Assessment of the Child Care Services and the Institutions for Children Without Parental Care

(Research Report sponsored by UNICEF, Albania)

October 2005

…The child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding …

Introduction to the Convention for the Rights of the Child
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Pranvera Xhelo and Natasha Pepivani receive our special thanks for their skilled translation and editorial work and for the kind assistance in compiling the final version of the report. Finally, our sincere hope is that recommendations provided here will be taken into account, to ensure that the rights of children out of parental care are realized.
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>WB</td>
<td>World Bank</td>
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<tr>
<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome</td>
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<td>INSTAT</td>
<td>Institute of Statistics</td>
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<td>SSI</td>
<td>Social Security Institute</td>
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<td>RC</td>
<td>Regional Council</td>
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<td>AAC</td>
<td>Albanian Adoption Committee</td>
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<td>MES</td>
<td>Ministry of Education and Science</td>
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<td>MF</td>
<td>Ministry of Finance</td>
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<td>MLSAEO</td>
<td>Ministry of Labour Social Affairs and Equal Opportunities</td>
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<td>MI</td>
<td>Ministry of Internal</td>
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<td>MH</td>
<td>Ministry of Health</td>
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<td>NPO</td>
<td>Non profit Organization</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>NACSS</td>
<td>National Albanian Centre for Social Studies</td>
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<td>HDC</td>
<td>Human Development Centre</td>
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<td>AG</td>
<td>Albanian Government</td>
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<td>NSSED</td>
<td>National Strategy for Social and Economic Development</td>
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<td>UNICEF</td>
<td>United Nations Children Fund</td>
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<td>DCM</td>
<td>Decision of Council of Ministers</td>
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I. Executive Summary

This study aims to identify the most critical issues facing the child social protection system in order to develop effective recommendations for building a legal and institutional framework that can ensure the social integration of children deprived of parental care. In particular, the study has five objectives:

- To identify the residential social care institutions for children deprived of parental care that are operating, as well as their models of care;
- To describe the policies and legal framework pertaining to children deprived of parental care;
- To describe and assess social service standards and quality in the social care institutions for children deprived of parental care;
- To assess the psychosocial development of children placed in residential social care institutions; and
- To make recommendations concerning the future of the social care system for children deprived of parental care.

The first four objectives each have a chapter of their own, complete with findings; while the recommendations are distributed across these chapters as appropriate.

Chapter One (Institutions Providing Social Care Services for Children Deprived of Parental Care in Albania) analyses the situation of children deprived of parental care, including the most critical problems they face. It describes both the public and non-public residential institutions, as well as the categories of children entitled to placement. Special attention is devoted to the impact that de-institutionalisation, return to the biological family, and adoption have on child’s social integration. The last part of the chapter contains a map of these institutions.

The main findings are:

a) There are approximately 1,200 children deprived of parental care who are in some form of residential care. Of these, 70% are in residential institutions run either by the public sector or NGOs, while the remainder are in family homes or day care centres run by NGOs. Compared to other countries in the region, the proportion of children placed in residential social care institutions in Albania is low. The reasons for this are that many services are provided by the non-formal social care system; that the capacities of the formal social care models are limited; and that family tradition is still strong.

b) 60 per cent of children in social care institutions were placed there by their family because of poverty or other social problems. Another 35 per cent of children were abandoned at birth. A significant factor in recent years has been poverty-driven emigration, which has led to an increase in divorce, family disintegration, and the creation of single parent families.

c) The two routes by which children can leave residential care for life in a family are return to their biological family and adoption; foster care is very uncommon. Each year, about 30-40 children leave public residential institutions to return to their family, while in the country as a whole, approximately 50-70 children are adopted. Roughly half of children adopted are either aged 4 years or more, and/or have severe disabilities or medical problems; all of these children are adopted abroad.
d) Despite the existing legislation and legal entitlements pertaining to children deprived of parental care who are studying in secondary or higher schools (the right to shelter and if of age, to a job), they live in extremely difficult economic and social conditions. Three per cent of such children who complete secondary school go on to university, while almost all of them continue to live in dormitories.

Chapter Two (The Current Legal and Political Framework and the Management, Monitoring and Assessment System) looks at the Albanian legal and policy framework providing for the realisation of child rights and their social protection. It also examines the management, funding, and administration of social care services for children deprived of parental care, as well as the monitoring and assessment mechanisms. The main findings are:

- The legal framework has been comprehensively revised over the last 10-15 years, and as a result is relatively comprehensive and in conformity with international standards. The major challenges are to reinforce institutional capacities for implementation; strengthen local governmental powers to identify and refer cases of children at-risk or in-need; decentralise services such that they are as close to applicants as possible; and to oversee and report on implementation.
- There are some gaps remaining in the legal framework. In particular, current legislation does not define the minimal accepted living and education standards for children; the classification of disability is not well specified, while legislation continues to view disability from a strictly medical perspective, neglecting its social dimension; and standards are not legally defined with respect to adoption and fostering.
- The social service system has a very limited preventive role, and is largely focused on providing residential institutional care only after the child has been separated from his/her family.
- The system addresses only a part of children’s needs for protection services;
- Institutionally based child protection services prevail over integration-focused methods;
- Effective interventions are hindered by a lack of disaggregated data on the categories of at-risk children, and their distribution. Further, a lack of intersectoral coordination and programmes has limited opportunities to become familiar with the situation, to find out underlying causes of family disintegration, and to develop effective policies and interventions.

Chapter Three (Assessment of the Standards and Quality of Services Provided under Social Care Programmes Designed for Children Deprived of Parental Care) assesses the standards and quality of services of social care programmes designed for children deprived of parental care. The main findings are:

- There have been numerous positive developments in adoption policy and practice over the past ten years. The process is managed by an accountable and professional administration. The adoption procedures are clear, and focus on the best interests of the child. Over the period 1994-2005, about 1,000 children were adopted, with no post-adoption problems following suit. However,
  - some residential institutions deliberately overstate the amount of contact children have with their family, in order to prevent the child’s removal from the institution through adoption.
  - adoption is relatively difficult to obtain for a child who is over the age of three years, sick or disabled.
• there is limited capacity to monitor the child’s welfare after adoption.

• The provision of social care services through residential institutions is the most widespread form of protection provided to children deprived of parental care.
  o The residential institutions have adequate infrastructure in terms of living space, basic furniture, water and sanitation, and utilities, although some public institutions ration hot water and have an intermittent electricity supply in water.
  o There are few material resources available in the institution (such as toys or books) to stimulate the children’s development.
  o Institutions spend from 180 leke daily per child aged 0-6 years on food to 202 leke per child aged 6-14 years.
  o Total monthly spending by institutions ranges from the equivalent of 17,355 leke per child to 41,500 leke per child, with administrative expenses accounting for 50-70% of expenditures.
  o In the public sector, staff: children ratios are 0.9 in residential institutions for children aged 0-6 years, and 0.31 in institutions for children aged 6-14 years.

• Residential institutions have many drawbacks:
  o It denies a child the right to grow up in a family environment. Further, the institutional organisation by age-group entails at least three moves by children while growing up, and the separation of siblings.
  o Children often suffer from being institutionalised, as evidenced by the developmental problems they face, their low level of self-esteem, and their limited opportunities for independence after adolescence. The research team found child residents to be listless, pale and stunted, and institution staff report that the children tend to have relatively poor academic performance.
  o Social care practices within the institutions have changed very little, and continue to have a negative impact on the child’s psychosocial development.
  o Residential institutions do too little to reintegrate children back into their biological families

• The profile of children in institutions has changed in the last decade. Before, most children placed in the public social institutions were biological orphans, whereas now the majority are social orphans. Nonetheless, local social service authorities, particularly the Social Administrators, do very little to identify at-risk children and take action to prevent their abandonment.

• Foster care is a cost-effective model. There are possibilities to develop it as an alternative to institutionalisation. However, for it to be successfully implemented, the appropriate legal framework needs to be put in place.

• Reintegration into the family home should be given greater consideration as an alternative that will enable the child’s well-being. It is important, however, to closely monitor the child’s welfare within the family.

• Chapter Four (Problems Surrounding the Psychosocial Development of Children Deprived of Parental Care) examines the psychosocial developmental needs of children deprived of parental care. Given the complexity of this issue, this part of the study focuses on the analysis of certain specific questions, pertaining to the correlation between a child’s behaviour and his environment (or the risk factors in that environment). The main findings are:

• The research team found that the children spoke in rough voices, were afraid of strangers, had poor language abilities, were aggressive in their behaviour, and sought out attention in inappropriate ways. They also had a pronounced fear of the future.
In light of the changing profile of children being admitted to residential institutions, children's psychosocial needs are more complex compared to the past, and the social care model needs to be adjusted accordingly, accommodating new methods and concepts. However, the residential institutions are not well prepared for such a change.

- Personnel recruitment methods and profiles are no longer relevant to the mission of these institutions; in particular, there are too few staff expert in child psychology or social work.
- There has been some in-service staff training in recent years, and this has had a beneficial impact on practices. However, many staff have not been reached, particularly caregivers and other support staff. Further, staff training is generally not designed on the basis of needs, and there are no opportunities for staff to share experiences with counterparts in other institutions.
- The institutions do not have the professional capacity to design and follow individual treatment plans for children with behavioural difficulties. They are generally unable to make professional psychological diagnoses, to conduct multidisciplinary evaluations, or to confer on the progress of treatment.

While the institutions offer numerous important services to the children, the children are excluded from participating in the decision-making and management pertaining to these services. This has a negative impact on their independence and initiative, which are important traits to develop if the child is to successfully be integrated into society.

- Children have very limited privacy in the institutions, and other than school, little opportunity to interact with community members. Further, the institution makes little effort in promoting contact between the child and his/her family.
- There is no system for registering and handling children's complaints. Further, the system of independent monitoring of the institutions focuses on the physical aspects of the institution and the children, without adequate attention to the children's social and psychological development and welfare.

These findings lead to several recommendations, which together entail a transformation of the social care system for children deprived of parental care.

A. With respect to legislation and policy

- The minimal accepted standards of living and education for children should be defined
- Under the legislation for economic assistance, children should be categorised as such (rather than 'grown-ups in special need') in a special law to developed, the 'Code for the Protection of the Rights of the Child.'
- Legislation should be clarified as to what constitutes viable contact between an institutionalised child and his/her family, so as to prevent the institutional abuse of nominal contact as a means to block adoption procedures.
- The different classifications of child disabilities, and the social integration of children with disabilities, should be better specified in legislation. Legislation should also recognise disability's non-medical dimensions.
- Service standards should be defined in law for the adoption procedures applicable inside and outside the country, for guardianship extended by foster families, and for matters pertaining to custody rights and decisions.
- Legislation should be developed to enable foster care services and community-based social services for children.
- An up-to-date social policy should be designed to protect the interests of children deprived of parental care, by developing alternative childcare forms, which provide children with long-standing care in a family environment
• A Court for Juveniles should be established, which deals with cases involving children’s rights.
• Cash assistance should be provided to relatives and families offering social care services to children deprived of parental care, so as to keep them in a family environment.

B. With respect to social care services

• Various centres offering specialist services are required to help prevent institutionalisation and to offer alternatives to institutionalisation. These include:
  - Day care centres, which provide support and psychosocial treatment, education, and counselling for children working in the streets, for ill-treated or abused children, and for children who have dropped out or are likely to drop out of school.
  - Accommodation centres (homes), which offer temporary accommodation for children being repatriated, including children returning after having emigrated unaccompanied by their parents, and for child victims of prostitution.
  - Rehabilitation centres, which provide psychosocial treatment, counselling, and professional training for youth and child victims of drugs and alcohol, with a view to their reintegration into a normal life.
  - Family homes and day care centres, which extend services to disabled and orphaned children who have been removed from residential social care institutions, and to children from families with social problems.
  - Centres for legal counselling, which address legal issues concerning the protection of the rights of orphaned children or children with social problems.
  - An office responsible for finding foster families and arranging guardianship for children in short- and medium-term need of home care.

• Support for residential institutions should be reduced by:
  - Influencing public opinion and policy-makers as to the necessity of developing alternative forms of family care and support, and the informal care system.
  - Converting or shutting down the residential facilities, and retraining staff, as well as ensuring their employment with community social structures.

• The quality of childcare services for children deprived of parental care should be enhanced by:
  - Setting and observing standards (environmental standards; life quality standards; the standards of outcomes, professionalism, and commitment).
  - Monitoring service quality (licensing, accreditation, and certification, inspection and measurement of indicators, the Ombudsman, and children’s legal advocates).
  - Improving working conditions and processes (improving motivation, providing training, developing a Code of Conduct, building management systems and forms, and ensuring inclusion of service users and providers).

• For the time that residential institutions will continue to operate, particular improvements can be made to improve their services:
  - Institutions and the responsible authorities in the public administration should be trained, enabled and supervised to improve their monitoring of at-risk families, the contacts between institutionalised children and their families, and the links between institutions and the communities.
  - Institutionalised children should be involved in the decisions and management pertaining to services offered within the institutions.
- The profile of staff working in institutions should be changed to include child psychologists and social workers.
- The training programmes for institutional staff should be tailored to the children's social and psychological needs, and should be offered to all staff, including caregivers and support staff.
- An information system should be established which measures children's social well-being, especially those belonging to socially excluded groups, and which identifies children who are at-risk of abandonment or neglect.
II. Study Background, Goals and Methodology

- Background and scope of the study
- Goals and methodology of the study
- Indicators and instruments employed for their measurement
- Drawbacks of the study
- Outputs of the study
- Definitions used

II.1. Background and scope of the study

A country in transition for over a decade now, Albania has experienced huge political, economic and social transformations. The efforts of Albanian society to ensure economic growth and social development have been associated with a number of unprecedented challenges, including poverty, extreme unemployment, and lack of job opportunities, as well as reduced access to the basic social services, including education and health, and massive migration flows. The Living Standards Measurement Survey (LSMS) INSTAT carried out in 2002 found that 25 per cent of the population live on less than $2 a day, and 4.7 per cent live on less than $1 a day. Disparities in economic and cultural conditions have led to the social exclusion of some population groups, depriving them of their basic rights. Children deprived of parental care are among the most deprived and least visible social groups. Providing social protection to children deprived of parental care, and ensuring their rights are challenges facing the Albanian Government and civil society that calls for special attention.

As part of the political changes in the nineties, the Albanian Government developed its social policy addressing children's issues in full accordance with the principles of the Convention on the Rights of the Child, ratified by the Albanian Government in 1992. The Albanian Government made the necessary amendments to legislation so as to provide Albanian children with a healthy and protective environment. The Constitution of the Republic of Albania and the new Family Code contain special provisions addressing the protection of children deprived of parental care. The approval of the National Strategy for Social Services paves the way for developing the appropriate policies in this area, with children deprived of parental care to be offered adequate services. Lastly, the National Plan of Action for Children, adopted in June 2005, identifies a set of strategic priorities and institutional responsibilities for monitoring the realisation of the rights of children deprived of parental care.

There is a limited number of studies and evaluations on the existing social care services for children deprived of parental care. These point to certain systematic inadequacies, particularly with respect to the quality of care and social reintegration, but there are significant gaps in the understanding of the extent of social care services available, the nature of care that is provided, and the welfare of the children in care. This study was commissioned to help fill these gaps, as part of the bilateral country program of cooperation between the Government of Albania and UNICEF. It seeks to provide information and recommendations that will build a legal and institutional platform for the social integration of children deprived of parental care.

Three organisations worked together on this report. The NACSS offered its expertise on the analysis of social policies and the legal framework, and contributed to the recommendations for their improvement in light of the targeted standards. Likewise, the NACSS identified the models and the number of existing institutions across the country. The HDC experts obtained the required information, and scrutinised service performance against standards in various social
service models introduced in the residential institutions. The State Social Service facilitated collection of information, and facilitated the expert group’s access to the institutions at a central and local level.

The entire study was conducted under the guidance of UNICEF, which recommended the indicators to be measured during the implementation of the current study.

II.2. Goals and methodology of the study

The methodology employed was adjusted to each of the study’s goals, taking into account the possibility of gathering information in the field and the desired indicators.

Several information sources were consulted to achieve the first goal (to identify the residential childcare institutions across the country’s territory, and their models):

- Statistical information was provided by official sources, including INSTAT, the Information Department at the Ministry of Labour, Social Affairs and Equal Opportunities, and the Statistics and Information Sector at the State Social Service.
- A simple questionnaire, “Identification card,” was designed to identify all residential institutions operating across the country’s territory. The expert group worked jointly with the twelve State Social Service regional offices to ensure collection of this information across the country.
- The database run by the Ministry of Labour, Social Affairs and Equal Opportunities, which identify all the local and foreign non-profit organisations operating in the Albanian territory, was put to good use.
- Certain documents available at the Inter-state Committee for Religions were consulted with a view to identifying the residential childcare centres operating under the auspices of different religious organisations.
- Statistics from the Ministry of Education and Science were consulted to identify public and non-public schools (boarding-schools) attended by children coming from public residential institutions (see list of the identified institutions in Annex 1 to the current document).

To achieve the second goal (to describe policies and current legal framework), the expert group analysed the policies and the current legal framework supporting social care in Albania, as well as a number of laws and by-laws relating to adoption, education, and the Family Code. Besides scrutinising laws and by-laws, the expert group gathered valuable information on the legal gaps and contradictions identified by actors involved in the implementation of social care policies. This information was collected by two groups of experts on social policies at the Ministry of Labour, Social Affairs and Equal Opportunities, by two groups made up of non-profit organisation administrators, and by three groups constituted of social service system workers at a central and local level. (A list of the documentation examined, and a list of the interviewed persons is found in Annex 2 of the current document.)

With a focus on achieving the third goal of the study (to describe and assess the standards and quality of social services offered in the childcare institutions for children deprived of parental care) the expert group conducted in-depth individual interviews with residential childcare institution staff (teachers, social workers, administrators of the institutions, psychologists, doctors, and nurses), and with public administration staff both at a central and local level. Similarly, the expert group organised visits to residential institutions and directly conducted case
studies of resident children. (Questionnaires designed for the individual interviews are contained in Annex 3 of the current document.)

In order to achieve the fourth goal (to assess the psychosocial development of children placed in residential childcare institutions) the psychologists’ group built certain instruments, and closely scrutinised the children’s psychosocial development, as well as their upbringing from a health and education perspective; an inventory was also made of all the means and physical conditions available in the institutions contributing to the children’s upbringing while in the institutions. (The instruments employed for the attainment of this goal are found in Annex 4 of the current document.)

In order to achieve the fifth goal (To issue recommendations for the future of the social care system for children deprived of parental care) the expert group accessed and analysed all the documentation available on the policies and short- and medium-term strategies the Albanian State has developed. In so doing, the group consulted policymakers and representatives from central institutions. The resulting recommendations concern: first, those parts of legislation that need to be revised, and reformulated; second, legal gaps and inconsistencies that need to be remedied; and, third, the building of institutional capacities to implement favourable social policies in compliance with standards for the raising of children deprived of parental care.

II.3 Indicators and instruments

**Indicators on the situation of children deprived of parental care in the social care institutions**

- Number of children deprived of parental care placed in the formal social care system
- Number of children placed in residential social care institutions for children deprived of parental care
- Number of adoptions of children coming from the social care system.

**Instruments employed**

- Identification cards
- Questionnaire
- Focus groups
- Statistical data and records obtained from institutions, including at a central and local level

**Policies and the current legislative framework**

- The legal framework for institutional care: the steps aimed at preventing separation of children from their family of origin; children’s preference to remain in the care of their family of origin; use of institutionalisation as a last and temporary resort; and children’s involvement in deciding on their accommodation.

**Approach employed**

- Detailed analysis of the documentation

**Indicators on the standards of the institutions and their services**
• Number of children deprived of parental care placed in the residential social care system during 2004.
• Percentage of children in the institutional childcare system, whose status was revised during 2004.
• Number of children removed from the institutional childcare system to be accommodated in families during 2004.
• Ratio of qualified staff to children placed in the residential childcare system.
• Monthly expenditure per child.
• Daily quota for food.
• Nutritional quality indicators.
• Percentage of children placed in the institutional childcare system who go to neighbourhood schools.
• Incidence of disease and number of deaths among children placed in residential childcare institutions.
• Number of children with whom the residential childcare institutions work on the basis of individually developed childcare plans.
• Indicator of the children’s future evaluation.

Instruments and techniques employed

• Individual questionnaires
• Surveys
• Case studies
• File-cards of children placed in institutions
• Institutions’ records

Budget indicators

• Budgeted expenditure for the protection of children, and the prevention of children’s separation from their biological families.
• Budgeted expenditure for residential care, foster care, and post-care.

Instruments and techniques employed

• Records available at the State Social Service and the residential institutions
• Questionnaire 1

II.4 Drawbacks of the study

In the course of the current study, the expert group met with certain obstacles. There is a shortage of preliminary information on the residential social care institutions that have not obtained a license from the Ministry of Labour, Social Affairs and Equal Opportunities, or that have not concluded a contract with the State Social Service and the local government.

Employees of the regional public administration and administrators of the social care institutions were not always available or disposed to fill in questionnaires comprehensively. Documentation for certain institutions was not available, and sometimes the addresses in the directories
available at the Ministry of Labour, Social Affairs and Equal Opportunities and the State Social Service were not correct; this led to delays in establishing contact with institution staff.

The current study was carried out within a restricted period of time both on account of the pre-electoral situation in the country and the summer holidays. Further, many of the institutions had moved to summer camps, making it more difficult for the expert group to locate the institution administrators, and conduct interviews with both the institution staff and the children.

II.5 Outputs of the study

In the course of the current study many processes were established and products completed that will continue to retain their value well into the future.

First, an expert group on social policies was set up at the Ministry of Labour, Social Affairs and Equal Opportunities and the State Social Service. It followed up all the stages of the current study, ensuring that: i) the process was transparent; ii) the findings were accurate; and iii) the recommendations made [by the experts’ group] were feasible and in compliance with Albanian legislation.

Second, the management process of this study involved both the expert group and the staff from the State Social Service, with the latter being the subject of this study. This helped the State Social Service administration staff to gain valuable experience monitoring the performance of residential institutions, and to understand the standards of services offered by these institutions. This complies with the mission set forth in the new status of the State Social Service.

Third, the expert group developed a GIS-type (mapping-based) database of all residential childcare institutions, including those not previously identified.

Fourth, this report contains findings, analyses, and recommendations for the future of social care for children deprived of parental care in Albania.

II.6 Definitions used

- **Children deprived of (or without) parental care** refer to those children who are not living with their parents because: both parents have died; parental custody has been removed; they have been abandoned; the parents are temporarily or permanently incapable of looking after their children (they are either sick, or in prison); the children have voluntarily (temporarily) joined childcare structures; the children have been placed in childcare institutions by social services; the children have left Albania unaccompanied by their parents; or they have been trafficked. Not included in this definition are children who do not live with their parents because they are attending schools located far from their places of residence (boarding-schools); children who are in detention facilities; and children involuntarily separated from their families because of war.

- **Neglected children** refer to those children who are suffering developmental damage through lack of food, clothing, heating, education, care, safety, affective relationships with adults, medical care, as well as poverty and abuse.

- **Children with disability** (mental and physical) refer to those children revealing severe developmental delays, including mental retardation, and/or psychosocial and physical disorders.
• **Residential social care institutions** are those structures offering care to children deprived of parental care. Life in them is not organised along family lines; children live in groups, and a salaried staff looks after them. These facilities may be community-based, accommodating children deprived of parental care from the neighbourhood community; or they may be residential institutions which provide care to children coming from more than one municipality or commune.

• **Informal care** means placement of children by their parents in the care of their relatives or friends; or the care relatives or friends offer to children deprived of parental care on a voluntary basis. The caregivers may be a grandparent or another blood relative, or some close friend of the family.

• **Formal custody** refers to care within a family setting that is placed on a formal footing. The caregivers can be the child’s relatives, or they may be others. Decision on custody rests with the law court, or the administrative structures authorised to take such a decision. The care may be exercised for brief or long periods of time, as decided by the law court or the administrative structures.
Chapter One.
Institutions providing social services for children deprived of parental care in Albania

- A brief description of the situation of children deprived of parental care
- Public residential institutions and the categories of children placed in them
- Non-public residential institutions
- Deinstitutionalisation; return to the family; adoption; integration into social life
- Map of the institutions

1.1 A brief description of the situation of children deprived of parental care

Albania, a country in transition, has gone through important political, economic and social transformations over the past 15 years, and these have had both a positive and negative impact on different population categories.

Phenomena that were previously unheard of or unacknowledged have become common, including poverty, unemployment, social problems within the family, and massive migration. As these have been associated with inadequate social services, new social categories of at-risk or needy persons have emerged, including in particular children deprived of parental care.

The increased numbers of children working or begging, of children who have left Albania unaccompanied by their parents, and of children who have been abandoned or temporarily left in the care of the relatives, require that such problems be addressed quickly.

The social care system for children deprived of parental care is both a formal and informal system, with a number of different models:

- adoption
- care offered in family homes
- foster care
- institutional care of the residential type
- day care offered in centres for children with social problems (beggars, street children)
- repatriation and family reunion-focused services for children who have left Albania

The State Social Service estimated that in 2004, 1,198 children deprived of parental care were in the care of the formal system: 448 children were in residential public institutions (350 children in the Homes for Children aged 0-3, 3-6, and 6-14, respectively, and 98 children in residential development centres), while the rest were looked after by non-profit organisations (581 children in small residential or day care institutions, and 169 children in family homes). 54 children were adopted in that year, and were living with their new families.

Compared to other countries in the region, Albania has an extremely small number of children placed in residential institutions (see Table 1), but phenomenon has increasing tendencies as well the children categories have changed.

In 1994 the number of children in residential care was around 400 and most of them were children abandoned from birth and biological orphans. Data in 2004 shows that number of children in child care institutions has increased quite three times compare to 1994 and majority of children belong to “social orphans” and “children with social problems”.

18
Table 1. Number of children in the care of residential institutions\(^1\) (2002)

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of children in the care of residential social care institutions, per 100,000 children aged 0-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albania</td>
<td>83.2(^2)</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>83.1.3</td>
</tr>
<tr>
<td>Romania</td>
<td>90.94</td>
</tr>
<tr>
<td>Croatia</td>
<td>280.5</td>
</tr>
<tr>
<td>Macedonia</td>
<td>160.2</td>
</tr>
<tr>
<td>Moldova</td>
<td>726.3</td>
</tr>
</tbody>
</table>

*Information source: Social Monitor 2004, UNICEF*

What accounts for such a small number of children placed in social care institutions is, first, the informal childcare system (for orphaned children, abandoned children, or children in temporary care); second, the limited number and capacities of the residential institutions; and third, family tradition and the strong ties that still exist among extended family.

1.2 Public residential institutions and the categories of children placed in them

Orphans are defined by Albanian legislation,\(^3\) as those persons, aged 0-25 years, who: (i) are born out of wedlock; (ii) do not have living parents; (iii) are declared orphans by court decision; or (iv) are abandoned by unidentified parents. This is the first category of children destined to grow up without parental care. The maternity wards or hospitals, and the public and non-public homes for children are the front-line public and non-public institutions providing assistance to these children, along with members of their families of origin, or relatives.

Table 2. Number of children in the care of Homes for Children, by year, age-group, and gender

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>F</th>
<th>M</th>
<th>0-3 years old</th>
<th>3-6 years old</th>
<th>6-14 years old</th>
<th>With family</th>
<th>Without family</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>465</td>
<td>208</td>
<td>257</td>
<td>168</td>
<td>61</td>
<td>236</td>
<td>253</td>
<td>212</td>
</tr>
<tr>
<td>2001</td>
<td>459</td>
<td>215</td>
<td>244</td>
<td>165</td>
<td>51</td>
<td>245</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>406</td>
<td>187</td>
<td>219</td>
<td>154</td>
<td>44</td>
<td>208</td>
<td>245</td>
<td>161</td>
</tr>
<tr>
<td>2003</td>
<td>435</td>
<td>185</td>
<td>230</td>
<td>159</td>
<td>51</td>
<td>205</td>
<td>265</td>
<td>150</td>
</tr>
<tr>
<td>2004</td>
<td>350</td>
<td>182</td>
<td>168</td>
<td>118</td>
<td>41</td>
<td>191</td>
<td>232</td>
<td>118</td>
</tr>
</tbody>
</table>

*Source: Statistics provided from the State Social Service, 2004.*

**The maternity wards or hospitals.** Children abandoned in the maternity wards or hospitals (cases where the parents cannot be identified) are in the care of the medical staff until they are placed in one of the public social care institutions for children aged 0-3 years. A survey of several maternity wards found that, where the maternity wards are short of social workers, the documents for a child to be placed in an institution are prepared by the medical staff in conjunction with the State Social Service. The maternity ward in Tirana is the only maternity to

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\(^1\) The data from the table refer to children placed in residential social care institutions only, in 2004.

\(^2\) The figure given for Albania has been corrected by the authors on the basis of recent data provided by the State Social Service.

\(^3\) Law no. 8153, dated 31/10/1996 “For the status of Orphans”, Articles 1, 31, and 10, 1996.
offer services to abandoned children; its staff includes midwives, social workers, physicians, and nurses. It should be pointed out that these services are provided on the basis of staff goodwill and a donation by a philanthropist who helped to initiate these services.

In general, maternity wards do not keep data on the number of abandoned children, and the institutions in which they are placed. The Tirana maternity ward started such a database in 2002, but these data are used only by the ward.

**Public residential institutions for children aged 0-3 years.** In 2004, there were 118 children aged 0-3 living in public residential institutions (see Table 2); 16 were in Durrës, 18 in Korça, 10 in Shkodra, 29 in Vlora, and 45 in Tirana. In 2004, 48 children were newly placed in these institutions; 13 were abandoned children whose mothers are known, 14 were abandoned children whose parents are unknown, and 21 children were removed from their families.

**Public residential institutions for pre-school children aged 3-6 years.** The only public residential institution for children aged 3-6 years is found in Shkodra; it accommodated 41 children in 2004. In 2004, 10 of the 16 new children placed in this institution came from the Homes for Infants, and 6 were removed from their biological families.

**Public residential institutions for children aged 6-14 years.** One hundred and ninety-one children aged 6-14 are accommodated in three residential institutions: 48 children in Saranda, 83 children in Shkodra, and 60 children in Tirana. Children in these institutions generally come from poor families and families with social problems; few children are biological orphans. In 2004, 55 new children were accommodated in these institutions; 28 came from poor families or families with social problems, 2 were abandoned children, 23 came from institutions for pre-school children, and 2 were orphans.

**Table 3. Dynamics of children’s placement in public residential institutions, by year**

<table>
<thead>
<tr>
<th>YEARS</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children placed in institutions, by reasons:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removed from families in poverty or with social problems</td>
<td>83</td>
<td>61 %</td>
<td>92</td>
<td>68 %</td>
<td>53</td>
</tr>
<tr>
<td>Abandoned</td>
<td>50</td>
<td>38 %</td>
<td>23</td>
<td>16 %</td>
<td>28</td>
</tr>
<tr>
<td>Transferred from other institutions because of age</td>
<td>5</td>
<td>1 %</td>
<td>21</td>
<td>16 %</td>
<td>11</td>
</tr>
</tbody>
</table>

The data on the number and reasons for institutional placements indicate that, on average, 60 per cent of children come from poor families and families with social problems, 30 per cent have been abandoned at birth, and only 10 per cent of them are placed in institutions for other reasons, including repatriation after being trafficked, and being a street child.

According to the institutions’ records, the main social problems that lead to placement are single-parenting (accounting for 30% of placements), abandonment at birth, and divorce; of course, poverty is a contributing factor in each of these categories. (See Table 4).
Table 4. Social profile of children in the care of institutions during 2004

<table>
<thead>
<tr>
<th>Reasons behind placement in institutions</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological orphans (both parents dead)</td>
<td>3 %</td>
</tr>
<tr>
<td>Abandonment at birth</td>
<td>16 %</td>
</tr>
<tr>
<td>Divorced parents</td>
<td>14 %</td>
</tr>
<tr>
<td>Single-parented</td>
<td>30 %</td>
</tr>
<tr>
<td>Parents doing time in prison</td>
<td>7 %</td>
</tr>
<tr>
<td>Parents with mental diseases/alcoholics</td>
<td>5 %</td>
</tr>
<tr>
<td>Roma children (from extremely poor families)</td>
<td>7 %</td>
</tr>
</tbody>
</table>

Source: SSS “Statistics” 2004

The number of children placed by single parents has risen in recent years. These children, if aged 6-14 years, tend to spend a longer period of time in institutions than other categories of children.

Children abandoned at birth (social orphans) comprised 16 per cent of all children living in institutions in 2004; they made up 60 per cent of the children aged 0-3 and 3-6 years. Children aged 0-3 years who are abandoned are chiefly born out of wedlock to persons having extramarital affairs, to persons who for different reasons cannot create a family, and to persons with mental disabilities.

Over one fifth of the children living in institutions were placed there in the wake of the disintegration of the family. Immediate causes include divorce, illness, the death of a parent, the imprisonment of a parent, and the remarrying of one or both parents.

Family disintegration is also associated with reduced income, deterioration in living conditions, as well as housing problems, unemployment, and poverty. Data generated for this study indicated that the two main reasons that drive parents or care-giver to place a child in an
institution are: first, the family’s extreme poverty, and second, the possibility for the child to receive an education while in the institution.

Children with alcoholic or mentally disabled parents make up 5 per cent of the children placed in institutions. In the majority of cases, these children are exploited by their parents or caregivers. A number of these children reveal physical deformations and developmental problems, and they do not receive any health or rehabilitation care. The largest part of these children comes from the Roma community. These children generally live at the institution in the daytime, and return to their family in the evening. There they are neglected, though they do benefit to a degree from the income earned by their parents.

Box 1 The Zyberi children in the Commune of Gjinaj (region of Kukës)

A lack of training and information, neglect by the social administrator, and a shortage of commune-based social services indicate that what happened to the Zyberi children in Kukës during 2003 is the tip of the iceberg only, and a phenomenon that may be encountered anywhere in Albania.

In February 2003, a tragic event that might have been avoided, took place in the Commune of Gjinaj. A mentally disabled mother was leading a lonely life, in dire poverty, with her twelve children; the eldest was 16 years old, and the youngest 3 years old. The family lived in a ramshackle hut, without furniture. The economic assistance that the Social Care Section in the Commune granted to Hanife Zyberi’s large family was not enough to meet the family’s needs. The children struggled daily to eat enough, and were short of clothes and bedding. They were unable to cope with the cold winter. On a February morning in 2003, one of the young kids was found dead, having frozen to death. He was covered in a thin rag, and wore no clothes. In order to keep another of her children alive, the mother had tried to warm him up by bringing his hands and feet close to the firewood stove. The boy suffered second-grade burns, and his life was in danger; but thanks to a quick intervention from Tirana, his life was saved.

(...From the chronicle of the time).

Now, the surviving eleven children have been removed from the custody of their mother who was found to be incapable of looking after her children. Some of the children have been taken into care by their relatives, and others have been placed in different residential institutions and in the SOS Children’s Village.

A more careful consideration of the case by the social administrator, or the existence of an identifying, referral, or supportive structure at the commune level would have avoided the tragedy. The Zyberi family’s children had for years been living in misery, and neglected by their sick mother. No one had ever bothered to find a solution for these children. Neither does the solution provided observe the principle of their best interests. Even though these children are now safe and receiving an education, they still live in different residential institutions, separated from one another.

Apart from the above-mentioned institutions, a number of orphaned and disabled children are placed in the care of six Development Centres, which are rehabilitation centres for children with disabilities. These centres are situated in Tirana, Durrës, Berat, Vlora, Korça, and Shkodra.
During 2004, the Development Centres offered treatment to 289 disabled children, of which 51 attended on a daily basis.

Table 5. Number of children in the care of Development Centres, by age

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Females</th>
<th>Males</th>
<th>3-16 years old</th>
<th>Over 16 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>206</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2001</td>
<td>216</td>
<td>93</td>
<td>123</td>
<td>103</td>
<td>113</td>
</tr>
<tr>
<td>2002</td>
<td>279</td>
<td>112</td>
<td>167</td>
<td>132</td>
<td>147</td>
</tr>
<tr>
<td>2003</td>
<td>264</td>
<td>115</td>
<td>149</td>
<td>114</td>
<td>150</td>
</tr>
<tr>
<td>2004</td>
<td>289</td>
<td>122</td>
<td>167</td>
<td>128</td>
<td>161</td>
</tr>
</tbody>
</table>

Source: SSS "Statistic sector"

Approximately two thirds of the children in the care of the Development Centres have a family; these will generally go home for the week-end. The remainder of the children are deprived of parental care, and consequently stay full time in the institution. (See Graph One).

Graph. 1

Relation of children with families to children without families in the residential development centres

1.3 Non-public residential institutions

With the improvement in domestic legislation, the nineties saw the creation of the conditions for extending alternative social care services to children deprived of parental care. Initially, the providers of these services were mostly international non-profit organisations. One of these services, family homes, is among the most widespread and of the highest quality. Family homes came into being as early as 1995, regulated by a contract concluded in 1992 between SOS-Kinderdorf International and the Ministry of Labour and Social Affairs.

Table 6. Residential institutions run by non-profit organisations

<table>
<thead>
<tr>
<th>Designation</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warm Home</td>
<td>Gjirokastra</td>
</tr>
<tr>
<td>Village of Peace</td>
<td>Shkodra</td>
</tr>
<tr>
<td>Betania</td>
<td>Fushë Kruja</td>
</tr>
<tr>
<td>His Children</td>
<td>Tirana</td>
</tr>
<tr>
<td>Home of Hope</td>
<td>Durrës</td>
</tr>
<tr>
<td>Selected Generation</td>
<td>Commune of Kodër Thumana</td>
</tr>
<tr>
<td>New Beginnings</td>
<td>Berat</td>
</tr>
</tbody>
</table>
In Albania, about 25 family homes are operating in the cities of Shkodra, Tirana, and Elbasan (the SOS Children's Village with 13 family homes, and Sunray with 1 family home); 9 family homes in Shkodra (Madonnina del Grappa, and the project “Speranza”) provide support to 68 children and youths with disabilities who have left public residential institutions at the age of 14 years; in Elbasan, there are 2 family homes for abandoned and orphaned children. With its network of 13 homes, the SOS Children’s Village is also the most expanded community of family homes in Albania.

Fourteen residential institutions of small capacity are operated in the cities of Shkodra, Berat, Elbasan, in the town of Fushë Kruja, and in the Commune of Thumana.

In Tirana, there are 2 day care centres, and 1 residential centre designed for children neglected and exploited by their parents (beggars).

During the nineties, a number of children left Albania unaccompanied by their parents. A number of international institutions and Albanian and foreign non-profit organisations are involved in actions aimed at repatriating these minors, and reintegrating them into normal life by offering them education, professional training and support to start up small-scale productive activities.

<table>
<thead>
<tr>
<th></th>
<th>Christian Relief Mission</th>
<th>Tirana</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Home of Heart</td>
<td>Tirana</td>
</tr>
<tr>
<td>10</td>
<td>Eden</td>
<td>Tirana</td>
</tr>
<tr>
<td>11</td>
<td>Sunray</td>
<td>Tirana</td>
</tr>
<tr>
<td>12</td>
<td>Lucky Hours</td>
<td>Elbasan</td>
</tr>
<tr>
<td>13</td>
<td>Home of Hope</td>
<td>Elbasan</td>
</tr>
<tr>
<td>14</td>
<td>Mother Theresa</td>
<td>Shkodra</td>
</tr>
<tr>
<td>15</td>
<td>Youths on a Mission</td>
<td>Burrel</td>
</tr>
</tbody>
</table>

Table 7 Children in the care of social care institutions, by type of care, age-group, and gender, 2004

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Females</th>
<th>Children with disabilities</th>
<th>Age-group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0-3 years old</td>
</tr>
<tr>
<td>Total</td>
<td>1198</td>
<td>479</td>
<td>353</td>
<td>158</td>
</tr>
<tr>
<td>Residential institutions</td>
<td>849</td>
<td>331</td>
<td>244</td>
<td>150</td>
</tr>
<tr>
<td>Family homes</td>
<td>169</td>
<td>64</td>
<td>68</td>
<td>8</td>
</tr>
<tr>
<td>Day care centres</td>
<td>180</td>
<td>84</td>
<td>41</td>
<td>0</td>
</tr>
<tr>
<td>Foster care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

This refers to the institutions visited only. In the course of research, it emerged that a number of the day care centres for young beggars had changed address.

The Albanian institutions cooperate with foreign and domestic organisations on a number of issues relating to anti-trafficking, including IOM, UNICEF, UNHCR, and ILO-IPEC. The US, British and Dutch Embassies in Tirana have made an important contribution in ensuring the repatriation and integration of the Albanian children trafficked outside of Albania; Child Trafficking – the People Involved, 2005.
It is estimated that in total there are about 16,000 orphaned children in Albania who are looked after by their relatives. In contrast, there are 1,198 children who for different reasons cannot be looked after by their parents or relatives, and are at present in the care of social childcare institutions. (Table 7)

1.4 Deinstitutionalisation

There are currently three principal paths by which a child can permanently leave the care of a social care institution: return to family of origin, adoption, and integration into society upon maturity.

In 2004, 184 children left the particular institution in which they were being care for. Of these, 66 were aged 0-3 and left the public-sector Home for Infants; 50 were adopted and 16 returned to their families. A further 23 children moved on to another institution. (See Graph 3).

Return of child to the family of origin (biological)

The return of a child to his or her family of origin is one of the priorities of both public and non-public residential institutions. This is largely realised through maintaining and strengthening the relationships between children and their families. In any given year, approximately one fifth of children which leave the care of a social care institution are returned to their family. See Table 8.

Graph. 3

Adoption

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7 State Social Service, *Social-Economic Statistics*, 2004. These data are obtained from the registration records available at the different orphans’ associations.

8 Statistics Department, State Social Service.

10 Data on adoptions refer to cases handled by social care institutions only. The table does not include adoptions of children from one family to another.
As shown in Table 8, adoption is the most common way for children to be removed from institutional care. The proportion of children removed from institutions who are adopted has been declining in recent years (46.5% in 2000 vs. 32% in 2004).

**Table 8. Removals from institutions**

<table>
<thead>
<tr>
<th>Years</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total of children removed / in per cent</strong></td>
<td>146 per cent</td>
<td>142 per cent</td>
<td>134 per cent</td>
<td>118 per cent</td>
<td>184 per cent</td>
</tr>
<tr>
<td><strong>Of whom:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>To families</strong></td>
<td>38</td>
<td>26</td>
<td>24</td>
<td>17</td>
<td>35</td>
</tr>
<tr>
<td><strong>Adopted</strong></td>
<td>68</td>
<td>46,5</td>
<td>71</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td><strong>To institutions/dormitories</strong></td>
<td>9</td>
<td>6</td>
<td>19</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td><strong>To schools</strong></td>
<td>21</td>
<td>18</td>
<td>14</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td><strong>Other reasons</strong></td>
<td>8</td>
<td>5,4</td>
<td>14</td>
<td>8</td>
<td>18</td>
</tr>
</tbody>
</table>

Source: SSS “Statistics in years”

Data provided by the Albanian Adoption Committee also show that the number of adoptions has decreased during the period 2001-2004 (Table 9). The immediate cause of the decline seems to have been a parallel decrease in the number of children who were properly registered for adoption.

**Table 9  Data on adoptions**

<table>
<thead>
<tr>
<th>Years</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of registered children to be adopted</strong></td>
<td>76</td>
<td>37</td>
<td>62</td>
<td>52</td>
</tr>
<tr>
<td><strong>Number of children adopted</strong></td>
<td>88</td>
<td>47</td>
<td>54</td>
<td>54</td>
</tr>
<tr>
<td><strong>Or whom adopted outside Albania</strong></td>
<td>47</td>
<td>26</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td><strong>Number of sick, disabled or older adopted children</strong></td>
<td>56</td>
<td>19</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td><strong>Of whom adopted outside of Albania</strong></td>
<td>56</td>
<td>19</td>
<td>15</td>
<td>17</td>
</tr>
</tbody>
</table>

Source: Albanian Adoption Committee, 2005

The ratio of adoptions by domestic nationals to those by foreigners speaks in favour of the latter. This can be explained by the fact that families living outside Albania adopted all the children who were sick, disabled or older.
Table 10  Distribution of children by gender and type of public residential institutions

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Development Centre, Vlora</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>Residential Development Centre, Korça</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Development Centre, Durrës</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Development Centre, Berat</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Development Centre, Shkodra</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Development Centre, Tirana</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Home for Infants, Tirana</td>
<td>15</td>
<td>11</td>
<td>9</td>
<td>13</td>
<td>10</td>
<td>14</td>
<td>11</td>
<td>5</td>
<td>7</td>
<td>154</td>
</tr>
<tr>
<td>Home for Infants, Durrës</td>
<td>1</td>
<td>10</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td>16</td>
<td>10</td>
<td>11</td>
<td>11</td>
<td>134</td>
</tr>
<tr>
<td>Home for Infants, Vlora</td>
<td>10</td>
<td>4</td>
<td>12</td>
<td>6</td>
<td>6</td>
<td>20</td>
<td>5</td>
<td>8</td>
<td>8</td>
<td>110</td>
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<tr>
<td>Home for Infants, Shkodra</td>
<td>4</td>
<td>7</td>
<td>6</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>8</td>
<td>3</td>
<td>5</td>
<td>67</td>
</tr>
<tr>
<td>Home for Infants, Korça</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>6</td>
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<td>3</td>
<td>48</td>
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<td>Home for Pre-school Children, Shkodra</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>20</td>
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<tr>
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<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Home for School-aged Children, Saranda</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Home for School-aged Children, Tirana</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>33</td>
<td>33</td>
<td>34</td>
<td>37</td>
<td>33</td>
<td>40</td>
<td>58</td>
<td>34</td>
<td>33</td>
<td>552</td>
</tr>
</tbody>
</table>

Integration into society upon maturity

Upon completion of the basic education (eight years), the State grants full scholarship to orphaned children in the care of institutions so that they can receive secondary education at a boarding-school. Those children who are able and willing to follow higher studies are again granted scholarships and free boarding in the dormitories of the higher schools. Care for children studying in secondary and higher schools is the responsibility of the Ministry of Education and Science, since the dormitories of these schools come under the jurisdiction of this Ministry.

Irrespective of the rights granted to them pursuant to their status as orphans (the right to housing, and to employment in compliance with their profession), the children studying in secondary or higher schools continue to live in very difficult social and economic conditions.

Upon completion of secondary education, many of these children continue to live in the dormitories of the schools they have frequented because their housing issue is not resolved. In 2004, there were 291 such persons (now aged over 18) living in dormitories. Three per cent of orphans who graduate from secondary school go on to university.

Table 11. Number of orphans over the age of 18 years who are still living in dormitories

<table>
<thead>
<tr>
<th>Designation</th>
<th>Number of orphaned youths</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVT11</td>
<td>56</td>
<td>Tirana</td>
</tr>
</tbody>
</table>

11 Centre for Vocational Training
<table>
<thead>
<tr>
<th>School Type</th>
<th>Number</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technological School</td>
<td>37</td>
<td>Tirana</td>
</tr>
<tr>
<td>Polytechnic School</td>
<td>16</td>
<td>Tirana</td>
</tr>
<tr>
<td>Building Construction, Mechanical, and Teachers’ Training Schools</td>
<td>45</td>
<td>Shkodra</td>
</tr>
<tr>
<td>Technological and Building Construction Schools</td>
<td>32</td>
<td>Korça</td>
</tr>
<tr>
<td>Commercial School</td>
<td>30</td>
<td>Vlora</td>
</tr>
<tr>
<td>Agricultural School</td>
<td>20</td>
<td>Lezha</td>
</tr>
<tr>
<td>Mechanical, and Agricultural Schools, Drivers’ Course</td>
<td>45</td>
<td>Durrës</td>
</tr>
<tr>
<td>Agricultural School</td>
<td>10</td>
<td>Berat</td>
</tr>
<tr>
<td>TOTAL</td>
<td>291</td>
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</table>
Chapter Two.
The current legal and political framework and the management, monitoring and assessment system

- The political and legal framework sanctioning the rights of children in Albania
- The legal framework sanctioning social protection for children in Albania
- Comments on current legislation
- Priority directions concerning legislative improvements
- Social care service management, funding and administration system
- Current programmes and services performed
- Monitoring and assessment of social services extended to children without parental care
- Critical issues concerning the substance and implementation of social service programmes for children without parental care
- Recommendations for the future of the social assistance and social care system for children without parental care

Social services are extended to children without parental care through the poverty reduction programme, and the social care programme. The legislation regulating the relationships among institutions, and enabling the implementation of the above-mentioned programmes is part and parcel of the social policy the Albanian Government has been pursuing since the nineties. The social programme was developed in compliance with the international conventions ratified by the Albanian Government and Parliament, including the Convention on the Rights of the Child. Although elements of the social policy pursued in the past have been retained, social policy since the early nineties has largely been reformed to conform with the programme on social and economic transformations being implemented in Albania.

The laws, decisions, regulations and guidelines examined below help implement social policy for the protection and development of children without parental care. However, underlying these there are certain fundamental documents of the State, including the Constitution of the Republic of Albania, as well as international conventions. Hence, the current chapter is divided into two parts. The first part focuses on the fundamental juridical acts of the State relevant to social policy in general, and the second part to the cross-sectoral juridical acts that address the technical elements of the social care programme.

2.1 The political and legal framework sanctioning the rights of children in Albania

The Constitution of the Republic of Albania, adopted under Law no. 8417, dated 21 October 1998, and promulgated by Decree no. 2260, dated 28 November 1998, is the fundamental law sanctioning the protection of the rights of children in general, and of those without parental care, in particular. The new Constitution of the Republic of Albania contains a special chapter on the economic, social and cultural rights of citizens, and a chapter on social objectives. These chapters sanction the State’s obligation to provide children without parental care with care and help throughout the process of their upbringing, development and education (Article 59/e). In furtherance of the Constitution, several laws and decisions underlying the social care policy for protection of children without parental care have been adopted, or are under consideration.

The international Convention on the Rights of the Child (CRC), ratified by the Albanian Government in February 1992, entered into force in March 1992. The obligations deriving from the current Convention with regard to respect for the rights of the child are guided by the principle of respect for “the child’s best interests.” Under the CRC, a child is entitled to enjoy an
acceptable standard of living, the provision of which is the responsibility of the State and the parents. Ratification of the CRC was an initial step in setting up institutional systems to ensure the protection of the rights of children without parental care. CRC implementation calls for the enactment of specific laws and by-laws, as well as the establishment of institutions at the political, executive, and auditing/monitoring level.

Further to Decision no. 134, dated 5 May 2000, of the Council of Ministers, a permanent group of experts was set up, entrusted with the task of “preparing country reports on the implementation of Conventions in Albania.” The group was also tasked with preparing a report on CRC implementation, which was completed in June 2005 and submitted to the UN Children’s Rights Committee. The Committee considered it an achievement that such progress had been made on legislative reform relating to human rights in Albania in general, and children’s rights, in particular.

Revised with Decision no. 458, dated 27 April 1998, of the Council of Ministers, the *European Social Charter*\(^{13}\) recognises and protects the right of people to enjoy social services. However, it should be pointed out that citizens know little about what their benefits are. It should also be noted that ratification must be associated with the enactment of several laws and instructions enabling implementation.

The *Convention of the International Labour Organisation (ILO)*\(^{14}\) no.138 “Concerning Minimum Age for Admission to Employment,” was ratified in 1998, and the Convention no. 182 “Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour,” was ratified in 2001.


The *new Family Code* (Law no. 9062, dated 8 May 2003) specifies the State’s institutional obligations towards children without parental care, and the manner in which they are met. Under the Family Code, “children without parental care”\(^{15}\) are considered all those children:

- Whose parents are dead,
- Whose parents are declared unknown,
- Whose parents are declared missing,
- Who are abandoned by parents,
- Whose parents have by final court decision been deprived of their parental right.

In these circumstances, the State fulfils its obligation through a court of law, which decides on the form of care to be applied:

- Blood-related families, with one member of the family being the guardian
- A foster family
- A person appointed as guardian
- A family appointed as guardian

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\(^{13}\) DCM  
\(^{14}\) ILO convention  
\(^{15}\) Here and after will be used the term “Children”
A social care institution (state-run or private)

In making a decision, the court takes into account the recommendation and advice of the Department for Social Assistance and Social Services in the relevant municipality or commune, and any other information on the child’s development and personality, as well as consideration of which form of care is best for the child. The court of law makes a decision to place the child in custody. As well as being entitled to assign a qualified guardian, the Custody Board can also place the child in a special institution.

Articles 351/1 and 352 of the Civil Procedure Code, adopted by Law no. 8116, dated 29 March 1996, stipulate that: “The application for the allocation of custody is filed with the court of law by the relatives of the young children, and by whoever receives notice of a child remaining parentless, of a child being born to unknown parents, and under any other circumstance where the law provides for the establishment of custody, and the exercise of this right by the child when he attains the age of sixteen years.” Likewise, under Article 356/1, "Before proceeding with the nomination of a guardian, the court should also seek the opinion of the child when he is ten years old."

Law no. 7650, dated 17 December 1992, “For the Adoption of Minors by Foreign Citizens and Several Amendments to the Family Code.” This anticipated Albania’s adherence to the Hague Convention “On Protection of Children and Cooperation in Respect of Inter-country Adoption.” Under this law, adoption is only allowed when it is in the best interests of the child. The law specifies the procedures whereby a child is legally declared abandoned. This law states that a child is declared abandoned when his parents have not taken any obvious interest in him over a period of one year preceding the submission of request for a court of law to declare the act of abandonment. For children placed in institutions at birth, the period preceding declaration of abandonment is six months. As per legislation, the court of law takes a decision on the basis of a full examination of the circumstances leading to abandonment. As well as declaring the child abandoned, the court of law decides on accommodation. (It chiefly decides to place the child in an institution).

Law no. 8153, dated 31 October 1996, “For the Status of the Orphan,” sets out the criteria for placing children in the social care institutions. This status is conferred on certain categories of children as defined under the Family Code (Law no. 9062, dated 8 May 2003). The status is granted by a specially established committee at the State Social Service, of which a member is a representative from the orphaned children’s association. The legislation also governs the manner in which children without parental care who are placed in the social care institutions, are handled. Under the provisions of the current law and the normative acts issued by the Ministry of Labour, Social Affairs and Equal Opportunities, these children may stay in state or private social care institutions until the age of 14 years, and in special cases, until the age of 17 years.

2.2 The legal framework sanctioning social protection for children in Albania

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16 The Family Code (2003) introduces a new, contemporary terminology. The term “child without parental care” is used instead of the term “orphan.” This definition enlarges the group of beneficiary children, including also the children who are without parental care, even though their parents are alive.

18 As per definition applied in the “Status for the Orphan”, the term “orphan” implies a parentless child until the age of 25 years.
The Law no. 9355, dated 10 March 2005, “For Economic Assistance and Social Services,” was drafted on the basis of Law no. 7710, dated 18 May 1993, “For Social Assistance and Care,” amended by Law no. 7886, dated 8 December 1994, and Law no. 8008, dated 5 October 1995, as well as the by-laws promulgated in furtherance of them (Decision no. 307 of the Council of Ministers, Decision no. 510 of the Council of Ministers). This law (9355) supersedes these previous laws (7710, 7886 and 8008), and determines the system for the economic assistance and social care of Albanian citizens, including children without parental care. The law prescribes:

- The structure and typology of the social care services;
- Their organisation, functioning, and funding;
- The categories of beneficiaries of institutional services;
- The criteria for benefits entitlement;
- The rules for acceptance/placement in institutions, and the relevant documentation;
- The monitoring and evaluation of the services.

This law (no. 9355) defines the social service system and sanctions that “Social services cover all the services offered to individuals and groups in need, and in accordance with their nature, fall into social care services and social and medical care services.” Under this law, while social care services cover services offered to individuals, families, groups in need, and communities to help them meet their vital needs, the social and medical care services encompass those services that are offered by specialised personnel, and are intended for health rehabilitation.

This law also defines certain terms that are important for the performance of the social care system, including orphan, person with disabilities, social services, and foster family. The law further specifies the categories of beneficiaries in accordance with the type of assistance or care offered. Among the categories are children (including children without parental care), youths until the age of 25 years, persons with disabilities, and those who are likely to belong to groups in need.

This law prescribes the types of services, in terms of their organisation and functioning, and groups them under residential care services and community-based services. While the service in residential institutions is offered to individuals for whom in-home care is impossible, community-based services are offered in day care centres, individuals’ homes or foster families, in accordance with the specific need of the beneficiary.

With respect to funding, social care services are grouped under public and private services. Public services are funded from the central government budget and local government budgets. They are managed by the Ministry of Labour, Social Affairs and Equal Opportunities, where services are offered through national institutions; by the municipalities/communes, where they are offered through institutions serving a town or a commune; and by the Region, where they

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19 The term “person with disabilities” refers to an individual whose ability is limited through physical, sense, intellect, and psychic-mental damage, congenital or suffered during a lifetime due to accidents, temporary or permanent illnesses, which are not contracted from causes related to employment.

20 The term “social services” implies all the services offered to individuals and groups in need, who, with the resources available to them, are not able to cope with their vital needs for maintaining, developing, and rehabilitating their individual chances to meet their emergent or chronic needs.

21 The term “foster family” implies an alternative family, in compliance with the definition given in Article 266 of Law no. 9062, dated 8 May 2003, “For the Family Code.”

22 Institutions designated for more than one “region.”
are extended to individuals coming from several local units in that Region. Private social services do not differ by nature or typology from public services, but they are funded privately.

Under legislation, juridical, public and private persons are entitled to manage social services after having been licensed by Ministry of Labour, Social Affairs and Equal Opportunities. The contract between the state institution and the non-state institution determines the legal relationship between them. The Ministry of Labour, Social Affairs and Equal Opportunities drafts a model contract, registers the status of the managing institution, and stipulates what reporting and oversight will be required and provided. The Ministry of Labour, Social Affairs and Equal Opportunities is responsible for developing the social service standards.

Legislation provides for disability payments in accordance with the decision of the responsible committee. It provides for economic assistance for families looking after one or more family members who are unable to look after themselves on account of their physical or mental disability. The legislation also stipulates the conditions whereby a family, including children without parental care, may benefit from economic assistance. For the purposes of economic assistance benefits, legislation does not consider children deprived of parental care as a separate category, but as “grown-up children.”

The law 9355 provides for important changes with respect to the decentralisation and modernisation of special social services. In particular:

1. It provides for social services to be decentralised, thus enhancing the participation of local government and social society in planning, funding and delivery. This is specified in the article addressing the “manner of funding”:

   “Economic assistance and social care programmes are funded from the State budget and the local government budget. The financial resources allocated for the social care services provided by public and non-public institutions, both at a Region and a municipality/commune level, in residential institutions, day care centres, families, or the mobile services offered in the communities, are made up of:

   - State budget delegated funds
   - Funds allocated from local taxes and fees
   - Income allotted from assets and other activities carried out by the municipality or commune, as well as donations, and sponsoring.”

2. It establishes the Social Fund to finance the social assistance and service system. It is funded with public monies allocated for social care services; extra-budgetary financing from organisations, physical or juridical persons, or other individuals; other income obtained from the implementation of bilateral or multilateral agreements; as well as from the resources and assets of the Ministry.

3. It transfers residential social care services to the local government; establishes new social services determined by the local government, using the assets transferred from the ownership of the central government to the ownership of the local government; and transfers in-home care to community-based services, or if impossible, to improved in-home social care.

The Law no. 8652, dated 31 July 2000, for the organisation and functioning of local government, creates the necessary conditions for the decentralisation of social services. It
should however be highlighted that, on account of limited local financial resources, financial
decentralisation has not yet been realised in each and every unit of local government.

The Decision no. 307, dated 24 May 1994, of the Council of Ministers23 “For the Social Care
Services,” was drafted and adopted in furtherance of Law no. 7710. It provided for social care
services to be funded from the state budget, as follows:

• “Extra institutional” services, including those offered in day care centres (for street children
  and disabled individuals), homes, and emergency services
• Institutional services delivered in residential institutions

In institutions, services are extended to orphaned and abandoned children, as well as to
children with disabilities. Central government, local government, non-governmental
organisations, and private persons provide childcare services. Local authorities offer “extra
institutional services,” while central departments, including the Ministry of Labour, Social Affairs
and Equal Opportunities, offer institutional services. The same Decision provides for how social
care services are to be organised and function, its hierarchy, and the tasks of each and every
institute. The Decision also establishes the manner for the management of the social care
institutions and their functioning, as well as the manner for their funding. The said Decision
provides for the transfer of the social care institutions from under the responsibility of the
Ministry of Education and Science, and the Ministry of Health, to the Ministry of Labour, Social
Affairs and Equal Opportunities. This Decision also introduces the model for the status of the
institutions, and the model for the contract governing inter-institutional relationships.

for the Establishment of the Social Care Residential Institutions and the Required
Documentation for Acceptance,” sets the rules for admission into institutions, by age-group, and
the need for rehabilitation. Hence, all categories of children without parental care, as defined
under the Family Code, are to be admitted to infant and child homes (point 1.A.6 of this
Chapter).

Children whose parents are temporarily unable to provide for them on account of their economic
situation (for which relevant documentation must be adduced in proof), or their health, may also
be placed in institutions for up to six months.

These institutions may also accommodate children from families that are experiencing a crisis,
as well as children whose parents have emigrated.

On 25 May 2001, the State Social Service prepared the Rules of Procedure of the social
care institutions for children with social problems.25 The Rules of Procedure contains
several chapters, including: General Provisions, Administration and Organisation, Acceptance of
Children into and their Removal from the Institution, Programmes, the Environment, as well as
the Final Provisions. The Rules of Procedure were drafted in furtherance of Law no. 7710 and
its by-laws. The Rules of Procedure is the normative act governing the conduct of the social
care institutions for children with social problems. The Rules of Procedure enable the institutions
to perform the following functions:

23 Once the sub-laws are drafted in furtherance of the new law 9355 for economic assistance and social services, this Decision
will become invalid. However, for now this Decision is still in force.
24 The same proviso applies as in the previous footnote.
25 The same proviso applies as in the previous footnote.
• Child rearing,
• Health care,
• Education,
• Psycho-social remedy by creating a home-like environment,
• Integration of children into society,
• Finding a temporary family for children, with a view to returning them to their biological families.

The Rules of Procedure is binding for all social care institutions for children with social problems, regardless of their status.

On 25 May 2001, the State Social Service prepared the Rules of Procedure of the Development Centres.26

The Rules of Procedure is made up of several chapters, including General Provisions, Administration and Organisation, Acceptance of Children into and Their Removal from the Institution, Programmes, the Environment, and the Final Provisions. The Rules of Procedure were drafted in furtherance of the current legal framework. As well as guiding service provision in the social care institutions, the Rules of Procedure is the normative act governing the conduct of the social care institutions for children with physical and mental disabilities.

2.3 Comments on current legislation

The legal framework relating to the protection of the rights of children without parental care in Albania is relatively comprehensive and contemporary. The most important challenges are to reinforce institutional capacities for implementation; strengthen local governmental powers to identify and refer cases; extend services as close to applicants as possible; as well as to oversee and report on implementation.

There are certain gaps in the legal framework that call for improvements or clearer definitions:

First, migration has led to an increased number of children without parental care. This situation calls for the development of clear-cut and precise legal provisions concerning the parents’ and the State’s obligations with respect to providing children with living conditions and education in accordance with the principle of “the best interests of the child.” Current legislation outlines the parents’ financial obligations, but it falls short of defining the minimal accepted living and education standards that must be met for children.

Second, under the existing legislation relating to economic assistance, children are considered as “grown-ups in special need”. The rights of children would be protected better if they were categorised as children. This would require the development and implementation of a special law: the “Code for the Protection of the Rights of Children.”

Article 6 of the law 9355 defines the role of social administrators. They are responsible for identifying the families in need of assistance, providing them with assistance, making recommendations for institutional placement, and preparing the relevant documentation. These responsibilities are assigned to the local government (municipality or commune), and at this point, the law is a positive one.

26 The same proviso applies as in the previous footnote.
Article 11 highlights the role the Minister of Labour, Social Affairs and Equal Opportunities plays in setting the admission criteria for children in social care institutions. This applies to institutions at both a national and local level. This is a positive aspect, with treatment being developed on the basis of standards.27

Third, the legal framework concerning “disability” is not comprehensive, especially the part addressing “reintegration”. The classification of disability is not well specified, making it difficult to offer and provide social services according to need; and the legal definitions that are already in place are not applied. The same is true for the legal framework concerning the “reintegration of children without parental care” (poor specification and inadequate application). The underlying reasons for these shortcomings have to do with the financial hardships of the institutions, as well as with institutional weaknesses, particularly in terms of implementing those policies and laws that require inter-institutional coordination (central government structures, including the Ministry of Labour, Social Affairs and Equal Opportunities, the Ministry of Education and Science, the Ministry of Health, and Ministry of Interior.) It would be useful to establish a state office responsible for the coordination of efforts and oversight in these areas.

Fourth, Article 1 of the law 9355 treats developmental disability as a clinical phenomenon. As such, medical-legal commissions are responsible for determining the developmental disability. Yet in the view of the expert group, disability is not only a clinical phenomenon (physical or mental); it is also a social phenomenon. Therefore, the commission responsible for assessing disability should be multidisciplinary in nature.

Further, the legislation does not provide for special and extra treatment for those children who are both disabled and without parental care.

Fifth, the legal framework does not comprehensively address the risk of ill treatment and abuse of children without parental care. Preventive and rehabilitative programmes should be established in this area.

Sixth, the legislation relating to service standards is not complete. It does not cover services offered in the social care institutions, or other services benefiting children deprived of parental care. In particular, special attention should be given to the “adoption procedures applicable inside and outside of the country,” to the “guardianship extended by foster families,” to the right to custody, and the right to have a decision taken on the child’s custody. The service quality oversight procedure, and observance of the standards approved, are especially important.

Seventh, improvements in and additions to the Criminal Procedure Code.

2.4 Priority directions for improvements in legislation

The legislative and institutional system is gradually being improved in three main directions:
• The formulation and enactment of the laws pursuant to the constitution, including the Civil Code, the Labour Code, the Family Code, the Criminal Procedure Code, the Law for

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27 The expert group has also suggested unique criteria for acceptance into the decentralised institutions.
28 It could be called the National Child Protection Authority, with departments at a regional and local level.
Economic Assistance and Social Services, the Law for Social Security, and the Law for Health Insurance;

- Changes in legislation pursuant to international instruments and conventions signed by the government, including the Convention on the Rights of the Child, and the revised European Social Charter;
- The development and adoption of provisions directly applicable in the area of social care, and especially of social services, including the different laws, decisions, and instructions produced in this context, towards the development of a Code for Children.

The development and implementation of the following national strategies are relevant.

1. The midterm National Strategy for Social Services outlines a radical reform in the policy for the protection and development of children without parental care, which aims at enhancing the effectiveness of social policies. **Compared to the current policy, this Strategy aims to guide the reform in the following directions:**

- Offering **integrated** services to children, both in the **community** and the **family**.
- Introducing coordination and cooperation among the **central government**, **local government**, and the **non-profit organisation network**.
- Assigning a core role to **local government**, that is, to **identify** persons “in need” or “at risk”, and to decide on the best services option.
- Setting up **child social care** departments at the **local government** level (the current departments are called Economic Assistance and Social Services Departments, and are responsible for addressing all categories of persons in need).
- Establishing **social service centres** in the **major cities and towns** of Albania.
- Improving Social Services **legislation** with a view to ensuring the protection and **respect of the rights** of children in need.
- Adopting and monitoring **social service standards** for children in all public and non-public institutions.

The Strategy contains several concrete targets, and important expectations with regard to preventing children without parental care from being placed in institutions. These reflect the new focus on prevention of social care policies towards these children, including better family support and reduced periods of stay in residential centres. See Strategy: pp. 41-42.

2. The **National Strategy for Social and Economic Development (NSSED)**, which was adopted in November 2001, and is revisited on a yearly basis, points out that the harmonisation of services ensuring economic assistance and other social services is the only way to ensure improved quality of social services. The recommendations contained in the NSSED comply with the priority policies laid down in the Strategy for Social Services. Further, the NSSED emphasises greater participation of non-state organisations in funding and service delivery as important to an enhanced sustainability, continuity, and quality of social services.

3. The **National Strategy for Children and the National Action Plan for Children** was adopted by Decision no. 368, dated 31 May 2005, of the Council of Ministers, and Decision no. 487, dated 30 June 2005, of the Council of Ministers, respectively. The Strategy aims to:

- Create and strengthen institutional capacities required to oversee the implementation of legislation and policies addressing children’s rights in Albania;
- Make child-focused problems a concern for everybody;
• Facilitate the establishment of new services for children, especially those without parental care and those with disabilities, so as to provide them with equal opportunities.
• Involve children in the process concerning the protection of their rights, and to build a worthy society for them.

Further, the Strategy outlines the following priority policies (with regard to children without parental care):

• Setting up social services for the orphaned, abandoned, ill-treated, exploited, trafficked children, and for those working in the streets.
• Enabling children to live in a family environment, or, if that is not possible, providing them with residential service.
• Establishing non-institutional alternative services, including family homes in public and non-public residential institutions, while proceeding with de-institutionalisation and the gradual replacement of the residential centres.
• Developing and adopting the Law on Custody, and expanding the custody service.
• Promoting the adoption of abandoned children, especially those with health problems, at an early age.
• Reforming the juvenile justice system for children in conflict with the law.
• Reorganising the multidisciplinary services offered in schools (medical, dental, psychosocial).

The Strategy also calls for the establishment of the State Office for the Protection of Children’s Rights. Its mandate will be to oversee, monitor, and assess the exercise of children’s rights in Albania, and to report on its work and its findings. It will also help to coordinate the implementation of the Strategy.

2.5 The funding, management, administration and delivery of social care services

There are eight institutions funding, managing, administering and delivering social services for children without parental care

2.5.1 Ministry of Labour, Social Affairs and Equal Opportunities

The Ministry of Labour, Social Affairs and Equal Opportunities is responsible for developing policies and legislation; for planning economic assistance fund expenditures, and for paying persons with disabilities; for providing social services; for developing the norms and standards of services; and for monitoring their implementation at all the levels of the central and local structures, both in the public and private sector.

In order to discharge its functions, the Ministry of Labour, Social Affairs and Equal Opportunities coordinates its actions with other Ministries and institutions at the central level that contribute to the development of social policies concerning children’s rights. The Ministry of Labour, Social Affairs and Equal Opportunities works jointly with the State Social Service and other institutions at the executive level to implement and oversee social policies. Building on information obtained from the State Social Service, local government institutions, and different studies, the Ministry of Labour, Social Affairs and Equal Opportunities makes proposals regarding current policies and develops new policies.
The Ministry of Labour, Social Affairs and Equal Opportunities is responsible for the management and oversight of public institutions, the development of their rules of procedure, staff training, and the oversight of the execution of their contracts between the state and non-state agencies for the administration of social care institutions.

2.5.2 State Social Service

The **State Social Service** was established by Decision no. 52, dated 8 January 1996, of the Council of Ministers, 29 “For the Establishing and Functioning of the General Assistance and Social Care Council, and the General Assistance and Social Service Administration,” whose status and designation is amended by Decision no. 153, dated 25 April 2002, of the Council of Ministers, “Adoption of the State Social Service Status.”

The State Social Service is responsible for the implementation of the policies the Ministry of Labour, Social Affairs and Equal Opportunities pursues in the area of economic assistance and social care services. The Service is responsible for:

- The planning of state budget expenditures for social services, and monitoring their use.
- The development of service standards, and proposals for new services.
- Identifying the documentation required for the applicants and beneficiaries of social services.
- The collection and analysis of information on the delivery and use of social services, and the beneficiaries.
- The analysis of the needs for social services, including the needs of excluded social groups.

The State Social Service is run and administered by the Administrative Council, which is the highest decision-making body. The regional and local branches across the country support the State Social Service in the discharge of its tasks.

2.5.3 The Prefect

From a legal point of view, the Prefect considers the decisions of the municipal councils and communes on the delivery of economic assistance, the payment of benefits to persons with disabilities, and the social care services. The Prefect monitors the implementation of the administrative measures proposed by the central, regional, and local auditing structures, in furtherance of the legislation for economic assistance and social services.

2.5.4 Local government (municipality/commune)

Under the Law “For the Organisation and Functioning of the Local Government,” the delivery of community social services is part of the mission of local government. The Municipal and Communal Council is responsible for:

- Approving the fund for the payment of benefits to persons with disabilities, and the fund for social services;
- Drafting a plan for the development of social services on the basis of local resources, needs, and priorities;
- Deciding who will need what services based on an assessment of the individuals’ needs, and the financial possibilities for offering services;

29 The same proviso applies as in footnote 22.
• Authorising the local government structures to establish contracts with private licensed social service providers in cases where the required services are not offered by public social services;
• Adopting programmes of cooperation with non-profit organisations, religious institutions, and civil society representatives, in compliance with the national and regional economic assistance and social service plans.

The relevant structures are set up at the Regions and municipalities/communes with a view to administering the economic assistance and social services, and are entrusted with the following tasks and responsibilities:
• Gathering information about the public and private service network operating in the territory of the municipality/commune;
• Gathering information and statistics, and writing reports, on the beneficiaries of economic assistance funds, disability funds, and social care services; and overseeing the use of funds for these purposes.

2.5.5 Social care institutions

Social Care Institutions for children without parental care are juridical persons that are engaged in non-profit activities under the authority of the State Social Service. Their function is defined by special rules of procedure. The institutions offer services both for orphaned children and other categories of children considered as “children with social problems”. The state social care institutions are under the responsibility of the State Social Service. The non-state institutions are instead set up and conduct their activity in accordance with the laws in force, and are funded by non-profit organisations and non-state foundations.

Both state and non-state institutions are managed and administered by Administrative Council, consisting of five-seven members. The Administrative Council is responsible for analysing the institution’s activities, adopting the internal rules of procedure, considering the draft plan for the budget, and adopting the programmes regarding operation of the different sectors of the institution. The Council may also move to dismiss the director of the institution, as provided for in the rules of procedure.

The director runs the day-to-day activities of the institution. The Director General of the State Social Service nominates the directors of the state institutions, while the Administrative Council designates the directors of non-state institutions. The director’s nomination criteria are set forth in the rules of procedure. In the state institutions, the director is also the head of the Administrative Council. He is responsible for ensuring accomplishment of the mission of the institution, and implementing the legislation and the rules of procedure. He is responsible for hiring all institution staff in conformity with the criteria laid down in the Labour Code. The institution staff receives training on a periodical basis, and whenever the State Social Service deems it appropriate.

Under current legislation, children aged 0-14 years who are eligible for admission to a social care institution are categorised and placed as follows:

• children aged 0-3 are placed in children’s homes

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30 The term “institution” will be used hereafter.
32 Thereafter the term “Centre” will be used.
- children aged 3-6 are placed in preschool age children’s homes
- children aged 6-14 are placed in school-aged children’s homes

The following documents are required for acceptance into an institution:

- Child’s birth certificate
- Child’s photo
- Child’s family certificate
- Parents’ death certificate
- Court decision for removal of parental right
- Medical history
- Order of transfer of the child in the event of removal from one institution to another
- Minutes for the transfer of the child from the maternity hospital to a child’s home
- Parents’ divorce certificate if they are divorced
- Document from the school the child has attended
- Parent’ or legal guardian’s written consent to child’s placement in an institution

Children are placed in institutions on a temporary or permanent basis.

The institutions are responsible for organising and delivering services contributing to the children’s upbringing, education, psychological and social development, physical and healthy development, as well as social reintegration. Under current legislation, children without parental care attend the national compulsory education system.

The institutions may have a residential or day status. Residential institutions are open facilities offering accommodation and an educative environment, in conformity with Albanian customs. Residential centres have a national status. Some residential institutions may also be local or community-based, offering nearly the same services but to a smaller number of children, and covering a limited territory. Residential institutions provide round-the-clock service all the year around. The number of clients in these centres depends on the facility’s capacities, but it is generally not less than ten.

Local institutions are administered by the local government or non-profit organisations. The community-based institutions (the community social centre) are mainly administered by non-profit organisations.

2.5.6 Development centres

The Development Centres32 are juridical persons carrying out non-profit activities under the authority of the State Social Service. These centres are funded by the State; or are co-funded with non-profit organisations, as per legislation. Their functioning is determined by special rules of procedure. The state centres are under the responsibility of the State Social Service, while non-state centres are established and conduct their activity in accordance with the laws in force, and are funded by non-profit organisations and non-state foundations. The development centres accept children with mental, physical and sensory disabilities. The decision on the placement of persons with disabilities in the “Development Centres” lies with a special commission; admission criteria and procedural rules for the commission are established by the relevant directorates in the Ministry of Labour, Social Affairs and Equal Opportunities. In considering admission, the commission takes into account the family’s opinion and the rights of the disabled person.
The management, administration, and funding of the centres are the same as for the social care institutions. The functions of the Administrative Council and the Director are also the same.

Every centre will have a particular profile, depending on the age of children they admit and the type and degree of disability they treat. “Alleviating the difficulties children face in the process of their integration into social life, and stimulating their personal autonomy” are the core principles of these centres. The Development Centres offer medical, psychological, social, and educational services, as well as administrative services; and will be staffed accordingly.

The rehabilitation process occupies a central place. The chief form of the rehabilitation process is the work with the disabled person on their individual educational plan. The individual educational programme is adjusted to each and every child’s needs and developmental level. A child may be accommodated in such a centre until the age of eighteen years.

Development Centres may have a residential or day (outpatient) status. As with the social care institutions, residential Development Centers are open facilities offering accommodation and an educative environment, in conformity with Albanian customs. Residential centres have a national status. The day Development Centres do not differ from residential centres in terms of legislation, administration, programmes or services. Because of the limited opening hours, outpatient Development Centres tend to have a geographically limited clientele, with children being resident in nearby neighbourhoods.

The outpatient Development Centres may be local or community-based, offering nearly the same services as residential institutions, but to a more limited number of children, and covering a limited territory.

Development Centres also include education and rehabilitation institutions for children with special needs (children who are seeing or hearing disabled, or who have mild developmental disabilities). These institutions are similar to schools in terms of the curriculum, and the manner in which they are organised and operate. Yet, they apply special curricula in compliance with the children’s level of disability and need. These institutions have a national and residential status. These institutions are under the responsibility of the Ministry of Education and Science, which guides both the methodology and the curriculum.

2.5.7 Private juridical persons and non-profit organisations

Private juridical persons and non-profit organisations may offer social care services. Their juridical status is governed by Instruction no. 1321, dated 3 December 2003, of the Ministry of Labour, Social Affairs and Equal Opportunities. This instruction was issued in relation to Article 102, point 4, of the Constitution, and Article 34 of Law no. 8788, dated 7 May 2001, “For the Non-profit Organisations,” as well as in points 4/c and 10 of the Decision no. 307, dated 24 May 1994, of the Council of Ministers, “For Social Care Services.” According to this instruction, private Albanian and foreign juridical persons, including non-profit organisations, may offer social care services after having obtained a special license from the Ministry of Labour, Social Affairs and Equal Opportunities; granting of the license is decided by a special commission.

A special license is required for the delivery of the following services designed for children without parental care:
- Residential care for children with social problems
- Development Centres for children with disabilities
- Day social care for children with social problems
• Psycho-social counselling
• In-home care
• Rehabilitation care

The applicant agencies must meet the criteria laid down in legislation, and which are built on the international conventions ratified by the Parliament of Albania. The activity is organised, managed, and administered in compliance with the terms of the contract between the applicant agency and the approving agency (Ministry of Labour, Social Affairs and Equal Opportunities). The activities of the agency are monitored by the Ministry, as per the contract.

It is recommended that a new dimension be given to the mission and role of such institutions. The community and the local government should be involved in identifying the children in need, and should cooperate with the institutions to ensure that the services that the children need most are provided. In particular, the local government and community, and other relevant actors, should cooperate with residential institutions to find a host family for children. In this context, the name of the institutions could be changed to “temporary homes for children.”

2.5.8 Albanian Adoption Committee

The Albanian Adoption Committee (AAC) is the highest state administrative body vested with full authority to handle the adoption of abandoned children both nationally and internationally. It was set up under Law no. 7650, dated 17 December 1992, “For Adoptions.” This law recognises the establishment and functioning of the AAC, as well as its composition as a collective body made up of representatives from the Ministry of Justice, the Ministry of Health, the Ministry of Education and Science, the Ministry of Labour, Social Affairs and Equal Opportunities, the Ministry of Foreign Affairs, the Ministry of Interior, the Ministry of Finances, the Faculty of Law (being the authority in the Family Law), and one representative from the Orphans’ Association. Together, these representatives constitute the Committee Board. The development and adoption of Law no. 7650, dated 17 December 1992 anticipated Albania’s adherence to the Hague Convention “For Protection of Children and Co-operation in Respect of Inter-country Adoption.” Under this law, adoption is allowed to take place only when it is in the child’s best interests. The law contains provisions providing for the following core powers of the AAC:

• It receives applications submitted by Albanian or foreign families wishing to adopt children in Albania, and provides assistance to them to fill out the necessary documents;
• It compiles lists of children who may be adopted inside and outside of the country;
• It works together with local and foreign public and private authorities to ensure protection of the children;
• It locates and receives information on the legal acts and relevant procedures of the foreign private bodies with which it will cooperate to process adoptions.

Under the legislation in force, adoption is irrevocable.

2.6 Current programmes and services delivered

2.6.1 The protection, support and social integration of children with disabilities

Under the legislation in force, children with disabilities receive cash benefits for their disabilities (disability allowance), and social care services. This allowance is granted to persons born with
disabilities, or who have become disabled before the age of 21 years (24 years for those attending higher education). The monthly payment is the same for all individuals who are legally entitled to it: 70 per cent of the minimal official salary. It is granted irrespective of the individual’s particular needs (Decision no. 311, dated 11 July 1994, of the Council of Ministers, amended by Decision no. 457, dated 21 August 1995, of the Council of Ministers, and Instruction no. 12, dated 16 June 1996).

In order to promote the integration of persons with developmental problems into social and economic life, the payment is increased by 200 per cent for children who are attending secondary education, and by 300 per cent for those attending higher education.

Social care services for children with disabilities are offered in residential Development Centres, day Development Centres, and in education institutions for children with special problems (sight, hearing and speech disabilities).

2.6.2 The protection, support and social integration of children with social problems

All children in the categories enumerated in the Family Code are considered children with social problems.

Children who can benefit from social services under the current system are categorised as follows:

“Biological orphans –children whose parents are not alive, and who do not have other relatives who may look after them”;

• “Social orphans –children born out of wedlock who, under given circumstances, cannot be brought up by their mothers; abandoned children – when a parent renounces care for his child, with the parent-child relationships being thus interrupted in an irreversible and conscious manner (children are abandoned at the maternity hospital by families in moral, economic, and health crisis, and by parents leaving for other countries); children who temporarily remain parentless (their parents are in hospital, prison, or seriously ill); children from families without any income, or with insufficient income; children from families in crisis; and children whose parents have emigrated, or wish to emigrate

Programmes for the protection, support, and integration of children in these categories provide social services in national residential institutions, local residential institutions, family homes, the community, adoptive families, and foster families.

With respect to adoption, it is most common for younger children who have lost their natural families. The legislative framework has several new norms and criteria guiding the selection of adoptive families, and which take account of their economic and social conditions, the compatibility with the child, and the harmonisation of their characters. These norms and criteria are in full compliance with the CRC. Foster care is an alternative measure for children who have become separated from their natural families. It is only in recent years that it has been developed both from the legislative and institutional point of view.

2.7 Monitoring and evaluation of services

2.7.1 The monitoring and evaluation process

The monitoring and evaluation of social policies for the protection of children without parental care aims to:
• Identify the most critical problems and institutional weaknesses inhibiting the implementation of the legal framework;
• Draft development-focused programmes with a view to enhance the effectiveness of social policies;
• Suggest feasible, up-to-date and appropriate social policies that meet needs.

Proceeding from these objectives, oversight and monitoring are exercised in the following areas:
• Execution of the mission and rules of procedure of the social service institutions, and compliance with legislation
• Implementation of the social service standards
• Application of the criteria for employment and professional promotion in the social service system
• Drafting of budgets, and the manner in which they are executed
• Licensing of physical and juridical persons, and non-profit organisations, to provide social services; and observance of the terms of agreement.

The following institutions oversee and examine the manner in which the social service system works:

The Ministry of Labour, Social Affairs and Equal Opportunities is responsible for monitoring the implementation of social service standards. To that end, the Minister of Labour, Social Affairs and Equal Opportunities has the Inspectorate for economic assistance and payment for persons with disabilities, which checks on the implementation of legislation in the local government structures. It also has the Social Service Inspectorate, which is responsible for monitoring and ensuring adherence to standards by all public and private social service providers.

The State Social Service monitors the performance of the state and non-state social care institutions for children with social problems. The State Social Service gathers and analyses information, statistics, and reports from local government units. Conclusions drawn from these analyses are used to propose new policies that better meet the needs of the individuals and needy and at-risk groups.

Established in 2000, the People’s Ombudsman is an independent institution, which oversees the manner in which rights are exercised and respected in Albania. The sub-section responsible for children’s rights, which is newly established, monitors and evaluates the effectiveness of social policies designed for the protection and development of children without parental care. However, its financial and human-resource capacities are limited.

The government recently approved the establishment of the State Office for the Protection of Children’s Rights. Its mission is to assess and report on critical problems relating to the rights of children in general, and of children without parental care, in particular; and to brief decision-makers and the public. This will contribute to increased public and institutional awareness of the obligations of the State and society to protect and socially integrate children without parental care; and of how well the State and society meet these obligations.

2.8 Critical issues concerning the substance and implementation of social service programmes
Social services are not effective in encouraging and enabling beneficiaries to change their status; rather they are organised to deliver benefits and basic services. They do not cooperate and coordinate with other social care systems. They also have the following shortcomings:

- incompatibility of services client need
- insufficiency of services focused on social integration
- misuse of human and financial resources
- centralised management, leaving little leeway for decision-making on the part of local government and the community
- one-source funding – the state budget.

Social services do rather little to prevent the negative phenomena that result from the loss of parental care. Further, cooperation is poor between education and health care institutions and the institutions offering social services for children without parental care, thus limiting the options for implementing a programme focused on social integration and child development.

The current system does not yet offer all those services that children deprived of parental care need. Further, the quantum of services that are offered are insufficient to meet demand, because the number of children in need exceeds those who actually receive services.

Social services are largely delivered through residential institutions, which is not compatible with modern recommended approaches to treatment and social reintegration. This continued institutional focus can be partly explained by the professional orientation of social services staff and their lack of up-to-date professional training. For instance, counselling, intermediation, the use of psychology and social work as means to help a child overcome a crisis and be reintegrated into society, are not well known by residential staff. The Faculty of Social Labour was set up after 1990, but still its graduate social workers and psychologists do not seem to be very motivated to focus on individual client, and continue to work with outdated approaches.

Even though there is legal leeway for the involvement of local government in the management and administration of social services, the system remains largely centralised. The Ministry of Labour, Social Affairs and Equal Opportunities and the State Social Service continue to take a strong hand in funding, management, and administration. The non-profit sector has a weak and limited role, due largely to the fact that the budget is still centralised. Local budgets are insignificant, and the Social Fund has not yet been created.

Cash benefits are prevalent. This reflects the fact that economic assistance, which helps alleviate poverty, has become a matter of priority as compared to the administration of social assistance and the offering of development and rehabilitation-focused services. While cash benefits are accessible anywhere in the country, the geographical coverage of institutional services is limited.

There are still important information gaps on the extent and distribution of individuals in need and at-risk. This problem is partly related to a lack of inter-institutional coordination, which makes it difficult to identify and locate at-risk and needy individuals, to analyse the underlying causes of their difficulties, and to plan effective interventions for the protection, development, and rehabilitation of children without parental care.

2.9 Recommendations for the future of the social care system designed for children without parental care
The current economic assistance and social care system designed for children without parental care fails to respond to the needs of Albanian society in general, and the needs of excluded groups, in particular. The system does not offer assistance and services to the new groups of at-risk and needy children and families that have emerged during the transition to a market economy and liberal democracy. Neither does it facilitate social reintegration and development.

The system is being reformed. The National Strategy for the Social Services has been prepared, and the new Law for Social Services has been passed.

The National Strategy for the Social Services, which fully complies with the targets contained in the NSSED and the National Action Plan for Children, aims to build a contemporary and effective system of social services, offering needs-based services of quality.

The new social service system will be based on the decentralised extension of preventive and reintegration-focused services in the community, offered across the whole territory, as close to the individuals in need as possible, and in conformity with their needs. The new system of social services for children without parental care will be founded on the principle of the “best interest of the child.” Consequently, there will be a strong focus on returning children to their family of origin where possible; or finding a foster or adoptive family.

Services will increase in number, and their quality will be enhanced. Among the beneficiary categories special attention will be paid to orphaned children (biological or social); children with mental and physical disabilities; children who have been trafficked and/or abused; and children working in the streets.

The new system will aim to transform the residential institutions centres from being closed centres to being modern and open. The new system will offer alternative forms: alongside the residential form (which will have a provisional status), social services will also be offered in the community or the family (this form becoming gradually more important).

The following are the core elements of the new reform:

- De-institutionalising clients
- Decentralising services
- Offering integrated services
- Providing services in the community and the family;
- Making cooperation effective, and coordinating the resources of the central government, local government, and the non-profit organisations.

To improve the delivery of social services, it is recommended that the following centres and services be established:

- Day care centres, which provide support and psychosocial treatment, education, and counselling for children working in the streets, for ill-treated or abused children, and for children who have dropped out or are likely to drop out of school.
- Accommodation centres (homes), which offer temporary accommodation for children being repatriated, including children returning after having emigrated unaccompanied by their parents, and for child victims of prostitution.
• Rehabilitation centres, which provide psychosocial treatment, counselling, and professional training for youth and child victims of drugs and alcohol, with a view to their reintegration into a normal life.

• Family homes and day care centres, which extend services to disabled and orphaned children who have been removed from residential social care institutions, and to children from families with social problems.

• Centres for legal counselling, which address legal issues concerning the protection of the rights of orphaned children or children with social problems.

• Multifunctional centres, which offer a large range of services, including legal counselling, psycho-social support, in-family assistance, and professional training courses, as well as information on the assistance to be provided in cases of extraordinary situations involving a significant degree of danger.

• Guardianship (fostering), which is one of the best short- and medium-term solutions that can be offered to a child living in a family with economic and social problems, or to a child born out of wedlock who is not desired by the family of origin. The placement of such children in welcoming families that are ready to host them for as long as necessary helps them return to the atmosphere of living in a normal family.

• Adoption, which is considered the best alternative for abandoned children, and for children whose parents are unknown or deceased.

Building on the recommendations of the UN Children’s Rights Committee, the following issues are considered as fundamental priorities:

1. Continuing the legal reform, along with increased efforts for its implementation;
2. Ensuring inter-institutional coordination at the central and local level, with a view to enhancing institutional effectiveness;
3. Boosting the participation of local government in the development and implementation of social policies designed for the protection of the rights of children;
4. Establishing a modern database system, which measures children’s social well-being, especially those belonging to socially excluded groups;
5. Raising public awareness about the importance of their participation in the decision-making process.
Chapter Three.
Assessment of the standards and quality of services provided under the social care programmes designed for children deprived of parental care

- Childcare services for children deprived of parental care
- The standards of residential institutions for children deprived of parental care
- Foster childcare for children deprived of parental care
- Conclusions

3.1 Childcare services for children deprived of parental care

3.1.1 Adoption

Adoption is the responsibility of the Albanian Adoption Committee. It is the highest administrative body, vested with the mandate to enable national and international adoptions of abandoned children.

**Scope of adoption.** Adoption seeks primarily to protect the right of an abandoned or orphaned child to live in a family. It takes place in conjunction with the competent public authorities and the duly accredited Albanian or foreign private bodies. The programme allows the placement of abandoned children in a permanent family through national (the Albanian Adoption Committee\(^{34}\)) and intercountry adoption institutions.

**The principle of the best interests of the child.** Adoption is the best care alternative extended to abandoned or orphaned children, as it fully observes the principle of the best interests of the child, recognising his right to grow up in a family environment. In the process of adoption, special attention is devoted to the child’s health and emotional welfare, finding for him a family environment that can offer the child as much love, safety, food, medical care, and education as possible. Adoption was practiced before the 1990s; adoptions were obtained through the law court. A portion of these adoptions proved problematic (both for the children and the adoptive parents), as a result of a lack of a genuine assessment of the adoptive family by social workers and psychologists.

In the process of adoption, children’s needs and the Albanian families’ possibilities take priority. Assessment of the suitability of the adoptive families goes through several stages, including: obligatory participation in professional training, preparation of documentation, and interviewing the applicant family. A shortlist is made of families who can provide the necessary economic, social, educational and cultural conditions to enable the best possible upbringing and education of the child. Then the prospective adoptive family is chosen. The large number of Albanian and foreign families who can apply enables the Albanian Adoption Committee to select those families that best meet the child’s needs.

Intercountry adoptions are made with countries that have ratified the Hague Convention only. At present, Albania has concluded adoption agreements with five States: Italy, France, Canada, Malta, and the USA. Several agencies are authorised by their respective States to be involved in intercountry adoption activities with Albania, including AiBi, Sant’Egidio and SPAI in Italy.

\(^{34}\) Here and after will be used the term "Committee"
Abandoned children are the children to be adopted. A declaration of abandonment is a legal act that builds on social, psychological, and juridical factors. Where a court finds it impossible for the family of origin to look after the child, the law court declares the child abandoned. A child may be declared abandoned at birth, when it is abandoned by his mother while in the maternity ward or hospital, and the mother’s identity cannot be established. In these cases, the babies are taken to social care institutions, and three months must elapse before the child is legally declared abandoned.\(^{35}\) A law court declares a child placed in childcare institutions “legally abandoned” even if his family of origin (or, at least, his mother) is known, when the child has not had any contact whatsoever with his parents for a period of over six months, and after receipt of a request by the principal of the institution. When a child is placed in a social childcare institution by his own family, the child can be legally declared abandoned only after the child has spent one year in the institution, and only if during this time his parents have manifestly not taken any interest in him.\(^ {37}\)

Adoption process. A legal declaration of abandonment is the first step. Then the relevant institution transmits detailed information on the child’s physical, mental and emotional development, and health condition, to the Albanian Adoption Committee, and the child is thereby registered in the adoption list.

The Albanian Adoption Committee then has six months to arrange the adoption of the child with an Albanian family. If this proves impossible, then an intercountry adoption may be arranged.

In recent years there has been a reduction in the period of time required for a child to be declared “abandoned,” and removed from the institution to an adoptive family. It is very difficult to find an adoptive family for children with disabilities. Therefore, it takes longer for an adoptive family to be found for them than it normally takes for other children.

In order to observe the principle of the best interests of the child, experts at the Albanian Adoption Committee perform a psychosocial evaluation of the family through interviews and home visits; recruit the prospective adoptive family and keep it informed; and study the situation of the abandoned child and his origin. On the basis of their findings, the experts write a comprehensive report on the abandoned child and the prospective adoptive family.

Chart 2 Adoption process scheme
Procedures for placement of a child in an adoptive family:

1. Placement of a child in an institution.
2. Submission of documentation to the law court for making a decision on declaring a child abandoned.
3. Transmission of the court decision to the relevant childcare institution and the Albanian Adoption Committee.
4. Completion of the adoption file with data and considerations about the child and the prospective adoptive parent; selection of the prospective adoptive family.
5. Submission of comprehensive documentation (both on the child and the prospective adoptive family) to the law court to take a decision.
6. Court’s determination on adoption.
7. The decision is delivered to the adoptive family.
8. The child is taken to the adoptive family.
Problems with the adoption programme. The fact that eight out of every ten children adopted by Albanian families are under 3 years old proves that it is very difficult to find an Albanian adoptive family for children over the age of 3 years. Similarly, Albanian families are deterred from adopting children with health problems or disabilities, given the current level of the country’s health care and rehabilitation services, and the high costs of caring for such children. Foreign families are more willing to adopt sick and disabled children: six out of every ten children adopted by foreigners are children over the age of three years, with health problems or disabilities.

Box 2 Adoption into a family only allowed him a normal life and a future

Elton

Elton is a child who now lives in the United States of America. An American family with five children has adopted him. Elton is their sixth child. Three years ago, Elton used to live in one of the public residential institutions. Sick from birth, his illness could not be treated in Albania; his disease had progressed, and his life was at risk. Elton had been abandoned, and an adoptive Albanian family could not be found on account of his serious health problems and the costly treatment. After much research and selection work, the Albanian Adoption Committee and the agency International Children Alliance found Elton a family that would both guarantee his life, and give him a future.

Bruna

Bruna, 8 years old, also lives in the USA. An American couple adopted her in 2000, when she was approximately 2 years old. Bruna was born to a couple united in regular marriage, but because of a serious deformation her parents abandoned her at birth. Bruna had no lower limbs, and her upper limbs were not fully developed. Bruna's adoptive parents are quite well-to-do, and paid for numerous operations to fit prostheses. Now she goes to school and, with the help of prostheses, she is able to move around freely. Had she remained in the institution, Bruna would have been tied to bed, with her life being totally dependent on the nurses' care.

Conclusions

In the course of enquiries carried out in the social care institutions, the expert group found that these institutions do not make sufficient efforts to facilitate the return of children to their biological families; or to facilitate adoption on a timely basis following abandonment or neglect. In many cases, a lack of clear-cut and comprehensible criteria has led to interpretations that have negatively affected the child’s future. Under legislation, a child may not be declared abandoned if his family takes any interest in him within the span of one year. Keen to keep up the number of children, it therefore suffices that the principals or staff of the institutions receive a phone call, a letter, or a visit by a child’s parent or a relative in the course of one year for them to interpret this as an "interest" in the child; accordingly, they may hold back the adoption process.

Greater attention should be devoted to the post-adoption period. Post-adoption monitoring consists of getting the adoptive couple to fill out forms, with photos of the child in the new family environment being attached; and of meetings or home visits with the child and the new family.
This process has shortcomings. Once the legal procedure is over, some adoptive couples do not stay in contact with the Albanian Adoption Committee. In many cases, the adoptive family emigrates, making post-adoption monitoring impossible. The current legislation does not provide for sanctions against these breaches of the law. There are no specialised agencies or structures at a local level (municipality and commune) which can make the preliminary evaluation of the applicant family and monitor the child’s subsequent integration into the adoptive family. Their establishment would significantly improve the adoption process and post-adoption monitoring.

3.1.2 Family homes \(^{38}\) (casa famiglia)

Managed and funded by non-profit organisations, family homes are another alternative to the public services offered for children deprived of parental care. This service aims to create an environment as close to that of the biological family as possible, and to provide children with support for a relatively long period of time.

**The principle of the best interests of the child.** The SOS Children’s Village in Tirana offers a family environment to about 73 biological orphans or children from families that were unable to look after them.

**The age of acceptance and acceptance procedures.** Children are accepted into the family homes up to the age of 10 years. A professional staff handles with care the procedures for the accommodation of children, so as to ensure that each and every child feels at home, as if in his own family. The decision to accommodate children in the SOS Children’s Village is taken by a special board within the SOS Children’s Village. It considers: a) the child’s (physical or mental) condition vis-a-vis the acceptance criteria, and b) the child’s need for a permanent home.

An expert from the State Social Service, who is a regular member of this Board, ensures adherence to national social policy when a child is being considered for admission. The board’s decision is then referred to a State Board for approval or denial. The State Board is part of the State Social Service, and deals with the placement of children in all social care institutions.

**Categories and number of children in a family home.** In the SOS Children’s Village, priority is given to biologically orphaned children, to children of single parents, and to children whose parents are not able to look after them. Brothers and sisters take priority. The number of children in the SOS family ranges from five to seven, and unlike residential institutions, brothers and sisters below the age of 16 years are not separated from one another.

**The principles governing the operation of the SOS Children’s Village.** The family-home structure in the SOS Children’s Village is built on: (i) the organisation in small-size family units, with the family mother being the central figure, and the children’s long-term care until they attain the age of majority; (ii) the selection of the SOS mother on the basis of criteria concerning her age, education level, civil status, health condition, character, behaviour with children, desire to work with difficult children and afford them love, as well as the willingness to look after them for a relatively long period of time.

Every child has a **SOS mother**. She is the key person looking after him, and replaces the child’s natural parents. She shares the same home with the children. On a daily basis, they jointly make plans for the family’s life. The mother builds sustained and reliable relationships

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\(^{38}\) The definition for “family home” is in the first chapter.
with the children, and offers them safety and a warm and loving family environment. The mothers receive training before being allowed to work as SOS mothers. The SOS mothers are helped by assistant teachers and trainee SOS mothers.

Girls and boys, of different age, grow up within the SOS family as brothers and sisters. Natural brothers and sisters are not separated from one another. The SOS Children’s Village accepts children from a few months of age up to ten years, though older children are also accepted if they are brothers and sisters of younger children who have been accepted into the Village.

Every family has its own home, and in every home the living and dining areas are combined into one, with this room being also an important environment for the family’s social life. The atmosphere reigning in each home promotes enjoyable relationships and cooperation among families, and inculcates the feeling of belonging, shelter and safety among the children.

The SOS Children’s Village in Tirana is comprised of thirteen homes, creating the impression of a large community. This nurtures in children the culture of living in a group, and gives them the feeling of belonging to a community. At the same time, life in the SOS Children’s Village is linked to the neighbourhood in which it is located. As well as promoting the integration of the SOS children into the life of the neighbourhood community, the SOS Children’s Village supports their interactions and experiences with this community.

Children’s future. Special attention is devoted to preparing children for an independent life in the future. The Village works to ensure the child’s integration into the wider community, and to create opportunities for their future employment. The secondary structures designed for youths, the schools, and the centres for vocational training are very important links in the SOS chain.

The “Home of Books” Bookshop was built six months ago with funding from SOS-Kinderdorf International. As well as offering literature in Albanian and foreign languages, this bookshop facilitates recreation activities, including modelling, painting, and computer or English lessons. These activities also help to keep children off the streets. The project with the SOS youths started in 2001, when the first contingent of youths moved from the SOS Children’s Village to rented apartments in Tirana. In 2005, SOS purchased a spacious apartment in response to SOS youths’ increasing needs for housing.

The programme aimed at preventing abandonment. In 2003, the SOS Children’s Village initiated a programme labelled "Open Up the Village." This programme offers support to poor families who are at risk of abandoning their children.

Box 3 The SOS Children’s Village in Tirana

Intensive work for the building of the SOS Children’s Village started in September 1993, about five months after the first foundation brick had been laid in an official ceremony. June 1995 saw the building of the first SOS Children’s Village in Albania, and soon thereafter the first SOS mothers moved together with their children to the new homes. The construction of the “Hermann Gmeiner” SOS School started in October 1995, and finished in May 1996. Parallel with this school, the SOS Kindergarten has been functioning since 1995.

The SOS Children’s Village, the SOS Kindergarten, and the “Hermann Gmeiner” SOS School in Tirana were officially inaugurated on 18 October 1996. The SOS Kindergarten and the nine-year “Hermann Gmeiner” SOS School are also open for children from Sauk. They
are in demand on account of the qualified staff and quality of the teaching, as well as their up-to-date teaching materials and equipment.

The SOS Children’s Village in Tirana is built in Sauk, a rural commune with a population of about 6,000, situated nearly 4 km southeast of Tirana. It is nestled in a spot of natural beauty, behind the National Park and the Artificial Lake of Tirana. The SOS Children’s Village is constituted of thirteen family homes, the administration building, the SOS Kindergarten, and the nine-year “Hermann Gmeiner” SOS School.

Family homes for children and youths with disabilities. In the city of Shkodra, two successful initiatives have been launched to provide support to orphaned children, primarily those with disabilities. Funded by foreign donors, over the past eight years two non-profit organisations have constructed and started operating nine family homes. In these homes, housing, emotional support, and employment are offered to approximately 68 children and youths aged 14-25 years who have moved out of the residential social care institutions (Home for School-aged Children and Residential Development Centre). These are the only efficient services offered to youths with disabilities, who leave public childcare institutions at the age of 14 years.

3.1.3 Foster care

Foster care is a relatively new alternative available in Albania. An agreement concluded between the Ministry of Labour, Social Affairs and Equal Opportunities and the European Children Trust allowed the development of a pilot project in the city of Tirana in 1998. By the end of the pilot project, three children had been removed from public residential institutions: one had rejoined his biological family, and the two others had been placed in foster families.

This pilot project indicated that fostering is feasible in Albania. Foster care abides by the principle of the best interests of the child, and is cost-effective, thus making foster care a preferred alternative to institutionalisation.

Among the lessons learned during the execution of the pilot project, it was found that economic support for families of origin living in extreme poverty, rebuilding of child-parent relationships, and the use of foster care as an intermediate form towards adoption are effective interventions in preventing children’s institutionalisation.

**Box 4  Foster care**

In certain cases, foster care is a fundamental to helping children move out of social care institutions. The European Children Trust Project focused on a family with five children. The children’s father had died, their mother was sick, and the family lived in extreme poverty. The youngest child had already been taken to one of the residential social care institutions, and the two other children would most probably have followed him. By supporting the children’s grandmother as their caregiver, this project not only stopped her two other grandchildren from joining the institution, but also allowed the return of the institutionalised child to the family. At the end of the project, the three children returned to the care of their mother.

Rachel Rowlands, “New Opportunities: Improving Childcare Services for Albanian Children.”
Other lessons included the need to expand foster services cautiously, following rules developed in compliance with the special law on foster care. At present, the *Hope and Home for Children* Organisation offers foster care for children at the Home for Infants in Durrës. However, owing to a lack of legal regulations, this is still a limited service.

3.1.4 Residential institutions

3.1.4.1 Public residential institutions

In Albania, there are eight public residential institutions for children deprived of parental care, which serve three different age groups: 0-3, 0-6, and 6-14 years. Public residential institutions are funded and run by the Ministry of Labour, Social Affairs and Equal Opportunities through the State Social Service.

Even though these institutions are constantly improving the children’s living conditions and education, residential care still remains a least preferred option; it has a harmful effect on the child, because the child remains deprived of a family environment. The harmful effects are manifest in the child’s rough behaviour, lack of concentration, confusion, and other serious psychological disorders. When these children attain the age when they have to leave the institution, they are likely to live in difficult circumstances, and their status as a “child from the home for children” will continue to have a negative impact all their life.

These institutions continue to reform and improve. Both Homes for Infants (in Shkodra and Tirana) are gradually transforming themselves into family homes, taking in children who can neither be taken back to their natural families nor be adopted.

Abandoned babies spend the first three or four years of life in the Homes for Infants, after which they are taken to the Homes for Pre-school Children, where they stay until the age of 6 years. After this age, they move to the Homes for School-aged Children, where they stay until they attain the age of 14 years. Hence, from 0 to 14 years these children have to change the environment in which they grow up at least three times, which sometimes entails moving to another district. The organisation of public institutions by age-groups invariably takes many children away from their families, thus resulting in the loss of relationships and contacts with them. Moreover, the current system separates brothers and sisters belonging with different age-groups, thus bringing about the definitive separation of the family.

**Box 5  Drin, his sisters and brothers**

*Drin is the eldest of seven children in the Duri family*. Now he is 14 years old, and lives in the Home for School-aged Children in Tirana. Following the death of their father and mother, their relatives turned to the State for help. Because they were of different ages and the public residential institutions had limited capacities, the children of the Duri family were taken to several institutions, based in different cities. Drin, one of his brothers, and one of his sisters – both younger than him - are placed in the same institution. Drin looks after them, but he is concerned about his brothers and sister whom he sees rarely, because they are accommodated in other institutions away from Tirana (two brothers in the Home for Children in Vlora, one sister

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39 Names have been changed to protect privacy.
Children deprived of parental care who have grown up in public residential institutions are also entitled to care well beyond the age of 14 years. Many of them are accommodated in the dormitories of the secondary schools in Shkodra, Tirana, and Vlora. In these cases, the Ministry of Education and Science grants them scholarships covering accommodation and meals for four or five years. Many of them continue to occupy the rooms in the dormitories even after graduation from secondary school. Children who do not attend school beyond the age of 14 years, continue to live in residential institutions until the age of 16 or 18 years.

In Tirana, in a separate building next to the Home for Children, the *Hope for the World* Organisation offers children aged 14-18 years housing and care for a three- to four-year period.
In 2005, seventeen children were housed there. Some of them attend secondary or higher education. The Labour Office arranges for others to attend one-year training courses, and find employment.

This project initially focused also on the accommodation of youths who had graduated from secondary school or vocational training courses in rented apartments for a period of three years. It was thought that three years would be enough time for the youths to become independent. However, this model failed. None of the youths succeeded in leading an independent life, and all of them returned to their old dormitories in the secondary schools.

3.1.4.3 Residential institutions run by non-profit organisations or private subjects

Non-profit organisations, chiefly foreign, have set up and run residential institutions of small capacity designed for social and biological orphans. At present, non-profit organisations run fourteen residential institutions offering accommodation and care to children living in the neighbourhood. These institutions, unlike those in the public sector, offer their service to a limited number of children (ten-twenty children), aged 0-16 years; except for the Betania Centre and His Children, which accommodate a larger number of children (eighty and forty children, respectively).

3.2 Standards of the residential social care institutions

3.2.1 Physical conditions

**Bedrooms, showers and lavatories.** The number of children per bedroom varies between institutions, with the average being 4.8 children. In public institutions, the number of children per bedroom is higher for infants or young kids, and lower for the 6-14 years age groups (see Table 4).

<table>
<thead>
<tr>
<th>Table 12. Number of children per bedroom, by type of care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td><strong>Public</strong></td>
</tr>
<tr>
<td><strong>Non-profit organisations</strong></td>
</tr>
</tbody>
</table>

Source: Survey data\(^{41}\)

Overall, the bedrooms are big, and furnished with beds and small tables allowing a personal space for every child. The bedrooms are open all the day long, enabling the children to stay in the rooms when they wish. In the public residential institutions, a bedroom is commonly used by many children of the same age. In institutions run by non-profit organisations, children of different age may share the same bedroom, with the older children looking after the younger ones, thus creating a kind of family environment.

In all residential institutions, whether public or run by non-profit organisations, children are divided into groups in which one or two caregivers play the role of parent. They are responsible for the children’s well-being and homework, and for ensuring that they are properly dressed and washed. All institutions have a space designed for recreation activities.

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\(^{40}\) The Project’s capacity is designed to accommodate up to eighteen children at a time.

\(^{41}\) The data used in this chapter are collected through interviews with staff of childcare institutions.
Supply of drinking and hot water. Hot water is available in the kitchens and bathrooms in all institutions. In public institutions, due to limited capacity, children aged 6-14 years may not take a shower more than once a week during wintertime, and two to three times a week during summertime. Depending on the institution, there is a shower for every five-twenty children. There are sufficient bathrooms to meet the children’s needs.

Table 13. Access to drinking water and hot water

<table>
<thead>
<tr>
<th></th>
<th>Residential institutions 0-3</th>
<th>Residential institutions 0-14</th>
<th>Residential institutions 6-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinking water and hot water</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Cold water only</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Water in the ground floor only</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

The average number of children per lavatory varies from four to six. In the Homes for Children aged 0-3 and the Home for Children aged 3-6, diapers or chamber-pots are used until children are capable of walking to the bathroom and handle all their own needs. All the public institutions and those run by non-profit organisations are supplied with a sewage and waste water system.

Electricity supply, and the heating system. All the residential institutions are connected to the grid and have electricity. However, in wintertime, some institutions have only an intermittent supply (Shkodra, Saranda, and Vlora). No fire risks or other dangers resulting from defective wiring were reported. Public institutions operate diesel oil-based central heating systems, or use electrical heaters.

Laundry. All residential institutions have adequate laundry facilities. However, there are insufficient funds for maintenance. In the majority of cases, foreign donors have had to finance necessary repairs and replacement purchases.

3.2.2 Health, nutrition and education

Health problems and access to health care services. Tables 14 and 15 indicate that thirteen types of diseases are common among children placed in institutions. None of the public institutions or those run by the non-profit organisations has provided for a doctor in their permanent staff structure. Nurses are part of the institution staff, and they are sufficient to meet most of the children’s health service needs. A part-time paediatrician is contracted by the institutions to cover the needs for specialised medical services. The doctor periodically conducts check-ups and treats any diseases encountered, as necessary.

The children also receive health services at local ambulatory/health centres. There are no data on the incidence or prevalence of diseases among the children. The information contained in Tables 14 and 15 were obtained from interviews with the principals of the institutions, and only give a general picture of the health problems among the institutionalised children.

Table 14. More frequently encountered health problems
More frequently encountered health problems

<table>
<thead>
<tr>
<th>Health Problem</th>
<th>Public residential institutions</th>
<th>Institutions run by non-profit organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kidney, ear, and throat diseases</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic ear infections</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Tonsils</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Rhinitis</td>
<td>X</td>
<td>-</td>
</tr>
<tr>
<td>High fever</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Respiratory diseases</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronchitis</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Asthma</td>
<td>X</td>
<td>-</td>
</tr>
<tr>
<td><strong>Infantile anaemia</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: sign “X” indicates that the type of health problem is reported by institutions.

Main reasons behind contraction of diseases. The data in the tables indicate that children placed in institutions run by non-profit organisations are less likely to suffer from ear, nose, and throat problems than children placed in public residential institutions. This probably reflects the fact that public institutions have larger populations, and thus are more prone to the quick spread of infections of viral origin. Further, a poor diet, and the cold environments during wintertime (chiefly the corridors, dining-rooms, bathrooms) also contribute to the higher incidence of anaemia and respiratory diseases found among children placed in public residential institutions. The expert group members found that, in particular, the children in the Homes for Infants in Vlora, Korça, and Tirana suffered from anaemia, stunting and generally poor development: they appeared weak, listless, pale and small for their age.

Table 15. Problems with the skin, hair, and gastro-intestinal apparatus

<table>
<thead>
<tr>
<th>Problem</th>
<th>Number of public institutions that report cases of:</th>
<th>Number of institutions run by non-profit organisations that report cases of:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Skin and hair</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scabies</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Head parasites</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Psoriasis</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Gastro-intestinal problems</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parasites</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Intoxications</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: Records of institutions

Unclean water, and poor hygiene in the kitchens, bathrooms, and laundries, help to explain the diarrhoea, parasites, and vomiting. Diarrhoea and vomiting are particularly dangerous for young children. Nothing can stop these children from putting their hands in their mouths. Hence, medication alone is not sufficient to cope with parasites and related problems. Their treatment also calls for rigorous hygiene. The presence of a part-time doctor - who focuses on curative measures - has perhaps led to a reduction in preventive measures, rendering difficult the management of problems caused by head, skin or bowel parasites. There is also a need to guard against improperly canned or expired foods.
Dental problems and care. Every child regularly undergoes a dental check-up at the local public dental clinic. Following the check-up, which is free of charge, children return there for dental treatment, which is also free. Residential caregivers report that children commonly complain about problems with cavities, gums, and tooth pains. All the institutions provide children with fluoride tablets on a regular basis. Children have their individual toothbrush and toothpaste. Children are used to looking after their teeth, with the caregivers checking their oral hygiene on a daily basis.

Problems with sight. All the institutions report that children’s eyesight is regularly tested as part of their medical check-ups. A quick glance at the children placed in institutions reveals a high proportion of children wearing spectacles, or developing strabismus. A good number of these problems date back to early childhood. Given the high number of children per caregiver, when they are at a young age, these children follow the caregivers’ movements while in a lying position, looking sideways for long periods of time. This impairs their sight, and causes strabismus. An insufficient number of checkups, and perhaps the poor quality of the checkups, lead to failure to treat myopia or strabismus in time. Further, the institutions do not have sufficient resources to purchase good quality spectacles; as a result, these children wear poor quality spectacles, with no or negative effect.

Immunisation. All the institutions for children aged 0-6 and 6-14 (either public or run by non-profit organisations) report following the national immunisation programme. Every child has a medical chart, reporting all the diseases contracted and vaccines received.

HIV/AIDS infections. One case of HIV infection is reported in the residential institutions. The child contracted the infection from his mother, who is presently in Italy. The institution cannot afford his health treatment and the costly periodic tests. At present, the Home and Hope for Children Association is covering these expenses. Failure to declare him an abandoned child, even though his mother has hardly taken any serious interest in him in the past two years, is hampering procedures to send him to Italy for tests, and to provide him with retroviral drugs.

Disease treatment inside the institutions. The medical staff of the institutions (nurses and the part-time doctor) and the public service system offer health services to the children in institutions. If they need special treatment, children are taken to public hospitals where services are currently offered free of charge. If it is necessary for a child to undergo a costly treatment, or a surgical operation that can only be performed abroad, the institution principals turn for help to the Ministry of Health, or to donors and businessmen.

Medication should depend on the condition. Yet, quite often treatment of a condition is based on the medications available to the institution. Every institution keeps a basic supply of medications, containing various antibiotics, vitamins, painkillers, sedatives, and rehydration tablets. The doctor usually prescribes medication, though for ordinary or emergency conditions, the nurse may also prescribe the medical treatment.

Sick children are commonly isolated within the institution as a measure to stop the spread of disease among other children. However, the Homes for Infants have one sick room only.

In emergency cases, children are taken to hospitals or public health structures.

Children’s deaths. In 2004, public institutions reported three child deaths (two infants in Shkodra and Vlora, and a twelve-year-old boy in Tirana). The death rate for this year was high
compared to previous years, with a failure to intervene medically on time accounting for the deaths.

**Access to education, and support for learning.** All the residential institutions respect children’s right to education. School-aged children placed in childcare institutions, whether run by the state or non-profit organisations, regularly attend public schools outside the institution. Timetables for study and recreation are put up on the walls of children’s bedrooms and study rooms. It is good for the children to go to schools outside the institution: they follow the same curriculum as other children, and they are allowed to interact with their peers and the community in which they live, thus helping to overcome the isolation that residential care creates. “Attendance of public schools outside of the institutions helps children be among friends, who are their peers, and serves to shield these children from the dramas in their life,” a teacher from Tirana says.

The teachers working at the institutions support the children and assist them in preparing their lessons. In public institutions for school-aged children, every teacher looks after a given group of children of this age-group. A number of institution principals state that, irrespective of the support from the teachers in the institution and the teachers at school, children generally have a poor academic performance; only a few achieve well. It is common knowledge that these children find it difficult to appreciate education. Games or other commitments prove more attractive to them. School teachers are lenient in evaluating their progress, but this does not motivate the children to do better.

With respect to pre-school education, a portion of the children aged 3-6 years go to public kindergartens (children from the Home for Children in Durrës and Shkodra). The rest are schooled in the institution, where their teachers and caregivers provide a programme similar to that in kindergarten. In the course of interviews, the research team learned that the Ministry of Education and Science, in cooperation with foreign non-governmental organisations, have sponsored training (designed to upgrade skills in the area of pre-school care and education) for a part of the staff employed with public institutions for pre-school children.

With respect to children with disabilities, a small portion of those placed in public institutions receive their basic education in special schools (for children who are blind, and deaf-mute) in Tirana and Durrës. The majority of children with disabilities attend special programmes in public or daily development centres, where their schooling is part of their rehabilitation programme. Children with disabilities learn trades that are compatible with their developmental level or physical ability, and this has a positive impact on their integration into a normal and independent life through employment.

**Children’s diet and nutritional needs.** As well as food’s nutritional value, it has social, educational, and emotional value. It is thus particularly important for children deprived of parental care, not only to be well fed, but to have their food prepared, served and shared with care and affection.

The daily menu is reported to be ample and nutritionally balanced so as to meet the children’s needs. In each institution, the menu is prepared jointly by its director, cook and medical staff. Overall, the menu is oriented to children’s needs, by age-groups. However, in certain cases (in public institutions), the daily menu is prepared according to the foodstuffs available to the institution. The majority of institutions (both public and those run by non-profit organisations) employ qualified and experienced cooks.
Children are served meals at regular hours, and not when they wish to eat. Grown-up children are not served snacks during the morning and in the afternoon. A special diet is prepared for sick children by the institution’s doctor or nurse, which also takes account of the child’s disease. Table 16 contains a typical menu for the day offered in public residential institutions, which is not much different from that offered in the institutions run by non-profit organisations. In public institutions, daily food expenditures vary from 180 lekë per child aged 0-6 years to 202 lekë per child aged 6-14 years. In the institutions run by non-profit organisations this amount is higher, is more differentiated in relation to the children’s age, and varies from 200 to 450 lekë a day.

Table 16. Typical menu for the day in public residential institutions

<table>
<thead>
<tr>
<th></th>
<th>Institutions for 0-6 year olds</th>
<th>Institutions for 6-14 year olds</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td>Milk (rice-and-milk pap), eggs, butter</td>
<td>Milk, butter (cheese, jam, boiled eggs)</td>
</tr>
<tr>
<td><strong>Morning snack</strong></td>
<td>Fruits (juice, fruit yogurt, biscuits)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td>Bouillon (vegetable dish), salad, fruits</td>
<td>Meat dish (pasta, soup), salad, fruits</td>
</tr>
<tr>
<td><strong>Afternoon snack</strong></td>
<td>Biscuits, milk (jam, cheese, chocolate cream), fruits</td>
<td>-</td>
</tr>
<tr>
<td><strong>Dinner</strong></td>
<td>Mashed vegetables, pasta, rice with yogurt, rice pudding</td>
<td>Salami, pasta, rice, yogurt</td>
</tr>
</tbody>
</table>

The research team did not systematically investigate the children’s health and nutritional status. It was the team’s impression that many of the children placed in public residential institutions are weak and pale; this may be symptomatic of malnutrition, and institutional child-rearing practices.

In all the institutions (either public or run by non-profit organisations), the older children are involved in preparing and serving the meals, but never or very rarely are they involved in deciding on the menu. In public institutions, kitchens and dining-rooms have the basic equipment necessary, but in some of the institutions the dining-room is very large and impersonal (Homes for School-aged Children in Tirana, Saranda, and Shkodra). During meals, children use regular plates and glasses, as well as spoons, forks, or knives, as appropriate. Kitchens and dining areas have access to hot water and cleaning materials, and the kitchenware, tables, shelves, and floors appear to be clean.

Foodstuffs are kept in special cupboards, according to type of food (e.g. meat, dairy products, fruits/vegetables, or flour and oil). All institutions have refrigerators, and some have freezers.

**Food purchasing.** The institution is responsible for purchasing perishable foods, while the State Social Service (headquarters) purchases non-perishable items.

A number of the institution principals remarked that the items (including clothing) purchased by the State Social Service are sometimes unsuitable (in terms of quantity or type), and more expensive than on the local market. Further, the need for the institutions to pay for the storage and transportation of State-bought items cuts unnecessarily into their budget.

3.2.3 Financial resources and cost per child
The state budget is the chief financial source for public residential institutions. The budget earmarked for every institution is allocated on a monthly basis without delay. Public institutions also receive different grants and donations from foreign foundations, private persons, or businesses.

### Table 17. Financial resources of the social childcare institutions

| Source: Data from the survey |
|---|---|---|---|---|
| **Total number** | **Number of institutions that receive funds, by source** | **State budget** | **Local government** | **Foundations** | **Local businesses** |
| **Public residential institutions** | 8 | 1 | 7 | 2 |
| **Residential institutions run by non-profit organisations** | 14 | 0 | 2 | 14 | 6 |

The monthly cost for maintaining a child in a public residential institution varies from 17,335 to 41,500 lekë. It is highest in the Home for Infants on account of staff numbers and the specific needs of children in this age-group. Administrative expenses vary from 50 to 70 per cent of total monthly expenditure.

### Table 18. Annual budget of the public residential institutions

<table>
<thead>
<tr>
<th>Year 2004</th>
<th>Annual funds in 000 lekë</th>
<th>Number of children in institution</th>
<th>Monthly fund in lekë per child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public institutions</strong></td>
<td><strong>Homes for Infants</strong></td>
<td>65,389</td>
<td>132</td>
</tr>
<tr>
<td><strong>Durrës</strong></td>
<td>13,301</td>
<td>23*</td>
<td>48,192</td>
</tr>
<tr>
<td><strong>Korça</strong></td>
<td>9,462</td>
<td>19</td>
<td>41,500</td>
</tr>
<tr>
<td><strong>Shkodra</strong></td>
<td>12,394</td>
<td>23*</td>
<td>44,905</td>
</tr>
<tr>
<td><strong>Vlora</strong></td>
<td>11,834</td>
<td>29</td>
<td>34,005</td>
</tr>
<tr>
<td><strong>Tirana</strong></td>
<td>18,398</td>
<td>45</td>
<td>37,394</td>
</tr>
<tr>
<td><strong>Homes for Pre-school Children</strong></td>
<td>13,460</td>
<td>41</td>
<td>27,357</td>
</tr>
<tr>
<td><strong>Shkodra</strong></td>
<td>13,460</td>
<td>41</td>
<td>27,357</td>
</tr>
<tr>
<td><strong>Homes for School-aged Children</strong></td>
<td>51,641</td>
<td>191</td>
<td>22,531</td>
</tr>
<tr>
<td><strong>Saranda</strong></td>
<td>11,974</td>
<td>48</td>
<td>20,788</td>
</tr>
<tr>
<td><strong>Shkodra</strong></td>
<td>17,266</td>
<td>83</td>
<td>17,335</td>
</tr>
<tr>
<td><strong>Tirana</strong></td>
<td>22,401</td>
<td>60</td>
<td>31,112</td>
</tr>
</tbody>
</table>

**Funding from individuals.** Different individuals, mostly foreigners, sponsor a small percentage of children placed in residential institutions. Likewise, Albanian families and the residential

43 Annual funds include salaries and social securities, as well as expenses designed for food, clothing, and social care, except investments.
* Besides children placed there on a permanent basis, in the Homes for Infants in Durrës and Shkodra they are applying return to respective families for about twenty children, which entails extra expenses. This is why, in both these institutions, the monthly cost per child is higher.
institution staff extend invitations for their favourites (children with whom they have established closer contacts) to join them on weekends, or on special occasions (the New Year holidays, and birthday parties).

3.2.4 Service staff and service providers

Staff structure. The number of staff employed depends on the size and type of institution. There are three major groups: administrative staff, professional staff, and support staff. In smaller-sized institutions, the organisational structure is simpler, the child to staff ratio is smaller, and staff members discharge several duties at the same time.

In public residential institutions, the administrative structure is as follows:

- Administrative staff includes: director, accountant, and nurses.
- Professional staff includes: teachers, caregiver/night shift caregiver, and social workers.
- Support staff includes: cleaners, cooks, maintenance workers, laundry workers, and driver/guard of the institution.
- Part-time staff: doctor

Staff recruitment. There are no policies or written procedures with regard to staff recruitment in place in the residential institutions (either public or run by non-profit organisations). Recruitment of the staff is not done on a competitive basis, and relatively little consideration is given to potential employees’ regard for child rights. There are no independent controls on staff recruitment.

In contrast to institutions run by non-profit organisations, institutions do not have sufficient funds either to increase staff size or to make salaries more competitive. As a result, they cannot recruit the best professional staff. A small part of the institution staff is motivated to work with children, while the rest consider their job as a means to receive a salary.

Table 19. Public institution staff whose salaries are covered by or upgraded through donations

<table>
<thead>
<tr>
<th>Percentage of staff whose payment is supplemented by donors</th>
<th>Residential institutions 0-3</th>
<th>Residential institutions 3-6</th>
<th>Residential institutions 6-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>32** per cent</td>
<td>0 per cent</td>
<td>50 per cent</td>
<td></td>
</tr>
</tbody>
</table>

Caregivers and support staff. The staff to child ratio varies between institutions, mainly as a function of the children’s age. The child to caregiver ratio (in every shift) varies from three to four children in the institutions caring for children aged 0-6 years, and from ten to twelve in institutions for children aged 6-14 years. The major workload that the care-giving staff handles is primarily related to the limited fund earmarked for salaries. The high caregiver to child ratio in the residential institutions does not individually place children at the focus of caregivers’ attention.

\*\* Figures refer to the staff of the Home for Infants in Tirana only, which is the only institution (in the chain of the Homes for Infants) to receive such support, from the Bethany Cristian Services Organisation.
Table 20. Staff to children ratio

<table>
<thead>
<tr>
<th></th>
<th>Residential institutions 0-6</th>
<th>Residential institutions 6-14</th>
<th>Residential institutions run by non-profit organisations 0-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative staff/children ratio</td>
<td>0,09</td>
<td>0,04</td>
<td>No information available</td>
</tr>
<tr>
<td>Professional staff/children ratio</td>
<td>0,6&lt;sup&gt;45&lt;/sup&gt;</td>
<td>0,18&lt;sup&gt;66&lt;/sup&gt;</td>
<td>No information available</td>
</tr>
<tr>
<td>Support staff/children ratio</td>
<td>0,2</td>
<td>0,09</td>
<td>No information available</td>
</tr>
</tbody>
</table>

There are no therapists specialised in child disabilities appointed to public institutions, even though these institutions have many children with disabilities. A small number of older children with mild or moderate developmental delays go to special schools operating in the cities where they live (Tirana, Durrës, and Shkodra). Younger children with disabilities (aged 1-6 years) have no such rehabilitation programmes. This aggravates their disabilities, as later rehabilitation is difficult and costly, and less successful. The staff at the Homes for Infants and Children are assigned to look after children with disabilities have very basic knowledge and skills concerning physical and developmental rehabilitation that are not adequate to the task.

**Staff supervision and support.** In general, the staff in public institutions and in the institutions run by non-profit organisations are supervised and supported. The principals of public institutions conduct frequent checks to monitor the implementation of tasks laid down in the institution’s monthly agenda. There are few supportive meetings designed to enhance communication, ensure an effective division of the workload, delegate tasks, and assess service quality. Staff are rarely consulted about their opinion on working conditions, service quality or solving problems facing the institution.

**Staff training.** Children in institutions manifest a variety of problems. Some can be addressed easily, whereas a number of them call for a certain expertise. Only a portion of institutional staff are adequately prepared to understand and respond to the children’s needs. For them to be able to carry out their mission, i.e. the “children’s upbringing,” they must be further trained in understanding the children’s behaviour, and the underlying problems of psychosocial disorders.

Over the past ten years, both public institutions and those run by non-profit organisations have devoted special attention to staff training. The State Social Service and different foreign non-governmental organisations, including Bethany Christian Services, Save the Children, Madonnina della Grappa, Hope and Home for Children, Hope for World, and the International Social Service, have sponsored special training courses in public institutions, which have helped staff improve their knowledge, behaviours, and practices. These training courses have focused on the caregiving and professional staff.

**Motivation at work.** Performance at work is closely related to the dialogue between the leadership and staff, as well as their motivation. Staff in public institutions are less motivated than the staff employed in institutions run by non-profit organisations. Not all public institutions

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<sup>45</sup> Staff working in three shifts.
<sup>66</sup> Staff working in two shifts.
principals have the skills to build a horizontal relationship with their staff, and not all of them have state-of-the-art managerial knowledge or skills. Other factors also have a negative impact, including low salaries, frequent changes in leadership, incompetent and non-professional supervision, occasional cuts in staff, and a shortage of means to carry out a quality service.

Voluntarism. There is little voluntarism in offering services to children deprived of parental care is limited. A small number of Albanian citizens contribute funds, or carry out activities to benefit children in particular institutions, both public and those run by non-profit organisations. Over the weekends or during the summer holidays, foreign volunteers, principally religious organisations, sponsor various activities (outings, pleasure trips to the beach, sports events) for children.

| Box 6   Tomorr, the volunteer from Tirana |
|--------|------------------------------------------|
| Tomorr is a citizen from Tirana. He is a civil servant, with a modest salary, but with a big heart. He looks after Bardhi, a child placed in an institution, in an exemplary way. Bardhi spends every weekend at Tomorr’s home, together with his children. Bardhi joins the family when they go to the beach. Tomorr follows up Bardhi’s health problems, and his progress at school. Quite often, he buys Bardhi clothes, or pays for medical treatments. Tomorr is one of the few Albanian volunteers, one who feels an obligation to offer love and a future to a child abandoned by his family. He is modest in his noble mission. Care for orphaned children runs in the family tradition. He has taken this tradition over from his mother, who also used to look after two children from the Home for Children.  

“Bardhi’s life has changed,” the director of the institution says. “His interests have broadened, he is more responsible, and he helps out younger kids. He is ambitious to have a good academic performance. In his imagination, Tomorr is the ideal model.” “I want to be like uncle Tomorr. I want to go to higher school,” Bardhi says. |

Information source: Interviews |

3.2.5 Admission

The reasons justifying admission to a residential social care institutions include: a) abandonment at birth after having been born out of wedlock; b) disability (chiefly severe cases); c) the family’s economic and social situation, or the parents’ health condition (e.g. parents have mental health or other diseases, the family has broken up after divorce or remarriage, parents are in prison, parents have emigrated, the family is in extreme poverty); and d) the death of one or both parents.

About 23 per cent of the 1,198 children placed in social care are biological orphans, 72 per cent of them are social orphans, and 5 per cent of them are in foster care.

Procedures for admission, and age of admission. Children are accepted into the residential social care institutions (and other alternative childcare forms, including family homes or adoption) by decision of the Institution Acceptance Board at the State Social Service, and the Albanian Adoption Committee. The principle of the best interests of the child is not observed in all cases. There are many cases where brothers and sisters are placed in different institutions because of the rules governing acceptance into these institutions (the age-related criteria); where infants (aged 0-1) are purposefully not declared abandoned in order to hamper their
adoption; and children from family homes or from the SOS Children’s Village are not adopted. The age of acceptance into residential institutions is given in the following table.

### Table 21. Age of acceptance into the social care institutions, and the alternative childcare forms

<table>
<thead>
<tr>
<th>Type of care</th>
<th>Age of acceptance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public residential institutions</td>
<td></td>
</tr>
<tr>
<td>0-3 years old</td>
<td>0-3 years old</td>
</tr>
<tr>
<td>3-6 years old</td>
<td>3-6 years old</td>
</tr>
<tr>
<td>6-14 years old</td>
<td>6-14 years old</td>
</tr>
<tr>
<td>Care offered by non-profit organisations</td>
<td></td>
</tr>
<tr>
<td>Residential institutions</td>
<td>0-14 years old</td>
</tr>
</tbody>
</table>

Placement of a child in a residential social care institution starts with an application filed with the Institution Acceptance Board at the State Social Service. The Institution Acceptance Board was set up in 1994, and is presently constituted of the Director General of the State Social Service, and other representatives from the State Social Service dealing with childcare institutions and children. The Board convenes on a monthly basis, and considers the applications submitted, having first substantiated the accuracy of the information contained in the application. The application includes arguments in support of the application, a description of the child’s situation, and basic information on the child’s health and type of disability, if any. A birth certificate and photo are also attached. Most applications are approved, and priority is given to abandoned children. In 2004, the Board received 136 applications, and approved 119 (88 per cent).

The Board members have voiced their concern over the increasing number of applications for placement. In the early nineties, applications for acceptance into institutions predominantly concerned biological children, while now the largest number concern children whose parents are alive. Poverty has led to the disintegration of many families. More children of poor families are growing up without parental care or the family traditional environment, as institutionalised social orphans.

### 3.2.6 Removing children from residential social care institutions

There are four ways in which children can be removed from residential social care institutions: a) adoption; b) return to the biological family; c) removal of children when they attain the age of 14-18 years; and d) entry into foster care.

#### Adoption (see 3.1.1)

**Return to the biological family.** A 2000 study of the European Children Trust found that there is no way for about half of the children placed in residential childcare institutions to be returned to their biological families. These are children who were abandoned, and children whose parents have died. The study also highlighted the fact that there are other children who, though they still have their biological families, cannot be returned to them. Reasons include poverty, which forced parents into placing their children in an institution in the first place, and is still a problem; and a long period of separation, which renders the re-establishment of normal child-family relationships more difficult. However, it should be noted that there are no financially supported programmes in place to promote family reunion.47

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The Family Source Centre in Shkodra works to reunite children placed in public residential institutions with their families. Three social workers from this Centre arrange meetings between children and their families. If necessary, this Centre covers travel expenses and hotel accommodation. It also follows up the children for a period of six months following their return to their biological families. Since 1996, when this programme was launched, the Family Source Centre in Shkodra has succeeded in arranging family reunions for 183 children from three social care institutions located in the city.

Table 22. Number of children placed in public residential institutions, who have been returned to their families

<table>
<thead>
<tr>
<th>2004</th>
<th>Number of children returned to biological families</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30</td>
</tr>
</tbody>
</table>


Box 7  The Family Source Centre in the city of Shkodra

Set up in 1996 in the city of Shkodra, the Family Source Centre funded by the ‘Red Barnet’ Association until 2000. Since then, UNICEF has funded the Centre.

The main activities sponsored by the Family Source Centre include:
- The return of abandoned children to their biological families;
- A counselling service at the maternity ward of Shkodra for the prevention of abandonment at birth;
- Prevention of placement of children, who have a family, in social care institutions by providing them with economic support (3,000 lekë a month); by home visit counselling; and by establishing a mothers’ support group;
- Dissemination of experience to other cities and towns in Albania.

At present, the “Hope and Home for Children” Organisation, based in Durrës, is applying the model of the Family Source Centre in Shkodra.

Independence. Once children move out of residential childcare institutions in order to lead an independent life after they attain the age of 18 years, they receive no support other than a monthly allowance of 2,400 lekë.

These children find it difficult to live on their own and be independent. Many of them do not have a family that might have provided them with some initial support. The stigma of institutionalisation affects adversely their future employment and marriage prospects. For many of them, their education does not reflect their capacities and talents, and what is more important, they have low self-esteem.

An absence of structures and social policies designed for their support and integration beyond the age of 14 years has left them invisible, neglected, discriminated, and struggling for survival. Only a small number of them receive support beyond the age of 14 or 18 years from the Hope for the World Project based in Tirana, and from family homes based in Shkodra.

Box 8. Youths in public residential institutions
Youths moving out of childcare institutions at the age of 14 are especially unprotected and vulnerable. Before the nineties, the State was responsible for providing them with housing and employment. This obligation is still legally in force, but in practice no such support is forthcoming. As a result, an ever-increasing number of adolescents and youths walking out of residential institutions continue to be unlawfully accommodated in the dormitories of the secondary schools well after their completion of school. This problem does not concern this category only, which, with each passing year, has to share a living space growing ever smaller because of the new arrivals. But such a situation is ruining the normal performance of and the living conditions in these dormitories.


Relationships between children and parents, or relatives. Some of the children placed in residential institutions (either public or run by non-profit organisations) have contacts with their parents or relatives. These may be visits during the winter holidays, week-end visits, parents’ visits to institutions two or three times a year, and correspondence or phone calls. Even though it is difficult to come up with statistics concerning the number of children having regular or occasional contact with their parents or families, the experts from the State Social Service maintain that about 70 per cent of social orphans and the children in foster care have weak contacts with their families, while the other 30 per cent have had no contact whatsoever with their parents or families over the past two years.

Experts from the State Social Service also believe that the number of children having contact with their parents is overstated. The staff of these institutions are afraid to lose their jobs if their wards are adopted, and so overstate the amount of contact that children really have with their families.

3.3 Foster care for children deprived of parental care

3.3.1 Care for infants abandoned in the maternity wards in Tirana and Shkodra

At present, the maternity wards in Tirana and Shkodra have specialised structures that look after children abandoned at birth until they are placed in childcare institutions, or returned to their families. In Shkodra, three social workers from the Family Source Centre are jointly working with the Home for Infants in Shkodra to prevent the abandonment of infants, or to facilitate the return of the abandoned infants to their biological mothers. If this proves impossible, then they complete the relevant documentation and ensure that the abandoned infants are placed in childcare institutions (Home for Infants), thus accelerating the process of adoption. In 1996, the American Organisation for Support to Albanian Abandoned Infants (OSSAB) set up the abandoned infants’ care centre, called the Cradle of Angels, in the maternity ward in Tirana. The abandoned infants are placed in the centre, where they are cared for by a staff made up of social workers, midwives, and volunteers, until they are returned to their biological mothers, or placed in social childcare institutions. Being aware of the importance of bodily contact between mother and child, and of psychosocial stimulation, the centre staff and volunteers make sure to offer infants love and tenderness. The Cradle of Angels Centre attaches priority to the prevention of abandonment, and to the reunion of infants with their mothers.
3.3.2 Day care centres for neglected children (beggars, children who do not attend school and sell in the streets)

There are several day care centres, run by non-profit organisations, based in the main cities. They deal with children who beg and work, and who are temporarily (during the day) out of their parents’ control, attention and care. These centres support children to attend remedial classes designed to allow them to return to school, as well as adolescents to receive vocational training. Most of the children are street children (beggars), and most are Roma. Inclusion of this category of children in the public education system is almost impossible. Poverty and unemployment prevailing in their families are the main reasons why they go begging or have dropped out of school. These centres cater to about one hundred and eighty children, protecting them from discrimination, abuse, and exploitation, and offering them possibilities for education and playing with their peers. These programmes also allow them to receive health services, if necessary. Both the children and their families are part of the programmes and services offered in these centres. The Children of the World Centre has an integrated strategy which includes raising awareness among parents about their responsibilities, improving children’s employment prospects through training, finding employment for the family with the enterprises under the responsibility of the Municipality of Tirana, and offering monthly aid in terms of foodstuffs and clothing, as well as the occasional domestic appliance.

3.3.3. Repatriation of children unaccompanied by parents

**International Social Service**

A large number of children have left Albania unaccompanied by their parents. The illicit nature of this phenomenon, and lack of information both from the destination countries and the families in Albania render confirmation of accurate figures difficult. Most of these children left Albania unaccompanied by their parents because of poverty, and with their parents' knowledge. According to reports based on information from the International Social Service in Tirana, perhaps a small number of these children have been trafficked into prostitution, forced labour (chiefly begging), and distribution of narcotic substances.

**Box 10. International Social Service in Tirana**

Set up in Geneva in 1924, the International Social Service is an agency providing a social, professional, non-political, lay, and non-profit service. It enjoys a consultative status at a number of UN bodies (including ECOSOC, UNICEF, UNCHR, and UNESCO), and the Hague Conference for individual rights. The International Social Service has local offices in twenty-one countries, and maintains correspondence with one hundred and forty States in five continents.

The International Social Service Section for Albania started its activity in 1992, and in 1998 it registered with the court as a non-governmental organisation. Its mandate is to provide solutions in a professional fashion to social issues arising in the wake of migratory movements, and calling for the intervention of two or more States.

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48 The current study identified twelve.
The mission of the International Social Service consists in: searching for and finding unaccompanied children abroad; examining the reasons behind their departure, and the possibility of their return to their families of origin; and planning and facilitating their repatriation. Children’s repatriation is associated with reintegration-focused training programmes and grants to set up small-scale productive activities. Over the period 1992-2004, families of about 3,000 such children have been found in Albania; 728 of them have been repatriated and accompanied back to their families; and 130 of them have been supported with scholarships so that they can receive schooling and vocational training, or have been allocated small grants.

3.4 Conclusions

Before the transition period, Albania was considered a country with a low level of children’s abandonment and neglect. The economic and social transformations during the transition period in the nineties have significantly increased the number of children at risk. Poverty, unemployment, and the high levels of emigration are corroding the cohesion of the Albanian family, leading to an increase in the number of children who are abandoned, neglected, or abused by parents. The support and care for orphaned or neglected children by close family (grandparents or other relatives) reduces substantially the number of children who would otherwise be at-risk. Until the beginning of the nineties, the largest part of the children placed in the public social care institutions were biological orphans; now social orphans comprise the largest contingent.

Over the past ten-fifteen years, a number of interventions have helped improve the services and the quality of life within the public residential institutions for children deprived of parental care. There have also been other improvements in the social care system, including the establishment of a number of residential institutions run by non-profit organisations, and the development of the alternative forms of care (including adoption, restoration of child-parent relationships, the return of children to their biological families, foster care and care in family homes).

Still, residential institutions remain the most common solution for children deprived of parental care, covering about 80% of such children.

Children deprived of parental care are at risk of being abused, exploited, and ill-treated. The provision of cash benefits to poor families has not proved effective in stopping children’s abandonment. Similarly, this form is not effectively used in support of the return of institutionalised children to their biological families, in those cases where economic hardship has been behind the child’s placement in an institution.

There are a number of factors that prevent the adequate realisation of children’s rights to life, development and protection, as well as to be consulted when decisions concerning their future are taken, including the absence of a social preventive and supportive policy, a lack of a comprehensive legislation, a shortage of community-based social services, and a lack of standards and monitoring structures in the existing childcare services.

A number of the social care forms and services designed for children deprived of parental care offer a satisfactory level of care. However, this does not apply to all forms and structures. In residential institutions, and in public residential institutions in particular, the quality of services offered is below the standards that would ensure children’s protection and normal development.
There have been numerous positive developments in adoption policy and practice. The process is managed by an accountable and professional administration. The adoption procedures are clear, and focus on the best interests of the child. Adoption is obtained through an individually developed strategy and plan aiming at providing the child with love, economic well-being, health care, education, and a reliable future, by virtue of careful selection of the adoptive parents. Over the period 1994-2005, a large number of children (about 1,000) were adopted, with no post-adoption problems following suit. The number of adoptions would have been even greater had the legislation addressed problems surrounding the legal misinterpretation of the act of abandonment (to do with continued parental interest), which hamper or slow down adoption for a large number of children placed in residential institutions.

The family homes accommodate 17 per cent of the children who are presently placed in the formal social care system. This service is an alternative conducive to children’s healthy upbringing that offers them a family environment with a mother, brothers and sisters, an individual home, and a community that is close to them. Further, homes for youths, vocational training, and job-seeking support, help adolescents to build an independent future.

Foster care also proved that it is cost-effective, and may be developed into a successful alternative to children’s institutionalisation. Financial support for biological families, restoration of child-parent relationships, or use of foster care as an intermediate form towards adoption indicate that foster care can be applied successfully Albania. Yet, for it to be applied a comprehensive legal framework, which is being developed, should be in place.

While residential institutions continue to be the most common form of support for children deprived of parental care, they do not prepare children for a secure future. Children growing up in residential institutions are deprived of their right to grow up in a family environment. They suffer the consequences of institutionalisation, which are manifested in the child’s development, low level of self-esteem, and poor academic performance, as well as in the meagre chance to be independent after adolescence. The abuse of these children starts with their abandonment, and continues with their placement in the secluded world of institutions. The insufficient, and at times negligent, efforts to return a child to his or her biological family; the problems surrounding the adoption process (misinterpretation of the term “visible failure to provide care”); the still fragile development of the alternative care services; the inefficiency of the programmes supporting poor families; and the shortage of community-based social services deprive this category of children of a positive future.

Irrespective of improvements in certain aspects of life in the residential institutions (including improvement in living conditions, in the quality and variety of food, and in the behaviour of staff), in essence the form of care has not changed. It continues to have a negative effect on the children’s psychosocial development, and to compromise their future. Many factors have helped preserve and increase the number of residential institutions, with their legacy from the communist period exercising an evident impact on their conservation and operation. Further, the absence of a vision of state-of-the-art alternatives, and improvement in the conditions of these institutions through various donors’ contribution have reinforced their status and the country’s reliance upon them.

In the present formal care system, little effort is made early to identify children who may be at risk of abandonment. Every municipality and commune runs an Economic and Social Care
Section,49 and cash assistance to poor families is the commonest form of social service they offer. Even though the Social Principals50 are responsible for identifying children in need, and for referring them to the relevant services, many of the Principals do not have sufficient sensibility or professional capability to discharge these functions. The incident of the children in Kukës, described above, is the most extreme instance of negligence and lack of accountability of a social administrator; he was clearly irresponsible and unaware of how to provide the necessary assistance. A shortage of social care structures, the absence of a regular system for human capacity building through professional training, and the failure to grant civil servant status to the Social Principals51 are all hurdles to integrating the Social Principals in childcare programmes for abandoned, neglected, or exploited children.

Care offered in institutions has proved costly, while the current social childcare structures run by non-profit organisations operate for as long as a certain project, or the donors’ funding lasts. If the expenditure allocated to the residential institutions were channelled in a more effective manner towards alternative non-residential care, a larger number of children in need would have access to support and to a more secure future.

3.5 Recommendations

The family is the best environment for the child’s protection and upbringing. The Convention on the Rights of the Child stipulates that the family is the child’s principal caregiver; that this situation embodies the best interests of the child; and that where possible children should be raised within their family. When a child has permanently or temporarily been deprived of the care of his or her biological family, non-institutional alternatives, including adoption or foster care, should be employed.

Observance of the CRC requires that measures should be taken to prevent children from being placed in institutions; or for those who already are in institutions, to remove them as soon as possible. To that end, a number of short- and long-term actions are needed:

First: a) an up-to-date social policy should be designed to protect the interests of children deprived of parental care, by developing alternative childcare forms, which provide children with long-standing care in a family environment, and b) the legal framework should be reformed to address the problems that children deprived of parental care face (improving legislation for adoption, developing legislation for the foster care service, and drafting legislation for community-based social services designed for children).

Second: A Court for Juveniles should be established, which deals with cases involving children’s rights.

Third: A community-based national system of social services intended for children deprived of parental care should be established, based on an updated legislation with regard to children’s classification, their placement in care and their rights, as well as the forms of funding, monitoring and evaluation, and accountability.

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49 The Economic Assistance Section is part of the public social protection system.
50 Employees of the Ndihma ekonomike and Social Care Office, in the 374 municipalities and communes.
51 "Failure to observe" is related to the frequent change of the social principals whenever local government elections are held.
Fourth: A community-based information system should be established and reinforced within the current social service structures for the identification (including the early identification) of children who are at risk of abandonment or neglect.

Fifth: At-risk families should be supported through the development of community-based social services designed to support families likely to abandon or neglect their children (including financial assistance, legal assistance, emotional support, and counselling).

Sixth: Support for residential institutions should be reduced by:

a) Influencing public opinion and policy-makers as to the necessity of developing alternative forms of family care and support, and the informal care system.

b) Promoting the development of a community-based infrastructure, offering a wide range of services, which helps to meet the individual needs of children deprived of parental care.

c) Converting or shutting down the residential facilities, and retraining staff, as well as ensuring their employment with community social structures.

Seventh: The quality of childcare services for children deprived of parental care should be enhanced by:

a) Setting and observing standards (environmental standards; life quality standards; the standards of outcomes, professionalism, and commitment).

b) Monitoring service quality (licensing, accreditation, and certification, inspection and measurement of indicators, the Ombudsman, and children’s legal advocates).

c) Improving working conditions and processes (improving motivation, providing training, developing a Code of Conduct, building management systems and forms, and ensuring inclusion of service users and providers).

Chapter Four.
Problems surrounding the psychosocial development of children deprived of parental care

- Modified nature of the social childcare institutions
- Cases involving failure to respect, or the ill-treatment or exploitation of, children placed in institutions
- Nature of the system of residential institutions
- Influence of institutionalisation on the child
- Complaints management
- Staff profile and professional development
- Monitoring, investigating and reporting children’s treatment
- Working with children on the basis of individually developed plans
- The rights of children deprived of parental care and of other children
- Research on alternative care for institutionalised children
- Relationships between the institutions/institutionalised children and their families/community
- Material resources for stimulating children’s development
This chapter analyses the psychosocial development of children placed in childcare institutions in Albania, and recommends measures to improve the conditions for their psychosocial development.

The measurement of children’s psychosocial development is a complex issue. There are several dimensions, including the physical, mental, linguistic, moral, social, and emotional. There are numerous instruments to choose from for the measurement of the different aspects of psychosocial development, and they stem from different and frequently controversial theories. The measurement of psychosocial development requires time and means. A child’s development is a constant process made up of qualitatively different development stages, which take place differently from one individual to the next. The child’s development is a process involving many factors, which are mutually intertwined and influence one another. Further, there is little experience in Albania in measuring development or in acting on the results of such measurement.

This part of the study discusses the conditions in which psychosocial development takes place for institutionalised children: the quality of the environment in these institutions, the children’s behaviour, and certain risk factors.

4.1 Modified nature of the social childcare institutions

Over the past decade, the social childcare institutions have undergone a change in their nature. They used to be institutions designed for the accommodation of orphaned children. Now these institutions accommodate a small number of orphaned children, and a larger number of children coming from families that cannot look after their children. These are children who have been abandoned and come from poor and/or single-parent families, as well as children whose parents have emigrated, divorced or been imprisoned. One out every three children placed in the social care institutions over 2000-2005 was abandoned at birth, whereas the other two came from families with social problems. While the profile of children has changed, there are signs that this change has not been welcome. One principal of one of these institutions says “children accepted into these institutions should meet the criteria, since we are not an institution designed for street-walkers.” The psychosocial aspect of the institutionalised children’s development has thus become more complex and important than it used to be in the past, and for that reason, it should be approached using other concepts and practices.

4.2 Cases involving failure to respect, or the ill-treatment or exploitation of, children placed in institutions

A failure to respect the children placed in social care institutions stems from stigma and social disdain. For instance, a teacher in Shkodra refused to accept children without parental care into his class. The children missed out several school days only because they did not come from regular families, but from a childcare institution. Even the teachers who do accept such children into their classes, are not as willing to work with them as they are to work with other

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52 Analysis of Instruments Used in Latin America to Measure Psychosocial Development in Children from 0 to 6 Years of Age, by Lucille C. Atkin, Ph.D. Instituto Nacional de Perinatología, Mexico, April 1989.
54 See: Violence against Children in Albania, Human Development Centre, p. 17, 2005.
schoolchildren. Further, parents pressure the teachers to ensure that their children do not share
the same bench as a child from an institution. Stigma and social disdain are also encountered
within the childcare institutions, and in this respect, many persons employed in the institutions
maintain the same attitude as people outside the institutions. These children are often referred
to as the “black cluster.” They are looked down on, or ignored. This usually affects the way in
which they behave, and how they look at the world.

Cases of ill-treatment of the children placed in residential institutions have not been reported
recently. Yet, the written and electronic media have pointed out that the ill-treatment of these
children is a matter of concern. The media have reported that physical violence has been
administered against institutionalised children, with such cases being registered in Tirana,
Saranda, and Vlora. In 2005, one of the institution principals was dismissed for having ill-treated
children. The data contained in the research study Violence against Children in Albania,
conducted in 2005, show that:

- physical and psychological violence are more common, severe and consequential in
  childcare institutions than in home and schools;
- suicidal ideation among children placed in social childcare institutions is more frequent than
  among other children.

Based upon the interviews between institutional staff and the research team, one can conclude
that the principals, teachers, caregivers, and technical staff are not skilled in the use of the non-
violent techniques of child discipline (including, for instance, withdrawal of privileges,
explanation of why a certain behaviour is wrong, the suggestion of alternative behaviours, as
well as attention-getting techniques). Instead, in their dealing with children, violent techniques of
child discipline prevail.

Exploitation of children placed in social care institutions may or may not be present. The current
study was not able to investigate this matter. Last year, a child from one such institution in
Tirana was exploited by persons outside of the institution for the purpose of begging on their
behalf.

The issue of physical contact for children aged 0-3 years should be noted. The teachers and
other staff are not aware of the importance of physical contact for the psychosocial development
of young children, in particular. Hence, physical contact is not used systematically to stimulate
children’s development. Teachers/caregivers do have physical contact with some children; they
pet some of the children more than others. That is, they offer tenderness not on the basis of
children’s needs, but on the basis of the teachers’ needs: they pet more those for whom they
have greater affection. This makes the other children feel deprived of physical contact and
tenderness, as well as marginalized.

55 Violence against Children in Albania, Human Development Centre, 2005.
56 Ibid., p. 28. Physical violence includes: pinching, smacking on parts of the body, smacking on the head, hitting on the body but
not on the bottom with an object, kicking, hitting on the bottom with an object, striking on other parts of the body with a fist, biting,
grabbing by the throat, striking on the head with a fist. Psychological violence includes: shouting, resentfulness, verbal threats,
name-calling and derogative nicknames, threatening with objects, threatening with explosion, and threatening with abandonment.
59 Ibid., p.58
The respondents involved in the current study highlighted the fact that cases of ill-treatment of institutionalised children were reported in the past, and that the perpetrators continue to work in these institutions. Before being recruited, staff are not screened for any history of violence or abuse. It would seem that these institutions need to develop a more profound understanding of their own mission.

Interviews with the staff and the children underscored that children are ill-treated by both staff and other children. In many cases, older children use verbal or physical violence against the younger ones. Further, several grown-up children play the “boss,” and it seems that the other children, the institution’s leadership and the teachers all have problems with them. A lack of detailed regulations, stipulating children’s rights as well as the punitive measures against problematic behaviours, has fostered in many older children the belief that they can do what they want, that nobody can do anything to them in return, that the institution needs them, and that it is thanks to them that the institution has funds and salaries for its teachers.

4.3 Nature of the system of residential institutions

Children generally stay in the social care institutions for brief, definite periods of time. However, these institutions also sometimes accommodate children beyond the time provided for by law. Until the age of 14 years, removal of children from the institution to be returned to their biological families, or to be placed in a foster family, depends on the interest displayed by the families/teachers, as well as the responsibility of the institution. After the age of 14 years, children should either leave these institutions to join to vocational boarding schools or stay on. In one of the social care institutions for children aged 6-14, the research team met residents who were 21 years old. Vocational boarding schools are solution for “children,” including a few 24-year-olds. It appears that sustainable and long-term solutions for these children have not yet been found.

4.4 Influence/lack of influence of the institutional system on the child

It is very difficult to measure the effect of institutionalisation on these children, and to distinguish them from effects that are biological in origin, or that have to do with school, or with the outdoor activities of the institution. The research team noticed the following in terms of the children’s behaviour and appearance: rough voice, blots on the face because of malnutrition, fear of strangers, poor vocabulary, passivity, isolation, and aggressive behaviour. A number of children asked members of the research team to take them in their arms, which is an indication of their need for physical touch, and the psychological need for attachment and belonging. These cannot be accounted for solely by the effects of institutionalisation, though institutionalisation is partly responsible. The research team interpreted these behaviours as an expression of problems in their psychosocial development: the rough voice was related to too much crying and the harsh manner in which they are spoken to; the fear of strangers was related to the children’s perception that the world is hostile toward them; the poor vocabulary and backwardness in their linguistic abilities was related to poor environmental stimulation; the passivity was related to various factors that cause depression and inhibit initiative; the isolation was related to the restricted space available to the children; the aggressive behaviour was related to the harsh treatment these children have received; the irregularity of attachment was related to the lack of constant contact with their families; the nightmares during sleep were related to early traumas they have suffered; and the unbecoming forms of attention-seeking were related to the neglect and abandonment they had suffered.
A number of services with regard to food, medical care, hygiene, and education are offered to institutionalised children. Though this is as it should be, the manner in which they are delivered poses a threat to these children: while having access to all sorts of services, they have lost their independence and initiative, and expect that everything should be ready and available for them. In order to address this, these children should be encouraged and enabled to take a more active role in the life of the institution. For instance, these children could take control of many operations in the institutions. Initiative, participation in decision-making, and taking responsibility would all be positive factors in their development.

The difficulties that these children have experienced in their families and the institutions seem to have filled them with a visible fear of life and the future. These children find comfort in the fact that, for as long as they are in an institution, their shelter, food, medication, and clothing are guaranteed. They are afraid of the future. In some cases, these fears are justified, for after a certain age, some children have been transferred to a dormitory or elsewhere, where they have had no support, suffered the prejudices of others, and in the odd case, have fallen victim to pimps and other criminals. Fear of the future blocks the children’s psychosocial development. They need to develop a more positive outlook (perhaps through a belief in the possibilities that good academic performance would offer), but the institutions have not as yet succeeded in fostering this.

4.5 Complaints management

There are no systems and procedures to address the complaints of children placed in childcare institutions. A routine taken over from the past is the rule. Having the impulse to complain, children do complain to their teachers, or to the institution leadership. However, all complaints and subsequent follow-up are done verbally, and there is no documentation. The handling of the complaint basically depends on the ethics and background of the person handling it. It would seem therefore that there is a need for proper procedures to be designed and made mandatory, so that appropriate records of what happens are kept. It might also be necessary to incorporate safeguards that protect the complaining children from retaliation. It is said that acts of revenge are not possible, but this seems implausible, and their presence is indirectly discerned in the very low number of children’s complaints. This reveals children’s fear of the consequences of complaining.

Altogether, the lack of a set of procedures to handle complaints and protect against retaliation have a destructive impact on the children’s psychosocial development, as the children develop a hostile attitude towards the world.

4.6 Staff profile and professional development

**Figure 6. Compatibility of the education/training level of the staff qualified to work in the area of the treatment of institutionalised children**
The chart shows that two thirds of the employees of the social childcare system have finished secondary education, and one fourth of them are higher education graduates. Overall, the secondary to higher education graduates ratio seems appropriate.

According to some data, there are about 500 persons employed within the childcare system, with each one being assigned two children. If this figure is correct, it raises the issue as to whether a poor State can afford such a generous staff: child ratio. As mentioned above, 28,000 lekë are spent per child aged 0-3 years on a monthly basis, and up to 41,500 lekë a month for a child aged 6-14 years. If these figures are accurate, the issue of social service costs is a pressing one.

The teachers have various education backgrounds, including economics and agriculture. However, there are few staff who are trained as social workers or psychologists. The psychosocial development of the children placed in these institutions is directly related to the staff’s background and training. Staff members who have graduated from agricultural and economic schools may well know how to grow plants and multiply the returns, while in the labour market there are plenty of other people qualified to work in the area of child rearing and development. The background and training of most staff have prepared them to offer certain services of a physical character. This is why institutions focus on the physical living conditions, and not the children’s psychological and social development. Viewed from this perspective, these institutions look like supporting institutions (providing food, accommodation, and health care) rather than institutions designed to ensure children’s psychosocial development. The staff recruitment system therefore needs to be revised. The application of rigorous criteria when recruiting social care staff is required, as is an improvement in their professional training, in order to upgrade the quality of services.

Over the last decade many foreign and domestic associations, foundations, and agencies have offered training in the area of child social care. These training sessions have been beneficial, and their effect is noticeable on those who have been trained. However, these training sessions have not been offered for the whole system, giving rise to differences in staff training levels. For instance, many teachers have been trained, but not caregivers and other support staff; yet these staff also have an impact on the children’s psychosocial development.

There has been no sharing of experiences between institutions that have received training and those that have not. Further, institutional staff do not undergo periodic training to update their knowledge and skills in the area of raising and caring for children. It would seem that such training is not considered a priority. Institutions do develop internal training programmes, but these generally are not implemented for lack of funds. In any case, the training programmes are superficial. They are not based on an assessment of staff or children’s needs in terms of training. The main areas where training is needed are child psychology; techniques for the physical, mental, and emotional stimulation of the child; child rights; and positive disciplining techniques.

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60 Source: from interviews with principals of the social childcare institutions in Tirana.
Staff salaries are low, and this has an impact on motivation. Teachers in these institutions are paid less than teachers in public schools. Further, there are cases where individuals who were appointed as teachers are required to do the job of caregiver or nurse, and accordingly are paid less. This too affects the quality of their performance.

4.7. Monitoring, investigating and reporting children’s treatment

At an institutional level, this is handled by the teachers and caregivers. Both these categories of staff deal directly with children, and report their problems. These staff are in turn monitored by the responsible persons in the institutions. Monitoring is not perceived as a system providing the necessary information on the performance of the institution. There seems to be shortcomings in the information system, and the work based on it.

From outside the institution, the State Social Service inspectorate carries out inspections, and writes reports on the problems they have identified. There is room to improve these inspections. In particular, they should take place on the basis of detailed work protocols, and should be conducted by persons who have the appropriate education background and experience for the job.\(^\text{61}\)

Analysis of this paperwork revealed that many reports are filled with meaningless words, and produce speculative descriptions without recourse to facts. There is no continuity between reports. There is no reference to standards (which in any case do not exist). Children’s psychosocial development is addressed in a superficial way, or more commonly, is not addressed at all. There is no standard reporting format. The reports only rarely refer to the acute problems that are known to exist in these institutions. The reporting on the treatment of the children is generally unprofessional.

The reports examined by the research team leave one with the impression that they are not written with a view to evaluating the services for children and the children’s development, but to meeting the needs of the institution, which seem to have nothing to do with the children. The care provided children is focused on physical aspects, and less so on psychological and social aspects; reporting consequently tends to focus on the former.

Likewise, the State Social Service monitors institutions through the Social Care Directorate. The reports submitted by this Directorate have the same shortcomings mentioned above. Evaluations produced by this Directorate do not in fact provide an external perspective, as they are done by people working in the same sector.

These reports do have some useful information. For instance, there is documentation of the child’s health and physical development, as well as of adoptions. These positive practices are more visible in the case of children aged 0-3 years, and less so, in the case of older children.

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\(^{61}\) To that end, the research team made an analysis of the following paperwork: Report on the nine-month performance analysis at the "Hannah and Rozafa" Home for Infants, Tirana; Report by the Social Care Directorate at the General Directorate, in 2004; Minutes of control taken at the Home for Children aged 6-14, Saranda; Minutes of control taken in the Home for Children aged 6-14, Shkodra, 2003; Report on the performance analysis of the first six months of 2005 at the Development Centre, Shkodra; Report on the performance analysis of the first eight months of 2005 at the Home for Children aged 0-3, in Tirana; Report on the performance analysis of the first nine months of 2005 at the Home for School-aged Children; and Information on the annual analyses of the social care institutions. Source: State Social Service.
There is naturally a division of labour between the teachers and caregivers. While this is reasonable, it does prevent delivering child-focused services in a comprehensive way. The teacher’s status is usually seen to be higher than the caregiver’s status. While the caregiver’s performance is visible and measurable, the teacher’s performance is not.

4.8. Working with children on the basis of individually developed plans

The social childcare institutions have work plans, but they are global in nature in that they lump all the children together. There is little or no discussion about given cases or problems in ordinary and periodic conferences. There is no multidisciplinary work and sharing of experiences among staff.

Surveys of social care institutions indicate that the care is orientated towards the physical aspect: accommodation, food, hygiene, and health. There is little in terms of the child’s psychological welfare. In recent years, psychologists or social workers have been employed on occasion, but these have not been adequate to meet the children’s needs. Many children continue to have low self-esteem, to feel abandoned, and to be unable to cope with their psychological problems. In the course of one of the research team’s visits, a deaf-mute child, older than the rest, kept hanging around outside the building, in the environments of the institution, and in a provocative way, kept throwing a tennis ball to its staff; eventually, he broke the glass pane of the front door to the institution. The aggressive behaviour, not attributable to any external factor, seems to have been provoked by internal sources that need to be addressed. However, the staff and leadership of this institution are unable to offer such treatment. Hence, it might be said that certain psychological needs go unmet.

For the most part, the institutions are satisfied if children do not bother the others, even if they are unhappy. The institutions tend to refer children with severe problems to other centres or outside agencies, which can offer specialised services. In a number of cases, the institutions have taken children to non-governmental agencies for help. Not all the institutions are able to do this, as such agencies are small in number, and are only located in Tirana. There are of course many therapists in the country who have graduated from university.

In these conditions, the requirement that treatment plans should be developed for children with specific needs is a pure formality. These institutions do not have the necessary capacity and culture to make professional diagnoses, conduct multidisciplinary evaluations, carry out individual or group treatment plans, or confer on the progress of treatment. There are of course work plans, but they are not implemented; rather they are simply reported as implemented.

The social care offered in institutions tends rather to focus on health and academic performance, and in this there has been some positive experience. This should not be understood to mean that there are no concerns in this area.

According to data given by the institution leadership, institutionalised children generally do not perform well at school, although they attend the same school as all other children in town, the schools are equipped with the necessary means, and the children study regularly under supervision. (The supervision of children during study hours is the institution teachers’ main activity). The academic performance of the institutionalised children is not of course a full indication of their cognitive development: the teachers and the odd outside observer immediately notice that institutionalised children are clever. This raises the issue as to why
these children have a poor academic performance. Their progress at school strongly determines their future life chances. There is a need to focus on this problem, so as to prevent these children from being poor in the future.

4.9 The rights of institutionalised children and of other children

During visits to the institutions, the research team observed that children move in the office area, and have rare contact with visitors. Silence prevails in the institutions when the children are studying. Order reigns in the bedrooms. No one was seen on the sports grounds. The children are not allowed to go to discos, although they could afford it. Boys and girls sleep in separate buildings. One might think that the limits placed on these children are there to protect them. Such threats do indeed exist, and the institutions are aware of them. What remains to be done, however, is to guarantee that such protection does not encroach on the children’s freedom.

A child needs to produce a written permit signed by the institution principal to go out of the institution to buy something. Alternatively, a teacher should accompany a child when he goes to buy something in a nearby kiosk. This limited freedom of movement is justified by invoking the child’s safety. On the other hand, one could argue that this serves to isolate children from the community. Such isolation has a negative impact on their eventual integration into society.

The children have limited privacy: they do not have personal belongings, everyone may open their cupboards, everyone may enter their bedrooms without asking their permission to do so, and their rooms are unlocked. One can also note that there are no pictures of their relatives on the walls. In this way, they are constantly exposed and controlled, and have little in the way of a personal and private space. These elements are indicative of the failure to know and evaluate their needs. Psychologically speaking, these children need to have their own possessions, to be identified with their relatives, and to have a private life. Significant changes can be made in this aspect.

The research group does not have specific data indicating a relation between the above-mentioned findings and the children’s level of psychological and social development. Nevertheless, it is clear that the limitations on their lives and the absence of a private life do have an impact, and may compromise their future capacity for social integration.

4.10 Research on alternative care for institutionalised children

There is a strong requirement that social care institutions should find ways for children to be placed in families. The institutions accordingly make efforts to place the children back in their biological families, or to place them in foster families.

Finding alternative family environments is related to the community dimension of their work. However, as mentioned elsewhere, the institutions do not seem to have a culture of working with the community, are not required to do so, and do not have the necessary staff and budget. In these conditions, the search for an alternative family environment is restricted to consultations with relatives who contact the institution on their own. In many cases, even if the persons having biological ties with a child (for instance, grandfathers, and aunts) are willing to keep an orphaned or abandoned child in their homes, many cannot afford to do so. There is no state economic assistance for this purpose, and nor is it provided for under current legislation.
4.11 Relationships between the institutions, institutionalised children, and their families/community

Many institutionalised children remain in contact with their families. However, the institutions do not seem to make efforts to influence the children’s families, or, when they undertake such efforts, they are not sure about the effectiveness of their intervention. In several cases, institutionalisation means that children are in effect being abandoned there permanently. This is related to the parents rather than to the work of the institution. Children receive a number of services in the institution, and love it for that. In many cases, the living conditions in the institution are much better than what they enjoyed at home. Indeed, the research team was informed that the children are very much frightened when some children were threatened with expulsion. A number of families who have placed their children in these institutions are relieved that the institutions look after their children. In many cases, however, this leads to their feeling free of any responsibility for their children. On the other hand, the very existence of institutions for children in need has made certain children think that they may do what they want, and no one can expel them. Their transfer to another similar institution is the worst that may happen to them. This makes the development of schemes to ensure discipline necessary, particularly forms of discipline that would prepare children for life outside the institution. There seem to be no protocols on discipline, and the teachers try to ensure children’s discipline as they see fit.

The status of these children becomes an acute problem when their stay in the institution comes to an end, at age 14 years, and they have to face life outside the institution. They are still children, and the State has to care for them even when they are moved to another environment.

Schooling makes for the strongest connection between the institution and the community. Institutionalised children should officially be treated the same as others in school. Yet, the poor academic performance of institutionalised children calls for an analysis of the relationship with the community. Over the school year, the children spend most of their time within the walls of the institution, and it is only during summertime that they may move around a bit more freely, and lead a more active life. The institution leadership and staff are afraid to let the children outside of the institution, fearing that something bad may happen to them. This fear has reduced the activities outside of the institution to a minimum, indeed to the point where the development of the children’s motor system has been compromised.

The social work carried out by the social childcare institutions has a limited range. In particular, it lacks a prominent community-related dimension. Once an adoption has taken place, for instance, the institution does not take any further interest in the child. This issue calls for further examination. The exiguous institutional budget for social work with the child’s family is another case in point. As a result, the institution limits its work with the family only to cases where the family approaches the institution. Neither has local government taken over the responsibilities for monitoring the community to protect children and support their families, and to find alternative care opportunities and cooperate with the social childcare institutions. The lack of funds go some way in explaining the lack of vision of social community-friendly work, as well as of the organisational, technical, financial, and material aspects.

Dealing with the media is also part of the institution’s work with the community. The relationships between the social care institutions and the media are delicate: these institutions are afraid of the media. The latter may disclose shortcomings for which the institution leadership and staff may suffer the consequences. As a result, according to unconfirmed data, these institutions are not transparent. Critical reporting in the media of cases of ill-treatment have contributed to the firm tendency on the part of institutions not to be open. When asked about
such things during interviews, almost everybody grins. This would seem to indicate that care is
taken to ensure that negative aspects of the treatment of the institutionalised children are
covered up in order to protect the persons responsible. These institutions seem to make no
efforts to improve relationships with the media, in order to enlist them in the service of the goals
of the institutions and the welfare of the children.

The relationships with the social child care non-profit organisations are not any different: in a
number of the public institutions they say that the non-profit organisations either do not take an
interest in the work the public institutions do, or they look upon the work unfavourably.

4.12 Material resources for stimulating children’s development

The children have access to bedrooms, study rooms, libraries, sports grounds, television room,
bathrooms, and dining-rooms. Overall, the research group noticed that the environments
designed for dwelling and recreation were spacious.

Most institutions have a small quantity of toys, such as dolls or soft furry animals. The
institutions do not have a budget for toys, so what they have has been donated. The toys
available do not always correspond to the children’s developmental needs and age. In general,
there is a shortage of material to play with. Children play mainly with natural objects found on
the institution’s grounds. Educational toys or musical instruments, as well as drawing materials,
are almost non-existent.

Playing is seen by institutional staff as entertainment for the children, rather than a development
opportunity. Hence, unorganised play reigns in the courtyard, while organised forms are rare.
Overall, the institutions have greater capacity to organise sports and cultural events than what
they are actually doing. For instance, sports grounds remain empty for long periods of time.

The libraries are either sparse or empty. The odd books available are usually old and not
suitable for children. For instance, there are virtually no books with colourful illustrations for
younger kids. There are no magazines and newspapers.

It is convenient for the teachers to let the children watch television. The respondents said that
the children are happy to watch soap operas, that they have access to many television-sets,
and that in wintertime it is difficult to organise outdoor activities on account of the weather. Of
course, soap operas, while convenient for teachers, are unsuitable for children, if not downright
harmful to their psychosocial development. These shows overwhelm children with all sorts of
erotic stimuli and information, which is both disturbing to children and difficult for them to
understand properly.
Annex 1

List of child care institutions identified during field work

<table>
<thead>
<tr>
<th>Public Residential institutions</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of institution</strong></td>
<td><strong>Address</strong></td>
</tr>
<tr>
<td><strong>a) Public orphanages</strong></td>
<td></td>
</tr>
<tr>
<td>1 Infant home, “Herman Greimer”</td>
<td>Village Sauk, Tirane</td>
</tr>
<tr>
<td>2 Infant home, « Shtepia jone »</td>
<td>Quarter no.14 Shkozet, Durres</td>
</tr>
<tr>
<td>3 Infant Home “Hana dhe Rozafa”</td>
<td>Quarter Tom Kola, Str. Lin Delia, Shkoder</td>
</tr>
<tr>
<td>4 Infant home, Vlore</td>
<td>Quarter Uje I Ftohtë, 7 pallatet, Vlore</td>
</tr>
<tr>
<td>5 Infant home « Lulet e Vogla »</td>
<td>Str. Fan Noli, Korce</td>
</tr>
<tr>
<td>6 Residential institution for children 7-14 Shkoder</td>
<td>Shkoder</td>
</tr>
<tr>
<td>7 Residential institution for children 7-14 « Z. Hallulli »</td>
<td>Str. Elbasanit, Tirane</td>
</tr>
<tr>
<td>8 Residential institution for children 7-14 Shkoder</td>
<td>Str. Migjeni, no.58, Shkoder</td>
</tr>
<tr>
<td>9 Residential institution for children 7-14 Sarande</td>
<td>Quarter 2, Str. Adem Sheme, Sarande</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>b) Residential Development Centres</strong></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1 Development Centre « Pellumbat »</td>
<td>Str. « Stavri Vinjao », Tirane</td>
</tr>
<tr>
<td>2 Development Centre Vlore</td>
<td>Str. « Uje I Ftohtë, 7 pallatet », Vlore</td>
</tr>
<tr>
<td>3 Development Centre Berat</td>
<td>Quarter &quot;Kushtrimi&quot; Berat</td>
</tr>
<tr>
<td>4 Development Centre « Valet e detit »</td>
<td>Quarter 12, Str. »Koco Kazanxhi », Durres</td>
</tr>
<tr>
<td>5 Development Centre Korce</td>
<td>Str. « Çlirimi i Korces », Korce</td>
</tr>
<tr>
<td>6 Development Centre Shkoder</td>
<td>Quarter Skendergeg, Str.&quot;Tregu I ri&quot;, Shkoder</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Residential Institutions run by NGO-s</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of institution</strong></td>
<td><strong>Address</strong></td>
</tr>
<tr>
<td>1 Vatër e ngrohtë</td>
<td>Quarter &quot;Palorto&quot;, Gjirokaster</td>
</tr>
<tr>
<td>2 Village of Peace</td>
<td>Village Nenshat and Shkodra Town</td>
</tr>
<tr>
<td>3 Betania</td>
<td>Commune Bubq, Kruje</td>
</tr>
<tr>
<td>4 His children</td>
<td>Tirane</td>
</tr>
<tr>
<td>5 Home of Hope</td>
<td>Village Shenvlash, Durres</td>
</tr>
<tr>
<td>6 Brez i zgjedhur</td>
<td>Commune Koder Thuname, Kruje</td>
</tr>
<tr>
<td>7 Fillimet e reja</td>
<td>Quarter Gorrice, Str. « Nikollaq Buhuri », no. 36, Berat</td>
</tr>
<tr>
<td>8 Shtëpia në zemër</td>
<td>Srt. « Frosina Plaku », no.31, Tirane</td>
</tr>
<tr>
<td>9 Eden</td>
<td>Tirane</td>
</tr>
<tr>
<td>10 Rreze dielli</td>
<td>Str. « Frosina Plaku » no.36, Tirane</td>
</tr>
<tr>
<td>11 Orët fatlume</td>
<td>Elbasan</td>
</tr>
<tr>
<td>12 Shtëpia e shpresës</td>
<td>Elbasan</td>
</tr>
<tr>
<td>13 Nënë Tereza</td>
<td>Shkoder</td>
</tr>
<tr>
<td>14 Të rinjë me një mision</td>
<td>Str. &quot;Pjeter Budi&quot;, Burrel</td>
</tr>
</tbody>
</table>
Family – Home institutions

<table>
<thead>
<tr>
<th>Name of institution</th>
<th>Number of homes</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madonnina della grapa</td>
<td>3</td>
<td>Quarter “Gjuhadol”, Shkoder</td>
</tr>
<tr>
<td>Projekti Shpresa</td>
<td>5</td>
<td>Quarter “3 Heronjt” Str. Ndoc Mazi, Shkoder</td>
</tr>
<tr>
<td>Pueri Domini</td>
<td>1</td>
<td>Tirane</td>
</tr>
<tr>
<td>Fshati I femijeve SOS</td>
<td>13</td>
<td>Village Sauk, Tirane</td>
</tr>
<tr>
<td>Tjeter vision</td>
<td>2</td>
<td>Elbasan</td>
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</table>

Day care centres for children for neglected children

<table>
<thead>
<tr>
<th>Name of institution</th>
<th>Address</th>
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</thead>
<tbody>
<tr>
<td>Centre « DEA »</td>
<td>Str. Liri Gero, Fier</td>
</tr>
<tr>
<td>Centre « DEA »</td>
<td>Tirane</td>
</tr>
<tr>
<td>Day care Centre for Roma children</td>
<td>Tirane</td>
</tr>
<tr>
<td>“Edukimi per jeten”</td>
<td>Tirane</td>
</tr>
<tr>
<td>“City of angels”</td>
<td>Tirane</td>
</tr>
<tr>
<td>“Balkan sunflowers”</td>
<td>Str. Dom Bosko, Tirane</td>
</tr>
<tr>
<td>« Ferilasse »</td>
<td>Rr. Budi, Tirane</td>
</tr>
<tr>
<td>« Femijet e Botes »</td>
<td>Str. Niko Avrami, Tirane</td>
</tr>
</tbody>
</table>

Shelter for expatriated children

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter for trafficked victims and expatriated children</td>
<td>Tirane (Linze)</td>
</tr>
</tbody>
</table>

List of contacted persons

- Natasha Hodaj: General Director of State Social Service
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- Frida Kusi: Layer, State Social Service
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Perparim Demcellari Director of Foundation “Hope for world”
Aferdita Stefani President of Albanian Committee for Adoption
Lida Leskaj     Country Director, International Social Service

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