

Strengthening family based care, strengthening social work

A situation analysis of foster
care in Kosovo* (UNSCR 1244) 2015

Dr. Ian Milligan
(November 2015)

Foreword

The experiences during childhood have far-reaching impact on the development of the child. Adverse childhood experiences, inclusive abandonment, neglect, abuse and exploitation lead to major development challenges in children. Yet, every day, children go through adverse childhood experiences in different parts of the world, inclusive children left without parental care. Millions of children around the world are without, or at risk of losing, parental care and face significant challenges in their daily lives which often have long term implications well into adulthood.

This report covers the rights of the most vulnerable children in Kosovo¹ who cannot be cared for within their own family. The purpose of the report is to review the current situation, provisions and circumstances facing such children and young people and how the child protection system in Kosovo can offer protection and support. The assessment is based on the key principles and policy orientations of UN Guidelines for the Alternative Care of Children, adopted by the UNGA in 2009, focusing on the importance of prevention work, and putting in place a strong 'gate-keeping' system.

In particular, findings of this report aims to contribute to ensuring effective alternative care mechanisms are in place and that children, including those without parental care, are protected from violence, abuse, exploitation and neglect. It provides recommendations about next steps that could be undertaken by the Ministries, municipalities, NGOs and civil society partners to strengthen the capacity and operation of the alternative care service so that families will be supported and children's needs will be met and their rights realised.

A team of researchers from CELSIS, the Centre for Excellence for Looked after Children in Scotland, based at the University of Strathclyde in Glasgow, in particular Professor Ian Milligan conducted extensive research for the report. I would like to thank the researchers for their valuable assistance in developing the report, extensive work and coordination efforts of UNICEF Child Protection staff, alongside all those others who gave their time to assist the researcher in completing the report.

I would like to thank the Ministry of Labour and Social Welfare for its leadership and ownership in supporting this research and tirelessly working towards the development and strengthening of alternative care system in Kosovo for children without parental care. Of course, this work would not have been possible without the dedicated support from NGOs and other relevant partners, with the joint mission to advocate and protect the rights of children in Kosovo.

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¹ All references to Kosovo are made in the context of UN Security Council Resolution 1244 (1999)

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Terminology and acronyms

AiBi	Amici dei Bambini
AKM	Association of Kosovo Municipalities
Collegio	Collegium for Health and Social Welfare, AKM
DHSW	Directorate of Health and Social Welfare (Municipal)
CSWs	Centre for Social Work (in each Municipality)
KOMF	Coalition of NGOs for child protection
MLSW	Ministry of Labour and Social Welfare
UCCK	University Clinical Center Kosovo, Pristina (referred to as Pristina Hospital)
UNCRC	United Nations Child Rights Convention
UNGA	United Nations General Assembly
UN GACC	The UN Guidelines for the Alternative Care of Children (the 'Guidelines')
UNICEF	United Nations Children's Fund

'The Ministry' refers to the Department of Social Policy and Family (DSP&F) in the Ministry of Labour and Social Welfare, unless specified otherwise.

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I wish to thank all those who gave their time to meet with me and answer questions; Government officials, NGO staff and foster parents. Many staff in the UNICEF office provided helpful information, and background and all practical assistance to make good use of time during the fieldwork phase. Particular thanks are due to Feride Dashi and Afrim Ibrahim who oversaw the project and provided me with continuous professional guidance, and also to Ilire Perjuci Selimi for all support arrangements. I am also grateful for the support from my CELCIS colleague Dr. Christine Gale, the International Lead at CELCIS.

Revised report

This version of the report has been revised from the original. The original was presented to a 'validation workshop' conducted in Pristina on 18 November 2015. Present at the workshop were people I had interviewed or others representing their organisations.

A. Introduction

A.1. Aims of the Assessment

The 'Terms of Reference' (ToR) for this assignment called for the assessment of Kosovo's Alternative Care System, with a particular focus on foster care. The ultimate purpose of the assessment is to contribute to strengthening the child protection system in Kosovo. In particular, findings aim to contribute to ensuring effective alternative care mechanisms are in place and that children, including those without parental care, are protected from violence, abuse, exploitation and neglect. The system should also ensure that, when in the best interest of the child, any placement in alternative care should be in a safe and caring family environment.

In response to the TOR, this report identifies gaps in the alternative care system as well as bottlenecks and weaknesses in the operation of care-planning and use of alternative care placements. It provides recommendations about next steps that could be undertaken by the Government Ministries, municipalities, NGOs and civil society partners to strengthen the capacity and operation of the alternative care service so that families will be supported and children's needs will be met and their rights realised.

The report will be of value to all stakeholders and will also contribute to the review of the UNICEF Kosovo 2011-2015 Programme. The 'Terms of Reference' (ToR) for the analysis drew attention to the problem of child abandonment, one of the consequences of 'Social distress related to the post-conflict situation and lack of adequate safety nets'. The system of foster care, initiated and supported by International NGOs, has been developing in Kosovo since the end of the conflict in 1999, and was originally mainly focussed on these very young abandoned babies and young children. However the size and scope of the foster system has not progressed greatly since these early days, though payments to carers have increased, with foster carers still mainly providing placements for babies. The ToR also made reference to the findings of a major *Mapping and Assessment Report of the Child protection System* (UNICEF, 2012) which indicated a general lack of alternative care options and a limited commitment to foster care by many CSWs, 'The foster care service is still viewed as an "NGO Project" and the government has not taken full ownership due to lack of technical, human and financial resources'. (ToR).

There have been a number of significant areas of social services development undertaken by government and NGOs in recent years.

- There has been a major process of decentralisation—from Ministry to Municipality - of service provision including social services
- Minimum Standards for Social services have been developed. These act a guidance and monitoring tool for the work undertaken by social workers in the Centres for Social Work (CSWs), which are now found in each municipality.
- A Kosovo-wide system of fostering, aimed mainly at providing homes for abandoned (relinquished) babies, was initiated in 2002 with NGO support.
- The challenge of responding to a continuing (though reducing) rate of abandonment of babies has been a focus of attention and advocacy. A detailed analysis of the problems in this area, *Take me Home!* (KOMF, 2014a) has recently been produced by KOMF (the Coalition of Child Protection NGOs).

- The NGOs involved in providing and supporting alternative care services –‘EveryChild’, Save the Children, SOS Children’s Villages, Amici dei Bambini Kosovo (AiBi), Caritas, Hope and Homes Kosovo have all undertaken service developments aimed at supporting vulnerable families, building capacity, tackling problems and improving quality.

All these elements, and others, will be considered and included in the analysis presented in this report.

A.2. Methodology of situation analysis

The research process undertaken to produce this report has been informed UN Guidelines for the Alternative Care of Children (herewith known as the ‘Guidelines’ adopted by the UNGA in 2009. In particular, it has been based on the key principles and policy orientations found in the Guidelines

The Guidelines have been created to ensure respect for two basic principles of alternative care for children, namely:

- that such care is genuinely needed (the ‘necessity principle’), and
- that, when this is so, care is provided in an appropriate manner (the ‘suitability principle’).

(Cantwell et al., 2012, p.22)

When conducting an analysis of alternative care it is important to look at the entry points and exit or transition points, as well as the placements and the social work system around them. The UN Guidelines pay a lot of attention to the reasons for children entering the system, and the importance of prevention work. A strong system of ‘gate-keeping’ thus needs to be in place to avoid inappropriate and unnecessary use of alternative care. Similarly the Guidance recognises the needs and rights of young people who leave the care system on age grounds, i.e. because they have turned 18. The Guidelines make clear that these children are often vulnerable to poor transitions to adulthood, and many lack supports. Thus some countries have been extending the age at which former children in care can receive support services, for example until 21 or 25 in full-time education.(Quinn et al., 2014)

Sources

This report is based on a number of sources; a desk review of key reports and documents; a period of fieldwork which included visits to foster carers and small group homes provided by SOS Children’s Villages and Caritas; interviews with key stakeholders, and focus groups with fosters carers. The full list of documents consulted, names of focus groups participants and people interviewed is provided in Appendix 1 and 2.

The Draft report was initially submitted to key stakeholders for their comments. This final report incorporates corrections and comments provided at the ‘Validation Workshop’ (November 18, 2015) and subsequently by email.

B. Context of alternative care

B.1. Background: Kosovo

As of July 2015, the population of Kosovo was recorded as 1,870,981¹. Approximately 25% of the population are aged 0-14 years and 18% aged 15 – 24 years old. In 2013, the Kosovo population was reported to be the poorest in Europe with a per capita GDP of €5,327 and an unemployment rate of 35.5%.² In 2011, UNICEF noted that 46.2% of the population were living in absolute poverty (under €1.42 per day) and 17.5% in extreme poverty (under €0.93 per day).³ Payments to families under the social assistance scheme included those for families in which no one is capable of work, and/or where the only adult capable of work is looking after an incapable person over 65, or, unemployed adults with a child under 5 or providing full-time care to an orphan. The Kosovo Agency for Statistics denote social assistance schemes as those that provides temporary financial assistance to families who are assessed against specific criteria as poor. The amount of social assistance for families in poverty is payable according to the number of family members. In 2015, the payments range from a family with two members at €55, a family with six members being €75 to a family with fifteen members €130⁴. In 2014, a report published by the European Commission called for increased municipal budgets to be spent on child protection services and increased social schemes dedicated to children in foster care and children with permanent disabilities⁵. In 2008 a total of 37,000 households, or some 162,000 individuals, received social assistance, with the average benefit per household at that time being €52. A disability allowance is paid to adults in the event of complete and permanent disability and lack of capacity to work totalling €50 per month. In 2008 there were 17,675 beneficiaries.

A recent report published by the European Commission noted the first round of licensing of individual social and family service providers had been completed and the second phase of licensing legal entities/organisations commenced. The decentralisation of social services was however, reported as still not implemented by municipalities and a need for funding to be allocated from central budgets to ensure an effective process⁶.

1 CIA World Fact Book 2015 <https://www.cia.gov/library/publications/the-world-factbook/geos/kv.html>

2 European Commission (2015) Commission Staff Working Document Kosovo 2015 Report and Accompanying the Document, the EU Enlargement Strategy. Brussels: European Commission

3 UNICEF (2011) *Joined Hands, Better Childhood*, Pristina: UNICEF Kosovo.

4 Office of the Prime Minister (2015) *Series 5 Social Statistics*. Pristina: Kosovo Agency of Statistics

5 European Commission (2014) *Kosovo Progress Report*. Brussels: European Commission

6 European Commission (2015) Commission Staff Working Document Kosovo 2015 Report and Accompanying the Document, the EU Enlargement Strategy. Brussels: European Commission

In 2014, in an attempt to assess compliance of the Kosovo legislative framework with the UNCRC, UNICEF reviewed a total of 45 laws⁷. They concluded that legislation was in harmony with international standards including those laws that allocated support to families to prevent child abuse and neglect as well as those laws mandating aspects of foster care. The Constitution of Kosovo recognises for example, that 'Every child enjoys the right to regular personal relations and direct contact with parents, unless a competent institution determines that this is in contradiction with the best interest of the child'⁸. Issues concerning family unity are mainly regulated by the Family Law and the Law on Social and Family Services. The Family Code also provides that parents are to be deprived of custody if they abuse or seriously neglect their parental obligations.

The Family Law of Kosovo (2004) identifies that "Children have the right to grow up in a family with parents"⁹. This Law also contains provisions on social and institutional protection of children without parental care and provides that no child may be removed from the care of his or her parents or legal guardian without their permission or a court order. It also expressly prohibits children being placed in alternative care due to financial reasons stating that "The family shall first be supported by all means of social welfare"¹⁰. Children without parental care and those with diagnosed learning difficulties or health problems, as well as those living with parents who are not capable to create necessary living conditions for them, should receive special financial and social support from the state. The Family Law mandates the responsibility of Centres for Social Work (CSW) to take all measures necessary to protect children and those without parental care should be given special protection through custody, family-type care, in residential shelters and adoption.

The placement of children with parental permission is also regulated by the Law on Social and Family Services (2005) and subsequent amendments (2012). This Law establishes the core principles, mechanisms, and procedures for providing support services and alternative care to children. It also requires children be consulted in all matters and their views taken into consideration. The Law places responsibility on the Ministry of Labour and Social Welfare (MLSW) for overall organization, coordination and provision of social and family services and the development of policies and strategic plans. Other institutions tasked within this Law to provide child and family services, child protection and alternative care include the Department of Social Policy and Family, the General Social and Family Services Council and NGOs.

The Law on Social and Family Services (2005) and subsequent amendments (2012) mandates CSWs, operating as municipal-based institutions, to provide social and family services and social assistance. CSWs are required to undertake professional assessments of the child's. After a comprehensive professional assessment of the needs of a child the CSW should within twenty (24) hours send a notice to the respective municipality directorate. If there is reason to seek protective measures, there is a duty to refer the matter to the court. The Director of the CSW must confirm to the court that the child is in need of the protection of the court and that all other reasonable alternatives have been considered. The court must consider a number of factors, including: the ascertainable wishes and feelings of the child, their physical, emotional and educational needs, the likely effect on the child if

7 UNICEF (2014) The Legal Framework for Child Rights in Kosovo, Pristina; UNICEF Kosovo,

8 Article.50.5

9 Articles.125 (1) and 126 (1)

10 Article.203(4)

placed in care, any harm already suffered or is likely to suffer, and how capable each of the child's parents are in meeting the child's needs. If the court considers the child to be in need of care and protection, it is empowered to issue a form of protection for a child. The options for such a decision on the form of defence include:

- supervision of the child and his living conditions by the social worker, while he/she is in the care of parent/s or guardian.
- guardian's rights shared between the parent/s or care giver/s and the CSW;
- guardian's rights transferred to the CSW, with the child continuing to reside at home.
- guardian's rights transferred to the CSW with the requirement that the child is cared for away from his parent/s care giver/s.
- in circumstances where a child will not live with his parents the arrangements to be made for the child to have access to their parent/s care giver/s.
- the length of time the form of defence will be in force before lapsing or being reviewed by the court.

The Custodian ensures fulfilment of the requirements and conditions of the decision on the form of defence.. In cases when children were issued a decision on the form of protection, the CSW should regularly review the extent to which protection is no longer necessary or appropriate. For withdrawal of such a protection, the Custodian must submit a request before the Court. The Law states that parents or guardian whose child is subject to a Guardianship Order should be assisted by the CSW where possible, to bring about changes in their circumstances enabling them to resume parental rights and responsibilities.. In order to assist the CSW, a Child Placements Panel is responsible for approving foster parents and adoptive parents, allocating children to a foster or adoptive parent and matching children with adoptive parents. Once placed in foster care, a child must be visited by a member of the CSW team at least once a month. The Law also provides for allowances to be paid to foster carers including costs of medical fees.

The diagram¹¹ below illustrates some of the principal stakeholders responsible for the delivery of social services in Kosovo.



11 Inter-relationship among different stakeholders (Source: Support for devolution of social services in Kosovo, Birks Sinclair & Associates Ltd)

Strategies for Foster Care

The Strategy on Development of Social Welfare (2012-2016) places a focus on foster care, promotes inter-sectoral cooperation whilst recognising the importance of data collection and use of common operating procedures. It defines standards and procedures for foster care and calls on those municipalities that do not have foster care services to develop them. In Kosovo there are regulations for two types of foster care. The first being short term care is temporary accommodation for a specific period until the long term alternative care is found for protection of a child. Long term foster care means fostering of children without parental care until this form of protection is needed¹².

B. 2. Kosovo Institution and NGO Partnership in foster care

There have been a number of positive developments to strengthen the capacity of the Kosovo institutions and its agencies to take that leading and supervising role; the development of a register of approved organisations is one, decentralisation and the creation of the Minimum Standards and an Inspection service are others. As this assessment will show the implementation gap between policy and CSW practice is wide and a step-change in the level of state support for child and family social services is now required. The children in care are Kosovo's children and the Government will want to increase its technical and financial capacity and reduce reliance on externally-funded NGO services. They will continue to be important partners with Ministry and municipality and assist in the development of Kosovo's social services, but over the next few years the Government will continue to take leadership of social services.

NGOs are playing a very significant role in alternative care in Kosovo. The NGOs include local NGOs such as Hope and Homes Kosovo, and the NGO coalition KOMF. International NGOs play a very large part in service provision, with SOS Children's Villages, Amici dei Bambini and Caritas Italy being especially prominent. All these organisations are externally funded and their service in Kosovo is typical of their respective missions; which might be summarised as bringing good quality services wherever they are most needed across the world, and helping to build the capacity of local partners in government and civil society.

Naturally the Institutions and people of Kosovo have welcomed these compassionate and professional expressions of solidarity. As noted in 1. above Kosovo has a system of Centres of Social Work, which operate under contemporary, rights-based legislation and guidance. However the numbers of social workers are very small, they cover large populations and each social worker has responsibility for a complete range of social work duties; including support for older people, people with disabilities as well as vulnerable children and families. There is a lack of specialisation – for example in relation to child protection or foster care – and it is widely accepted that the Centres lack adequate professional and financial capacities and resources (UNICEF, 2014; AMK Collegio, 2013; KOMF 2014 a and b). Developments in child care and protection in the past 15 years have relied to a considerable extent on the International NGOs, working in partnership with the Ministry and CSWs to build their skills and capacities.

12 Administrative instruction no. 13/2012 for the regulation of foster care in Kosovo

Although foster care has been largely initiated and sustained by International NGOs, it is an important service (not only because it provides family care options for children) but because the direct costs of placement are met by the government, not International NGOs. CSWs are involved in the assessment of foster carers, and the Child Placements Panel approves carers and matches children to placements. It is also a service which some CSWs engage with in terms of placing children, even those CSWs who have not recruited their own foster carers. That is one reason why it is important strategically to strengthen this service. Foster care is not a cheap service; it requires considerable investment in the accompanying social work system (Family for EveryChild Coalition, 2014). However it should be a priority for the government as it will create a locally-funded and developed set of family-based placement options. At the moment the range of children placed in foster care is very limited, being mainly babies and infants with a few older children, usually from sibling groups. If it can be diversified from its current base then a much wider range of children could be provided with local family-based care. There is strong support from various professional experts, including AiBi, for the idea of recruiting different 'categories' of foster-carers, who would be approved to provide a home for children of different ages and needs. The Director of Pristina CSW said,

The recruited foster care families should be ready and trained to look after different categories of children. Especially there is a huge need for foster carers who would be able to look after abused children.

To achieve this significant new commitments are required, especially in regard to funding of social work services and care placements. As the overall wealth of Kosovo, and budget increase, opportunities may arise to steadily increase the budget of the DSP&F so that the Ministry begins to cover a significant proportion of the costs of residential placements and foster support. Taking responsibility means gaining greater control. Steps in this direction would underpin and drive the increased capacity and professionalism of CSW social workers as envisaged in the Minimum Standards.

Provision of social services is never a 'vote winner' in any country. However all governments that aspire to meet the needs of their most vulnerable citizens, know that bold decisions have to be taken, to secure professional social services. Professional social services working within a framework of national standards and rights can then provide good quality support for vulnerable families and their children.

B. 3. The impact of De-centralisation on Centres for Social Work

The decentralisation of services and duties to municipalities was carried out in 2009. However in regards to CSWs it is still incomplete and it remains a controversial topic. There seems little doubt that the way it was carried out has had a negative impact on the development of social work services, including foster care. Social work managers' echo the European Commission report quoted earlier in this report (p.9). They insist that the decentralisation process is still not complete; by which they principally mean, that budgets have not been decentralised. However according to the Ministry the decentralisation process is settled, and that both the Ministry and the municipalities have clearly defined roles and responsibilities. The recent AiBi report summarises the situation thus:

In the field of social services, the expected transfer of competences to the local level took place in the last two years suffered the same weaknesses of the main process: if the ownership in programming and service delivery has been placed in the hands of the municipality, the organisational and administrative structure is still largely linked to the central authorities; the economic resources available at local level are insufficient due to incomplete financial transfer by the State, who receive most part of taxes income.

(AiBi, 2014, p.5)

CSW budgets

As part of the decentralisation process CSWs were placed within a combined Directorate of Health and Social Welfare (DHSW) at municipality level. The salaries and office costs of the CSW staff are included in the funding of the DHSW but apart from that there is no budget available to the Director of the CSW to cover daily social work activities. It is the DHSW that holds the entire operational budget, and Directors of social work have to apply for funding for every single piece of expenditure – for example to recover the health costs of an individual child in foster care.

In nearly every case the DHSW is led by a health professional, and they often have little direct knowledge or experience of social services. The demands on this combined Department are very large. In these circumstances it is politically difficult (as it would be in any country) to allocate a budget to social work, which serves only a small and often stigmatised percentage of the population, when there are so many demands for health services, which serve a much larger part of the population.

There is no doubt that the fact that Directors of social work have no budget under their direct command is a severe problem. It undermines professionalism, morale and accountability. It may make some CSWs reluctant to take on responsibilities such as recruiting more foster families, with all the costs involved in supporting and supervising them, and undertaking visits to children in foster care. The Directors of the CSWs are faced with having to educate their superior in the DHSW about their work and duties. This should not be necessary given that CSWs have a long history within Kosovo and their work is guided by recent and expanding legislation and guidance.

This issue has long been recognised and CSWs constantly raise it. The NGO sector has recognised the importance of this issue and the Coalition of child protection organisations has produced a very useful report, identifying current levels of spending at Municipality level (*Is tax-payers' money reaching the children in need?* UNICEF and KOMF, April 2014). They have also brought forward carefully worked out options for creating budgets for CSWs, starting at a very modest level.

There has also been capacity-building work carried out in this area, carried out under the auspices of the UK DfID Kosovo Social Services Decentralisation Programme (Final Bulletin, 2012). This programme examined and strengthened the area of financial management, budgeting and planning which are obviously crucial for the development of a decentralised service. It is therefore urgent that the CSWs now have the chance to put their recently acquired expertise into action. There can be no doubt that making progress in this area is critical to developing a more securely founded, and truly Kosovar, fostering service.

The The Institutions of Kosovo have indicated that it will insert a clause in the forthcoming Child Protection law to secure dedicated funding for municipal social services. The proposal under consideration is that a fixed percentage of the annual main grant to Municipalities will be earmarked for the CSWs. The draft Child Protection law has been under discussion for some time and is expected to be approved in 2016. The date when the 'ring-fenced' budget for CSWs will start has not been announced.

The Collegio for Health and Social Welfare Strategy

A recent development has been the creation of a Collegium Strategic Plan for Health and Social Welfare covering the period 2014-16. The Collegium for Health and Social Welfare is one of 12 created by the Association of Kosovo Municipalities (AKM), with the support of AiBi. Collaboration and sharing of experience and expertise is particularly important in new and under-developed areas of CSW activity, such as foster-care. The current strategy is a brief document addressing several important areas of work; foster care; child labour, juvenile justice, child protection in relation to violence, women and domestic violence. The inclusion of fostering is crucial and surely represents a firm commitment by all Municipalities to strengthen it. The strategy is honest about the challenges the members face:

- The fact it does not cover all municipalities and foster-carers are few in number at the moment
- Lack of coordination of activities
- Limited monitoring and lack of resources for case managers
- Low payment and lack of specific social or health benefits which could raise the status of the task.

De-centralisation conclusion

It is very important that the process of decentralisation is completed in a way that sufficiently empowers the municipalities to carry out their functions. The Ministry and municipalities need to come to a shared understanding about their respective roles in relation to children in alternative care. Between them they need to actively collaborate and continue to develop joint strategies and the capacity of CSWs.

It is clear that in fact the management and care for children in alternative care is a shared responsibility, and will continue to be so for the foreseeable future. Kosovo is a small territory, and there are limited amounts of professional expertise in this area. The Ministry continues to carry out important functions that go beyond setting the policy direction and issuing guidance. For example, the Ministry continues to run the Child Placements Panel, which plays an important role with respect to fostering, adoption and monitoring child abandonment. The payment of foster carers' allowances is also held at central level –and there are arguments in favour of maintaining this arrangement, as it ensures consistent levels of payment and allows one body to hold a comprehensive overview. However other operational budgets; covering travel for monitoring visits, care-planning meetings, training, etc. are required at local level.

B. 4. The abandonment of babies

The abandonment or relinquishing* of babies is a serious issue facing Kosovar society, and consequently the social services system. A particularly high level of abandonment was one of the consequences of the war and the longer-term social disruption caused by the war. Numbers of abandoned babies have reduced significantly since, from a peak of 150 to a current level of around 50 babies per annum. The direct impact of the conflict has receded but the social stigma attached to children born out of wedlock, remains a major issue, and it is one which has received a lot of attention from Government, NGOs and advocacy organisations. A recent report from KOMF (2014a) examined the health and social service responses to babies relinquished in hospital, and the long stays in hospital for some children.

*The term 'relinquished' may be a better term for professionals to use as it is less judgemental in tone than abandoned, and more accurately reflects the fact that the children we are referring to are left by their mothers (and families) in the care of others, normally the maternity departments in hospitals.

Positive and valuable actions have been taken:

- The Ministries of Health and Labour and Social Welfare worked together on an MOU which provided guidance to maternity departments and CSWs that children should not remain in hospital for more than 21 days unless there were exceptional medical problems.
- The SOS 'Baby transition Home' has been re-developed to create a less institutional structure (6-child 'Baby Houses'), with more consistent attention from one main carer for each group of babies.
- A fostering service has developed in some parts of Kosovo and foster carers are successfully caring for a significant number of the relinquished babies.

Nevertheless significant challenges remain with regard to the care of babies, including:

- Lack of prevention work undertaken by the University Clinical Center Kosovo (Pristina Hospital) and the CSWs.
- The continued use of group care, albeit in small groups, in the 'baby Houses'
- Unnecessary periods of time in hospital for some healthy children
- Foster carers available but not used
- Delays in resolving legal status of a child

The Maternity Department at Pristina Hospital receive the largest number of relinquished babies, and benefits from a social worker on the staff team. However her role is primarily administrative, informing CSWs about mothers who are intending to relinquish their babies, and arranging transfers to the SOS Transitional baby home if the CSW is not able to arrange a foster carer.

There is an urgent need for Pristina Hospital, and other maternity departments (in partnership with the CSWs), to undertake supportive counselling to encourage mothers to hold onto their children.

Such preventative work requires suitable resources within the hospitals, including comfortable and confidential spaces where mothers, fathers and families experiencing stress can talk together and with social workers or counsellors. Prevention work will likely only be successful if social workers and counsellors can have access to additional community services, such as short-term housing (i.e. 'mother and baby' accommodation).

B. 5. Number of children currently in alternative care

The 'Guardianship Authority' for all children who are not under the guardianship of their birth parents is held by the CSWs. In the case of kinship care, guardianship can be transferred to another member of the extended family. It is social workers who act as the 'legal Guardian' for all children who do not otherwise have a member of their extended family to act as their guardian. In effect this means that children in foster care and residential care have both a legal guardian and a second social worker (case manager). Regulations require that a social worker cannot be both the legal guardian and the case manager for the same child. It is worth noting here that this duty places a significant extra burden on the social workers.

The Ministry provides an overall figure of **1279** children under guardianship in 2015.

However this figure includes **505** children in a variety of special circumstances related to the conflict, and who do not receive monitoring visits from CSWs, and include:

- Children who benefit from the financial scheme of the families of martyrs of war and civilian victims of war;
- Children who are under the care of relatives and who do not benefit from social schemes and other forms of protection;
- Children who are under the care of relatives where the parents are living abroad

Therefore excluding these children from the total of children about whom the Ministry holds information produces a figure of 774 children in *formal* alternative care.

The Table below gathers together all the information available about these formal alternative care placements.

Table 1: Number of children currently in alternative care by placement type

Type of placement	Placement information	No of placements/chn	No of children
Kinship care*	Family in receipt of kinship benefit, Monitored by CSWs	590	590
Foster care	Approved by Ministry of L&SW, supported by NGO Amici dei Bambini	35 families with 68 children, (50 families approved) **	68
SOS Children's Village Kosovo	Transitional home (24) /baby houses (3 x 6)	24	18
	Community homes (7 x 6)	42	39
	Youth House	12	11
Hope and Homes for Children Kosovo – residential care	Children from 3-18 years	18	6
Caritas residential care	Children from 3-18 years	14	14
Shtime	residential care for disabled children	10***	6
Total no of placements		778	752

Information supplied by the Ministry of Labour and Social Welfare (September 2015)

* Kinship care in this table refers to 'formal' kinship care. The kin carers receive a small cash benefit (currently 75€ per month for one child) and the cases have all been registered by the social work centre (CSW). The quality of care and the social work support for these placements are addressed by the Minimum Care Standards (no.14) recently circulated by the Ministry.

** Currently 35 foster care families have children placed with them out of a total of 50 families approved by the Child Placement Panel (Chaired by the Ministry).

*** Residential Centre Shtime is a home for severely disabled children. However 4 residents are over 18, remaining in Shtime until new accommodation is developed.

C. Foster-care in 2015

C. 1. Overview

Foster care first began to be established in Kosovo in 2001, and the work of development, recruitment and support to foster-carers was undertaken by major NGOs with experience in this area: first of all the UK-based NGO EveryChild, and when it withdrew from Kosovo, its foster care support role was taken over by Save the Children, and then in 2007 the Italian NGO, Amici dei Bambini, took over the main support and development role. Foster-care is clearly established in legislation and guidance, and specific and detailed Minimum Standards have recently been developed and circulated.

In 2002, with financial and technical support of UNICEF and EveryChild, the Ministry drafted and approved the a detailed 'Manual of Procedures for placement of children in alternative care', which gave guidance to the CSWs on their role in approving and monitoring foster-carers, and this guidance also addressed the process of case-management, care-planning and review, allocating roles and duties to case managers and legal guardians within the CSWs.

The responsibility for recruiting, assessing and preparing foster-parents with the CSWs. When foster-parents have been assessed to see if they meet basic criteria, the CSW sends the report to the Child Placements Panel, which is organised by and located within the Department of Social Policy and Families, MLSW. The International NGO, AiBi, also plays a major role in supporting individual foster-families, and supporting CSWs and the operation of the system.

In the period 2012-14 AiBi undertook a major project which provided the development of a set of tools for CSWs and significant training (5 days) in how to use them. They also provided a number of full-time psychologist positions to be available to foster-families to advise and support. Training and social programming for foster-families were also provided, which are very helpful resources for foster families.

Foster carer allowances

Foster cares receive flat-rate monthly allowances, which are intended to compensate them for the costs of bringing up a child. The current rate is 150€, and 250€ for disabled children.

There is a widely held view, not least expressed by foster-carers, and Directors of CSWs and the Collegio Strategy, that this level is too low. A small number of municipalities have found the budget to pay an additional 100/150€ per month to their own foster carers, and other municipalities, including Pristina, are considering similar requests from their Directors. Nevertheless it is important to note that this figure is much higher than the social protection allowances paid to poor families where no one is able or available to work, (currently families of 2 persons receive 60€ with an additional 5€ per person).

Directors interviewed for this assessment, and other experts believe that a significant increase in the allowance is necessary to attract a wider pool of people who might put themselves forward as prospective foster carers.

Health costs

Health costs are another significant burden on foster carers which are only occasionally, and with difficulty, reimbursed. Naturally foster carers often have to meet the medical needs of their foster children, and incur costs in doing so. There are reported to be protocols or procedures in existence encouraging municipal DHSWs to recognise the special situation of foster carers and to make it straightforward for them to reclaim health care costs. This seems a matter of natural justice as the children are ultimately in the care of the state. The continued failure to implement effective systems undermines the standards of care and the value placed on foster-carers. The failure to resolve the issue in practice represents a clear contradiction to the policy positions of the Government and the profession. It must be noted that in fact foster carers often meet these health costs from their own pockets, and continue to present their children for medical treatment even though they know that reclaiming the costs will be a problem.

C. 2. Numbers of families and availability

Since 2009, and the advent of decentralisation, the foster care service has not extended in numbers or types of children served. Reports suggest that there have been around 40 foster-care families active since that time. During these years there has been a degree of natural turnover; some foster-parent ceasing to foster because of a change in family circumstances; some foster-carers have been judged to be unsuitable and are no longer used. A few new foster-carers have been recruited. AiBi report that a total of 5 new families have been recruited this year (January – September 2015). However the latest figures suggest that while the overall number of foster families remains steady, the current level of service is actually declining, with the ministry reporting that there are overall 50 families active and ready to receive children but only 35 actually have children placed with them. This suggests that many CSWs are not considering using foster-carers and that there is a problem with the Placements Panel continuing to make placements with the 'transition' home run by SOS Children's Villages rather than with foster carers currently available. This issue is examined further below, see p.23.

C. 3. Recruitment

There is very little evidence of recruitment of foster carers by the CSWs. Although there have been occasional publicity campaigns and media coverage of some foster carers Directors of CSWs and AiBi confirm that the commonest form of recruitment is a result of 'word-of-mouth' from existing foster-carers who are then encouraged and prepared by AiBi. While it is always valuable to have this channel of recruitment, this is a very limited approach to recruitment. One major problem is that it will tend to limit the social-economic profile of foster carers and not be representative of the population as a whole.

In January this year the Ministry issued a memo to all CSWs instructing them to recruit 3 new foster families by October, however this has not been achieved by any municipality. As noted above a total of 5 new families have been recruited Kosovo wide.

It is the starkest of evidence that current strategies are not effective in securing and developing their foster care service, and suggests a change of approach to the recruitment and supervision of foster families is needed.

As seen above, the lack of any budget being devolved to CSWs following decentralisation has undoubtedly undermined the development of social work generally, and the development of foster-care specifically. In this context it is perhaps understandable, though regrettable, that social workers and their managers in some CSWs may decide that the work of finding, recruiting, supporting and supervising new families, given the costs involved – should be put off or avoided. One Director interviewed during this assessment explained that he had tried to recruit but that it had simply proved impossible to find families willing to get involved. As a result he seemed to have given up and had no ideas about how to progress. Another Director said he did have some families expressing interest but felt that the low level of payment was a main barrier. He had applied to his Municipality for an additional allowance and he was hopeful that if this was made available then he would find a number of families willing to foster. However it has to be noted that some municipalities have overcome these barriers – they have recruited a few families.

C. 4. Case management and partnership between social workers and foster-carers

Unfortunately there is abundant evidence that social workers employed by the CSWs are not carrying out their duties as guided by the procedures manual (2002) and implementing the recently adopted Minimum Standards is likely to prove challenging. Foster carers and AiBi report that monitoring visits are frequently delayed and in some cases do not happen for months at a time. According to the AMK Collegio strategy,

‘monitoring actions on children in foster care and foster families are not effective due to the lack of well-defined monitoring system and the resources available for the case manager’
(AMK Collegio of Health and Social Welfare Strategy, 2013, p.9)

The recently developed Minimum Standards on foster care may address the first aspect but resources remain the big challenge. Foster carers in two of the municipalities consulted for this report, held generally positive views about their own social workers, although they mentioned that regular visits were sometimes delayed. Indeed they seemed to have a great deal of sympathy for them in terms of the lack of resources – including access to transport - facing the social workers. They did report that the level of monitoring visits from social workers for children from other municipalities placed with them were substantially less frequent than those from social workers from their own CSW.

The focus groups with foster carers carried out for this assessment also revealed that foster-carers were not aware at all about the existence of written care-plans for their children. They said that social workers gave them verbal information and told them what was happening to the children in terms of the progress toward adoption or return to birth families.

Even more surprising most of the foster carers had no idea that they were annually ‘reviewed’ or evaluated by CSWs. One group of foster carers were aware of the requirement that they have an annual health check but did not realise that their social workers had to complete a form and confirm that they were still suitable to foster.

C. 5. Support from Amici dei Bambini

AiBi is recognised by the Government as its implementing partner for foster care. Foster parents had a very positive view of the support provided by AiBi – the visits, trainings and advice from psychologists etc. In the period 2012-14 AiBi received a large grant from the Italian Government to strengthen the fostering system, the AiBi MAE Project (Aibi, 2014). The organisation provided training to social workers from the CSWs and provided them with a manual and guidance for their foster care practice. AiBi also contribute to the recruitment efforts and encourage people who do express an interest, often the friends or family of existing foster-carers, to put themselves forward to the CSWs for approval.

Since the MAE project finished AiBi continue to operate with a much smaller staff team. Nevertheless they continue to provide a variety of supports to carers; advice by telephone; arranging gatherings of foster carers for both training and social purposes. They have also recruited a number of part-time psychologists and pedagogues to be available to provide regular support to foster carers facing particular challenges. They have requested financial support from municipalities to pay for this support to their carers.

MAE AiBi also played an important role in supporting the AMK Collegio of Health and Social Welfare to recognise the importance of foster care and to include it within their strategy.

Conclusion

Ministry initiative - an unintended consequence

As already noted in January 2014 the Ministry issued a memo to all CSWs requesting that they each recruit 3 foster families in their respective municipality. This would have significantly increased the number of foster families by around 100 families, and made sure there was foster care in every part of Kosovo. Representatives from the Ministry explained that one of the reasons for asking for this was so that each municipality could have one family available for emergency cases, including cases in the middle of the night, when children had to be removed from parents in a crisis situation. There have been a number of recent cases where social workers and Police had nowhere to place children removed in an emergency situation.

In parallel with this memo the Ministry also asked the Placements Panel not to allow 'cross-municipality' placements; that is, not to allow relinquished babies from one municipality to be placed with foster carers in another municipality. This was a well-intended plan, as they hoped there would now be foster families in every municipality. However with the failure of many municipalities to actually recruit 3 foster families, there has been an unintended consequence. The application of this Placements Panel 'rule' has meant that babies from municipalities which do not have their own foster families continue to be placed in the SOS Transition home, while some foster carers - in municipalities which have more foster carers than are required for their own needs - are not being used. As it has not worked as intended the Ministry will want to review this policy. They may decide to concentrate foster care on a few larger municipalities which would serve their local region. (See F.2ii below, p.31)



The relatively small foster care service in Kosovo has achieved a great deal –many babies have been provided with family care, pending adoption or return to birth families. A few older children, and some sibling groups, have been placed with foster families. At least one disabled child is receiving long-term care. There is a positive policy framework in place and detailed Minimum Standards have been created to guide social workers.

Nevertheless, strengthening foster care in Kosovo is a major challenge, as seen by the lack of implementation of the Ministry’s memo. Foster care is currently ‘drifting’. It is not developing and expanding, and the gap between policy and practice is huge. There are positive policies in place, and a substantial amount of capacity-building has been carried out over many years. However this stands in contrast to the lack of financial support from municipalities, the inconsistent monitoring visits, the failure to reimburse health costs, the lack of recruitment and so on. A large number of municipalities have simply not got started with foster care. There is apparent complacency about the continued referral to the transition baby home by hospital and social workers. Unless some new factors enter the situation it is not likely that the lack of support experienced by foster carers and AiBI will change. In the recommendations attached to this report a number of suggestions will be made about how to tackle this challenge.

D. Residential (small group) care

Although foster care is the main focus of this report the other parts of the alternative care system have also been assessed in order to gain an understanding of the system within which foster care operates.

There is only a relatively small amount of small group care in Kosovo and it is largely provided by Kosovo sections of International NGOs; SOS Children's Villages, Caritas and Hope and Homes Kosovo (which is now completely independent from the International NGO of the same name). These homes have high-quality physical environments with trained staff, and are run on professional basis in collaboration with the CSWs.

SOS

SOS is the largest provider of small group care using their 'community-based family care' approach with a full-time house mother supported by an assistant, and of course the structure and resources of the 'village' itself. These houses are no longer located in the original village but have been dispersed into different parts of the city. The village continues to be the location of the 'Short and Medium term Transition baby Home' for up to 24 children, which has been re-organised into 3 separate 'baby houses' of 6 children, with one full-time primary carer supported by 4 assistants, and the wider psycho-pedagogical support team.

SOS homes are almost fully funded by SOS CV international, and there is always the possibility that the central organisation will reduce its funding and look for an ongoing partnership in which the government pays a proportion of the costs.

SOS provides a great deal of capacity within the wider child protection sector. In addition to the community houses, SOS runs a number of services including a 'Family support and counselling Project' staffed by psychologists and social pedagogues. This service provides a short-term and structured series of counselling and play therapy sessions for parents and children respectively. The service is aimed at vulnerable families where there may be a risk of abuse, neglect, delayed development of children, and family breakdown. Referrals are accepted from CSWs and elsewhere. SOS also runs number of community-based projects aimed at providing family strengthening activities to poor and vulnerable families. SOS also plays an active role in the advocacy coalition KOMF.

CARITAS

CARITAS is a social and community service agency of the Catholic Church. It operates in many parts of Kosovo, with a system of parish-based volunteers providing youth and community activities. Since the end of the conflict, with the help of Caritas Umbria (Italy) they have also operated a residential home, run on a 'family group home' model with a live-in manager of the home, Mr. Massimo Mazzali, who lives there with his family. They are supported by a small team of carers and pedagogues; some employed and some volunteers from Italy. The home was formerly in the town of Klina and is now located in a new building in the countryside a few miles from Klina. Massimo and his care team liaise with the social workers for all the children, and they maintain regular home visits, and visits by parents, depending on the advice of the social workers. The home mainly serves children from the surrounding area covering a number of municipalities. This home is funded by Caritas Umbria), who also encourage and support the recruitment of volunteers who may stay at the home for a year or two.

The home sits in a beautiful environment allowing many opportunities of the children to play in the fields and lanes. Although it lies several miles from the town the home makes considerable effort to integrate the children with the few immediate neighbours and with the town. Children attend the school in town and often take part in activities there, while their friends are welcomed to the home. The Caritas home also carries out care-leaving support work. They have found work for some of the older youth when they have left the home, and they also support the education of those who have gone onto college. They also welcome care-leavers back to stay with them during holidays etc.

Hope and Homes for Children in Kosovo

Hope and Homes for Children in Kosovo is a local NGO, and suffer somewhat from reliance on grant support from the government which only covers part of the cost of operation, and has to be supplemented by donations from local sources. The government has recently reduced funding and requested that the NGO finds other sources of funding which they will match. As a local service Hope and Home plays a very important role in the nation's services and it should be a priority that its finances are put on a secure footing. It is also the most 'indigenous' of the residential services in the sense that it is not financed by an International NGO. It has continued to develop its services and it has a particular focus on caring for older children. Its address is not widely advertised and it can be used as a 'safe house' for children vulnerable to trafficking or sexual exploitation.

It is important to remember that a successful foster care system needs to have residential services to act as a resource and back up. In countries with mature and extensive foster systems then there are always a number of foster placement breakdowns; often unplanned. There are also planned 'disruptions'; when a placement is not working out. In these situations older children will sometimes be better placed in a small group home. The expertise available in residential homes and organisations can be very useful for supporting foster families and social workers, and joint training and mutual support is often beneficial. As residential care has been reduced in some countries then it has tended to focus on providing small group, family-like care for the older and more vulnerable or troubled children, and those children who for whatever reason do not find it easy or possible to settle in a family environment.

If Kosovo is able to increase the number of foster carers and extend the types of children cared for, then the role of the family group homes will change and they will perhaps focus on the most vulnerable and challenging children and young people.

E. Care-leaving

It is increasingly acknowledged that 'care-leavers', those young adults who have recently left care, for example in the 18-25 years age range, are especially vulnerable to difficult transitions to adulthood and 'poor outcomes' in terms of unemployment, self-care, mental health problems, social isolation and vulnerability to crime, early pregnancy etc. As a result the needs and rights of care-leavers have been included in the UN Guidelines, and new rights and support services are emerging in increasing numbers of countries (Quinn et al., 2014). It is important to acknowledge that not all care-leavers experience serious problems but they do face huge challenges.

The Kosovo legislation governing the development of children's rights and social services is of recent origin and is strongly informed by the UNCRC and the UN Guidelines for the Alternative Care of Children. However the rights of care-leavers constitutes a major gap and weakness in the legislation - it is simply missing from the legislation, and there is little sign of any focus on care-leavers in the work of the Ministry or CSWs.

The number of 'care-leavers' at any one time may be relatively small. As we have seen abandoned babies constitute the biggest proportion of entrants to care, and many of them progress to adoption; either at home or abroad. The issue of care-leaving has not often arisen in relation to foster-care so far. It is an issue that has been faced with regard to the various residential options. Consequently the services provided by these organisations - especially SOS, which constitutes the formal care-leaving services which do exist at the moment in Kosovo. Around 20 young people are benefiting for SOS Youth programmes and after-care services.

Care-leaving services in Kosovo

SOS internationally has developed a structured system of moving from a youth house, to semi-independent living and finally to 'supported independence' covering the age range 18-25. During this time SOS provides financial and personal assistance and helps the young people with education and employment. This system is being implemented in SOS Kosovo. A smaller-scale and less structured programme of follow-up assistance is also provided by Caritas to some its care-leavers who remain in the towns nearest to the home.

The Guidelines recognise that young people with special need will require assistance to make sure they have opportunities for integration and non-institutional housing and support. As noted above (p. 19) in the data about the number of children with disabilities in the Shtime residential house, a number of the young people there are in fact over 18, and suitable accommodation has not yet been found for them, which indicates there is urgent work needing done to assist them with their transitions.

Developing policy and participation

'Leaving care' is in fact better described as a transition. The age of 18 marks the formal end of childhood, in international law and in cultural terms in many parts of the world. Child welfare services have often stopped at that age, especially those provided by state bodies, whether in foster or residential care. However there are few young adults in the wider population who have to survive on their own at the age of 18, and most remain with their parents until marriage. While even those who may move away to college or university and option to remain in



some form of 'independent' living will usually be able to return home whenever they like to and receive a welcome, and practice assistance. Such 'returning home' options are not usually available to young people who have left alternative care. The challenges they face are much more difficult than the average young person, having spent a significant of time in alternative care – which by definition involves a significant degree of loss of close relationship with parents, and often the wider birth family. Research from across diverse cultures suggests that it is the social isolation and plain loneliness which is a major feature of life for many young care-leavers (Quinn et al., 2014). The duty on social services to provide support in housing, training and employment and social network building is reflected in the UN Guidelines for the Alternative Care of Children – paragraphs 131-136 address this aspect of care, and the implementation handbook (Cantwell et al., 2012) fleshes out the Guidelines with policy and practice guidance.

In recognition of these vulnerabilities and 'poor outcomes' for many care-leavers efforts have been made to provide services, by governments, NGOs and civil society organisations. SOS Children's Villages is one NGO which has put a lot of work into this area in recent years, informing its policy focus and service development with a substantial programme of peer research (SOS Children's Villages, 2012). In Macedonia the Government has recently approved a care-leaving payment of 3000€ for care-leavers, to help them establish themselves and pay for accommodation.

There is an urgent need to address this policy and service gap for disabled and non-disabled young people making the transition from care in Kosovo. This requires action in a number of areas; legislation and policy development, practice development and the creation of new support services.

Care-leavers are also a group who can speak up for themselves if given opportunities, encouragement and forums and creating such opportunities is a key aspect of participation that can help move the various agendas forward. It will be important for all stakeholders in the social service field to come together to create some forums where care-leavers stories can be articulated. When professionals and politicians hear the individual stories of the struggles faced by so many youth it is usually a powerful incentive to respond.

F. Current challenges and key issues in alternative care

F. 1. Children and the care system in Kosovo

In examining the alternative care system in Kosovo it is notable the low numbers of children in alternative care and the fact that over 75% of such placements are with kinship carers. However the amount and quality of data about these children held by the Ministry is very limited, and barely extends beyond aggregate numbers of children by placement type. There is no readily available profile data about the children; age, sex, length of stay in care, reasons for entry to care, etc. One other striking, and positive fact is that Kosovo, unlike most of its neighbours in the region, does not have any large-scale institutions. All the residential facilities currently in use are small-scale and of relatively recent origin.

This profile may be viewed as a very favourable one, and is certainly a picture that conforms to the policy preferences expressed in the UN Guidelines; with nearly all children in various forms of family-based care or small-scale residential care, and the extensive use of kinship care. However cash benefits levels available to poor families are low. There is widespread poverty and high levels of unemployment. Many families are under pressure and some of them are receiving assistance from various NGOs as mentioned in this report. Some families and children could undoubtedly benefit from higher rates of cash benefits and other forms of family support, but it is a welcome fact that poverty itself is not driving higher levels of entry into alternative care.

However many reports, including the UNICEF Mapping and Assessment report (UNICEF, 2012), and interviewees for this report - including Directors of CSWs - suggest that the CSWs are not able to conduct much proactive or preventive work. Children are in evidence begging and working on the streets, and local and International NGOs are actively supporting impoverished families through a variety of family support measures. Such services undoubtedly contribute to reducing the numbers of children who might otherwise be drawn into alternative care. The Roma, Ashkali and Egyptian minorities have the same rights as all other Kosovars but may be particularly difficult to reach. Establishing trust and engagement with these communities by the CSWs is a major challenge.

It is also important to note that a great deal of the current system is driven by providing care – short- and long-term - for abandoned babies. Furthermore many of these babies continue to be hosted in the SOS ‘transitional home’ rather than in foster families.

Foster care in Kosovo is firmly established and it could be expanded; a) in overall numbers of foster families, and b) in the range of children placed with foster carers. Older children suffering from abuse or neglect within their families could be fostered, including those from minorities such as the Roma, Ashkali and Egyptian communities. It is unrealistic to expect every municipality to develop a wide range of foster care options; but some could develop specialist services; a disabled children respite service for example.

Percentage of children in alternative care

The number of children aged 0-18 in Kosovo is recorded as 592,046 in the census of 2012. Using the figure of 752 children from the table 1 above this gives a proportion of 0.13% (1.3 per 1,000) of children in alternative care, of which 78% (0.3 per 1,000) are in kinship care, the 68 children in foster care are approximately 10% (about 0.03 per 1,000) and the 94 in residential care are approximately 12% (about 0.12 per 1,000). This is a very low proportion of children living in care.

In Macedonia, according to the TransMonEE database (Transformative Monitoring for Enhanced Equity, UNICEF) figures for Macedonia; in 2013 that country had 0.6 per 1,000 children in residential care, and 1.6 children per 1,000 in foster and guardianship.

In Serbia, according to the TransMonEE database; in 2013 Serbia had 1.6 per 1,000 children in residential care, and 14.8 children in foster and guardianship. This comparison indicates that Macedonia has perhaps 5 times as many children in care than Kosovo and Serbia many more times than that again.

Great care must be taken comparing data from different kinds of sources. The data for Kosovo for the past 3 years has been provided to TransMonEE by the Kosovo Statistics Agency but not yet reported in their annual tables. Definitions of foster care (whether it includes kin care or not) and use of formal guardianship may vary considerably between countries.

Nevertheless the Ministry in Kosovo does have good knowledge of the overall numbers of children in different categories and it is safe to say that overall Kosovo has few children in residential or foster care.

F. 2. Strengthening Foster care

Foster care can only be delivered when it is part of a wider system of protection and care than includes an emphasis on family strengthening and provides a wide range of alternative care choices for children

(Family for Every Child, 2014, p.6)

F. 2.1. CSWs and foster care

Developing foster care in Kosovo is a vital task because these placements are more directly managed and funded by the Government than the International NGO placements. Central to this is increasing the engagement with fostering by the CSWs. By increasing numbers of carers, increasing CSW engagement with carers, and increasing the contribution of the Ministry to the budget of central specialised support services, Kosovo will begin to develop its own alternative family-based care service. By doing so it will be in a much stronger position to achieve its aspirations to meet international standards and implement its own legislation and guidance.

Unfortunately there is evidence that social workers employed by the CSWs are not carrying out their duties as guided by the procedures manual (2002) and subsequent legislation and guidance; in relation to regular monitoring visits, or reviews of care-plans, etc. Given this background implementing the recently adopted Min-

imum Standards of Social Services is likely to prove challenging. Foster carers and AiBi report that monitoring visits are frequently delayed and in some cases do not happen for months at a time. The same happens with babies sheltered in SOS Transitional Homes. As noted earlier although there is a well-established structure of Centres for Social Work in every part of Kosovo but the number of social workers is low and their range of duties extensive. When we add in the lack of budget it is perhaps not surprising that social workers in many places are struggling to implement the kinds of case management practices envisaged in the manual of 'Procedures on the placement of children in alternative care'.

Foster carers in two of the municipalities consulted for this report, held generally positive views about their own social workers. Indeed they seemed to have a great deal of sympathy for them in terms of their lack of resources – even access to transport for monitoring visits or hospital appointments for carers' children. The foster carers did report that the level of monitoring visits from social workers for children from other municipalities were substantially less frequent than those from social workers from their own CSW when they are fostering children from another municipality.

It is particularly unfortunate that the CSW in Pristina – by far the largest municipality - has so far only managed to recruit one foster family. The main hospital is in Pristina and is where the highest number of abandoned babies are received into care. The Director of the CSW in interview says the fee level is too low to attract much interest. He reports that he has requested finance from DHSW for next year to pay an extra 100€ per month (as 2 other municipalities have done). He reports that there are 4 families who have expressed interest in becoming foster-carers and he believes that if he is successful in getting extra money then he will be able to recruit them.

F. 2.2. A 'Plan B' for strengthening the CSW structure around foster care

So far the Ministry has issued guidance on the assumption that *all* CSWs will recruit, support and supervise foster carers, but as we have seen they are only operational in around half of the municipalities and the number has barely changed in recent years. Foster care is a specialised social work service and perhaps now is the time to acknowledge the fact that it will be difficult to get every CSW to develop the necessary expertise to make the best use of foster care. An alternative strategy could be to identify perhaps 9-12 'pathfinder' municipalities which can act as 'foster care hubs', serving wider areas, perhaps covering 3 or 4 municipalities. Clearly this would involve them in more costs and would require more staff. But perhaps this is the route that would allow some social workers – perhaps one in each of these 'hub municipalities' to develop real confidence and expertise in managing foster-care. This is perhaps more realistic than requiring each of 38 municipalities, some very small in population, to develop their own services.

In order to facilitate this service development the municipalities which become foster care pathfinders or hubs should receive a higher level of care CSW budget than those who don't. Such a differentiation of budget will (appropriately) act as an incentive for municipalities to take leadership in these areas. It would also mean that those municipalities who do not have their own foster-carers would not be penalised for not recruiting their own carers and they would not be charged for using these 'cross-authority' placements. They would obviously still be expected to carry out monitoring visits when they had a child placed in neighbouring municipality.

F. 2.3. Financial support for foster-carers

It is suggested by Directors of social work and NGO representatives that the current level of allowances does not encourage many people to think about becoming foster carers. It does seem likely that in the current economic situation that increasing the amount will not only attract a wider pool of interest it will also be a signal of the high status of the role. It should be noted that the baseline figure of 150€ is much higher than the current levels of social assistance allowances paid by the government to families in poverty. Given their professional role in caring for children, paying foster carers more than the direct costs of a child's food, clothing, housing, schooling and health costs is entirely appropriate. Carers are only paid when they have a child, are subject to annual review, and may be removed from the service if the care they provide is not deemed satisfactory. They are thus under scrutiny, are expected to attend training, and also expected to cooperate with other professionals involved in the care of the children. It is an important and nurturing and professional role, and it should attract proper financial recognition.

Some municipalities have already found funds to pay an extra 100€ per month, and others are clearly thinking along these lines. As this report shows a number of actions are needed to strengthen the foster care service but perhaps the most fundamental of all is the level of allowances, and finding an effective way to reimburse children's health costs. It is also important to provide some kind of age-related allowances. Most people would accept that the real costs of bringing up a teenager are higher than either a baby or a young child, and the fostering allowance should reflect these realities. It may be easier to support a substantial increase in the allowances if they are considered to consist of two elements; 1. children's 'direct costs' and 2. a 'carers allowance'. A number of specific measures are proposed in Rec. 2 of this report.

F. 2.4. Partnership working with CSW social workers

The consultation for this report also discovered that foster-carers were not aware at all about the existence of written care-plans for their children. They said that social workers gave them verbal information and told them what was happening to the children in terms of their progress, or otherwise toward adoption – or about return to birth families for those few children placed with foster carers because of abuse or neglect.

Even more surprising most of the foster carers had no idea that they were annually 'reviewed' or evaluated. One group were aware of the requirement that they have an annual health check but did not realise that their social workers had to complete a form and confirm that they were still suitable to foster.

F. 2.5. Specialised support for foster carers

At the moment AiBi provides the great majority of the daily support to foster carers. They also provide regular social and educational gatherings for carers. If the Ministry is to take on more responsibility for placements then it is important that they begin to take responsibility for the support service. The Ministry could, for example, commission a support service from AiBi through an MOU. Such an arrangement could cover the salary and operational costs (including travel) of one or two social workers or psychologists – operating as foster carers' support and development workers. Their role – wherever located and supervised – would be to strengthen the support services for foster-carers beyond that which can be pro-

vided by any single municipality. SOS also has trained and experienced staff who may be able to offer support to foster carers, and if the foster care service expands then it will be important to make use of the all the available sources of support and expertise.

F. 3. Legal status and adoption issues

This assessment has not included a focus on adoption and the legal issues associated with it. However it is noted here as it does impact on the operation of fostering system which is used mainly for the temporary care of relinquished babies.

The slow process for resolving the legal status of relinquished babies is a major concern to carers and advocates, and information for this assessment was gathered from the Director of KOMF and confirmed in interview with one of the CSW Directors. The topic has been the focus of detailed examination in the *Take Me Home* report (KOMF, 2014), although it should be noted that the Ministry disputes some of the findings in this report, especially with regards to alleged lack of clarity about the role and powers of the Placements panel in relation to legal status applications. The long time taken to process adoption mean that some babies may remain with foster parents for over a year before being placed with adoptive parents, and by this time they will very likely have formed deep attachments to the foster carers, making the transfer difficult.

It is of course a difficult area in which to get the balance right. It is important that social workers seek to persuade the mother to take the child back and offer her support to do this. However if the mother is clear in her mind then it should be possible to follow due process in a matter of months, if the child's needs and rights are kept in the centre of attention.

One issue is the fact that there are no dedicated Courts dealing only with civil matters. The problem seems to be centred on two aspects of practice involving the important, and challenging, tasks which are undertaken by social workers and the Courts. The status of the child as 'abandoned' has to be established before the child can be adopted. There are two *areas of practice* which have been identified as problematic:

- a) Understanding by social workers and their managers about what constitutes good practice in terms of allowing enough time to mothers to fully consider their decision to relinquish the child. In many CSWs it appears that the benchmark for achieving this degree of certainty is to take a statement from the mother (that she wants to relinquish her child) on 3 separate occasions, over a minimum of 6 months, *before* beginning the paperwork for the Courts.
- b) A lack of clarity between the courts and the CSWs about the quality of written report required for the judges to make a decisions. In short, papers are often returned to social workers on the grounds they are incomplete.

There is an *area of process* that also appears to add to delay and some confusion:

- c) The role of the Child Placements panel is unclear. It appears that in every case that in fact the social worker sends the adoption papers to the panel for them to review. The papers are then returned to the social worker, who then forwards them to the courts.

The *Take Me Home* report examined this process in some detail and claimed that there is real uncertainty about the purpose of this part of the process: is the Panel to advise the social worker about the report, including giving advice about the quality of the paperwork; is it making a decisive recommendation to the Court that it supports an application, or something else? The various stages in the process should be clarified for all those involved in it. The Ministry has responded to this point and says that 'the panel role is very clear' and founded in legislation. The legislative position may indeed be clear on paper but it seems to be less clear in practice.

This is a complex area of social work practice, and there are a number of possible courses of action. These do demand building up a higher level of social work expertise than is perhaps readily available in Kosovo at the moment. Some countries, including the UK have developed 'parallel planning' approaches where social workers make preparation for adoption while at the same time allowing time for work with the birth family that may render adoption unnecessary. There have also been attempts made to recruit prospective adoptive parents who are willing to take the child on a fostering basis to begin with.

F. 4. Improved management of the care of relinquished new-born babies

Continuing to place substantial numbers of relinquished babies in the SOS transition home is not compatible with the children's best interests and the government endorsement of the UNICEF-led 0-3 campaign in the region. That campaign commits governments and social services to placing all 0-3s in family placements, with few exceptions; for example where the infant is one of a large sibling group.

The SOS Kosovo 'baby houses' are a good temporary effort, not to be compared to the large-scale, grossly understaffed 'baby homes' found in some countries in the region. SOS Kosovo recognise the weaknesses of the 'Transition Baby Home' model (set up in the aftermath of the conflict) and have replaced it with 3 'baby houses' each with 6 babies, cared for by one primary carer (house mother) supported by 4 assistants. This is a worthy short-term effort to reduce the problem of babies being cared for by a succession of carers which hinders the development of secure attachments. Nevertheless the small 'baby houses' are still a form of group care, which, in nearly every case, is not in the best interests of very young children who should have one or two primary carers (attachment figures) in homes where they are 'the centre of attention' at this crucial stage in their development.

There are still new born infants experiencing extended stays in hospital - beyond the 21-day limit proposed in the inter-Ministry protocol. It appears there may be a problem with the Pristina hospital social work service in quickly contacting the relevant CSW when a baby is identified as high risk. When babies have been relinquished by their mothers in hospital there are delays in discharging them to foster care or the transition baby home. The Director of the Maternity Department, Dr. Latifi, interviewed during the fieldwork for this report, confirmed that she was entirely supportive of the need to move children more quickly. She and her nursing staff understand the developmental needs of these very young children, and that their best interests lie in getting them into foster care as promptly as possible. There are a number of children who have low birth weight, who may be premature or suffering from a variety of medical conditions. These may require a slightly

longer stay in hospital than the average child, but most babies are not in these categories. AiBi has suggested that there is also a need for a regulation permitting the authorities to place relinquished children from the hospital directly with prospective adoptive parents. Of course the adoption would only be confirmed after the normal legal processes.

Some CSWs do not seem to engage with the speed necessary to try to prevent relinquishment, and are content to place children in the transition baby home. Meanwhile there are foster carers waiting for children and yet babies are not placed with them. Further action to improve this situation is required, and should be relatively simple to achieve, given that there is a shared understanding by the key senior personnel in government, hospital. Some CSWs are intervening quickly and appropriately; either to prevent relinquishment or to place with foster-carers.

Changes seem to be required in two specific points in the system, firstly the Hospital social work services need to work more proactively to engage CSWs with 'at risk' mothers to try to prevent relinquishment, and secondly the CSWs and the Placements Panel need to be much more proactive in placing more babies with foster families.

F. 5. Ministry of Labour and Social Welfare Guidance

F. 5.1. Revising Guidance

A key document which defined foster care in Kosovo and established the procedures for placement of children is the 'Procedures Manual for the placement of children in alternative care', adopted by the DSP&F at the Ministry in 2002. The manual continues to be an important foundation document outlining principles and procedures for CSWs. It was developed for the Ministry with the assistance of external expertise provided by UNICEF Kosovo and the international NGO Every-Child. It emphasised the idea that foster care is intended to be short-term pending a permanent placement with birth families or adoption. That is a good emphasis but it does not address all the realities. Some children are not able to return to birth families, so longer-term foster care need to be include a as a valid option when all efforts at reintegration have been unsuccessful, and adoption is not available. Some children with disabilities may need different types of foster care; some may need short period of respite care to give themselves and their parents a break, while a few disabled children may need long-term foster care. Some aspects of care such as care-leaving are not addressed at all.

Since the manual was written many new structures, procedures and pieces of guidance have been developed; the most important of which are the Minimum Standards, the Placement panel and de-centralisation. It may be necessary for the Ministry to develop some over-arching guidance and procedures about how the alternative care system should operate, including revised definitions of the range of care placements, and types of foster care currently available.

F. 5.2. Minimum Standards for Social services (structural and functional)

As part of its support for municipalities the Ministry has supported the development of a large number of Minimum Standards for social services. These standards have been devised in consultation with the CSWs and cover many of the key areas of social work practice; with a majority of them concerned with child protection issues. There are a total of 15 standards that have been developed since 2010, with the most recent being the ones on fostering and kinship care.

The Standards are organised into structural and functional dimensions and key areas of work are broken down into a series of tasks. The Standards have also been written in a way that will support monitoring, and there is no doubt that these provide very valuable guidance for social workers in the CSWs. It is also very noteworthy that a Standard has been developed for foster carers themselves, and this should also be a very valuable reference tool for them and encourage them to see themselves operating in a professional partnership with social workers. Part of the development and piloting process for the fostering and kinship care standards involved training and support in implementation in two municipalities; Gjakova and Ferizaj. The Ministry may need to consider delivering some workshops and training with all the Centres in order to make the greatest impact.

G. Recommendations

G. 1. Leadership

The Ministry should demonstrate its leadership of the sector by making public commitments and undertaking a programme of work which includes the following:

- to increasing their 'ownership' and funding of alternative care over the short and medium term
- to revising their strategy and guidance related to alternative care
- calling a Kosovo wide conference in partnership with NGOs and CSOs to outline an overall vision for the development of the alternative care sector

As well as public statements the indicators of increased responsibility should be,

- a) The allocation of budgets for all CSWs, under the control of the CSW Directors.
- b) The adoption of plans for an increase in budget for alternative care services in the next 3-5 year period.

The Ministry should also consider whether more progress might be made with foster care if a number of 'pathfinder' Municipalities were given the opportunity to expand the pool of foster carers and set up new types of foster care (for older children, respite etc.) These selected municipalities could act as hubs, and provide specialist placements for a group of 4/5 municipalities.

G. 2. Support to foster-carers

Support to foster-carers needs to be strengthened in a number of ways, Payments to foster-carers should be increased. Payment levels should be set by the Ministry and kept at a standard rate across the whole Kosovo. The provision of specialist support services for foster carers needs to be put on a sustainable basis.

- a) Allowances for foster-carers

The Ministry should increase monthly payments for each foster carer to a baseline of 250€, and maintain the currently additional payment of 100€ for disabled children. The Ministry should consider dividing the monthly allowance into two components, on a 50/50 basis; 1. a child care costs component of 125€ per child, and 2. a 'carers allowance' of 125€. The Ministry should also make a commitment to establish a system of differentiated payments – of the child care costs component - based on age bands of children. An example of such a banding and payment system could be: children aged 0-2 = 125€, children aged 3-11, additional 25€ (150€), children aged 12-18 additional 50€ (175€). The Ministry should establish a standing group (including key stakeholders) to keep the level of payments for foster carers under review.

b) Re-imbusement of health care costs

The Municipal authorities, through the AMK Health and Social care Collegio should convene a short-life working group to implement a consistent system for the immediate re-imbusement (or waiving) of foster-children health costs.

c) Specialist support for foster-carers

The Ministry should commission a specialist foster care support service (at least one full-time post) from AiBi to complement the work done by AiBi currently. Social workers from the CSWs should be able to provide support to foster carers but there will always be a need for more specialist support as the service develops. The staff in this commissioned service will use part of their time to provide support to foster-carers facing particular challenges and difficulties (in coordination with AiBi staff). They will also be authorised to liaise with social workers in the CSWs, helping them to make use of the training and tools provided by the MAE AiBi project.

G. 3. Updated Guidance

The Ministry should consider issuing over-arching guidance about the operation of the alternative care system. This will take account of decentralisation and the Minimum Standards and the role of the Placement Panel. It should also attempt to improve shared understanding of problematic areas such as; definitions of short and long-term foster placement, establishing the legal status of relinquished children, the use of foster carers etc.

G. 4. CSWs

CSWs to commit themselves individually and collectively, through the Collegio (AMK), to implementing the Minimum Standards and learning from each other, especially those relating to kinship and foster care, (Standards 14, 15, 15a). This will involve sharing best practices with a particular focus on:

- case management
- recruiting foster-carers
- partnership working with all those providing residential and foster placements; e.g. SOS Kosovo, Hope and Homes Kosovo, Caritas and foster-carers

The CSWs should be supported by the Ministry in this task. The Ministry should consider the creation of *Minimum Standards Implementation working group* - a 'Champions group' -led by the Senior Officer for Protection of Abandoned Children, with a planned life of 2 years. The 'Champions group' would consist of 4-8 social workers from the CSWs and 2-3 representatives from NGOs to share good practice among CSWs in 2 key areas: a) recruiting, selecting, training, supporting and reviewing foster carers; b) strengthening case management practice and partnership working with carers for all children in alternative care placements (residential and foster). They would liaise with the Inspectorate and prioritise those municipalities where significant weaknesses have been noted during inspections.

G. 5. Focus on supporting vulnerable mothers, reducing the number of relinquished babies and improving care

More work needs to be done in this area, and two aspects in particular

- a) The State hospital maternity department must be held accountable for developing a confidential counselling service for mothers considering relinquishing their child, and avoiding unnecessary delays in discharging children.
- b) The CSWs, and Pristina in particular, are also not helping this situation by their failure to recruit foster-carers and apparent ready acquiescence in placing children in the transition home, despite this not being in the children's best interest.

SOS is fully committed to supporting foster care and phasing out the transition home. The Ministry should set itself the target of ending all referrals to the SOS 'baby houses' within the next 3 years; effectively closing one of the 3 small houses each year. It may be that one house might remain available for a number of years as a back-up for exceptional cases, or further adapted into a foster home for a smaller number of children.

One further response that could be explored with one of the NGOs – SOS being the most obvious, would be to create a small-scale and short-term 'mother and baby' home as an option for some young mothers who may not really want to relinquish their child but who are receiving no support from their immediate family.

G. 6. Improve the process of establishing legal status of abandoned children

The Ministry and the Municipalities should undertake a project to improve the quality of reports for Courts. One way of achieving this might be through a programme of joint workshops between representatives of Courts, the Placements panel and CSWs. Written guidance and suggestions about 'best practice' could be included in a guidance note issued following the programme of workshops.

G. 7. Action for care-leavers

Given the absence of legal recognition of the rights and needs of care-leavers this is a gap the Ministry urgently need to address. Fortunately examples of good practice exist, particularly the services provided to former residents by the NGOs SOS and Caritas. The Ministry should initiate an inter-agency working group and a work plan to develop this area of practice; addressing the need for new law and policy and the exchange of good practices. The care-leaving services Working Group should include in its membership at least 2 care-leavers (aged 18-25).

G. 8. Kinship Care -Quality of care and family life

Given the large numbers of children placed by CSWs in kinship care placements it is important that the Ministry, and the DHSWs, are confident that all these children are receiving a good quality of care and family life and are not subject to exclusion, discrimination or exploitation within these settings. Social workers from the CSWs make only occasional visits – and it is not clear if the minimum standards

recently adopted in this area will be sufficient to fully protect these potentially vulnerable children and young people. Systemic child-informed research is necessary to strengthen child protection practice in this area, so that social workers have evidence about the conditions of life of children in kinship care.

Recommendation:

- The Ministry should conduct a study – supported by the University of Pristina Department of Social work and the CSWs – to examine the experience of kinship care from both carers and children’s perspectives

There have been a number of studies of (formal) kinship care, some in high income countries (del Valle et al., 2011; Farmer et al., 2013) – these note many positive benefits of such placements but also significant problems with low educational attainment, and worries about the future – somewhat akin to outcomes for children in foster or residential care. Meanwhile studies in low income countries (Moby, 2011) also suggest benefits but also ‘child protection’ dangers vis-à-vis ‘property grabbing’, labour exploitation and intra-familial discrimination – children being seen as less valued than birth siblings. During the validation workshop one NGO representative reported that their staff had come across cases of suspected abuse of children in kinship care.

Recommendations for UNICEF Kosovo

1. Work closely with the Ministry – at both political and officer level - to secure commitments for increased responsibility, leadership and budgets for children in alternative care and CSWs.
2. If requested, support the work of the Minimum Standards Implementation working group (‘Champions Group’), perhaps by funding a 1-2-year post to support the group’s work, reporting to the Senior Officer and Chair of the group. This temporary post should ideally be recruited from within Kosovo; someone with good case management experience, a commitment to problem-solving and partnership working with CSWs, NGOs and carers.
3. Lead the design of, fund and support the kinship care research project described in Recommendation 7, above.
4. Care-leavers. Encourage the Ministry to initiate a development plan to address the rights and needs of care-leavers, thus addressing a major gap in Kosovo’s adherence to the UN Guidelines for the Alternative Care of Children. If requested by the Ministry provide the secretariat to an inter-agency working group to develop law, policy and practice in this area, including NGO representatives and care-leavers in the membership. Publish a booklet/website which gathers information about the circumstances of recent care-leavers and also illustrates good practice with examples and case studies provided by Caritas, and SOS Kosovo.

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Appendices

1. List of interviewees Kosovo foster care situation analysis September 2015

Name(s)	Role	Organisation
Mr. Afrim Ibrahim	Child Protection Head of Section	UNICEF
Ms. Feride Dashi	Child Protection Officer	UNICEF
Mr. Bajram Kelmendi	Head of Department of Social Policy and Family	MLSW
Mrs. Magbule Koci	Senior Officer for Protection of Abandoned Children	MLSW
Mr. Vebi Mujku	Director of Centre for Social Work	CSW Pristina
Mrs. Ibadete Krasniqi	National Director	Italian NGO 'Amici dei Bambini'- foster care implementing partner of Ministry
Ms. Donjeta Kelmendi	Executive Director	KOMF – Coalition of NGOS for child protection
Mrs. Valbona Çitaku	Director	Hope and Homes Kosovo
Mrs. Ora Bytyqi	Director of SOS Children's Village Programme, Pristina	SOS Kosovo
Mrs. Blerta Perolli Shehu	Director, SOS National Programme Development	SOS Kosovo
Mr. Gani Lluga	Independent consultant and Director	ASTRA, local NGO for research and evaluation of social services
Dr. Mynevere Latifi	Director	Gynecology Department, Pristina Hospital
Mr. Gjon Luli	Director (plus social workers)	Gjakova CSW
Mr. Mursel Zymberi	Director (plus social workers)	Gjilani CSW
Mr. Blerim Begaj	Director	Malisheva CSW

Name(s)	Role	Organisation
Lushe e Mark Vorfi Shkurte e Tune Hajdaraj Zoje Tunaj Pashke e Sarafin Lasku Miradie e Musë Krasniqi Bora e Zef Dedaj Vera e Kelmend Ndrecaj	7 Foster families from Gjakova	Gjakova CSW
Alije e Aziz Hamdiu Hakile e Kujtesë Lutfiu	2 Foster families from Gjilani	Gjilani CSW
Mr. Aziz Hamdiu	Director	Foster Carers Association
Mr. Massimo Mazzali	Director, Caritas children's home, Zllakuqan, Klina	Caritas, Urbani (Italy)

2. Documents consulted during desk review and field visit

	Title	Author	Date
1	A Snapshot of Alternative Care arrangements in Kosovo	SOS Kosovo	2013
2	Is tax-payers' money reaching the children in need? Brief budget analysis on social protection policies for children in Kosovo	UNICEF and the KOMF Coalition of NGOs for Child Protection	April 2014
3	Social services in Kosovo: legal and Budget Assessment.	Save the Children Alliance in Kosovo	August 2007
4	Foster Care Development in Kosovo: situation analysis	Peter Evans EveryChild	February 2004
5	Strategic development in social work education in Kosovo: Building a valued profession	Anne Hollows UNICEF/ADA/WUS	Undated 2014/15
6	Take me Home! Short analysis of the advancement of the protection of abandoned children in Kosovo (0-3 years old)	KOMF	April 2014
7	Administrative Instruction No 05/2006 On Establishment of the Panel for Placing Children Without parental care in Foster care and Adoption	MLSW Statutory Guidance under Law on Social and Family Services 2004/2011	2006
8	The system of protection of children without parental care in Kosovo ('Project MAE AIBI')	AiBi – Amici dei Bambini Italian NGO	Undated 2013/4
9	Strategy of the work of Collegio of Health and Social Welfare for the year 2014 – 2016	Association of Kosovo Municipalities	September 2013
10	DFID Kosovo Social Services Decentralisation Programme – Final Bulletin	DFID Kosovo Social Services Decentralisation Hyriji Gashi-Rashiti	2012
11	Administrative Instruction NO. 16/2009 For changing and supplementation NO. 16/2004 about regulation of Housing - Authorisation of payments of €150 pcm for 'host families'	Government of Kosovo, MLSW	2009

	Title	Author	Date
12	The Legal Framework for Child Rights in Kosovo: A study of the compatibility of existing legislation with the Convention on the Rights of the Child	UNICEF Dan O'Donnell	April, 2014
13	Mapping and assessment of the child protection system in Kosovo* (UNSCR 1244)	Child protection and Justice for Children Council & UNICEF	2012
14	Law No. 04/L-081 On amending and supplementing the law NO. 02/L-17 ON Social and Family Services	Government	April, 2012
15	Guidance procedures for adoption of children without parental care	Government	
16	Minimum Standards 14 & 15 – foster care	MLSW, Government	2014
17	Developing Minimum Standards –Final report	ASTRA & UNICEF	December, 2014
18	Procedures manual on the placement of children in alternative care	MLSW, Government	2002

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1. Jan Milligan

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