

A SNAPSHOT OF ALTERNATIVE CARE ARRANGEMENTS IN KOSOVO



Based on SOS Children's Villages' assessment of a state's implementation of the UN Guidelines for the Alternative Care of Children





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Background

In 2011, SOS Children's Villages International, along with child rights experts Nigel Cantwell and Prof. June Thoburn, developed an assessment tool¹ to measure a state's implementation of the UN Guidelines for the Alternative Care of Children. This tool is meant to be used as research foundation for countries participating in the SOS Children's Villages global advocacy campaign: Care for ME! *Quality Care for Every Child*.

The assessment tool is a long and complex diagnostic instrument. Undoubtedly, many states will not have sufficient data available to answer all the questions contained in the assessment and no single state will have implemented all the provisions for family support and alternative care as laid out in the UN Guidelines for the Alternative Care of Children. Nevertheless, SOS Children's Villages national associations were asked to complete as much of the tool as possible, given the available data in their country. The three main steps for completing the assessment are:

1. Desk research of existing secondary and meta data, from state, non-state and international sources;
2. Interviews with key service providers, service users and management; and
3. Compilation of the final report, including this summary.

A full version of the original data can be made available upon request. Requests can take up to 90 days to complete. Please contact Emmanuel.sherwin@sos-kd.org for further assistance and questions.

The target groups of this study are:

Children in alternative care: those children and young people who, for any number of reasons, live outside their biological family and are placed in formal or informal care arrangements such as residential care, SOS families, foster care or kinship care.

Children at risk of losing parental care: children whose families are in difficult circumstances and are at risk of breaking down. They may be experiencing any number of challenges including, but not exclusively: material poverty, substance abuse, poor parenting skills, disability and behavioural issues.

Next Steps

SOS Children's Villages calls on all states, civil society partners, inter-governmental agencies, human rights institutions and individuals to use the data contained in this report to defend the rights of children and families – to work together or individually to bring about a lasting change in a child's right to quality care. If possible, in each of the countries where the assessment was carried out, SOS Children's Villages, in cooperation with key partners, will initiate an advocacy campaign on one or more of the recommendations contained within the report. Please contact the SOS Children's Villages national office if you wish to know more, support or become involved in the campaign.

Disclaimer

While all reasonable efforts have been made to ensure the accuracy and legitimacy of the data in this report, SOS Children's Villages cannot be held liable for any inaccuracies, genuine or perceived, of the information retrieved and presented in this document. The purpose of this report is to offer an insight into the state's attitude and recourse to alternative care and any human rights violations therein. SOS Children's Villages will not assume responsibility for the consequences of the use of any information contained in the report, nor for any infringement of third-party intellectual property rights which may result from its use. In no event shall SOS Children's Villages be liable for any direct, indirect, special or incidental damage resulting from, arising out of or in connection with the use of the information.

¹ The original version of the tool can be found here: www.sos-childrensvillages.org/What-we-do/Child-Care/Quality-in-Care/Advocating-Quality-Care/Pages/Quality-care-assessment.aspx.

Executive summary

Although Kosovo has a relatively small population – around two million inhabitants – it has a high proportion of children and adolescents, most of which are vulnerable. It is estimated that a half of the population is under 25 and around 30% of Kosovar population is below 15 years old, making it one of the youngest populations in Europe.²

Despite its declared independence in 2008 and the winding down of UN presence, Kosovo still relies on assistance from international organisations,³ as it continues to develop its laws and practices, including in relation to the rights and wellbeing of children and young people. The country continues to be the poorest country in the region with 46.2% of the population living in absolute poverty (under €1.42 per day) and 17.5% in extreme poverty (under €0.93 per day).⁴

The Constitution, as the highest legal act of the country is based on European and international principles and standards to protect human rights, and in this way offers safe grounds for the implementation of these norms in Kosovo. Articles from the *UN Convention on the Rights of the Child* are also included in the Constitution, thus clearly recognising children as the most vulnerable members of society requiring rights and special protection.

Several laws regulate the child's right to survival, welfare, development and social security; mainly the Law on Social and Family Services and the Family Law. The government is continuously making efforts to improve the living conditions for children, and in particular the protection of children from discrimination, violence, abuse, exploitation and dangerous work. In the existing Kosovo Strategy and National Plan for Rights of Children for 2009–13, the government has worked to raise the quality of life for all the children in Kosovo, conceptualising this as a fundamental standard for a democratic society.

Despite the “contemporary” legislation, the rights of children in alternative care are often violated. Serious changes are needed in practice, including providing a greater range of alternative care and programmes to support implementing policies and legislation to directly target the most vulnerable children and families. These policies should provide care, increase capacity, and strengthen social support systems within communities.⁵

Alternative care in Kosovo comprises both residential and foster care services and there are considerable concerns over the quality of foster care provision.⁶ The research conducted by SOS Children's Villages found that there are legal gaps and concerns related to alternative care: most importantly the application of admissions procedures to alternative care; insufficient individual care solutions and plans, particularly for children with disabilities; lack of commitment to keeping siblings together; poor procedures for handling children's complaints; lack of resources for preventative care; lack of private providers; lack of leaving care provisions; and inadequate monitoring of alternative care to protect children from abuse.

² UNICEF, *Joined Hands, Better Childhood*, Pristina: UNICEF Kosovo, August 2011, www.unicef.org/kosovo/Joined_Hands_ENG_web.pdf.

³ In particular from European Union Rule of Law Mission in Kosovo (EULEX).

⁴ UNICEF, 2011.

⁵ Perolli-Shehu, B., *Children Deprived of Family Environment in Kosovo*, Unpublished paper, 2013.

⁶ Currently, SOS is known as residential care, but is in the process of transforming its service from the village setting to get families into the community: establishing a system of SOS foster families.

Key findings

Of the 1,135 children without parental care in 2011, those in alternative care arrangements were mostly placed with relatives and the remaining 134 were placed in foster care or with SOS Children's Villages. During the same year as few as 14 children were successfully reunited with their parents.⁷

Preventative services

In 2011, the UNICEF report *Joined Hands* highlighted that prevention is a major missing link in the alternative care system.⁸ While a lot of attention is rightfully accorded to children who are already abandoned, abused or neglected little is done to address the causes of these outcomes.⁹

Kosovo acknowledges children's right to grow up in their families, and there is legislation to support parents in their responsibilities. One of the greatest barriers to caring for children adequately, however, is poverty and the Social Assistance Scheme is Kosovo's main poverty alleviation tool. The amounts provided to families through the scheme have remained unchanged since 2003, however, and are; €35 for a one-person household; €50 for a two-person household, rising by another €5 for each additional household member to a maximum of €75 for households with seven or more people.¹⁰ Moreover, Kosovo has the lowest public expenditure on social protection in the region with only 12.7% of total government expenditure allocated for social protection:¹¹ over 75% of the poor are not reached by the social protection system.¹²

The Centre for Social Welfare, is obliged to identify families and children in need who lack family or other community support, have difficulty caring for their children, or where children are at risks of neglect, exploitation or abuse. Such families and their children should be visited on a regular basis in order to ensure the safety and wellbeing of the children and to provide the family with necessary services. However, in practice services fall short, as the ratio of social workers to families is very low. Without the human or financial resources to carry out their work, little prevention work takes place and few families are identified as at risk. There are a number of NGOs that provide services to families in need and attempt to prevent family breakdown by funding a limited number of family strengthening programmes. Such programmes have been implemented by SOS Children's Villages Kosovo in four settlements close to Pristina – Matiqan, Gracanica, Vranjevc and Fushe Kosove – and support over 400 children and their families.

⁷ Ministry of Labour and Social Welfare and SOS Children's Villages.

⁸ UNICEF, 2011.

⁹ *Ibid*, p.33.

¹⁰ Department for Social Services in Ministry of Labour and Social Welfare.

¹¹ Statistical Office of Kosovo, 2011.

¹² *Ibid*.

The alternative care system

On paper Kosovo's infrastructure for abandoned, abused and/ or neglected children appears adequate with at least one Centre for Social Welfare, a local authority body that is part of the Social Welfare and Health Departments, in (almost) every municipality. Children are referred within 24 hours, based on the established criteria. According to the interview data, however, children who are recently abandoned are placed in a hospital, and their stay there tends to be longer than desirable.¹³

Alternative care in Kosovo is made up of residential and foster care services offered by the Centre for Social Welfare, a local authority body that is part of the Social Welfare and Health Departments in each of the municipalities. Formal residential alternative care is offered by NGOs, but even so it is more community integrated rather than institutionalised. SOS Children's Villages known until recently as residential care, now runs an integrated community centre for 24 children for short and medium-term placements (aged 0–3); provides care for 36 children in community integrated SOS families; and accommodates 14 children in a youth home.

Foster families are selected, evaluated and given training by the Centre for Social Welfare; they may provide short-term care (up to six months) and long-term care (longer than a year), although in most cases children who need care between six months and a year they still remain in the foster family until their status is resolved. Kosovo has a network of 40 families who are well prepared to foster children. In exchange, these families receive a fee of €150 per child per month. There is broad consensus that such a network is much better than the institutionalisation of children.¹⁴

Admissions and care plans

It is only in circumstances where there are grounds to suspect that a child is experiencing serious physical, mental harm and neglect, or is at risk of such within the family, that consideration can be given to removing the child from parental care. In these cases, the Centre for Social Welfare will conduct a comprehensive professional assessment of the child's needs and when warranted will initiate criminal investigations with the support of law enforcement institutions.

Within each Centre for Social Welfare there is a Child Protection Unit. These are not yet formalised, but a foreseen revision to the Family Law in 2012 may alter this. Other innovations are (i) the implementation of the Case Management System in 2005, where children are supported by one dedicated case manager who takes care of contacts and consultation with the more specialised professionals, and (ii) the development of several manuals and protocols. However, formalisation of these schemes has yet to take place.¹⁵

A fundamental principle of "quality care" is ensuring that alternative care is only used when necessary and carried out in the most appropriate setting for the children concerned. Informal care, involving placing children with their extended family, should be the first option considered, but making these decisions implies a series of assessments at admission (gatekeeping) and throughout the placements (care planning and review).

The study found that while there are adequate admissions procedures governed by the Centre for Social Welfare, there is no specific data on their application. According to legislation,

¹³ UNICEF, 2011, p.31.

¹⁴ Ibid.

¹⁵ Ibid., p.32.

children's opinions should be taken into consideration when making decisions about their admission and care planning. However, in practice care plans are not consistently made for children in alternative care, and monitoring of the situation of children – although it is mandatory and should be done on a monthly basis – is rarely carried out to the defined standards.

In principle, siblings with existing bonds should be kept together unless there is a risk of abuse or another justification in the best interests of the child. However, there is no specific policy that supports this right, and while in practice siblings are often kept together, there are cases where they have been separated, mainly when there were disputes over custody, and in cases of mixed marriages (Serbian and Albanian).

Monitoring and complaints

The first step for ensuring quality care is to monitor provision through regular inspections and effectively managing complaints. The General Social and Family Services Council is responsible for maintaining professional standards and discipline in Social and Family Services and acts as a licensing and registration authority. It holds a register of licensed professionals and determines the necessary continuing professional development for services. It also investigates complaints and decides upon disciplinary sanctions.

There are not, however, minimum criteria by which the Council makes its decisions on social and family services. Starting last year, as a direct result of an NGO advocacy initiative a working group was set up to draft minimum standards for Social and Family Services, where SOS Children's Villages is a key actor. Minimum standards were drafted for 10 different categories of vulnerable children, including children in alternative care. Many of the standards are based on the *UN Guidelines for the Alternative Care of Children* and the Quality4Children Standards. The group is now in process of drafting standards for additional three categories and the standards are being piloted in selected municipalities – some standards have even been rolled out. Furthermore, as there was no functioning and transparent system of inspections: these standards will also serve as criteria for licensing Family and Social Service providers in order for the Ministry of Social Welfare to hold data on the regularity of inspections or their findings.

There are procedures for children to register complaints and concerns, and once minors are 14 years old they can submit complaints against decisions made by government bodies. The Centres of Social Welfare in each of the municipalities are responsible for receiving complaints. However, there is still a gap when it comes to the ability of children to raise their concerns and a lack of knowledge about their right to complain. Children remain fearful of communicating abuse and other concerns to the police, emphasising the need for improved communication channels for children to raise concerns. Complaints that have been raised tend to be related to light physical abuse, rather than more serious sexual abuse and maltreatment. But during 2011, there were 32 reported cases of abused children provided with social services, 12 of whom were placed in foster care or have been provided other form of alternative care.¹⁶

¹⁶ Kosovo Police Service Department of Community Police.



Leaving the alternative care system

There are no procedures in place to assist children and young people in the transition period as they prepare to leave the alternative care system. There is also no data available on the experience of young people leaving care. Although the state may provide monthly allowances for children without parental care, or those incapable of providing the necessary living conditions for themselves, leaving care and after care support is only provided by a few NGOs rather than coordinated by the state.



Recommendations

1. **Preventative services:** Ensure that prevention services are developed further and that there are adequate social protection benefits, to avoid poverty being the main underlining factor to children coming into care.
2. **Admissions:** Specific procedures should be developed for the effective implementation of the admission and assessment process in alternative care.
3. **Care plans:** Care plans should be drafted and regularly reviewed to specify how the best interests of each child should be met, considering their disabilities, ethnic origins or any other special circumstances.
4. **Sibling groups:** A policy on keeping sibling groups together in alternative care should be drafted and implemented.
5. **Complaints:** There should be strengthened communication between institutions charged with protecting children. Children should be encouraged and supported to make appropriate complaints and institutions should have processes in place to manage these complaints effectively.
6. **Monitoring:** Comprehensive child protection policies need to be developed to include reporting and monitoring. There should be an integrated approach to monitoring alternative care services, including wide-ranging inspections and evaluations of all institutions.
7. **Leaving care:** Leaving care procedures should be legislated and services provided to support young people leaving alternative care.

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Glossary

Family strengthening programme	Helps keep children in the care of their family and supports disadvantaged families at risk of separation by bolstering their capacity to protect and care for their children.
Formal alternative care	Temporary, support for the child and his or her wellbeing must be available, the opinion of the child should be taken into consideration, and care givers must facilitate the reunification of the family whenever appropriate.
Foster care	Families selected and evaluated by the Centre for Social Welfare, trained by various international NGOs, and approved by the panel.
Informal alternative care	Placement with a guardian other than the parents. Informal alternative care givers should receive continual support and guidance, and children must maintain contact with biological parents as much as possible.
Leaving care	Support for young people who are leaving a residential or foster care setting to support independence in the community.
Residential care	A non-government child guardianship institution, used only when there is no possibility of placing the child under family guardianship or foster care. The SOS Children's Village is considered residential care in Kosovo, although it is not the only residential care facility; it is one of the largest.
Temporary care/Shelter	A group home or similar homelike facility that provides temporary or emergency care for children and has adequate staff and services to meet the needs of each resident child.
Youth home	A home for groups of teenagers aged 14 and above. They receive necessary educational and psychological support as well as develop realistic perspectives for their future, learn responsibility and learn to make their own decisions.

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