessions and community awareness) and how to be achieved (for example through partners, by referral) including consideration to providing the following services:
 - Promotion of knowledge on health and

- staying healthy
- Immunization
- Screening for early detection of illness
- Parenting classes
- Community counselling group
- Pregnant women support group

Priority Actions for Education

- ✓ Ensure that education support activities run at the Centre / by partners are accessible to children in terms of timing and consider child care responsibilities.
- ✓ Identify alternative care arrangements for younger children to enable older children to go to school (for example through the 'start right' core service).
- ✓ Investigate with UNDP and LGU the possibility of case transfers, linked to education attendance.
- ✓ Develop and agree with education and Child Protection working protocol for managing school dropout.
- ✓ Investigate possible sources of financial support to facilitate children's attendance at school.
- ✓ Identify and provide capacity building opportunities for teachers in needs of children from Roma and Egyptian communities and classroom management.
- ✓ Convene meeting between Child Protection Units and school and follow up when drop outs happen to ensure that there is coordination between education and child protection units to ensure education needs are also included on child protection plans.
- ✓ Develop links with Child Protection Units in locations where children commonly migrate to facilitate transfer into schools /education programmes in new locations.
- ✓ Develop strategy for delivery of activities, including most appropriate mode of delivery and implementation with consideration to providing:
 - Basic literacy and life skills development
 - Support for children afterschool with homework

- Awareness raising for school/reintegration and importance of education
- Language course for young adults
- Psychosocial activities, for example those which develop children self-esteem, confidence and identify
- Cultural activities to support youth peer education and cultural diversity
- Mentoring programme for youth at risk

Priority Actions for Employment

- ✓ Develop strategy with local partners, including Child Protection Unit, to raise awareness on child labour and seek alternatives.
- ✓ Liaise with Public Employment Office regarding increasing access of Roma and Egyptians into employment and training programmes.
- ✓ Follow up with the Regional Employment Office and Employment Department within the municipality for the employment of at least one parent from each family.

Priority Actions for Housing

- ✓ Develop advocacy strategy regarding easing access to Social Housing and meeting with relevant stakeholders to campaign for changes in current practice, including temporary registrations for informal housing solely for the purpose of registration and access to services, not property rights.
 - If possible, develop joint strategies with other service providers to raise issue at both local and central levels with government.
- ✓ Support families to legalize their informal houses.
- ✓ Coordinate actions with other institutions to support families to improve their community infrastructure, e.g. improve sewage system in Nishtulla.
- ✓ Investigate whether it is possible for communities to use proxy address for registration – such as the Centre.

Priority Actions for Civil Registration

- ✓ Develop awareness raising strategy for Roma that come to Durres on a seasonal basis on the importance of changing residence to access other services.
- ✓ Develop strategy for advocating with Civil Registry Office for easing the restrictions for registry and identify documents, linking this to social development and inclusion plans.
- ✓ Accompany service users for appointments and support with provision of documents.
- ✓ Meet with State Agency for Protection of Children's Rights to seek their support at central level in easing restrictions or problems associated with birth registration specifically (and by extension other registration).
- ✓ Identify unregistered cases and support them to benefit from registration.

Other actions required related to local needs

- ✓ Develop advocacy strategy to campaign for allocation of additional public resources to cope with the seasonal inflows of Roma and Egyptian communities.
- ✓ Develop specific awareness and orientation programme for those Roma and Egyptian who migrate during the summer to help them identify relevant sources of support / services.
- ✓ Ensure that local plans for social inclusion, social protection and the local action plan for the integration of Roma and Egyptians are finalized and include within them specific reference to issues relating to Roma and Egyptian.

ACTION PLAN BERAT

Health
Education
Employment
Housing
Civil
Registration
Other actions
required related
to local needs

Priority Actions for Health

The centre will provide health activities to at least 300 Roma, Egyptian and other families including early treatment, preventative healthcare, drug prevention / minimization, reproductive health, child care (including breast feeding and immunizations), healthy living, and nutrition.

- ✓ Develop strategy to support all service users to obtain health cards, through assisting with documentation and accompanying when registering in person /online.
- ✓ Arrange meeting with local health providers to discuss situation for Roma and Egyptians and to advocate for improved and eased procedures for registration and general attitudes towards population.
- ✓ Identify 'friendly' service providers who are willing to provide health care and to whom Roma and Egyptian families can be referred.
- ✓ Develop strategy to raise awareness within the population on the importance of preventative healthcare, including immunizations, if possible in conjunction with health staff
- ✓ Conduct awareness raising sessions for staff in health settings and Roma and Egyptian communities.
- ✓ Accompany Roma and Egyptian for health appointments to reduce likelihood of discrimination and practices of bribery, ensuring that any incidents are recorded as complaints.
- ✓ Develop strategy to provide health activities, including deciding modes of delivery (outreach, home visiting drop in, group or individual sessions and community awareness) and how to be achieved (for example through partners, by referral) including consideration to providing the following services:
 - Promotion of knowledge on health and staying healthy
 - Immunization
 - Screening for early detection of illness
 - Parenting classes
 - Community counselling group
 - Pregnant women support group
- ✓ Support mobile team of health professionals to reach services users in their commu-

- nities
- ✓ Invite doctors from different disciplines to conduct visits to the centre
- ✓ Arrange joint meetings among Roma and Egyptians, and health professionals to access appropriate information regarding health issues and existing services offered by health institutions.

- tion and importance of education
- Language course for young adults
- Psychosocial activities, for example those which develop children self-esteem, confidence and identify
- Cultural activities to support youth peer education and cultural diversity
- Mentoring programme for youth at risk

Priority Actions for Education

- ✓ Develop and agree with education and Child Protection working protocol for managing school drop out
- ✓ Investigate possible sources of financial support to facilitate children's attendance at school
- ✓ Undertake consultation with schools with a high concentration of well integrated Egyptian children reaching the ninth grade and with prospects of continuing their education (Zini Toska school) to ascertain lesson learnt – how have they achieved this.
- ✓ Develop strategy for sharing good practice with other schools – for example through exchange visits, meeting etc.
- ✓ Identify and provide capacity building opportunities for teachers in needs of children from Roma and Egyptian communities and classroom management
- ✓ Convene meeting with school principals and education department to raise issue of separation and discrimination of children and to develop strategies to address this in school (if necessary involving State Agency as advocate)
- ✓ Arrange joint meetings between parents, teachers and pre-school educators to improve communication
- ✓ Develop strategy for delivery of activities, including most appropriate mode of delivery and implementation with consideration to providing:
 - Basic literacy and life skills development
 - Support for children afterschool with homework
 - Awareness raising for school/reintegra-

Priority Actions for Employment

- ✓ Liaise with Public Employment Office regarding increasing access of Roma and Egyptians into employment and training programmes
- ✓ Follow up with Public Employment Office regarding employment for at least one family member.

Priority Actions for Housing

- ✓ Develop advocacy strategy regarding easing access to Social Housing and meeting with relevant stakeholders to campaign for changes in current practice, including temporary registrations for informal housing solely for the purpose of registration and access to services, not property rights.
 - If possible, develop joint strategies with other service providers to raise issue at both local and central levels with government
- ✓ Investigate whether it is possible for communities to use proxy address for registration – such as the Centre

Priority Actions for Civil Registration

- ✓ Undertake consultation with Egyptians and Roma to have a comprehensive understanding of why Egyptians can register and to ascertain if any lessons learned can be related to Roma
- ✓ Develop strategy for advocating with Civil Registry Office for easing the restrictions for registry an identify documents, linking this

- to social development and inclusion plans
- ✓ Accompany service users for appointments and support with provision of documents
- ✓ Meet with State Agency for Protection of Children's Rights to seek their support at central level in easing restrictions and problems associated with birth registration specifically (and by extension other registration).
- ✓ Identify unregistered cases and support them to benefit from registration.

Other actions required related to local needs

- ✓ Promote collaboration with NGOs and Civil

Society Organizations for the provision of community and social services.

- ✓ Advocate with LGU for allocation of additional public resources for social inclusion of Roma and Egyptian in Ish Pjeshkore, including a social worker for the community centre.
- ✓ Advocate with the LGU for investing in maintaining the child protection unit and the child protection system of Berat which has developed over several years.
- ✓ Ensure that local plans for social inclusion, social protection and the local action plan for the integration of Roma and Egyptians are finalized and include within them specific reference to issues relating to Roma and Egyptians.

ACTION PLAN SHKODRA

Health
Education
Employment
Housing
Civil
Registration
Other actions
required related
to local needs

Priority Actions for Health

The centre will provide health activities to at least 300 Roma, Egyptian and other families including early treatment, preventative healthcare, drug prevention / minimization, reproductive health, child care (including breast feeding and immunizations), healthy living, and nutrition

- ✓ Develop strategy to support all service users to obtain health cards, through assisting with documentation and accompanying when registering in person /online.
- ✓ Arrange meeting with local health providers to discuss situation for Roma and Egyptian and to advocate for improved and eased procedures for registration and general attitudes towards population.
- ✓ Identify 'friendly' service providers who are willing to provide health care and to whom Roma and Egyptian families can be referred.
- ✓ Develop strategy to raise awareness within the population on the importance of preventative healthcare, including immunizations, if possible in conjunction with health staff.
- ✓ Conduct awareness raising sessions for staff in health settings and Roma and Egyptian communities.
- ✓ Accompany Roma and Egyptian for health appointments to reduce likelihood of discrimination and practices of bribery, ensuring that any incidents are recorded as complaints
- ✓ Develop strategy to provide health activities, including deciding modes of delivery (outreach, home visiting drop in, group or individual sessions and community awareness) and how to be achieved (for example through partners, by referral) including consideration to providing the following services:
 - Promotion of knowledge on health and staying healthy
 - Immunization
 - Screening for early detection of illness
 - Parenting classes
 - Community counselling group
 - Pregnant women support group
- ✓ Support mobile team of health professionals to reach services users in their communities

- ✓ Invite doctors/different disciplines to conduct visits to the centre
- ✓ Arrange joint meetings among Roma and Egyptians, and health professionals to access appropriate information regarding health issues and existing services offered by health institutions.

Priority Actions for Education

- ✓ Develop links with Child Protection Units in locations where children commonly migrate to facilitate transfer into schools /education programmes in new locations.
- ✓ Develop and agree with education and Child Protection working protocol for managing school drop outs.
- ✓ Investigate possible sources of financial support to facilitate children's attendance at school.
- ✓ Undertake consultation with schools with a high concentration of well integrated Egyptian children reaching the ninth grade and with prospects of continuing their education.
- ✓ Develop strategy for sharing good practice with other schools – for example through exchange visits, meeting etc.
- ✓ Identify and provide capacity building opportunities for teachers in needs of children from Roma and Egyptian communities and classroom management
- ✓ Convene meeting with school principals / and education department to raise issue of separation and discrimination of children and to develop strategies to address this in school (if necessary involving State Agency as advocate).
- ✓ Immediately convene meeting with Principle of Liria school and its "annexes" to discuss segregation issues and if no plan for addressing situation is agreed, seek support from State Agency for Protection of Child Rights and UNDP to escalate with management of faith based organization responsible for school.
- ✓ Develop strategy for delivery of activities,

including most appropriate mode of delivery and implementation with consideration to providing:

- Basic literacy and life skills development
- Support for children afterschool with homework
- Awareness raising for school/reintegration and importance of education
- Language course for young adults
- Psychosocial activities, for example those which develop children self-esteem, confidence and identify
- Cultural activities to support youth peer education and cultural diversity
- Mentoring programme for youth at risk

Priority Actions for Employment

- ✓ Convene meeting with other agencies working in area, including Child Protection Unit, to develop specific protocol for working with child who beg.
- ✓ Support with business plan development and income generation activities families in need.
- ✓ Liaise with the Fasons to secure employment of Roma and Egyptian individuals.

Priority Actions for Housing

- ✓ Develop advocacy strategy regarding easing access to Social Housing and meeting with relevant stakeholders to campaign for changes in current practice, including temporary registrations for informal housing solely for the purpose of registration and access to services, not property rights.
 - If possible, develop joint strategies with other service providers to raise issue at both local and central levels with government
- ✓ Investigate whether it is possible for communities to use proxy address for registration – such as the Centre.
- ✓ Investigate with LGU the possibility for alternative housing for the Roma families living in camps and barracks.

Priority Actions for Civil Registration

- ✓ Develop strategy for advocating with Civil Registry Office for easing the restrictions for registry and identify documents, linking this to social development and inclusion plans.
- ✓ Support Roma families living in tents and barracks (e.g. in Tophane) to get civil registration.
- ✓ Accompany service users for appointments and support with provision of documents.
- ✓ Meet with State Agency for Protection of Children's Rights to seek their support at central level in easing restrictions / problems associated with birth registration specifically (and by extension other registration).
- ✓ Identify unregistered cases and support them to benefit from registration.

Other actions required related to local needs

- ✓ Plan awareness raising strategy to address the pervasive perception from municipal and other public stakeholders that Roma communities are not from Shkodra but that they "are moving all the time and never stay more than 3 months in the city".
- ✓ Promote collaboration with NGOs and Civil Society Organizations for the provision of community and social services.
- ✓ Ensure that local plans for social inclusion, social protection and the local action plan for the integration of Roma and Egyptians are finalized and include within them specific reference to issues relating to Roma and Egyptian.

Part 4

Standards

It is important to have standards as these form the basis on which to monitor and measure effectiveness of the implementation of the ICBSS Model.

In addition to external inspection, centres implementing the ICBSS Model should also develop a culture of self-inspection.

These standards have been developed specifically in relation to monitoring the ICBSS Model

and its implementation. They do not stand in isolation, which means that other standards (for example relating to food preparation etc.) required under the law also apply – the standards below are *specifically* about the implementation of the Model.

Standard	Not Met	Part Met	Met	Comment
The centre has sufficient staff and resources				
Funds to run the ICBSS Model have been identified and secured for at least one year				
A Local Advisory Group is established and meets regularly				
Building & environment				
The centre / premises are in a decent state of repair and are clean				
There is a welcoming atmosphere				
Private space is available to have a confidential conversation				
A telephone line, computer and internet access are available for staff				
Support and resources				
Staff and volunteers have job descriptions and are aware of their roles				
A code of conduct is developed and is signed by all staff which sets out expected behaviour of staff				

Standard	Not Met	Part Met	Met	Comment
A child safeguarding policy has been developed, and is implemented				
A complaints policy exists and service users are aware how to report concerns				
A register / file is maintained of complaints against other agencies, and this information is regularly collated and use for advocacy				
Staff / volunteers have training / orientation on all policies and how to implement these				
Staff / volunteers have regular supervision				
Staff / volunteers are given opportunities for capacity building, relevant to their role				
Policies and procedures are periodically reviewed and revised				
Partnership with other organizations				
An up to date contact list exists of other agencies				
There are regular coordination meetings with other agencies / the centre is involved with other processes such as MDT meetings in child protection cases				
Activities are implemented jointly with other agencies / organizations				
Referral procedures are in place to allow for the smooth referral of service users				
Referrals are followed up				
Involvement of the community				
Community members are consulted on the services provided				
Community members are involved in running / delivering services				
Service users are involved in reviewing services				
The Centre is proactive in engaging with service users				
Accessibility				

Standard	Not Met	Part Met	Met	Comment
Services are provided at times and in locations which are convenient and appropriate for service users				
Case management				
All regular service users are registered / enrolled at the Centre				
All service users have their own file / family files				
Assessments are carried out for all regular service users and are on file				
Individual plans exist for all service users and are on file				
Service users and other agencies are involved in assessment and planning				
Plans are regularly reviewed and updated				
Cases are closed when appropriate				
Information is kept confidential and shared only as permitted / necessary				
Service provision				
Core services are provided either directly or through partners				
Secondary services are developed and implemented which meet the needs of the communities				
Services provided are of a high quality and meet needs				
Services are regularly reviewed to assess their appropriateness and effectiveness				
Services are proactively delivered and followed up				
Monitoring				
Implementation of the Model is regularly monitored and reviewed				
Statistics / measures (e.g. number of users etc. – to be confirmed by UNDP)				
There are performance indicators which are agreed and regularly monitored.				

Appendixes

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Appendix 1: Written agreement template

This form can be used as a template for developing a written agreement. It should be used for main services / activities offered as it helps service users to be clear about expectations and purpose. This can help with reviewing services.

WRITTEN AGREEMENT FORM	
Name/ ID of family members:	Name of worker:
What are the issues that everyone would like to work on / resolve?	
For user:	
For the centre:	
Others:	
What expectations do service user and centre have?	
For user:	
For centre:	
Others:	
What specific service is being offered?	
What are the next steps?	
When will this agreement be reviewed?	
Name & Contact Details of people present at written agreement meeting:	Date of meeting:

Appendix 2: Assessment form

ASSESSMENT FORM	
Name of family/ head of household	ID Ref Address: Cell:
Date Assessment Completed	Assessment Carried Out By
Family Composition / Household Members <i>include age / date of birth and sex (attach genogram)</i>	
Details of Services / Agencies in already in contact with family:	Who in contact with & why
IS THERE ANY SPECIFIC REASON FOR ASSESSMENT AT THIS TIME? HAS THERE BEEN ANY PARTICULAR INCIDENT OR PROBLEM?	
Family Background / Summary of Recent History / Critical Events	
Living Situation, Housing & Income	
Health	

Family relationships / dynamics
Children's Development & Wellbeing (physical, emotional, cognitive, spiritual etc. and any special needs – e.g. disabilities)
Education
Parenting Capacity & Ability to Cope
Support from Extended family / Community
Previous History of Abuse / Risk Dangers
Strengths of Family
Additional Resources / Support Available
Status of civil registrations (e.g. health, schooling, housing, benefits)
Opinions / views of adults, and wishes of children
Any Other Relevant Information

Appendix 3: Care plan template

CARE PLAN & PROGRESS REVIEW FORM			
Name of Family / Family Member		Date Plan Made	Date of Next Progress Review
Names of Persons Completing Plan / Agency			
Person Responsible for Interim Monitoring of Plan (until next Progress Review)			
Contingency Plan: What action will be taken if the plan cannot be implemented before the next review or if the situation changes?			
Please confirm if parents / child were present (if not how were their views considered in developing the plan?)			
Dates of Previous Reviews			
<i>Please list needs identified under each relevant dimension. PLEASE refer to assessment and detail how each risk factor will be reduced / eliminated.</i>			
Dimensions – Specific Needs Identified	Services Required to Meet Needs	Agency Responsible & Timeframe	Update at Review / Change to Plan
Safety Needs:			

Housing / Accommodation & Basic Needs:			
Health & Development Needs (including physical, emotional and psychological needs):			
Education & Life skills:			
Social Relationships:			
Family Relationships:			
Cultural / Identity:			
Recreational Needs:			
Administrative support and civil registration			
Any other special needs (for example counselling etc. to help recovery):			

Appendix 4: Diary sheet

This form should be used to record ALL actions and contacts which take place in relation to a case, and kept on the family file. **Where a notebook is used, information from the notebook MUST be transferred onto this form.**

DIARY SHEET		
Date / Time	Method of Communication (e.g. phone, visit meeting)	Summary of Contact

Appendix 5: Referral form

This form should be used to confirm / make a referral to another agency for a service. REMEMBER, all referrals should be followed up to make sure that they are acted upon.

CONCERN REFERRAL FORM		
Name/ ID of Family/family member	Date of referrals	
Address & Contact Details of family/family member	Other Services in Contact (e.g. health etc.)	
SERVICE REFERRED FOR		
REFERRAL MADE TO		
Brief Family History (if known)		
Reason/ need for Referral		
Any other relevant information:		
Name & Contact Details of Person Making Referral	Name & Contact Details of Person Receiving Referral (if confirmation of verbal referral)	Date Original Referral Made (if confirming verbal referral)

Appendix 6: Case closure record

This form can be used to summarize the reasons for closing a case. This form should be completed and retained on file when a case is closed.

CASE CLOSURE RECORD	
Name of family/family member	ID Number:
Reasons for original referral & date of referral:	
Services/ support received to date:	
Why is the case being closed? How has the situation changed? (be specific)	
Have the family / family members been able to successfully register and complete all civil registration in order to be able to access mainstream services? YES / NO (if no, why is case still being closed?)	
What support will the family have after case closure?	
Views of family members (including children) regarding closure	
Views of those working with the family	
Names of those participating in decision to close case	
Date case closed	
Signatures of those agreeing to case closure	

Appendix 7: Consent form

Consent form
Sharing information with others
<p>In order for us to be able to effectively support you / your family, it may be necessary for us to share information about you. This will only done in order to help with providing services to your family, and we will normally also check with you before speaking with any other agency. Information shared will be on a need to know basis – that means only shared with people who are concerned directly with supporting your family.</p>
<p><i>I give permission / do not give permission for information about me to be shared with others in order to improve the support and assistance given to me / my family.</i></p> <p>Names & signatures (all family members should sign including children)</p>
Media consent
<p>It is important for us to be able to tell people about the work that we do, and to let our donors and funders know how their money is being spent. One way to do this is to show what happens in our activities.</p>
<p>I do / do not agree, for my child, and for me, to participate in media activities, including the publication of our photographs in newspapers and online. I understand that even if I do not give permission we can still participate in activities and get support from the ICBSS.</p> <p>Names & signatures (all family members should sign including children)</p>

Appendix 8: Child safeguarding policy sample

This child protection policy applies to all staff, including volunteers and anyone working for or on behalf of(Name of ICBSS centre).

The purpose of this policy is to:

- Protect children and young people who receive services or are in contact with the centre.
- Provide staff with the principles that inform our approach to child safeguarding / protection.

It is believed that child or young person should never experience abuse of any kind. We all have a responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to work in a way that protects them.

This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely: United Nations Convention of the Rights of the Child (1989) the laws in Albania which are concerned with the support of children, their protection and the promotion of their rights.

It is recognized that:

- The best interests of the child are paramount and will be the primary consideration in decision making.
- All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse.
- Some children are additionally vulnerable as a result of their level of dependency or their communication needs.
- Children and young people will be kept safe by:
 - Taking a child-centred and rights based approach to keep children sharply in focus.
 - Supporting, supervising and training all staff and volunteers to recognize and respond to child protection risks.
 - By working with other agencies and sectors and making referrals where necessary, including to Child Protection Units.
 - Sharing concerns with other agencies and parents.
 - Recruiting staff and volunteers who have the necessary skills and experience and carrying out necessary checks and references to
 - Sharing information about how children can be kept safe with children, parents and community members.
 - Ensuring a respectful and non-violent environment, and ensuring that information is kept confidential and only shared on a need to know basis.
 - Ensuring that before any activities or services are planned for / with children, careful consideration is given to any risks that children may be exposed to as a result, and mitigating action is taken to remove / reduce the risk.

This policy will be reviewed annually. It was last reviewed on.....

Appendix 9: Code of conduct sample

Children can be at risk of harm or abuse from different sources both from within the centre and as a result of actions of others.

All adults working (staff and volunteers) at the centre have a responsibility for minimizing the risk of children being harmed and for reporting concerns regarding the safety, protection and wellbeing of children to management.

Specifically, adults should:

- Ensure that all children feel valued and included – by not discriminating or showing favoritism
- Encourage children to participate fully – while at the same time respecting the different abilities and preferences of children
- Value the opinions and ideas of children
- Help children to participate safely, by reminding them of any agreed behaviour code
- Challenge the behaviour of any other adult, which they believe is abusive or inappropriate
- Refer and report any concerns to the Management of the Centre.

Specifically, adults should not:

- Spend excessive time alone with any child, away from other people.
- Hit or otherwise physically assault children, even as a form of discipline
- Act in ways which shame, humiliate, belittle or degrade children
- Develop physical/sexual relationships with any child, or any relationships with any child which could be seen as exploitative or abusive.
- Use language or gestures, make suggestions or offer advice which is inappropriate, offensive, abusive or exploitative.
- Have a child and/or adolescent stay overnight in any adult's room (unless this has been previously agreed with both of the child and/or adolescents parent/carer) or sleep in the same bed as any child who uses the services of the centre.
- Invite children and families to their own homes.
- Allow children to go off with other adults, including family members, unless this is agreed

in advance by parents/carers

- Condone, or participate in, behaviour of children which is illegal, unsafe or abusive, including bullying other children.
- Come to the centre drunk or otherwise incapacitated.
- Take photos or other media representations (e.g. videos) or any child or service user without their permission.
- Upload or share any details of service users, including children, for example photos uploaded onto Facebook without BOTH the permission of the person concerned and agreement from Management of the centre.
- Share any private or confidential information about a child or other service users without permission, unless it is a child protection concern and in which case information shall only be shared in the first instance with the Child Protection Unit.

I agree to abide by the above code of conduct, and I understand that if I violate it, there may be sanctions which could include suspension and not being allowed to work at the centre again.

Name:

Date:

Signature:

Appendix 10: Confidentiality form

This confidentiality policy applies to all employed staff members, volunteers and anyone else working directly/indirectly with children and families at the centre and implementing the ICBSS Model.

By signing this form, staff and volunteers agree to observe the following:

1. Any information heard, read or shared between staff members, outside agencies and services users regarding a child and/or their family or is to be kept confidential and not discussed outside of the centre without the express permission of the parent / child.
2. The only exception to the above is when there is a concern about the protection / safety of a child. In such cases, information can only be shared with the knowledge and permission of the Director/ Manager of the centre and strictly on a 'need to know basis' with those who have a responsibility to keep children safe / protected.
3. Any and all concerns regarding information shared or the method in which the information was shared must be reported to the Manager of the centre.
4. No confidential information, including photographs or personal stories, regarding other staff or volunteers, children or parents on must be posted on personal social networking sites (such as Facebook).
5. Any concerns for a child, however vague, or any information disclosed by a child or other third party which raises concern about a child, must be reported to the Director/ Manager of the centre.

I accept the confidentiality policy and I understand that if I violate it, there may be sanctions which could include suspension and not being allowed to work at the centre again.

Name:

Date:

Signature:

Appendix 11: Complaint policy sample

NAME OF CENTRE:

All staff and volunteers working at the centre try hard to ensure that we provide the services we promise and that we treat people with respect, fairly and in accordance with our code of conduct. However, we know that sometimes we get things wrong, or there are misunderstandings. These things can often be sorted out easily and quickly.

If you are not happy with the support / services you are getting from the centre, in the first instance please speak to your worker at the centre. They may be able to sort out the problem immediately.

If after speaking with your worker you are still not happy, you can ask to speak to the Manager of the Centre and make a formal complaint. If you make a formal complaint the Manager will complete a form so that your complaint is recorded and will speak to those involved, including you, to try and find out more information and be able to come up with a solution.

The Manager will take a maximum of two weeks to speak to others and then come back to you with a response.

If you are still not happy, you can then take the matter further by speaking to:

[INSERT NAME / CONTACT – e.g. Social Services Inspectorate, municipality)

Please note that if you make a complaint, you will still be able to receive support and assistance from the centre.

Appendix 12: Complaint form

This form should be completed when any service user makes a complaint about another service / agency – including for example, if they are discriminated against, not treated with respect or denied a service they have a right to.

This form should also be completed when a service user makes a formal complaint about the centre to the Manager of the centre.

Copies of all complaints should be kept on a central file and reviewed monthly by the Manager of the centre.

Complaint form	
Name of complainant / ID number	Date of Complaint
Subject of complaint - Agency /individual	Person taking complaint
Reason for complaint	
Summary of actions taking / those spoken to	
Outcome	
Views of compliant	
Any other follow up necessary	

Appendix 13: Supervision form template

This form should be used to record discussion in individual supervisions sessions with staff. Where there are any specific decisions made about cases discussed, the details of this should be recorded on the service users file.

Supervision form	
Name:	Date:
Name of supervisor	Period since last supervision
<i>How is supervisee feeling? Have there been any particular challenges since last session?</i>	
<i>How is work progressing? Are there any particular issues that supervisor should be aware of – for example cases of concern, needing to be discussed or followed up?</i>	
<i>What have been the key achievements since last supervision?</i>	
<i>What are the key planned activities (and support needed) to next supervision?</i>	
<i>Any specific dates that need flagging (e.g. holidays etc.)</i>	
<i>Any other business</i>	

Appendix 14: Annual staff appraisal form

Annual staff appraisal form	
Name:	Date:
Name of supervisor	Date of last appraisal
Comparing the performance of the supervisee with the job expectations, what have been some of the key achievements over the last year? (also include goals from previous appraisal, if applicable). What has the supervisee done well / their strengths	
Comparing the performance of the supervisee with the job expectations, what have been some of the key challenges over the last year? What are the reasons for these? What are the areas that the supervisee needs to focus on developing in the coming year?	
How have relationships been over the past year? With colleagues, supervisors, partners?	
What skills / experiences should be / would like to be developed over the coming year?	
What are the goals (three maximum) for the coming year?	

<p>What support / resources (including capacity development) will be needed to achieve the goals or any other requests for support?</p>	
<p>Overall comments from supervisor</p>	
<p>Comments on appraisal by supervisee</p>	
<p>Signature / date of staff</p>	<p>Signature / date of supervisor</p>

Appendix 15: Community-Based support across the life cycle

COMMUNITY-BASED SUPPORT ACROSS THE LIFE CYCLE ¹			
	Range of Services During the Life Cycle Based on Degree of Risk or Harm include:		
Stages of the Life Cycle	Universal / Preventative: Services which are aimed at all persons regardless of need	Ameliorative: Services aimed at removing the risk and supporting return to self-reliance; it is assumed family and community systems are intact but fragile	Restorative: Services aimed at finding family alternatives since the family care systems no longer function
Birth	Early detection screening programmes; parenting classes and parent support groups; day care; parent classes to promote safety in the home; infant/toddler toy-lending programmes;	High risk infant screening; infant stimulation; specialized day care and rehabilitation; protective day care; child abuse prevention programmes; financial supports	Early detection for drug-exposed infants; foster care and family reunification; adoption; stimulation and rehabilitation services; infant/mother and family shelters; financial supports
Early Childhood	Preschool programmes; day care; play groups; child development classes; safety education programmes	Protective day care and preschool programmes; short-term foster care with family preservation services; volunteer programmes such as Toys for Tots; child abuse prevention programmes; financial supports and in-kind financial assistance	Foster care; family reunification services; adoption; therapeutic and protective day care and foster care; parent visitation; court-appointed advocates; financial supports and in-kind material assistance
Childhood	Daycare, recreation programmes, scouting programmes, peer mentoring; drug prevention programmes; public awareness campaigns and laws prohibiting alcohol and cigarette use	Protective day care and preschool programmes; short-term foster care with family preservation services; peer mentoring and big brother/big sister programmes; school mediation programmes; financial assistance and in-kind material assistance	Specialized foster care and family reunification; therapeutic and protective day care; adoption; parent visitation; court advocates; family shelters; food canteens, financial supports and in-kind material assistance

Adolescence	After-school care; recreation programmes; prohibition of alcohol and drug use; employment and training programmes	Group homes and independent living skills programmes; suicide prevention hotlines	Group homes and independent living programmes and job training; shelters; drug/alcohol rehabilitation
Reproductive years	Pre-natal and parenting classes; family support and family life education; labeling of dangers of alcohol and drug use during pregnancy; employment and training programmes.	Parent support groups; parent advocacy groups; self-help groups such as those related to drug and substance misuse	Early detection of high risk pregnancy and counseling; infant/mother and family shelters; domestic abuse shelters; homeless shelters; drug/alcohol detox and rehabilitation; employment training and retraining and job-finding; entitlement programmes including unemployment benefits
Middle age	Specialized support groups such as singles, divorced, adult children of alcoholics; education and support programmes for adult children; information and referral services	Counseling; crisis telephone; employee assistance programmes; day hospital programmes; access to entitlement programmes; targeted benefits	Fostering of mentally compromised adults; small group home facilities; supported employment programmes
Senior Citizens and Old Age	Advocacy groups; senior community centres to support seniors.	Crisis telephone; health and social day care programmes; access to entitlement programmes and targeted benefits	Assisted living and nursing care facilities; rehabilitation facilities; small group home facilities

Appendix 15: Suggested good practice in community based services

BEST PRACTICES IN COMMUNITY-BASED SERVICES
Policy and Legal Framework: This refers to the overarching values and principles, the targeted vulnerable populations, centralized and decentralized functions, relationships with NGOs, financing and accountability, and strategic and implementation plans.
1. Identifies and defines priority groups at-risk
2. Promotes family and community care over residential and institutional-based care
3. Identifies internationally recognized standards of care and professional practice
4. Provides a mechanism for contracting with NGOs in providing social services
5. Provides accountability and sanctioning mechanisms
6. Engages consumers and advocacy groups in designing and evaluating public policy
Structure and Types of Programmes and Services: Categories and types of services available; how potential clients are informed, targeted and assessed; and the degree to which services are aimed at supporting family and community living.
7. Provides a range of programmes from prevention to protection that reflects international standards
8. Provides mechanisms to shift from residential care to community care
9. Promotes principles and values of practice that reflect capacity-building over “relief and rescue”
10. Puts in place assessment processes for targeting those the programmes is designed to serve
11. Puts in place client accessibility mechanisms such as client outreach and citizen awareness/ public education
12. Ensures that at-risk groups have influence over decisions of service providers
13. Integrates approach to assessment, planning and intervention
14. Provides mechanisms for community participation and volunteerism
15. Institutes public awareness and public education campaigns aimed to influence public attitudes and citizen involvement
Human Capacity Development: This refers to the human resources available to provide services that meet care standards, the specific job functions, the availability of education and training resources for developing a qualified workforce, and regulatory mechanisms.
16. Integrates job functions with assessment, planning, intervention and follow-up (social work case management and multidisciplinary planning)
17. Professionalizes treatment and rehabilitation workforce
18. Regulates practitioners through licensing or certification procedures
19. Educates and trains human service professionals
20. Trains workforce using curricula that reflect principles of capacity building, prevention, and community care
21. Promotes professional standards of practice through curricula and programmes
22. Focuses partnerships between universities, advocacy groups and public and private service delivery organizations on performance improvement through workforce development
23. Promotes quality of service and quality workforce through professional associations with advocacy functions
Performance Measures: Outcome indicators used to measure client change based on identified need; information and monitoring systems in place to measure change and track clients.
24. Measures reduced risk and/or improved well-being
25. Employs information systems to monitor programmes and services
26. Employs information systems to monitor clients’ progress

(Footnotes)

1. Reproduced from USAID (2005) *Promising Practices in Community Base Social Services in CEE / CIS / Baltics – A Framework for Analysis*



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