



Improving the lives of children with disabilities in Kosovo

Guide to establishing a day care centre and outreach service

Acknowledgements

This guide was written by the clinical and programme teams of One to One Children’s Fund and PEMA, a local independent non-governmental Kosovan organisation One to One Children’s Fund helped to establish in 2013. ‘PEMA’ is an acronym for Përfshirje, Edukim, Mirëqenie and Ardhmëri, which mean inclusion, education, wellbeing and future.

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Who is this guide for?

This guide provides a conceptual and practical framework for establishing essential services for children with disabilities, particularly in situations in which there is no national plan or infrastructure for addressing the needs of children with disabilities and their families, where particular expertise in addressing special education needs and complex disabilities are limited.

It is primarily written for professionals working with people with disabilities, including in departments of social services, education and mental health, and non-governmental organisations. However, it is also a guide for international organisations intending to set up services for children with disabilities and other vulnerable groups of people with complex dependency needs in a different cultural context where professional resources are extremely limited. Although it draws on the experience of setting up services and training staff in Kosovo, it is applicable to other contexts, particularly low-income and post-conflict countries. Whilst it cannot cover all the issues that may arise, we hope this guide will help other organizations embarking on a similar journey to establish services for children with disabilities and their families.

Contents

Acknowledgements.....	2
Who is this guide for?	3
Introduction	5
Providing services for children with disabilities in Kosovo	5
Defining disability	6
The importance of services for children with physical and cognitive disabilities	6
Establishing a service for children with disabilities and their families.....	7
Setting up the service.....	9
Planning a service for disabled children and their families	10
Core principles and approach	11
Implementation of the service	12
Summary of the Kosovo model	14
Service providers.....	19
Day care counsellors and support staff.....	19
Internships	20
Management and support team	21
Supervision	22
Key practice issues	23
Individual care.....	23
Family based practice and parenting	25
Partnerships with social welfare, health, and educational services and the community.....	27
Confidentiality.....	28
Anti-discriminatory practice	29
Monitoring and Evaluation.....	30
A day at the centre.....	31
Staff training.....	33
Challenges, lessons learnt and recommendations.....	35
Looking forward	43
Appendix I – Training requirements & modules	44
Appendix II Professional Conduct and Regulations	51
Appendix VI - Home-Centre Agreement	58
Appendix VII - Child Safeguarding Policy	59

Introduction

Providing services for children with disabilities in Kosovo

In Kosovo, the service the One to One Children's Fund established operates through a local organization, PEMA, in providing services for children with disabilities and their families through 4 day care centres located across the country in the municipalities of Prizren, Peja, Ferizaj and Gjilan, with a head office in the capital Pristina. The service aims to maximise the potential and quality of life of children with complex disabilities and dependency needs, support their families and enhance the skills of professionals working with these groups of children.

Partnerships have been at the heart of this programme. To ensure sustainability, the One to One Children's Fund set up a local subsidiary office with a small staff team, and facilitated the establishment of an independent local organisation (PEMA) who are now running with service. The clinical staff, counsellors¹, work with parents and other family members. Emphasis is placed on liaison with municipalities (including the departments of social services, health, education and the police) and other non-governmental organisations (NGOs) in addressing childhood disability in the four municipalities in which the service operates. In line with One to One Children's Fund's sustainability strategy, having helped to establish the service, provide training for clinical staff, and supporting management in developing policies and practices related to such issues as clinical governance, child protection, monitoring and evaluation, in 2016, ultimate responsibility for this work was transferred to PEMA.



¹ Although the clinical staff are all known as counsellors, only some have qualified counselors: however the rest have a psychology degree.

Defining disability

The World Health Organisation (WHO) uses disability as an umbrella term covering impairments, activity limitations, and restrictions in the possibility of participation. The term ‘impairment’ refers to a problem in body function or structure; ‘activity limitation’ refers to a difficulty in executing a task or action; while a ‘participation restriction’ refers to a problem experienced by an individual in their involvement in life situations (WHO International Classification of Functioning and Health, 2001). Likewise, according to the 2010 UK Equality Act², a person is considered disabled if they are seen to have ‘a physical or mental impairment which has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities’.

The importance of services for children with physical and cognitive disabilities

Disabled children, are one of the most marginalised, neglected, stigmatised and excluded groups in society.

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In many countries, inadequate policy and legislation mean they are effectively barred from realising their rights to healthcare, education, and in some cases, survival. They are often among the poorest members of the population, have less access to medical services, are at greater risk of physical and sexual abuse, and are less likely to attend school, receive proper nutrition or humanitarian assistance in situations of emergency.

A number of interrelated factors mean this was particularly true of post-conflict Kosovo, including the absence of a national strategy, of evidence-based policies for addressing disability, limited financial resources, accurate data and professional expertise. In addition, the few non-governmental organisations that were offering services for disabled people were small and dependent on short-term funding from foreign donors. Moreover, as reflected in subsequent research by UNICEF (2014), despite an avowed commitment to integration, the lack of professional capacities in Kosovo meant only 10% of children with special needs (particularly those with complex dependency needs) had access to primary education, very few families and disabled children received the remedial input, psychosocial and respite support they needed or were included in decisions about care. Furthermore, the high levels of stigma associated with disability meant many children were hidden from view, excluded by peers and others in their community, and denied access to public services, including transport, shops, restaurants and even playgrounds.

² UK Equality Act 2010 Legislation.gov.uk

Establishing a service for children with disabilities and their families

The establishment of credibility and trust is central to setting up a new project, particularly in another country where the cultural beliefs, traditions and constructions of health, illness and disability are different. In this case, the service for children with disabilities drew on One to One Children's Fund's

Credibility and trust central to setting up a project in a foreign context

previous experience of working with local statutory and non-governmental organizations in establishing a counselling services for children and families traumatised by war and ethnic violence, initially in refugee camps in Albania and Macedonia, and when the war ended, in Kosovo. This included providing psychosocial support to children and families who had been traumatized during the war, participating with other mental health organizations in developing national policies in relation to mental health, child safety and rights of the child, and providing grassroots and subsequently, a licensed counselling training for local professionals.

The following examples exemplify the struggles many families faced following years of war, political oppression, uncertainty and displacement. Flora, the mother of three children contacted the One to One counselling centre shortly after the war, saying she was worried about her 6 year old son Bajram who was having frightening nightmares and wetting the bed. After meeting the counsellor, Flora said that during the war her husband had left their village to fight, and although he was not injured physically, he had returned a very different person. He had changed from being a gentle man to someone who drank heavily and was often violent: Bajram had seen his father rape and kicked her when he was drunk. Although she had been extremely worried about the effects this had on Bajram, she felt so ashamed that she had not been able to discuss this with her son or anyone else.

Many children like 6-year-old Liridon saw members of their families being killed and were so severely traumatized that they were unable to concentrate at school or interact with peers. In other cases, fathers and sons who left their homes to fight failed to return: as their bodies were never found, their families could never know whether they were dead or alive. Even when news of their death filtered through, mothers like Famira refused to accept this: as a result her children were left to make sense of two contradictory stories: their mother's story that their father was still alive, and the stories they heard in the playground, that he was dead.

Individual, family and child-focused work helped these children and family confront the violence, trauma and multiple losses they had experienced. Counselling can be enormously helpful in enabling people to put words to previously unspeakable experiences. For children like Bajram and Liridon, drawing, music and play therapy provided a medium for expressing their confusion, distress and making sense of experience.

However, in other cases, remembering felt far too traumatic and maintaining a sense of stability relied on silence, and trying to block out the past.

Increase resilience by putting words to previously unspeakable experiences

The absence of a coherent infrastructure for addressing mental health issues meant that, alongside the work with children and families, it was important to work with governmental mental health and social services, the police and relevant NGOs in developing policies related to mental health and child protection. It was also important to offer consultation to schools, and additional consultation in relation to particularly challenging situations: for example, working with the Red Cross to reduce the rates of suicide amongst families subsequent to receiving the bodies of loved ones from Syria after the war. Emphasis was also placed on advocacy and increasing public awareness of the importance of addressing mental distress and availability of counselling services,

As few Kosovan professionals had been trained or were equipped to work with traumatised children, the One to One Children's Fund provided a range of short-term counselling trainings, before going on to establish an 18 month counselling course in liaison with the University of Pristina became the first licensed course for psychosocial counsellors. This included a tailor-made training for social services that was attended by social workers from each municipality of Kosovo. The training provided modules on counselling techniques, an understanding of the impact of trauma, displacement, and aggression on families, and the factors contributing to resilience.

Ten years after starting this work, once an improved state funded mental health infrastructure was in place, with the help of grants from the EU and other funders, One to One Children's Fund shifted its focus to providing a service for children with severe physical and cognitive disabilities, with the aim of establishing a model of best practice for future scale up in Kosovo. As with the trauma based counselling project, decisions about the service, staffing and training were based on an in-depth needs analysis (including research undertaken by the WHO, UNICEF and National Disability Action Plan for Kosovo), mapping of the current services, gaps in care and professional expertise, and consultation with key stakeholders, including the Ministries of Health, Education, Social Welfare, relevant NGOs (particularly organisations for parents of children with disabilities), and potential users of the service.

This led to the decision to establish four day care centres located across the country which went on to provided services to over 700 children with special needs (between the ages of 4 and 18) and their families over a five year period, supporting at least 80 children on a weekly basis.

Guidelines to setting up the service

- **Mapping needs and gaps in care:** review relevant research and meet key stakeholders, including parents and other agencies working with disability to establish the range of services currently available, gaps in provision, availability of qualified staff, training needs and feasibility of setting up the service (including staff safety).
- **Understand local legislation:** clarify the local legislation related to disability, child protection, the rights of the child, and running an organisation, including governance, salary structures and employment law.
- **Cultural sensitivity:** understand cultural attitudes to disability, expectations of the family, acceptance of professional support and expressions of emotional distress: this may mean modifying practices that have been effective elsewhere to ensure they are receptive to the local population.
- **Relationship between international and local organisation:** clarify the roles, responsibilities and lines of accountability between the international (and in many cases key funding) organisation and local implementing partner: this should be ratified by a Memorandum of Understanding setting out the terms and expectations of the partnership.
- **Funding and Sustainability:** explore the feasibility of long term sustainability, potential future funding streams (including government sources), decide on a plan of action and exit strategy, with the understanding that this may need to be revised.
- **Monitoring and evaluation:** formulate a rigorous and realistic monitoring and evaluation framework to assess the work, introduce changes when relevant and provide the local and international organisations, funders and potential funders an accurate assessment of the progress and impact of the service.
- **Risk analysis:** set up a register covering all internal and external potential risks that could affect the service and beneficiaries.
- **Policies:** develop policies to ensure good governance, recruitment, safeguarding and data protection, taking account of legal requirements with regards to police clearance and other safety checks relevant to working with young and vulnerable people.

Collaboration and partnerships are central to running an effective service

Planning a service for disabled children and their families

Planning and developing a service for disabled children and their families involves:

- Deciding on the core principles, vision (which should include sustainability and cooperation) and practicalities of the service model
- Establishing the needs of potential beneficiaries (in this case children with disability and their families)
- Defining the purpose of the services (for example educational, recreational and/or respite for parents)
- Deciding how the service should be implemented: for example whether it should be a community outreach service, or primarily centre-based, and in which geographic locations to operate
- Establishing a core management team
- Recruiting, training and providing supervision for managerial, clinical and administrative staff
- Establishing how the service fits with existing provisions, for example schools, social and mental health services
- Identifying potential sources of referral, such as social services, medical centres and schools

Other decisions include clarifying:

- Potential beneficiaries, including the age profile and gender balance of children
- Number of children the service and each centre can accommodate
- Level of physical and cognitive disability the service can accommodate
- Ratio between staff and children
- Profile of staff required to undertake this work
- Balance between individual, group and family work
- Frequency of sessions and length of attendance
- Process of referral, assessment and acceptance to the service
- Transport requirements
- The nature and frequency of home visits

Core principles and approach

The service is based on a commitment to:

- **Rights of the child:** prioritise the interests and safety of the child, act in the child's best interests, and treat them with dignity, regardless of the level of physical or cognitive impairment as outlined in the United Nations Convention on the Rights of the Child and the Rights of the Disabled Person
- **Partnership with parents:** work with parents and other family members to enhancing the quality of life and life skills of disabled children.
- **Coordination of the care provision:** collaborate with others engaged in the care of the child, including parents/caregivers and professionals working for social services, health, education, police and other NGOs.
- **Social inclusion:** facilitate the inclusion and integration of children with disabilities within the neighbourhood, schools and wider society: this means locating the centres in areas where there are opportunities to participate in all aspects of the community.
- **Respect for cultural beliefs and practices:** ensure the clinical approach and trainings are sensitive, receptive and responsive to the cultural perspectives of the beneficiaries and providers of the service.
- **Invest in management and clinical training:** provide a high level of training and continuing professional development to ensure that the service operates effectively, children and families receive the best possible service, and staff are well supported.

Implementation of the service

Individualised care: The service prioritises individual care: before embarking on work with child, the staff assess their child's needs, how their family deal with the practical and emotional challenges they are facing, the needs and review reports from the other professionals involved in their care. Following this, an individualised care plan is developed in cooperation with the family. These plans are reviewed regularly and adjusted where necessary.

Honour the unique skills resources and needs of each child

Key worker: Although children interact with several staff members, each child has an appointed key worker.

Work with families: The service places emphasis on supporting families, respecting their need for respite and offering guidance on ways of enhancing their child's life skills, capacity to communicate and interact with others: this includes seeing parents/caregivers on their own and in a group with others in a similar position.

Accessibility and safety: Each centre is modified to ensure it is accessible, safe and meets the needs of children with disabilities.

Facilities aimed to maximise the child's capacity and wellbeing: The setting and equipment have designed to maximise the child's potential (for example the play material and sensory equipment including a specially designed multi-sensory room). Similarly, the carpets and wall coverings meet the needs of children with difficulties in processing visual and auditory stimuli, and other forms of communication.



Information: Families and referrers receive clear verbal and written information about the service, including information about the frequency and length of time children are seen for, contact with parents, other caregivers and engagement with other professionals.

Coordination: Emphasis is placed on coordinating the care provided with the other organisations involved, from the time of referral until the transfer to adult services.

Policies: Policies are in place pertaining to child safeguarding, other aspects of health and safety, recruitment (including police checks), supervision during outings and data protection.

Advocacy and awareness building: Particular attention is paid to increasing awareness about disability, advocacy and the availability of skilled support. This includes participating in roundtables and national and international national awareness days related to children with disabilities, contributing to newspaper, social

media and TV campaigns (as reflected in a short film which can be viewed on <https://pemakosova.org/>) and open days where professionals and the local community are able to visit the centres and discuss the work with the staff. These activities are particularly important as the levels of stigma associated with disability is high, and few people are aware of the value and availability of services for disabled people.

Training, mentoring and supervision: As in other under-resourced countries where few people have been trained to work with disabled, ongoing training, mentoring and supervision are an essential aspect of the service: they provide a forum for learning new skills, discussing clinical concerns about the children and families, and as importantly, for reflecting on the more personal feelings work with disability can evoke, and respecting one's own need for self-care.

Centre staff need to look after their wellbeing – we cannot care for others if we do not look after ourselves

Summary of the Kosovo model

Core elements of the service

- The establishment of a local partner (PEMA) to run the service, with ongoing support from the programme team of the One to One Children's Fund
- Four day care facilities located across the country offering centre based and community outreach work to 350 children and their families per month
- A central management team provides support, management and coordinates the work of the four centres.
- Staff work closely with referrers and other professionals engaged in the children's care.
- Particular emphasis is placed on liaison with teachers as many of the children attend 'special classes' at school.
- Services are free of charge to ensure accessibility to the most disadvantaged families.
- Transport is provided free of charge to enable vulnerable families living outside the main urban areas to access the service. As some children are wheelchair bound and/or find it difficult to sit still, the driver is accompanied on all journeys to ensure their safety.

Purpose and Aims

The purpose of the service has been to improve the quality of care and life experiences of children with disabilities (particularly those with complex dependency needs) and their families. With this in mind, the aims include:

Developing a model of best practice that can be applied across the country

- Establishing community-based day care centre and outreach services across the country that can provide a model of best practice that can be replicated across each region.
- Demonstrating the benefits of working with disabled children and offering their families support and guidance in services in dealing with the practical and emotional challenges they face, in a context in

which disability is highly stigmatized and disabled children and their families tend to be extremely isolated.

- Increasing awareness of the practical, emotional and educational challenges associated with disability and possibilities for intervention through advocacy and empowering parents.
- Enhancing professional capacity of the staff working for this service by providing high-level trainings, and developing effective networks for addressing disability by inviting other organizations (for example staff working in health, social services and education) to attend some of these trainings.
- Providing adapted facilities geared to enhancing skills and wellbeing, for example through multi-sensory rooms and physiotherapy equipment.

The children

- Children known to have a significant level of physical and/or cognitive disability (in most but not all cases diagnosed by a doctor).
- Aged 4-18 (with an emphasis on preparing the child and family for transitioning before turning 18).
- Referred through parents, social workers, doctors, schools and other NGOs.
- Gender and ethnicity: although the group includes a balanced mix of boys and girls from all ethnicities, the legacy of political conflict means that Serbian families have not used the centres. However, staff have been involved in offering consultation concerning Serbian children.
- Although attention is paid to the individual needs and capacities of each child, children are also encouraged to participate in group activities

Caring for children means caring for their parents and guardians

Acceptance into the service is based on an assessment of whether children will be able to benefit from the group and/or individual sessions. With this in mind, an Initial Assessment is conducted with a parent or another primary carer given in the child's home. Where other professionals are involved, their views are sought before offering the child a place at the centre. Following this, the child and family visit the centre and if they would like to proceed, a Home-Centre Agreement is signed and starting date is agreed.

"I cannot wait to come to the centre. I am very happy to come here because I play a lot of games and activities" (feedback from a child attending one of the centres)

Staff

- Each day care centre has a coordinator, four care day care counsellors, a caretaker/driver and receptionist/housekeeper.
- Staff are hired through a process of open recruitment: most day care counsellors hold psychology, social work, teaching and counselling qualifications.
- An externally based child psychiatrist with experience of disability and family work provides monthly supervision.
- Where needed, external professionals (for example physiotherapists, speech therapists) provide consultation for staff and/or the family of the child in question.

The community

The service aims to reduce the stigma and isolation children with disabilities and their families face:

Reducing stigma through advocacy and social integration

- The centres are located centrally with a view to enabling children to participate in all aspects of community life. With supervision, indoor and outdoor spaces are open to other children in the area to enhance the possibilities of inclusion and integration.
- Particular attention is paid to increasing understanding about disability, and the availability of services through advocacy and community awareness building activities.
- The centres are located in four key areas of the country in order to engage with as wide a range of government and non-governmental agencies and communities to enhance the capacity of staff working in social services, mental health and education services across the country.

Partnerships and local support

To promote local ownership and ensure long-term sustainability:

- The model was developed in partnership with four municipalities. The municipalities have provided premises for the day care centres free of charge. Additional funding was required to adapt the space, including building accessible playgrounds and fitting each centre with a multisensory room.

- Attention has been placed on engaging with local businesses, representatives of the community and other relevant agencies, which has resulted in numerous in-kind and financial donations of furniture, outdoor equipment, plants and other materials.

Relationship between the international organisation and implementing partner(s)

During the first phase of the work, One to One Children’s Fund took primary responsibility for mapping needs, identifying core gaps in care, developing the vision, securing funding, setting up a local subsidiary office and establishing a local partner to implement this work. Thereafter, One to One Children’s Fund’s role shifted to supporting programme management, developing a training programme, monitoring and evaluation, securing additional funding and helping the local partner PEMA become self-sustaining. When it was clear that they were able to run the program independently, the service was handed over to PEMA who continue to implement this work.

An accessible environment in which children and families feel valued

The centres have been designed to be welcoming, accessible to children with disabilities and enhance their capacity:

Creativity is the key to engaging with children

- The physical setting, play and learning materials are accessible to children with disabilities: for example the centres are fitted with ramps, handrails and toilets are spacious enough for wheelchairs.
- Particular attention has been paid to visual clarity: the rooms and corridors are decorated with a uniform calming colour, patterns on the carpet are relatively uncluttered, the walls are kept clear other than meaningful and relevant visual information to avoid over-stimulating those with sensory issues, and doors to rooms where children are seen are fitted with glass windows to allow the interaction between children and staff to be monitored.
- Outdoor spaces are secure enough for children to play freely and equipped with equipment designed to enhance motor coordination and social interaction.

- Each centre has rooms large enough for children to be seen in groups, a room for individual work, a 'multisensory room' (specially designed room fitted with lights and sound equipment), office space, and a kitchen for preparing drinks and light refreshments.
- Activities are designed to enhance essential life skills, communication, socialization and dexterity.
- Records, notices and other indicators of officialdom are restricted to office spaces
- Personal records are locked away and passwords protected for data protection and confidentiality

Service providers

Day care counsellors and support staff

Each centre is managed by a coordinator and employs four day care counsellors and two additional support workers. Staff are appointed on the basis of their capacity to respond sensitively to children with disabilities and families. Although day care counsellors are not required to have a recognized clinical qualification or experience of working with disability, they need to have had a relevant training, for example in psychology, social work or teaching. Several qualified as licensed counsellors via the training One to One Children's Fund developed as part of the previous project, and/or worked with children and families in another relevant field.

The day care counsellors' responsibilities include seeing children individually and in groups: this requires an in-depth understanding of how to enhance the communication, social interaction and life skills of children with disabilities; the capacity and willingness to reflect on one's own responses, and ability to work as a team. In addition the counsellors' work with the children's families, which includes seeing families on their own, facilitating parent groups, and liaising with other professionals and agencies engaged in the child's care. Day care counsellors and support staff work 40 hours per week, which includes a daily briefing prior to children arriving at the centre. However, where needed families are seen after hours.

The support staff includes a housekeeper/receptionist who, in addition to other tasks, is responsible for greeting the children, parents and visitors and making sure everyone felt welcome. As many families, particularly those living in outlying areas, are not able to bring the children to the centres themselves, there is a driver, who is also responsible for maintaining the physical infrastructure of the centre.

Job descriptions, codes of professional conduct, staff appraisal and complaints procedures are clearly outlined in the staff handbook and discussed as part of the induction process.



The driver is accompanied on all journeys to ensure the safety of the children

A day care worker's experience of the work

I see my role as working to improve the life of disabled children, by helping to develop their potential and increase their opportunities for integrating into the society and community in which they live.

One of the main challenges we face is the enormous stigma associated with disability and the effect this has on children and their parents.

In addition, some parents are reluctant to attend meetings about their children and group sessions with other parents, which limits the possibility of sharing information about their child's progress, discussing the challenges they face at home, and the possibility of learning from others in a similar position.

Bringing up a child with extensive disabilities faces parents with difficulties ranging from limited access to appropriate education, through to the challenges of adolescence and worries about who will care for their children when they die or are too frail to be able to do so. The children we work with require support and interventions designed to meet their particular needs. However, most parents feel they have never received the institutional and societal support they require.

What parents appreciated most about this service is that for the first time in Kosovo, they have access to a centre in which their children are treated in a professional manner, where staff are committed to enhancing their children's development and ensuring they have fun. In view of the powerlessness and frustration so many experience, it has been important to remain in close contact to avoid the possibility of misunderstandings, mistrust and doubt arising. This means making sure we understand their position and working towards finding appropriate solutions to the challenges they and their children face.

I believe that the children I work with sense and understand the message: 'I'm here for you and we shall work together'. We offer the sort of service that was unavailable before: concerted investment in enhancing their sensory-perceptual, communication and social skills through individual and group work, and the use of multi-sensory rooms, play and music corners.

What keeps me going when things are difficult is the appreciation of the children and parents with whom I work, and the support of other staff. Working at the centre, meeting children with disabilities and their families and campaigns to increase awareness about disability in Kosovo and elsewhere has changed my views about disability and the challenges families face. My views have also been changed through trainings that forced me to question my own prejudices and assumptions.

This work has also changed my view of the role of professionals: I used to think it was possible to work with disabled children on one's own, but I can now see that the only way to ensure the child's wellbeing and meet their additional needs, such as health care, good nutrition, hygiene, education and inclusion is by working as a team. This includes working with parents/caregivers, other professionals and encouraging parents to collaborate with teachers and doctors to ensure their child receives the best educational opportunities and medical care possible.

Internships

The service offers internships to university students studying social work and psychology. Interns are required to work a minimum of 100 hours over a 3-month period, and attend trainings with the rest of the staff. There is an induction process whereby coordinator and counsellors take responsibility for ensuring

interns understand their role and the needs of children with disabilities and their families. Although interns are vetted carefully, at all times they work under supervision and do not take children out of the centre alone. To ratify and regulate this, a Memorandum of Understanding has been signed with local universities.

Management and support team

The service is managed by the locally based partner organization the One to One Children's Fund helped to establish, PEMA. PEMA is governed by a Board of Directors and a head office team comprising a Project Director, Project Officer, Financial Manager and Logistics Officer based in the capital Pristina.

Sensitive management is central to inspiring staff and maintaining morale

To assist the management of PEMA in assuming increased responsibility for running the service, the programme team of the One to One Children's Fund provided input on capacity building, programmatic and financial support, monitoring and evaluation, and kept in regular contact through telephone calls, emails and visits to Kosovo.

The responsibilities of the centre coordinators include managing the staff, overseeing the activities of the centre and referrals, assisting in arranging trainings and consultations, networking with other agencies and reporting to head office. Coordinators also undertake some clinical work with children and families, attend relevant clinical and managerial trainings as well as network meetings with other care providers.

In addition, each centre has a designated child protection officer, who is responsible for coordinating and responding to allegations of abuse.

The experience of Project Director: Liridona Zogaj

My initial work with 121 CF was as a counsellor, supporting and empowering traumatized families facing the reality of the loss of loved ones following the war. The importance of psychosocial counselling and the value of empowering people in dealing with the challenges they face, even if these challenges seem insurmountable, has been the underpinning of our subsequent work with disability and my own role in supporting and managing staff as project director.

Our work has brought significant changes to the lives of children with disabilities: engaging them in activities at the centres had not only helped their development but has brought them and their families great pleasure. We have faced many challenges along the way, one of which is parents' inability to accept disability: parents see disability as some form of disease that can be cured. As such an important part of the work has been to increase their understanding of their child's disability and the impact this is likely to have on their lives. Discussions with other parents have helped in changing their view and working towards facilitating their child's integration and as much independence as possible. Likewise some parents and referrers have misunderstood the services we offer, seeing the service as a more general health rehabilitation centre and coming to us for help with complex health problems, or as a substitute for mainstream schooling. Another challenge relates to funding and securing long-term sustainability.

However, the smile and joy of the children I meet continues to inspire me: they are simply the oxygen that keeps us going. Moreover feedback from their families has been extremely positive: what parents have valued most is the dedication, warmth and love they receive from the staff; that in addition to receiving a high level of care from PEMA, where relevant they receive additional specialist services from public and in some cases private health institutions; the attention we pay to advocacy, inclusion and non-discriminatory access to quality services; opportunities to share their challenges and ideas with other families in self-support parental groups; and the investment that has been made to adapt the spaces to meet their children's needs.

Supervision

A child psychiatrist with experience of working with disability provides monthly group supervision to each of the four teams. Supervision offers a safe forum for exploring particularly problematic situations and deciding on alternate approaches to address these situations, and supporting staff in dealing with the emotional challenges of the work.

In addition, the coordinator offers individual supervision to each staff members, teams meet weekly to reflect on their clinical work, and the 4 coordinators meet monthly to review the work of the centre, share clinical concerns and discuss organisational issues, including staff issues. Every 2 months, the 4 clinical teams meet to review the work, and plan for the future, including clinical and advocacy initiatives.

Key practice issues

Individual care

The service is tailored to meet the particular needs of each child. Every child is allocated a case manager who is the main point of contact for that child and family. The maximum number of children assigned to a counsellor at any one time is 20. The services are designed to address the child's needs and capacities, starting from activities that are well within their reach to those requiring new learning and experimentation. Children are seen individually and in groups: groups are run by at least two staff members which means that if one child becomes distressed or needs to leave the room a staff member is always present.

Each child's resources, skills and needs are unique.

Emphasis is placed on helping children communicate their feelings and interact with others. As many have difficulties in speaking and social interaction, attention is paid to non-verbal as well verbal communication.

Where possible, challenging behaviour such as aggressive outbursts, are addressed before they become more problematic. This may mean removing the child from the room. Children who find it difficult being in a group are initially seen individually before being introduced to group sessions. In all situations, children are treated with empathy and dignity, boundaries are clear and realistic, and where possible, children are given opportunities for choice.

If necessary parents/caregivers are involved in the induction of the child, sitting in on sessions for the first few sessions: once greater trust has been established the parent/caregiver are encouraged to allow the child to stay on their own. To assist the transition of new referrals, parents/caregivers and centre staff work together in creating a booklet called 'All about me' to help others understand the child's experience: this includes such issues as: 'my family and friends, special things, things I like to talk about, how I communicate, places, food and types of drink I like, fun things, things I don't like', comments from parents and staff to one another and examples of the child's work.

"My child has changed so much since he has started to come to the centre. All the family but also teachers at school have noticed that my child is quieter and can concentrate now even in class." Mother of a child who is cognitively impaired

Besa: a 10 year old child diagnosed with cerebral palsy

Besa was referred to the service as she had been diagnosed with cerebral palsy, significant levels of cognitive impairment and speech difficulties, resulting from anoxia (lack of oxygen) at birth. Based on an initial home assessment, discussion with her parents and review of reports from other professionals involved in her care, she was offered a place in one of the day care centres.

Thereafter, Besa attended once a week. This meant being seen individually and in a group with 6 other children between the ages of 10 and 12, where the main focus of this work was on extending her ability to socialise, verbal and non-verbal communication, coordination, physical skills, and her sense of self-esteem, independence and self-sufficiency. Because Besa was extremely withdrawn and found it difficult separating from her mother, particular attention was paid to building trust with her and her mother. The work also included activities designed to increase socialization, the development of speech (for example blowing bubbles), and her fine and gross motor coordination. In addition, her mother and father had regular meetings with Besa's key worker to discuss concerns about their daughter, which included discussing their own feelings of sadness, guilt, anger and regret, and challenges related to their two younger children.

Over the two years since Besa started attending the service, there has been a marked increase in her ability to socialise, interact and communicate with others, her sense of self-esteem, ability to separate from her mother, and physical skill, including the ability to walk. In addition, the support her parents received has helped them make sense of their own experience, freeing them to engage more with their other children.

Luan: an 8 year-old boy diagnosed with autism

Luan was referred to the service three years previously. In common with many other children diagnosed with autism he found social interaction extremely difficult, came across as cold, indifferent and had difficulties in verbal and nonverbal communication. In addition he seemed to be unable to understand common gestures, facial expressions or make sense of changes in tone of voice.

Consequently, staff worked towards building a relationship with him and increasing his ability to interact socially. It has also been important to meet with his parents to assist them in caring for their son, which has included suggesting alternate ways of responding to him, in line with his treatment at the centre. This has helped his parents have more realistic expectations of Luan and themselves, strengthening their bond with their son. There has also been some improvement in his behavior and communication. However, Luan and his family continue to require additional professional support.

As these examples illustrate, in each case the work involves:

- Assessment of the child and family's needs, and where relevant liaison with other agencies involved

- Development of clear plans aimed at enhancing the child's capacity (particularly communication, social interaction and self-care)
- The pace of the work fits with the child's level of understanding and capacities
- Particular attention is paid to increasing the ability to communicate, and particularly where language and speech are limited, children are helped to communicate non-verbally, eg through play, art and music
- Staff engage with children, parents and other caregivers with empathic listening and bearing witness to the challenges they face

Family based practice and parenting

Families who have a child with disabilities are likely to be confronted with a wide range of practical and emotional challenges unknown to most other families. As such, it is particularly important to offer parents, siblings and other family members the psychosocial support they need.

Working with families and parents is essential to maximising the child's potential.

Finding out that one's child is physically and/or cognitively impaired is extremely difficult to bear, and can evoke feelings and fears that are difficult to contain or acknowledge to oneself, let alone others. Many parents are plagued by fear, guilt and self-doubt. This can affect the ability to maintain a sense of confidence and self-esteem, resulting in a tendency to distance oneself from the person who represents these feelings of guilt: the child with disabilities. This is more likely when the child's capacity for social engagement and communication is limited. Many are afraid their child might be subjected to abuse, coercion and who will look after them when they die or are too frail to support their child. With this in mind:

- There is an 'open door policy' to ensure parents/caregivers feel welcome and able to share their concerns and celebrate achievements
- Parents participate in discussions about their child's treatment action plan and progress reviews
- Information about the child's experience at the centre and home is shared through face-to-face meetings and a 'home-centre' centre book. This includes photographs of the staff, the different rooms and play areas, description of activities within the centre and suggestions of what can be done at home
- Parents are encouraged to reflect on the needs of their other children and where relevant the work extends to siblings
- Parents who feel disempowered are helped recognise and re-engage with their competence and expertise

Amongst the concerns many parents face are:

- Coming to terms with guilt and differences between anticipated and lived experience
- Balancing fears and hope with acceptance, and caring for oneself
- Balancing the demands of disability with other aspects of family life
- Caring for oneself with caring for others
- Helping the child with disabilities and their siblings make sense of their own experience (including differences in abilities, opportunities and obligations)
- Giving siblings choice and manageable tasks that do not compromise age appropriate activities
- Maintaining routine, intergenerational boundaries and discipline as much as possible
- Monitoring the child's condition, ensuring they receive the treatment they need and fighting for their right to health, education and social care

Parents/caregivers can gain a great deal from speaking with others who are in a similar position. With this in mind, they are invited to attend a monthly topic-specific meeting with other parents/carers. Topics that have been covered include teaching one's child the basics of self-care and personal hygiene, spending quality time with children, addressing aggressive and other challenging behaviour, responding to the changes that occur during adolescence, nutrition, autism, integration into schools, increasing children's self-esteem, ADHD (Attention Deficit Hyperactivity Disorder) and coping with one's own response to bringing up a child with complex dependency needs. As reflected below, even if one's children have markedly different abilities and needs, discussing the challenges one faces can reduce the isolation so many parents face, learn from the experience of others, and develop a greater understanding of oneself and one's children.

At a meeting of 5 mothers and 2 fathers, parents were asked what changes they had noticed since their child started attending the service. Besa's mother responded by saying she felt more supported and had a better understanding of her daughter's needs and situations that trigger challenging behaviour. She went on to say that she has realized that some of Besa's problems were linked with her own: her child's fear of separation was bound up with her own sense of guilt, regret and fears for Besa's safety. Listening to others helps parents realise they are not alone: on hearing her speak so openly, a man sitting next to her talked about his worries about who will care for his sons when he dies or does not have the strength to care for them.

"I am very grateful that my son attends this centre, I can see improvements in him, he is calmer now, one can understand him more, interacts with others, significantly he's better off than he was before. I am grateful to this centre that cares about children with special needs and in particular to the counsellors who work with children."

Parent of a child attending a PEMA day care centre

As parents may find themselves discussing issues that are extremely troubling, these groups are facilitated by a counsellor, who are able to draw on previous experience in offering parents advice or an alternate frame for understanding their dilemmas: this may include reframing problems that feel like personal failures as a 'normal' response to the exceptional challenges disability poses to parents and families.

Partnerships with social welfare, health, and educational services and the community

Since inception, the One to One Children's Fund and PEMA have placed emphasis on networking with the Social Welfare, Health and Educational Services with the aim of strengthening referral systems

Partnerships with key stakeholders are critical to establishing sustainability

and building sustainable services for children with disabilities and their families. Partnerships with the local community have been established and consolidated through open days, awareness raising events related to disability, invitations to attend the centre and meetings in which parents advocate for the need to improve services for children with disabilities with representatives from the local authorities and wider community.

In addition, the staff work alongside schools: this includes encouraging parents to communicate what takes place in the centre with teachers to ensure the development of the child continues in the class, providing additional consultation in relation to children teachers find particularly challenging, and inviting teachers to attend relevant trainings run by the service.



"We are lucky to have the day care centre in our city. I do not know what we would have done without their continuous help and support. The children are so happy."

Mother of a child benefitting from services at the PEMA Day Care Centre

Confidentiality

In general information disclosed in the course of treatment is not shared with others. However, respecting the individual's right to privacy is not feasible when a child appears to be at risk of harm, as information sharing can be vital to safeguarding vulnerable people and the wider public, and enabling timely intervention and preventative work to take place. Decisions about confidentiality are particularly complicated when working with the whole family and one needs to decide whether and how much to share information with other agencies about the child and family's needs. Although safeguarding is important in all forms of clinical work, it is particularly important when a child has a disability because they are at greater risk of being coerced or abused. Consequently:

Clarify the boundaries of confidentiality with parents and families at the outset.

- The approach to confidentiality is clarified with families and referrers at the outset of the work: a written statement means people are able to discuss and understand what could result from disclosing information that suggests abuse is, has or might be taking place.
- Unless there are concerns about child protection, confidential information shared with a day care worker or another staff member is not shared with other agencies without the knowledge and consent of the family.
- Confidential information is only shared without consent when there is reasonable cause to believe the child is suffering, or is at risk of suffering, significant harm.
- In accordance with the UN Convention of the Rights of The Child, one has a duty to refer these concerns to the police or social services in the interests of preventing significant harm through the early detection and prosecution of serious crime.
- Other than in exceptional circumstances, information shared with one staff member is confidential to the team rather than restricted to the recipient of the information.
- Information is not given to someone who calls or visits (including professionals) without the written consent of parents or caregivers. Once their consent has been secured, the name, address, telephone number and time of the meeting is recorded, a staff member is present at all times and, if this is not possible, there is visual access at all times
- Employees are required to respect the confidentiality of information about the organisation, management and colleagues that is not known to the public and would not be known other than by improper means: this includes organisational plans, budgets, computer programmes and information about colleagues, clients and referrers (including social media platforms).

- Employees are required to respect the confidentiality of employee-related issues such as disciplinary actions, impending reductions in the workforce, terminations and investigations of misconduct: although this is not illegal, it is almost always unproductive to the ethos of the organisation.
- Employees are required to undergo a criminal record check.

Anti-discriminatory practice

The organisation is committed to ensuring all sectors of the population benefit from these services. As such, particular emphasis has been placed on recruiting children from all ethnic groups: this included employing bi- and multi-lingual staff, providing information leaflets in the main languages spoken in Kosovo, engaging with representatives of all ethnic groups and reviewing the ethnicity of service users.

The service should be open to all children with special needs.

The legacy of years of war and civil conflict mean that Serbian families have been reluctant to access (or be seen to access) this service because it is currently staffed by Kosovan Albanians, and located in areas in which Serbians are a minority. To address this imbalance, Serbian professionals were invited to participate in a study visit of centres offering services to children with disabilities in the UK and attend trainings on working with disability run by PEMA, alongside other organizations working with disability in Kosovo.

Monitoring and Evaluation

A rigorous system for monitoring and evaluating the clinical efficacy and financial management is central to the efficient running of any organization.

With this in mind, One to One Children's Fund and PEMA established a clear methodology for recording and reviewing data related to the beneficiaries of the service. This includes on-going assessment of:

- the child's capacity to communicate, and interact with others
- the children's motor and more generalized life skills
- the families capacity to engage with their children
- feedback from schools and other organisations involved with the child's care.

Approach to M&E need to be outlined prior to starting the work, and reviewed regularly.

The data collected is based on targets agreed by the One to One Children's Fund and PEMA: data collection is simple and there is a clear database/framework to ensure that data is correctly and securely stored, with service users' details anonymised to retain confidentiality.

Each centre coordinator compiles a monthly narrative and financial report that is sent to the head office management team, reporting against clear qualitative and quantitative indicators.

Staff appraisals take place on an annual basis.

An external evaluation takes place every two years, which includes observation of individual, family and group sessions, analysing recorded data, and meeting with parents, other key stakeholders and staff members.

In addition, until recently the project team of the One to One Children's Fund visited the programme regularly to monitor and review the service, including record keeping, the curriculum of activities within the centre based and outreach work in the community, meet with management and other staff members, assess training needs, review financial reports, plan activities and where relevant, suggest changes to clinical practice, policies and procedures and build the capacity of the partner organisation.

A day at the centre

Children attend a weekly two and a half hours one morning or afternoon. Most parents would like their children attend more frequently. However, this is not feasible as the frequency and length of the sessions is governed by funding, the number of children registered in each centre, staffing, physical capacity of each facility and, as many children attend school, school timetables.

Staff meet at the beginning of the day to discuss the main events of the day. They also take time throughout the day to evaluate individual and group sessions and communicate with professionals/parents. Additional time is set aside to plan future work, including preparing activities and resources for the individual and group sessions, assessments, report writing, setting new targets, conducting home, school or mentoring visits, and meeting other professionals.



Daily schedule

8.30-8.45	Arrivals	Children are collected at home or dropped off at the centre. Children and parents are welcome by the centre's receptionist, coordinator and day care counsellors.
8.45 – 9.00	Settling space	Activities are provided to help children settle in to the centre: this includes puzzles, table games, arts and crafts material geared towards fine motor and sensory activities
9.00 – 9.15	Emotions & Greetings	This session is structured in a form of game or discussion to allow children to express how they feel, how they have felt during the week and events within their family. Visual resources such as a smiling, angry and sad face allow those with difficulties in verbalising to express themselves
9.15 – 10.15	Group session	Activities aimed at promoting communication and other life skills: this includes using art, music, dance and movement to express emotions, blowing exercises aimed at enhancing the capacity to speak, sensory room activities and creating personal items to take home
10.15 – 10.45	Break and Snack	This is an opportunity to interact socially and undertake simple duties, e.g. make drinks, pass cups and snacks around
10.45 – 11.45	Group session	As with earlier group activities, this session is aimed at promoting the communicating and life skills
11.45 – 12.00	Home Time	Children are collected by family or returned home/at school by the centre minibus.
12.00 – 12.45	Lunch break (no children in the centre)	
12.45 – 1.00	Settling space	As outlined for the morning
1.00 – 1.15	Emotions & Greetings	As outlined for the morning
1.15 – 2.15	Group session	As outlined for the morning
2.15 – 2.45	Break and Snack	As outlined for the morning
2.45 – 3.45	Group session	As outlined for the morning
3.45 – 4.00	Home Time	As outlined for the morning
4.00 – 4.30	Administration	Staff meet to discuss particularly worrying children, the rest of the group, other concerns and prepare for the next day

Staff training

In view of the dearth of trainings on working with disability in Kosovo, training has been a central feature of this work. One to One Children's Fund carried out a needs assessment at the start of the programme period to identify training needs, before designing a training program to enhance the skills and understanding of the staff group.

Trainings draw on local as well as internationally based expertise in counselling and working with disability

The initial training consisted of 13 modules in Kosovo. Learning has been consolidated by ongoing supervision and mentoring. To ensure the training was in keeping with cultural traditions and legislation, professionals based in Kosovo delivered some of these modules. However, as there are few professionals in Kosovo with specialized training and experience of work with disability, the One to One project team and professionals from the UK took primary responsibility for planning and delivering the training.

As reflected below, the trainings were aimed at increasing understandings of disability, the challenges children and families face, interventions to improve communication, social interaction, and day care counsellors' own resonances with the work:

- Introduction to disability (Part I and II)
- Childhood development
- Language development
- Understanding specific learning difficulties
- Engaging with children to maximise learning and extend their skills
- Working with families facing disability (Part I and II)
- Working with children on the autistic spectrum (Part I and II)
- Increasing sensory integration through multisensory rooms (Part I and II)
- Addressing challenging behaviour

Day care counsellors were required to attend all 13 modules. Where possible coordinators and interns attended these trainings sessions as well. Where relevant, support staff, parents, staff working for other organisations (including local municipalities, schools and NGOs) were also invited to attend. Learning has been consolidated through subsequent mentorship visits, discussing clinical concerns via email, and a retreat

attended by all staff members. In addition, staff attend locally based trainings on a regular basis, including trainings on developments in working with disabled children, autism and child protection.

The management team receive additional training and mentoring aimed at increasing their skills, confidence and knowledge about running the service (for example on leadership, management, planning and record keeping training).

Soon after establishing the service, a group of key stakeholders, including the heads of several regional and national departments of mental health and social services, the main association for parents of children with disabilities (OPFAKKOS) attended a week long study visit to the UK together with the manager of this disability service. During the visit, the group visited a number day centres and schools for children with disabilities to learn how the needs of these groups of children and families are addressed in the UK. Attending with other key stakeholders meant it was possible to reflect together on the implications for work in Kosovo, helping to consolidate links between the various organizations entrusted with the care of disabled children.

See Appendix I for detailed outline of the trainings

Challenges, lessons learnt and recommendations

In his external assessment of the service, Bajram Maxhumi said:

Assessment of the work of the One to One Children's Fund service for children with disabilities has found considerable improvements in the wellbeing of vulnerable children and their families, with regard to behavioural difficulties, school problems, emotional and physical problems: children find it easier to understand the activities they are involved in, demonstrate an improvement in memory, are less easily frustrated, and show a higher level of interest and cooperativeness during sessions with day care counsellors and their families. There is strong consensus among key stakeholders that the Day Care Centres play a major role in provision of psychosocial services for children with disabilities and children who are victims of domestic violence. This is extremely important given the lack of national capacities and infrastructure resources.

This service matters because

- Members of the team have proven expertise in filling critical gaps in the provision of psychosocial services in post-conflict countries, and in developing capacities of local stakeholders to provide psychosocial services for vulnerable disabled children and families
- The team are committed to improving the lives of vulnerable children with disability by providing psychosocial support and advocating for their needs and rights
- Staff work closely with partners from the government and nongovernment sector
- The work is enhanced by regular supervision and additional training

Since its inception in 2009, over 700 children and their families have benefitted from this service.

Having established and assisted in the management, training and mentoring of staff, One to One Children's Fund agreed on a clear capacity building strategy with its local implementing partner PEMA to prepare them to become self-sustaining. PEMA was licensed as a Social Service provider in 2015. There are 13 licensed NGOs working in Social Services, only two of which focus on disability. PEMA is recognized as a key service provider for children with special needs, and are included in high-level meetings, coalitions and working groups, sitting alongside national and international organizations advocating for the rights of children with disabilities. This includes the Kosovo General Council of Social and family Services, Council of Protection and Justice for Children, Task Force for case management, Commission for licensing professionals on provision of social and family services, and working groups for the drafting of Child Protection Law, and for the Strategy for Child Rights.

Over this time, the children attending the centres have also benefitted from other opportunities they would otherwise have been unable to access, including visits to swimming pools, travelling on trains, bowling, and attending festivals various festivals.

Nonetheless, the service has faced considerable challenges, many of which reflect the general challenges of social and mental health services in a resource-poor society struggling to adjust to the consequences of civil war and socio-political change, where there are few qualified mental health professionals and high levels of unemployment.

Breadth of the service and potential beneficiaries

The dearth of other services for children with disabilities means decisions about the criteria for acceptance have been extremely challenging. A decision was taken to restrict the age range to the ages of 4 and 18. As a result, younger children and those over 18 have not been able to access the service. Likewise, the lack of adult services and vocational facilities mean transitions elsewhere have been extremely difficult: as such, families tend to place pressure on staff to allow children to remain beyond 18.



The dearth of alternate services has also meant children of very different levels of physical and cognitive disability have been accepted. In the interests of integration, children of different abilities and ages were grouped together. Children who are not cognitively impaired have a great deal to gain from interacting with the more cognitively impaired. However, on reviewing the groups a few months after starting, it became apparent children with more severe cognitive impairment (particularly those who were extremely disruptive) were receiving far more attention than the rest of the group. This led to the decision to group children according to ability and age.

The need for transport has placed additional pressure on clinical staff. As most parents are unable to bring their children to the centre themselves, transport is provided to ensure the service reaches as wide cross section of the population. However, in view of the level of disability, a staff member needed to accompany the driver on journeys that may last as long as an hour each way, limiting their time to work within the centre.

Recommendations

- Arrange the schedule so children with markedly different forms of disability attend at different times, and where this is not possible, monitor the sessions regularly to ensure the needs of all children are being addressed
- Assign some staff members the responsibility for developing greater expertise in relation to particular forms of disability to ensure the needs of all children are met
- To reduce the time pressure of the clinical staff, recruit less qualified staff (for example parents or volunteers) to accompany the driver: other possibilities include restricting the service to children living closer to the centre or whose parents are able to bring them to the centre
- Prepare the young person and families for transitioning into adult care, and where this is limited, encourage them advocate for additional services

Cross-cultural work

A core principle underpinning the work of One to One Children's Fund is respect for the cultural beliefs, traditions and experience of the society in which the organization operates. With this in mind, professionals based in Kosovo were responsible for providing the initial trainings. However, to ensure the staff would benefit from international expertise and cutting-edge developments in working with disability elsewhere, subsequent trainings were provided by a combination of UK and Kosovan-based professionals.

Depending on the society one is working in, there may be cultural differences in such issues as family and gendered roles, attitudes towards disciplining children, patterns of communication and expression of emotional distress. The desire to respect cultural beliefs and practices can mean it is difficult to raise concerns about family behaviour and staff dynamics that would be seen as inappropriate in the UK. As such, it was important to understand the local culture and find a balance between accepting and questioning differences, and finding sensitive way of questioning situations that would be a cause for concern in the UK: for example, discussing cultural differences in expressions of disagreement led to realizing the need to establish of more clearly articulated job descriptions, contracts and an appraisal system.

Recommendations

- Acknowledge cultural differences at the outset, increase one's understanding of the local culture and review how this affects interactions between the international and local organisation on a regular basis
- Avoid holding back on sharing ideas and concerns based on work elsewhere, including attitudes to violence within the home
- Develop clear policies on appraisal, staff conduct and establish a whistleblowing policy

Child Safeguarding

Maintaining the safety of the child and protecting them from harm has been the cornerstone of this work, Most children find it difficult to say they are being abused. However, this is particularly difficult for those with impaired communication. Consequently, allegation of abuse, and markers on the child's body that suggest they have been abused are treated with utmost seriousness.

At the outset of One to One Children's Fund's work in Kosovo, there was no formal legislation on child abuse, and few staff were training to deal with situations of abuse. With this in mind, staff contributed to working parties focused on abuse, which resulted in the establishment of clear national policies and procedures. In addition, particular emphasis has been placed on training staff working for PEMA and other services on intervening in situations of abuse.

During the course of this work, there was a change in legislation which meant that once concerns about child safety have been voiced, they need to be registered with social services and the police, and other work with that child should cease until the allegations have been investigated. It is important to ensure that social services and police are able to investigate any such allegation in the best possible way. However, the change in legislation has meant that children who disclose that they have or are being abused are unable to continue seeing the person with whom they shared this information. This can leave children feeling they are not believed or have done something wrong. It also means children may be returned to the home in which the alleged abuse has and/or is taking place without the support of a care worker they trust.

The situation is extremely complicated: although the policy of the service is that there is zero tolerance for any form of abuse, until recently there was greater acceptance of the value of using physical measures to discipline children in Kosovo than is legally permitted in the UK: as such many parents continue to regard hitting as an acceptable measure of discipline. Moreover, despite clear legislation regarding child abuse and the safety of the child, and better resources social and health care services in the UK, many children continue to be at risk.

Recommendations

- Ensure the organisation has a clear policy on how to address situations in which a child is regarded as at risk
- When a child is suspected to be at risk, discuss concerns with the team, management and where relevant with a supervisor (see child safety procedure outline in Appendix VII)
- Document concerns about safety in accordance with legislation and the child protection protocol of the service

- Provide regular training on child safeguarding
- In situations where abuse is reported, discuss how to proceed to ensure the child continues to feel supported, and clarify what sort of contact with centre staff is feasible

Funding, sustainability and partnership with key stakeholders

The possibility of sustainability is one of the central questions to consider when setting up services in a resource-stretched country. One to One Children's Fund secured a European Union grant to establish day care centres over two two-year funding cycles. A condition of the grant was to receive co-funding.

In line with an agreed exit strategy, particular emphasis has been placed on working towards ensuring sustainability during this second phase and handing over the whole management to the independent partner organisation, who together with the international fundraiser and lobby local and national authorities to ensure such services become an integral aspect of social services.

The hope had been that in restructuring the infrastructure for health, social and educational services following the war in Kosovo, this service would be integrating into the statutory services and would not require ongoing funding from abroad. With this in mind, One to One Children's Fund helped PEMA negotiate an agreement with municipal organizations, which resulted in the centres being located in municipal facilities. In addition, emphasis had been placed on recruiting additional financial and other forms of support from the local community, as well as other international organizations based in Kosovo. Whilst these measures have helped to ensure a great degree of 'buy in' by local authorities, in a country with a high level of unemployment, when the contract with the EU and other funders came to an end, maintaining the service in the same way has proven difficult. Despite positive feedback from families, teachers of children attending the centres and key stakeholders who have lobbied to keep the centres open, to date the municipalities have not assumed full responsibility for all four centres. This means that in the near future, PEMA will continue to depend on grants from statutory, international funders and local private funders. This may change: at the time of writing, two of the four municipalities have agreed to support the centres in their areas and there is ongoing negotiation with the other municipalities and additional funders to re-open the other two centres.

Recommendations

- Develop a clear plan of action, exit and sustainability from the outset
- Review the feasibility of the planned strategy as circumstances change.
- Report regularly to donors using an agreed on system of monitoring and evaluation.
- Offer donors opportunities to visit and meet with staff and if possible users of the service to ensure they understand the work and needs of the potential beneficiaries, and are able to share their insights on the service with others.

- As donors are often more willing to fund initiatives that are co-funded, emphasis needs to be placed on securing additional funds, externally as well as from the local municipality.
- Discuss sustainability with government stakeholders in designing the service
- Collaborate with national and local authorities, social service providers and the local community to ensure there is buy-in to the programme and advocate for services to be provided by the government: Monitoring and Evaluation data is central to showing the impact of the service.
- Work closely with social service providers and the local community
- Salaries should be aligned with the local salary grades to ensure that local service providers can take over the programme.
- Find 'champions' who can advocate for the centres amongst the parents, local authorities and business community, and develop innovative ways to fundraise for services locally

Looking forward

Funding and the limited resources invested in social services, particularly for disability, remain a central challenge. Since its inception the service has been sustained by funding from abroad (from the EU and other donors recruited by One to One Children's Fund and PEMA), by investing in the training and professional development of highly skilled staff, networking with other organisations, and networking with other organizations in advocating for the rights of disabled people, particularly children, to appropriate services.

Standards have maintained through a rigorous system of monitoring and evaluation, including visits by the project staff of One to One Children's Fund. These procedures have helped to ensure the work is reviewed regularly, and where relevant introduce changes. It has also meant that funders and other stakeholders have been able to receive accurate data on the efficacy of the service.

Concerns about future finances and the desire to keep the centres open with a more restricted budget may mean that aspects of the service that are deemed expendable are not continued. There are no easy solutions. For example although training and supervision may be seen as more expendable, stopping or reducing these aspects of the program is likely to affect the quality of care as they are central to maintaining professional development, staff morale and team building.

Recommendations

- Training and supervision need to be budgeted into plans for the future.
- A rigorous and regular system of monitoring and evaluation needs to be built in to review of the service, the quality of the care children and families receive, the organisational structure, recording and data collection.
- Recruit and train a strong management team, develop clear policies and ensure they are, adhered to and reviewed regularly.
- The exit strategy should be articulated clearly to all parties, with a phased handover to the local organization.



Appendix I – Training requirements & modules

At the outset of this work, a group of key stakeholders, including the heads of several regional and national departments of mental health and several social services, the main association for parents of children with disabilities (OPFAKKOS) and manager of the service attended a week's study visit to the UK. This included visiting a number of day centres, schools and clinics focused on children with disabilities to observe the work and learn how the needs of these groups of children and families were being addressed in the UK. The services visited included the Norwood Kennedy and Buckets and Spades Day Centres; Mosaic, a social services team specializing in working with disabled children and their families; Oak Lodge School which focuses on children at the severe end of the autistic spectrum; Kisharon, a school for disabled children; St Christopher's Place Centre for Speech and Hearing, and the Tavistock clinic, a psychotherapy and training clinic. Attending with other key stakeholders meant it was possible to reflect together on the implications for work in Kosovo, and consolidate the links between this service and other organisations integral to the care of disabled children.

As the majority of the staff appointed to One to One Children's Fund service had little experience working with children and young people with disability, additional trainings were provided to enhance their understanding of and capacity to respond to the needs of disabled children and their families. To ensure these trainings were appropriate to the local context and in keeping with current legislation, Kosovan professionals provided some of the initial trainings. However, professional from the UK with particular expertise in working with disabled children and their families provided the majority of these trainings, which meant staff were exposed to cutting edge developments in working with disability.

Each module included theoretical as well as interactive components. Trainers observed sessions at each centre: this meant they were able to draw on what they had observed in discussing the practical applications of the approach under discussion. Because this work is not confined to any one discipline, the trainers included speech and language therapists, occupational therapists, physiotherapists, psychologists, special needs teachers and a family psychotherapist. Learning was consolidated through mentorship visits, monthly review meetings, supervision and a staff retreat.

Staff attended a wide range of additional trainings and workshops in Kosovo, including trainings focused on the rights of children, safeguarding vulnerable children, gender and issues particular to working with disability. In addition, coordinators were trained to become trainers, which proved invaluable in mentoring new staff and supporting them in working alongside the more experienced staff members.

The feedback on these trainings has been extremely positive: staff reported feeling they had been able to learn and explore a wide range new ways of thinking and approaches to addressing the needs of children

with disabilities and their families. Likewise, coordinators felt that the management trainings they received were extremely helpful in developing their skills, knowledge, and ability to run the centres effectively and improve the performance of the team.

Training modules

- Introduction to disability (Part I and II)
- Childhood development
- Language development (Part I and II)
- Specific learning difficulties and engaging with children to extend their learning and skills (Part I and II)
- Sensory integration (Part I and II)
- Working with families facing disability (Part I and II)
- Working with children on the autistic spectrum (Part I and II)
- Addressing challenging behaviour

Introduction to disability (Part I and II)

- Definitions of disability
- Identification of categories and causes of disability
- Beliefs and attitudes towards disability
- Approaches to working with disabled children
- Disability, the family and collaboration with other organizations involved in their care
- Personal-professional resonances: understanding one's own attitude and responses to disabled children

Child Development:

- Outline of the main theories and research findings on child development
- Phases of child development

- Assessment tools for evaluating, recording and monitoring developmental milestones
- Activities aimed at enhancing children’s capacities.

Language development (Part I)

- Outline of how children learn to communicate
- Verbal and non-verbal communication
- Factors affecting the development of speech
- Intervening to enhance communication, for example physiotherapy exercises and responding to non-verbal cues
- Communication between parents/caregivers and children
- Assessment of capacity to communicate, including strengths as well as difficulties
- Observation framework and testing of children
- Development of speech and language strategies to support children
- Principles and practices of designing engaging and functional activities
- Practical applications: including introduction to Intensive Interaction³, Matrix Maker⁴ and other sensory approaches
- Exercises aimed at promoting successful communication between professionals and children, and between parents and their children

Learning difficulties and extending learning skills (Part I)

³ **Intensive Interaction** is an approach for teaching communication skills to children and adults who have autism, severe learning difficulties and profound and multiple learning difficulties who are still at early stages of development. It focuses on the fundamentals of communication – the communication concepts and performances that precede speech development.

⁴ The Matrix Maker is a software program that has been specifically designed to be the simplest and most affordable software for making communication overlays and education resources.

- Models of learning
- The implications of particular forms of diagnosis for learning, social and relationships
- Individual and group interventions for addressing specific learning difficulties

Learning difficulties and extending learning skills (Part II)

- Illustration of individual learning styles
- Methods for addressing the learning challenges associated with particular forms of diagnosis
- Development of a creative life skills curriculum
- Structuring and planning sessions for children with diverse needs and capacities

Challenging Behaviour

- Range of challenging behaviour families, schools and centre staff may face, including sexualized behaviour
- Functions, signs and symptoms of challenging behaviour
- Likely causes and triggers
- Assessment of challenging behaviours
- Interventions and de-escalating techniques
- Organizational responses to challenging incidents: policies and procedures

Sensory Integration (Part I)

- An outline of what sensory integration entails
- Difficulties in processing sensory information and controlling responses to external stimuli
- The main sensory systems and indicators of processing difficulties
- Impact of sensory difficulties on behaviour
- Strategies and programs to assist the child in the centre, school, home and other setting
- The use of multisensory rooms in working with children, individually and in groups

Sensory Integration

1 Tactile therapy: Tactile therapy is a program for children with neurological impairments, developmental delay, profound and multiple learning difficulties, tactile defensiveness and limited or pre – verbal communication. It provides a structured and emotionally safe framework for making contact with their own body, environment and other people

- Outline of what tactile Therapy entails
- Practical demonstration of the approach
- Assessment to monitor progress
- Designing interactive and creative activities to stimulate all the senses

2 Intensive Interaction is an approach for teaching communication skills to people with autism, severe and multiple learning difficulties at early stages of development, teaching the fundamentals of communication, and performances that precede speech development.

- Application of Intensive Interaction to working with congenitally deaf-blind and multi-sensory-impaired children
- Practical aspects of communication, including adjusting one’s voice, gaze or body language to appear less threatening or more interesting, following the other person’s lead, imitating to initiate communication, using rhythm and repetition to hold their attention and treating actions as communication

Understanding Autism (I and II)

- History, definitions and current research
- Diagnostic criteria, anxiety and medication, food allergies and sensory integration topics
- Stereotypes, common difficulties and unique strengths associated with autism
- Tailoring play, choice, time and the physical environment to meet individual needs of autistic children
- Development of themed activities for children with sensory difficulties, developmental delay, profound and multiple learning difficulties and children with tactile defensiveness
- Sensory Integration and inclusion of children with challenging behaviour

- Outline of strategies for intervention, including the principles underlying these approaches and practical examples of applications, focusing in particular on PECS⁵, TEAACH⁶, Social Stories⁷ and Task Schedules ABA Therapy⁸, Attention Autism⁹, Tactile Therapy, SCERTS¹⁰ and Intensive interaction¹¹
- Observations and feedback on the individual cases with suggestions for further interventions

Working with families (Part I and II)

- The core principles of counselling
- Introduction to systemic and attachment theories
- Impact of loss, guilt and blame on families where a child has significant physical and cognitive impairment
- Family scripts and the family life cycle
- Techniques of counselling families including listening skills, using open-ended questions to open up new ways of thinking, and engaging with children through play, genograms (family tree) and externalisation
- Responding to situations of risk within the family

⁵ **PECS** – picture exchange is a form of augmentative and alternative communication. While the system is commonly used as a communication aid for children with Autism Spectrum Conditions, it has been used with a wide variety of learners, from pre-schoolers to adults, who have various communicative, cognitive, and physical impairments, including cerebral palsy, blindness and deafness.

⁶ **TEAACH** is a Public Health Program based on understanding the learning characteristics of individuals with autism and the use of visual supports to promote meaning and independence.

⁷ **Social Stories** is a social learning tool that supports the safe and meaningful exchange of information between parents, professionals, and people with autism of all ages.

⁸ **Applied Behavioural Analysis (ABA)** is a system of autism treatment based on behaviourist theory, namely that that behaviours can be taught through a system of rewards and consequences.

⁹ **Attention Autism** – is a programme for children with autism aimed at improving attention, interaction and communication in a practical and exciting way.

¹⁰ **SCERTS** model is designed to target priority goals in social communication and emotional regulation through the implementation of transactional supports. It provides an assessment tool for identifying social communication level for children and adults with autism.

¹¹ **Intensive Interaction** as noted above is an approach for teaching communication skills to children and adults who have autism, severe learning difficulties and profound and multiple learning difficulties who are still at early stages of development. The approach focuses on teaching the fundamentals of communication – the communication concepts and performances that precede speech development.

- Opportunities to practice techniques (through role play and experiential exercises)

Further trainings:

Management attended trainings and mentoring sessions focusing on:

- Leadership and criteria for managing, inspiring and motivating a team effectively
- Development of a cohesive effective team
- Leadership and management of change
- Successful and unsuccessful programmes and models
- Day to day management of the centre, including relationships with staff and partnerships with parents and external agencies.
- Strategies for assessment, recording and reporting
- Safeguarding
- Personal reflection on leadership and interpersonal skills

Planning and Recording

Management as well as clinical staff attended trainings related to the protocols for record keeping, assessment, monitoring behaviour and individual learning plans, which led to redesigning some of the documents for recording, monitoring and evaluating the work of the service.

The following regulations and policies are outlined in the staff handbook

Appendix II Professional Conduct and Regulations

Personal conduct

Relationships with care workers and management staff are central to enabling children and families to develop trust and confidence in the service. As such staff are required to respond in a welcoming and sensitive manner to children and their families, and the manner of their dress, jewelry and hairstyle should be presentable so it will not cause offence or undermine the reputation of the service.

Smoking is only allowed in a specific outdoor area, out of the sight of children and staff are required limit the smell of cigarettes before resuming work with children.

Personal possessions and mobile phones

The service does not accept liability for loss or damage to personal possessions. Employees are expected to lock valuable items away and avoid leaving personal possessions unattended. Other than exceptional circumstances, mobile phones and other devices are not used during working hours.

Appraisals

There is an annual appraisal of the work of all employees. Staff are required to submit a performance appraisal form to their line manager at least two days before the meeting. This form provides the basis for a discussion of the previous 12 months achievements and challenges, during which which they receive a constructive, and honest review of their performance, areas for improvement, career development and how this will be managed, taking account of the goals of the organisation as well as the individual.

Working hours and absences

Employees are expected to work 40 hours per week over 5 days. The opening hours of the centres are 8.30 to 17.00. This includes a daily staff briefing before the children arrive. In some cases, staff may be called to work overtime in order to achieve the necessary project results.

Annual leave, sick leave and maternity leave are calculated in accordance with Kosovo labour law. Staff are required to fill out a form requesting annual or sick leave, as early as possible. They are also required to

notify the coordinator of any unexpected absence, their anticipated date of return, and when if they need to leave early or arrive late, preferably in advance. The management office is informed of all requests for leave.

Health and Safety

The safety of the children is paramount. Each day care centre has a designated Child Protection Officer who has overall responsibility for ensuring the safety of children attending the centres. A detailed discussion of child protection policy is provided in Appendix VII.

Appendix III – Individual portfolio and progress files

Individual portfolio and progress files

Each child is allocated a case manager who carries responsibility for her or his individual portfolio, which includes:

- Individual Action Plan
- Personal data, including the child's age, diagnosis and family constellation
- Referral information
- Initial assessment information
- Individual plan and progress
- Booklets entitled 'all about me' and 'who am I booklet' which include responses to such items as: 'this is my family, there are the things I like and don't like, my self-portrait, and favourite animal
- Photographs of the child during activities
- The child's artworks
- Records on family meetings and visits to the home
- Correspondence with parent/caretakers
- Absences in attendance
- Progress information
- Information related to case closure and, where relevant referral to other services

When the child leaves the centre this portfolio is transferred to the young person and their parents/caregivers.

Appendix IV - Initial Assessment

Child's name: Date:

Parent's/caretaker's name:

Counsellor: Centre:

Diagnosis:

.....
.....

Other professionals involved with the child (eg. psychiatrist, physiotherapist and therapists):

.....
.....
.....

Parent's/caregiver's comments:

Basic self-care skills:

Use of toilet (independent or requires pampers):

.....

Dressing/shoe lacing (independent, needs verbal, physical support)

.....

Eating/drinking/using the spoon, knife, fork (independent, needs verbal, physical support,)

.....
Physical difficulty /using the wheelchair: YES NO

.....
.....
Walking difficulties/child's movement: YES NO

.....
.....
Difficulties in using stairs: YES NO

.....
.....
Difficulties for personal hygiene: YES NO

.....
.....
Receives health treatment: YES NO

.....
.....
Allergies: YES NO

.....
.....
Difficulties in hearing/seeing: YES NO

.....
.....
Behaviour difficulties: YES NO

.....
.....
Able To follow the given instructions: YES NO

.....
Has adequate communication skills:

YES

NO

- If yes, how many words is the child able to pronounce:

1-10 words

10-50 words

50-100 words

Uses full phrases

- If no, how is communication conducted:

Eye contact

Body language

Gesticulation

Sings language

Drawing

Symbols

Objects

• Social communication/interaction with others:

.....
.....
.....
.....
Does the child need to refer to other professionals such as an occupational therapist, physiotherapist or psychiatrist:

YES

NO

.....
.....
.....
• Goals:

Self-care skills:

Behaviour:

Communication:

Counselling comments, how will this child be helped:

.....
.....
.....
Date of the next progress evaluation (3 months upon initial evaluation):

Appendix V - Ongoing progress evaluation

After each session, staff make a note of the child's behaviour, patterns of communication, engagement, cooperation, self-care and other basic skills, emotional state, listening and eye-contact, cooperation, which may be shared during the daily debriefing with the rest of the staff

Every three months there is a more formal recording of plan of treatment and progress of the child:

1. Goals to be achieved:
2. Activities to be conducted:
3. Description of conduction of activities by the child:

3 monthly progress evaluation:

Self-care basic skills:

Behavior:

Communication:

Ratings of each category:	1	2	3	4	5
.....					
.....					
.....					

Referral to other professionals:

Referral to Vocational Training Centre or other services:

Date of the next evaluation:

Appendix VI - Home-Centre Agreement

As a Centre, WE WILL

- Motivate all children to learn by providing relevant and engaging activities in a safe and caring environment
- Build self-esteem, empowering all to become valued citizens and respected for their contribution
- Ensure equality of opportunity within an inclusive setting
- Welcome parents/caregivers into our centre by providing a range of activities, including Open Evenings and group sessions
- Keep parents/caregivers informed about the child's achievements through meetings and notes

Signed (Day care worker)..... Date.....

As a Parent/caregiver, I WILL

- Support the centre in as many ways as I can
- Ensure my child attends centre and I will provide a note of explanation if absent
- Attend meetings and provide information for these meetings
- Support my child in opportunities for home learning
- Work with the centre and other professionals to develop my child's social interaction skills

Signed..... Name: (Parent/caregiver)

Appendix VII - Child Safeguarding Policy

Throughout history and across all societies, acts of violence and other forms of abuse have taken place against children. In some cases, violence and other forms of abuse towards children take place by staff working for organizations entrusted with their care. This is an added risk when children are particularly vulnerable, and have limited abilities to communicate.

In this regard, this Child Protection Policy provides guidelines for all employees of the organisation, and other persons working for the service on how to respond when there are concerns that abuse has or may take place. The policy is subject to a continuous review to ensure it reflects the current practices, policies, guidelines and interventions to support and protect children at risk. It aims to promote rights of all children, to protect them from suffering, across all sectors of the population, regardless of religion, culture and language grouping. Emphasis is placed on child protection, reducing risk and preventing any form of abuse (negligence, physical, psychological and sexual abuse), and where abuse has taken place, working towards rehabilitation.

Children accessing the centres are treated respectfully and receive safe and effective care aimed at optimising their life chances and equipping them for adulthood, as best as possible. Staff, interns and volunteers are trained to recognize signs of potential abuse and report any concerns to the designated person for Child Protection.

Aims and objectives

- Raise awareness of child abuse and child protection
- Teach children skills to ensure own safety
- Guide employees, interns and volunteers on how to record and intervene when there are concerns about child
- Reduce the risk of child abuse by creating a culture in which employees, interns and volunteers feel able to report suspicions of abuse and providing training to enable them to identify and report cases of concern or suspected abuse
- Reduce the risk of child abuse by scrutinizing the police and work record of people applying to work for the organization to ensure their suitability to work with vulnerable children

- Ensure children listened to and know that they will receive the appropriate support from staff working for the centres
- Establish out a clear framework for Inter-agency communication and effective liaison

Key messages:

- Protection from child abuse is a priority: in accordance with the rights of the child, emphasis is placed on protecting children all forms of abuse
- All employees, interns and volunteers understand their statutory roles and responsibilities in preventing child abuse.
- All employees, interns and volunteers understand how problems of violence against children manifest, how to identify signs of abuse, and how this should be reported and treated.

Policy effects:

- It is mandatory for everyone working for the organization to report all concerns about child abuse
- Managers are responsible for implementation of the policy.
- Information and/or awareness sessions are provided for all employees, interns and volunteers.
- Each post holder undergoes a risk assessment that takes account of their contact with children.
- Recruitment and selection procedures are subject to continuous review and update.

1. Employees and other persons engaged at Day Care Centres

Every person working for the organization, irrespective of his/her status and role, is required to receive a detailed outline of Policies, Procedures and sign a statement agreeing to their responsibilities and commitments in relation to child protection

Where there is evidence of child abuse, staff have a responsibility to report this case in order to protect the child and take appropriate measures: "**the best interests of the child**¹²" is placed above everything.

Any staff member who knows or suspects a child is, has been or may be suffering from harm **must** report these **concerns** to the designated Child Protection Officer to enable prompt intervention.

¹² Best interests or best interests of the child is a child rights principle, which derives from Article 3 of the UN Convention on the Rights of the Child (1989), which says that "in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration".

The Project Manager acts in accordance with the Child Protection Officer and is the first person to report concerns to the authorities. On being informed of any such concern, the Project Manager together with the Members of the Board takes a decision in the best interest of the child. In his/her absence another designated member of staff should be informed by staff and entrusted to share this with the board.

All employees and other persons engaged in the project are required to know the child protection policy, procedures, requirements and methods for reporting concerns relating to abuse, receive regular updates about their responsibilities and duties in relation to child protection and where needed, have access to additional support.

Child Protection Policy, Procedures and all supporting material must be communicated to all internal and external groups mentioned in this document. The Policy and any changes in policy are transmitted through information sessions, case discussions and presentations.

Recruitment

A certain portion of people who abuse children, physically, psychologically and/or sexually, attempt to work with children. This is a particular concern in relation to vulnerable children, as they are less able to tell anyone they have been abused. For this reason, the recruitment and selection of staff follows strict procedures in relation to child protection. Although this process cannot provide full assurance, it helps to identify people who pose a potential risk to children.

During recruitment, the employer has the right to request:

1. A copy of an identification document (passport/identity card)
2. A police record certifying criminal clearance
3. Signed statement on Child Protection Policy
4. Curriculum Vitae
5. Reference from previous employers

Once appointed, employees, interns and volunteers are informed that the management and Day Care Centres staff have legal obligation to report any case of child abuse, including abuse by member of staff, or any other person working for the organization to the relevant authorities and terminate their contract.

Integrating child protection policies into the service

The management office of Day Care Centres and the Child Protection Officer are responsible for implementing the child protection policy in accordance with Kosovo law: this ranges from recruitment through to routine reports and meetings.

The main responsibilities of the Child Protection Officer are:

- Increase the level of information and awareness of child protection policy and procedures amongst long term and new employees. Ensure that all staff receives Child Protection Training and follow appropriate safeguarding practices.
- Organize and ensure all staff who have contact with children attend regular meetings on the practical application of child protection policies (which include outlining the Child Protection Policy, Code of Conduct, statutory procedures and norms of childhood behaviour).
- Review where additional child protection training is needed on a 6 monthly basis.
- Facilitate an open and conscientious culture in which it is possible to reflect on challenging child protection issues.
- Ensure discussions of case reports provide opportunities to talk about concerns related to child protection
- Organize for members of the organization to contribute to the development of local procedures relating to child protection by participating in discussions with other stakeholders involved in the care of disabled children

Support

Staff employed at the Day Care Centres, management and others (including volunteers and interns) work in dangerous, stressful and psychologically demanding situations. As such, PEMA places emphasis on providing adequate support and supervision, particularly in situations of abuse.

- Where there are sensitive concerns related to child protection, management office and Members of the Board are responsible for taking appropriate action, which includes providing support and advice. In addition, staff have access to peer counselling, supervision and if necessary, consultation with other relevant professionals
- There are opportunities to signal concerns on child abuse and combat negative practices

- Concerns about abuse are listened to respectfully and staff receive a positive and appropriate response. Management and Members of the Board draw on the safeguarding policy in deciding how to proceed
- Employees and others working for the organization are required to respect local policy and procedures on child protection
- Reports and information remain confidential and are sent only to those who are entitled to have them (for example police and other relevant bodies).

Definition of child abuse

It is important for all staff to understand the different forms abuse can take. Children may be abused at the home, institutional or community setting. Most instances of child abuse are committed by someone the child knows: abuse by a complete stranger is exceedingly rare. Abuse may be caused by inflicting harm, neglect or failure to act to prevent abuse:

- Sexual abuse

This involves the real exploitation or threat of child sexual exploitation, including all forms of sexual activity, such as rape, incest, pornography and forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetration (i.e. vaginal or anal rape) as well as acts that are sexually abusive but do not involve actual penetration, and other non-contact activities, such as involving children in looking at or in the production of pornographic material, watching sexual activities or encouraging children to behave in sexually inappropriate ways, including activities and materials on-line.

- Physical abuse

This involves real and potential physical damage of child, or failure to prevent physical injury or suffering, including hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating and other forms of physical harm. It also extends to situations where a parent or carer invents the symptoms of, or deliberately causes ill health to a child whom they are looking after, as with fabricated induced illness.

- Negligence

Continuous, persistent or severe disregard of the child or failure to protect children from exposure to any kind of danger, including the failure to meet a child's basic physical and psychological needs. Child neglect usually results in a serious impairment in the child's physical and psychological development. It may involve

a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of or unresponsiveness to a child's basic emotional needs and an absence of appropriate safe boundaries.

- Emotional abuse

Real negative or potential effects on emotional and behaviour development of child abuse caused by continuous or heavy mistreatment or rejection. All forms of abuse include emotional abuse of the child. This category refers to the persistent emotional ill treatment of a child, which has a negative effect on their emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

Symptoms of potential abuse:

When a child is suffering from one or more form of abuse', or if the child is 'at risk' of being abused, they are likely to suffer from or display the following:

- a lack of concentration and a decline in his/hers academic performance
- aggressive or hostile behaviour
- moodiness, depression, irritability, listlessness, fearfulness, tiredness, temper tantrums, short concentration span, acting withdrawn or crying at minor occurrences
- difficulties in relationships with peers
- regression to more immature forms of behaviour, e.g. thumb sucking, soiling themselves
- self-harming or suicidal behaviour
- low self esteem
- wariness, insecurity, absconding or truancy - children who persistently run away from home may be escaping from sexual physical abuse
- disturbed sleep
- general personality changes such as unacceptable behaviour or severe attention seeking behaviour
- a sudden decline in academic performance

Interventions when there are concerns that a child is being abused or maybe at risk

Raising and reporting of concerns

The Project Manager, Designated Child Protection Officer or in their absence, another member of management is responsible for raising and reporting problems related to the safety and welfare of the child. In these situations they to complete a 'Child Concern Form or Child Protection Form"

- A '**Child Concern**' form should be completed following a concern regarding a noticeable change in the wellbeing of the child.
- The '**Child Protection**' form should be completed following a disclosure

These forms need to be dated, timed and signed by the person reporting the concern/disclosure, and written as soon as possible after an event to ensure accuracy and allow appropriate action to be taken.

Dealing with disclosures of abuse

If a child discloses to a member of staff about possible abuse, it is important to avoid questioning the child. Instead one needs to:

- Listen and react calmly
- Keep responses short, simple, slow, quiet and gentle
- Tell the child that this information will have to be passed on
- Do not promise confidentiality
- Let the child know that you understand how difficult it is to talk about such experiences and that she/he is brave to tell
- Reassure the child that she/he is not to blame and that they were right to share this information
- Do not interrogate or put words into the child's mouth but note the main points carefully
- Make accurate notes as soon as possible about what you have been told, seen or heard
- DO NOT remove a child's clothing to 'examine' him / her for any marks
- Record marks on the body that are noticeable or the child has brought to attention
- Do not stop someone who is freely recalling significant events
- Do not judge the abuser
- Inform the designated child protection officer of the centre and the project manager as soon as possible

Suggestions of what to say: 'You're very brave' – 'I believe you' – 'It's not your fault' – 'Well done' – 'In order to keep you safe I will need to talk to someone else about what to do next'.

The Child Protection Officer provides a refresher training once a year to all staff, and newly appointed staff receive Child Protection Policy training as part of their induction.

The role of the Child Protection Officer in responding to an allegation of abuse

Child Protection Officer is responsible for coordinating responses to child abuse, which includes:

- Ensuring all staff receives appropriate Safeguarding and child protection training
- Developing effective working relationships with child protection agencies
- Receiving and taking action on all reports related to abuse
- Informing the PEMA management office of reports from staff about abuse or potential abuse
- Recording the details of conversations and actions taken in connection with a Child Protection matter
- Liaising with Social Services once referrals have been made
- Liaising with the assigned Social Worker during an investigation
- Ensuring records relating to safeguarding and child protection concerns are accurate and kept securely
- Attending child protection strategy meetings and case conferences
- Where a child has a Child Protection plan, ensuring the Social Worker is informed of any changes

Child Protection Officer will check that the referral has been received and having discussed concerns with the person reporting the concerns, liaises with the project manager and members of the Board before a decision about appropriate action is reached. There is a duty to pass on any information regarding abuse or suspected abuse. However, the individual and family's right to confidentiality is respected as much as possible, which means unnecessary details are not shared.

Recording and monitoring allegations of abuse

When there are suspicions of significant harm, and a child is referred to Social Services and/or the police, it is important to share all relevant information about the child and the family, including previous records (if available). Social Services and the police need to be informed whether the parents have been told, and have given their consent. The referral needs to be confirmed in writing, with details of the name of the Duty Social Worker, date and time of the call, with a copy for the centre's confidential file. Records and reports should be non-judgemental, clear, accurate, include all relevant information, and kept securely in a confidential file, separated from other records about the child, for example assessment of their behaviour and journey book.

To assist in identifying potential abuse, the Centre Coordinator and Child Protection Officer should be informed of:

- poor attendance
- concerns about the child's appearance and dress
- changed or unusual behaviour
- concerns about the child's health and emotional wellbeing
- deterioration in educational progress
- parents' concerns about their child
- staff concerns about home conditions or situations
- behaviours that could be indicative of abuse (such as serious bullying)

Allegations Against Staff

Any complaints about allegations made about a member of staff need to be reported to the Centre Coordinator, who in turn notifies the Project Manager, and investigated thoroughly.

Raising Children's awareness of acceptable behaviour and safety

It is important to make children aware of behaviour towards them that is not acceptable and how they can help keep themselves safe. As such, opportunities for children to learn about keeping safe, who to ask for help if their safety is threatened and how to develop a healthy safer lifestyle will be provided through the activities in centres, social games and updated regularly based on discussions with the staff in each centre.

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