Placement in foster care

Project

Ensuring the right to protection and quality social protection for better quality of life of disadvantaged children in Bosnia and Herzegovina

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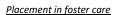
Minimum standards

Placement in foster care

Project

'Ensuring the right to protection and quality social protection for better quality of life of disadvantaged children in Bosnia and Herzegovina''

Save the Children UK,

Programme in Bosnia and Herzegovina

Project

'Ensuring the right to protection and quality social protection for better quality of life of disadvantaged children in Bosnia and Herzegovina''

Save the Children UK

M. Sc. Jasmina Selimović, person responsible for the standards development process under the project

Note:

Acknowledgements

As part of the "Ensuring the right to protection and quality social protection for better quality of life of disadvantaged children in Bosnia and Herzegovina" project, Save the Children UK has together with the Ministry of labour and social policy of the Federation of Bosnia and Herzegovina (FBiH), the Ministry of health and social welfare of Republika Srpska (RS) and the Subdivision for social protection of Brčko District developed minimum standards for five child protection services: (I) standards for foster care, (II) standards for institutional care of children without parental care, (III) standards for children's villages services (only for FBiH), (IV) standards for placement in foster care and (V) standards for placement in foster care.

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BiH experts: Edisa Bajraktarević, social worker; Nermina Bećirević, psychologist; Svjetlana Blagojević, pedagogue; M.Sc. Mira Ćuk; Tatjana Đedovac Radić, law graduate; Ahmet Dizdarević, professor; Jasmina Dizdarević, psychologist; Nafa Dizdarević, social worker; Zorica Dubljević, social worker; Nedžad Džiho, professor of literature; Fatima Fazlović, social worker; Draško Gajić, social worker; Dr. Ana Gavrilović; M.Sc. Slađa Gerun; Dr. Udžejna Habul; Nizama Hujdur, social worker; Grozdan Janković, social pedagogue; Ivana Jarak, psychologist; Rade Javorić, professor; Jasna Kovačević, psychologist; Aleksandra Kukoljac, psychologist; Malina Kvasina, social worker; M.Sc. Indira Mehić-Čejvan; Mirjana Mehičić, social worker; Slobodan Mitrović, special education teacher; Mervana Mujić, speech therapist; M.Sc. Elma Mulalić; Vladimir Nakić, social worker; M.Sc. Salih Omerović; M.Sc. Branka Ostojić; Aleksandra Ostojić Ždrnja, pedagogue; M.Sc. Asim Pandžić; Mirsada Poturković, social worker; Osman Pozderović; Miljana Radić, law graduate; Amra Ramadanović, psychologist - pedagogue; Ćamil Ramić, law graduate; M.Sc. Amir Rekić; Violeta Rožić, psychologist; M.Sc. Alema Rudalija; M.Sc. Dragana Šćepović; M.Sc. Suada Selimović; Anka Šeranić, professor of sociology; Bisera Sofović, psychologist; Krolina Tadić Lesko, psychologist; Sanja Topić, psychologist; Sahudin Višo, journalist.; Dr. Borka Vukajlović; M.Sc. Jovanka Vuković; Neda Zuporović, social worker.

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In particular, we would also like to extend our gratitude to the EU Delegation in BiH for their financial support and reconfirmed commitment to assist BiH in its efforts to build a modern social protection system that will provide unhindered and positive development, as well as a brighter future, for its youngest citizens.

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1.   Introduction

1.1.   About the project

Save the Children UK implemented the "Quality protection and social protection for better quality of life of disadvantaged children project in BiH" project in the period from December 2007 to August 2010, together with the FBiH Ministry of labour and social policy, RS Ministry of health and social welfare, Subdivision for social protection of Brčko District of BiH and the Association of Foster Parents of Tuzla canton "Familija". The project was co-financed by the European Commission and Save the Children UK. The project supported relevant institutions in BiH in their efforts to reform the social protection system and to change the social protection policies. The reforms are focused on organising child protection in line with the UN Convention on the rights of the child and relevant standards set forth in the EU countries and strategic documents of BiH. In particular, the project provided support to the competent authorities at all levels in BiH in protecting children and families in their home environments through development of service standards in this area as an integral part of the reform of social protection system. The project gave preference to protection based on the key principles of the UN Convention on the rights of the child, preservation of biological family, and promotion and development of the family-type of care in the communities where children live. The project activities sought to improve child protection policies through promotion of child participation, building of partnerships and cooperation among the competent stakeholders, and development of an inclusive model of planning, providing and monitoring of services.

The objective of promotion of the model of joint planning, providing and monitoring of services for the children at the level of two municipalities, Doboj and Mostar, was to ensure coordination of efforts of all competent stakeholders, develop services that will respond to the identified needs of children and their families and maximise use of available resources. The Project interventions supported identification and strengthening of the current, as well as piloting of new practices in service provision. This will be used for improvement of further development of service standards.

General objective of the Project was to reduce vulnerability and poverty of children in the social protection systems in BiH (in RS, FBiH and Brčko District).

Specific objective of the Project was to improve the quality of child protection systems in BiH (in RS, FBiH and Brčko District).

The "Ensuring quality protection and social protection for better quality of life of disadvantaged children in BiH" project drew on the past experience and current activities of Save the Children UK, in addition to relying significantly on the 14 years of experience of Save the Children in the area of child protection in BiH, from 1996 to 2010.

The Project also built upon the work of Save the Children UK on development of Policy for protection of children without parental care and families at risk, done in cooperation with the competent entity ministries and UNICEF, and contributed to its implementation. The Policy represents a framework of activities for protection of children without parental care in BiH, and the Project continued activities related to development of service standards for foster care placement.

The Project focused on establishing coordination and cooperation with other relevant initiatives during the implementation period, in order to avoid overlaps and maximize impact. In particular, this included cooperation with experienced organisations that implement projects in the area of social and child protection in BiH, such as UNICEF, IBHI, and HHC.

1.2.   Development of child protection standards in BiH

Assessment of the situation and needs in the centres for social work was the first activity carried out under the project. The objective of this activity was to assess the situation and needs in terms of

the centres for social work, to serve as a baseline for development of the standards. The assessment was based on two assumptions: (1) identification of problems and needs in practice on one side and good and successful solutions on the other (In addition, good practice examples, that will require further support and improvement through this Project and future social protection reforms, were also reviewed.); (2) active participation of practitioners in development of standards (identified earlier as one of the basic principles of the project). In order to access the situation and the needs of the centres for social work, it was necessary to engage the practitioners who work directly with beneficiaries and have knowledge about the issues in practice, as well as a clear picture as to how to overcome the latter. In most cases, the practitioners were responsible for development of standards and their piloting. The obtained results represented only preliminary research data that provided input for further project implementation. Therefore, direct responses and their qualitative analysis were more important than analysis of statistical data, regardless of the fact that they were provided by a number of respondents that is small relative to size of professional population in BiH. The results of the situation and needs assessment overall were as expected and are not at all encouraging, which further reinforced the view that the project was implemented at the right time and in line with the real needs in BiH at the moment. The assessment results are presented in a separate report, which is electronically available to all interested parties.

Establishment of the Project Coordination Body was the second important activity that was done under the project. A multi-sectoral coordination body for development of standards was established at the state level and consisted of eight (8) members: representatives of competent ministries of social policy/protection (both entities and BD), practitioners from social protection institutions, as well as representatives of civil society sector, and other agencies such as UNICEF. Since its establishment the coordination body was assigned to direct the entire process of standards development, plan the framework for the work on standards development, coordinate and monitor work of the working groups for standards development, monitor the piloting of standards, and harmonise the contents and form of the standards, as well as their verification. The terms of reference (ToR) were developed for the coordination body, environment up a framework for its work during implementation of the activities for which this body was competent in the period 2008-2010. The coordination body held periodical meetings, every three months on average, including also at times representatives of academic community and partner organisation Association of Foster Parents of Tuzla Canton "Familija". The meetings and their conclusions were documented.

Establishment of the working groups for standards development. Two working groups at the entity level (22 members) were established in December 2008 for the purpose of standards development. The task of the working groups was to identify priority services for which the standards have to be developed. In line with the conducted research and consultations with the competent ministries, the working groups identified five child social protection services that were subject of the standardisation process. Four services: institutional placement, day centres, foster care and placement in foster care were identified as requiring standardisation across BiH, while the service of placement in the so-called children's villages was standardised for the territory of FBiH only. The working groups worked directly on development of minimum service standards in line with existing legislation and guidelines received from international experts in this area. During the process of development of standards in the period from April to September 2009, members of the working groups and practitioners-professionals implemented the following activities: consultations with relevant stakeholders in their communities, provision of feedback to the coordination body, mutual cooperation and exchange of information and experiences, cooperation with international experts, presentation of standards at joint meetings and public discussions, advocacy to promote importance and the need for standardisation in the area of social protection of children in BiH, both amongst the practitioners and government representatives at all levels.

Some members of the working groups, who participated in standards development, were also engaged in the process of standards piloting, monitoring, and evaluation, as well as modification for

the purpose of preparing their final version under this project. The working group also had terms of reference and a work plan developed, subject to supervision of the coordination body.

Development of minimum service standards. After identifying priority needs in terms of the system and implementation in the field, development of the following standards was agreed:

    (I)   Foster care services for children without parental care,

    (II)   Institutional care services for children without parental care,

    (III)   Services of children's villages (only for the territory of FBiH),

    (IV)   Day centres' services for children and youth with developmental disabilities, and

    (V)   Standards for early detection of children with developmental disabilities.

The standards were developed in the period from April to September 2009, with two public discussions held in that period (June and September 2009) to open up discussion about this issue and collect proposals for improvement of standards in line with the needs in the field, of professionals and beneficiaries, in view of traditional and modern values of the local culture and society, as well as experiences of other countries that have already developed standards. The consultations and engagement of stakeholders in the development process ensured full commitment to future implementation of standards, which were harmonised at the State level. The standards were developed in a way that provides for their application by service providers in the government and non-government sector, and makes them achievable and measurable. The standards identify what are the minimum and achievable requirements for high quality social protection services. Parallel to development of standards, a system for monitoring of standards implementation (excel table) was developed, together with guidelines and annexes for every service, for the purpose of assisting service providers to improve the quality of services and to establish a system for monitoring compliance with standards.

Piloting of the minimum service standards. Development of minimum standards for five services in BiH was followed by standards piloting activities. In cooperation with directors of institutions and organisations that expressed interest for testing the standards, the coordination body adopted the decision to test all five developed standards in FBiH, four in RS and one standard in Brčko District. The standards were tested in 11 institutions/organisations in BiH (5 in FBiH, 5 in RS and 1 in BD) in the period from January to May 2010. More than 200 participants took part in the piloting effort. A total of 21 representatives of institutions/organisations piloting the standards were directly responsible for them (directors and one practitioner per each organisation/institution). Furthermore, all employees of the organisations/institutions piloting the standards were also involved in this process, as well as 20 members of the teams in charge of the evaluation process, representatives of entity ministries, assistant ministers and other professionals, two international experts from Serbia, representatives of the Save the Children UK, children, youth, parents, and guardians.

Overview of the piloting of service standards in BiH

    o   Foster care: Cantonal centre for social work Sarajevo – Novo Sarajevo department, Centre for social work Doboj and Brčko District

    o   Institutional care: Home for children without parental care Mostar and Banja Luka

    o   Children's village: Selo Mira Turija

    o   Day centres: Centre for children and youth with developmental disabilities Trebinje and Novi Travnik

    o   Early detection: Centre for social work Prijedor, Trebinje and Novi Travnik

A joint preparatory meeting of all participants and experts from Serbia was held ahead of the standards piloting process (48 participants). The following was agreed at the meeting: (I) piloting

plan, (II) guidelines for piloting of standards, (III) initial meetings of the piloting teams (members agreed about initial visits to organisations, presentation of standards to the employees, organisation of the focus group with parents, guardians, children, etc.).

Piloting process was divided into two stages: first stage took place in the period from January to March 2010 and second from April to May 2010. Two evaluation meetings of all participants in piloting process were held: in March, after completion of stage one of piloting, and in May, after completion of the second stage of piloting. At both meetings, members of the piloting monitoring team presented the piloting process, observations, difficulties and challenges, and proposals for modification of standards. The standards were modified two times before being finalised, with participation of all professionals from BiH and professional support of the experts from Serbia. The standards were published under this project. The developed documents were primarily prepared to indicate a more efficient service provision in social protection and minimum requirements that current service providers have to meet. The table for monitoring compliance with standard provides each service provider with a specific tool for self-assessment of its organisation of work and positioning in the system of social protection services. Adherence to minimum service standards will be one of most important basis for negotiations and agreements between service providers and clients in the local community. It is very important to note that participants involved in standards development demonstrated showed tremendous professionalism and commitment to these activities, which is the result of their awareness regarding significance and benefits of standardisation in child protection services in BiH. This is also a strong indicator of the future sustainability of the standards and a good precondition for continuation of the standardisation process.

In parallel, standards tailored to children's needs were developed and tested in project locations, Mostar and Doboj, with groups of children engaged in empowerment and participation activities during the project implementation. The children's version of the standards was printed in 3,000 copies that will be distributed to all centres for social work, as well as to other service providers in BiH. Standards tailored to children's needs will be used for the purpose of exchange of relevant information with children regarding standards of quality for services provided to them, so they are able to recognise whether the standard was met or not and communicate any such problem. The publication will also provide children with guidelines as to how they can engage in the process of responding to their needs and who can help them in that respect.

Development of professional capacities. One of the key project objectives was development of professional capacities of professionals in BiH working in government and non-government organisations, and universities: social work study programs/ departments. Development of professional capacities was ensured through: (I) training; (II) experience-based learning – exchange of experience through establishment of coordination/cooperation between the professionals across BiH, (III) provision of relevant professional literature. The training covered several topics, such as: standardisation in the areas of social and child protection, children's rights, best interests and children participation, ethical principles in the area of child protection, assessment, planning and monitoring of service provision, evaluation, family at risk, assessment of parental capacities and support. The trainers included experts from the United Kingdom, Croatia and Serbia. The general objective of the training was to improve expert competencies of the professionals, and the specific objectives focused on acquisition of knowledge and the use of practical tools for implementation of quality services in the area of child protection, in particular the standardisation. Results of the evaluation indicate that selection of trainers and training content was done well. The training quality got high scores by participants, commending the organiser for selection of trainers, organisation of the event, and donors who made it possible.

International experts engaged on the project were engaged in the process of standards development from onset and supported working groups in planning, identifying and developing standards and all other documents to serve as professional resources in the area of standardisation (drafting, modification and final version of the standards). Experts also provided their support in the

process of piloting the standards, which greatly helped management of the piloting process and drafting of the final version of standards. In addition to periodic visits of the experts and their direct participation in the project activities, they also provided support through emails, over phone and references to other useful resources related to the project focus.

Standards developed so far in BiH point to the need to institutionalise, i.e. to integrate into the social protection system in BiH, all knowledge, experience and skills acquired in the process of standardisation of five services for the children and their piloting. Further strategic development of standards in BiH needs to support this commitment by taking into account this methodology for establishment of standards that has already been set up. At the same time, it is important to note that processes that have already been launched need to continue supporting developmental approaches, whilst seeking to introduce structural and systematic changes for the purpose of more successful establishment of service quality in the overall area of social protection, in particular the area of child protection.

Institutionalisation of standards and further development of good practices are some of the activities that lay ahead. Policy and decision makers, as well as professionals and service providers in the area of child social protection in BiH have to continue promoting minimum standards, through adopting them and making them formal as a first step. Thus minimum standards will become compulsory and useful tool for development of services in the social and child protection, with great potential to boost the quality of services for children and youth.

Minimum standards for five services for children and youth were developed as part of this Project. The social and child protection in BiH still has to develop minimum standards for all other social services provided to children and youth.

The saying goes that even the journey around the world starts with a first step. Under this Project we have made first five steps. There are still many carefully deliberated steps ahead of us.

2.   Minimum standards for placement in foster care

2.1.   Minimum standards and service specification

Purpose of the service

The purpose of foster care is to enable children, who are temporarily or permanently without parental care, to grow up in a family environment and to have opportunity for proper growth, development, upbringing, education, and independent life skills training.

Priority groups

Priority groups of children who should be covered by foster care as a form of child care are:

- Children who are temporarily or permanently deprived of parental care
- Children who are coming from biological, kinship families or from child caring institutions

It is necessary to work on development of a child protection system that will prefer this kind of care for children without parental care, so that in future all children without parental care would be provided for in this manner, except if assessed that another form of care would be more appropriate for a child.

If the child has relatives who can provide adequate placement, such type of child placement will be given preference.

Service specification

The centre for social work implements all activities under service provision with the highest possible level of participation of the child, his/her legal representative and/or any other persons significant for the child. Whenever necessary, the centre for social work implements these activities in cooperation with other organisations in the community.

Centre for social work carries out the following activities with the children:

- Foster care planning,
- Preparation of the child for placement into foster care,
- Development of an individual child protection plan,
- Review of the individual child protection plan, if required.

Centre for social work carries out the following activities with the foster care families:

- Identifying general eligibility of the family to serve as the foster family,
- Provision of training to the foster family.

Centre for social work carries out the following activities with foster family and the child:

- Monitoring and evaluation of the needs of the child and the family,
- Provision of psychosocial support to children and foster parents.

Centre for social work carries out the following activities with its staff:

- Provision of continuous professional development and staff supervision.

Centre for social work carries out the following activities with the community:

- Organising campaigns to promote placement into foster care,
- Supporting associations of foster parents,
- Encouraging cooperation and transfer of knowledge and experience of foster parents and children about foster care (associations of foster parents, associations of foster children, etc.),
- Cooperation with non-government organisations aimed at affirmation of foster care placement.

Forms of placement into foster care families are:

- Placement into foster family care – temporary or long-term placement, including kinship families,
- Emergency placement into foster family care – short-term emergency placement into another or kinship family.

Minimum structural standards		Standard compliance indicator		Minimum functional standards	Standard compliance indicator
Location, space and equipment				*Application and assessment*	
3.1.1.	Foster family has a permanent housing unit.		3.2.1.	In line with local jurisdiction the centre for social work assesses eligibility of foster family within 60 days following receipt of the application.	Number of assessments conducted within 60 days/number of received applications
3.1.2.	The housing unit is located in a populated area.		3.2.2.	During preparation of the child for foster care, the centre for social work organises at least one pre-placement visit to the foster family aimed at getting to know each other, except in case of emergency placement.	Number of children who were placed with at least one visit to foster family during the pre-placement period/number of children placed in
3.1.3.	The housing unit has infrastructure in place.		3.2.3.	The child is placed in a foster family after a preparation period and analysis of characteristics and needs of the child and foster family, and after analysis of foster parents' competencies and family's potential to meet child's	
3.1.4.	Family's place of residence has adequate traffic connection with the settlement/city.		3.2.4.	Emergency placement in foster family lasts up to 45 days.	Number of emergency placements in foster family up to 45 days/number of emergency placements

3.1.5.	Living space meets the child's needs in terms of healthy living conditions, safety, comfort and unimpeded access to education institutions and the community.		3.2.5.	If a foster family fails to realize placement within one year, the centre for social works will reassess eligibility of the foster family.	Number of reassessments of families that did not have a child in foster care for more than a year /number of families that did not have a child in foster care for more than a year
3.1.6.	Living space has functionally arranged rooms: kitchen, living room, sleeping room and a bathroom.	Number of foster families that meet the standard/number of foster families	3.2.6.	If a significant change happens in the foster family, the centre for social work will reassess conditions for fostering within 15 days	Number of repeated assessments conducted within 15 days following a major change / number of foster families with a ~~major change~~
3.1.7.	The foster family has three children under 15 years of age at most, including biological children of foster parents and foster children, except in case of sibling placement	Number of foster families that meet the standard/number of foster families			
3.1.8.	The child has his/her own room or shares the room with a child of same gender or with a child of opposite gender if children are below 10 years of age				
3.1.9.	The square footage of a room used by the child is not below 5 m2.	Number of children who use at least 5 m2 of room/number of children			

3.1.10.	The child's room is dry and bright with natural light	Number of children who stay in a dry and bright room / number of children in foster care			
3.1.11.	A child has a separate bed of standard size and a space between the beds, and if more children use the room the furniture is arranged in the way not to block child's access to the bed.	Number of foster families that meet the standard/number of foster families			
3.1.12.	The room where the child stays has adequate heating.	Number of foster families that meet the standard/number of foster families			
3.1.13.	The child has his/he own closet, working desk and chair, shelves or a cabinet for supplies	Number of foster families that meet the standard/number of foster families			
3.1.14.	The child is provided with food and has at least five meals a day.	Number of foster families that meet the standard/number of foster families			
3.1.15.	The child has clothes and footwear of appropriate quality in accordance with his/her age and needs	Number of foster families that meet the standard/number of foster families			
3.1.16.	The child is provided with personal hygiene products in accordance with his/her age and gender	Number of children who have adequate personal hygiene products/number of children			

Organisation				Planning and review	
3.1.17.	The centre for social work has adequate place for work and infrastructure that enables unimpeded provision of foster care services– work with children and foster parents.		**3.2.7.**	Together with the child and persons important to the child, the centre for social work prepares an individual protection plan for every child placed in a foster family, including emergency placements. The plan is integral part of the child's file.	Number of children with an individual protection plan/number of children in foster care
3.1.18.	The centre for social work submits a report on provision of the services at least once a year or more than once if requested by the founder and/or the competent ministry		3.2.8.	The centre for social work prepares a plan of services and measures for children who are likely to return to the biological family.	
3.1.19.	The centre for social work prepares an annual work plan for provision of foster care, including a financial plan.		3.2.9.	The centre for social work together with the child and all other participants in the protection plan evaluates individual child protection plan at least once in six months, and if necessary more frequently.	Number of plans that were evaluated at least once in 6 months/number of evaluated protection plans

3.1.20.	Work plan for provision of foster care services for the next year also includes planning of actions in case of an emergency (natural disasters and other emergency situation) aimed at protection of children placed in foster family.		3.2.10.	During emergency placement the centre for social work will at least once in 10 days together with foster family evaluate prepared plan and program taking into account best interests.	Number of emergency placement plans that were evaluated once in 10 days/number of emergency placement plans
3.1.21.	The centre for social work keeps a database on * children in foster care * foster families * families that can take a foster child * families that applied to become foster families, but did not pass assessment (potential foster families)				
3.1.22.	The centre for social work ensured that every foster family has completed accredited foster parent training	Number of foster families that completed foster parent training/number of foster families			
3.1.23.	The centre for social work ensured that at least one foster family has also completed accredited emergency foster training.	Number of foster families that completed accredited emergency foster training/number of foster families			

3.1.24.	The centre for social work issues a certificate on completed training to every foster parent	Number of foster parents who completed the training and have certificate/ Number of foster parents who completed the training			
3.1.25.	Following eligibility verification a senior foster care officer informs the foster parent about his/hers rights and obligations during provision of the service				
3.1.26.	The centre for social work keeps a record of reasons why the foster families rejected child placement requests, and records all changes concerning eligibility of foster families	Number of families for which the reasons for rejection of child placement request were recorded/ number of families that rejected child placement request.			
Staff				**Activities**	
3.1.27.	The centre for social work has a senior foster care officer.			Upon placement of children in foster care, including the emergency placement, the senior foster care officer visits the family at least once in 15 days and makes phone inquiries at least once a week during the adjustment period(at least during the first two months)	Number of children who are in the family less than two months and who are monitored by the senior foster
3.1.28.	The senior foster care officer can work with maximum 50 foster families.				

3.1.29.	The senior foster care officer is trained to conduct accredited foster parent training.	Number of senior foster care officers who completed accredited training / number of senior foster care officers	**3.2.12.**	Following the adjustment period the senior foster care officer visits the child in foster family at least once in three months.	Number of children that the senior foster care officer visits at least once in three months/total number of children in foster care.
3.1.30.	Before receiving a certificate every foster parent has attended at least 25 hours of accredited training organised by the centre for social work or another organisation hired by the centre for social work				

3.1.31.	Every foster parent, who is generally eligible to provide foster care, attends additional accredited training programs intended for development of skills. The training programs can be organized by the centre for social work, foster parent associations, non-government or other organisations.			
		3.2.13.	Foster parents keep a journal on foster child care	Number of foster parents who keep the journal/number of foster parents
		3.2.14.	The foster parent submits a written report on his/her work to the centre for social work at least once a year, and even more frequently if requested by the centre for social work.	Number of foster parents who submit a written report at least once a year /number of foster parents
		3.2.15.	The family will immediately inform the senior foster care officer in the competent centre for social work about any problems concerning health, upbringing or education	
		3.2.16.	The centre for social work has provided support to every foster family that takes care of a child/children	Number of foster parents who have a foster child and who received support/number of foster parents who have a foster child

		3.2.17.	The centre for social work enables every foster parent to attend accredited education programs/training sessions to improve knowledge and skills necessary for foster	Number of foster parents whom the centre for social work enabled to attend accredited education programs(training sessions) to
		3.2.18.	The centre for social work recommends the foster parents to establish and to be involved in the work of foster parent associations	
		3.2.19.	At least once a year the centre for social work together with the families that have children in foster care, non-government organisations and local communities organises public campaigns to promote placement in foster care, and conducts activities, such as seminars, roundtable discussions, panels, and counselling, to popularise placement in foster care.	

2.2. Instrument for monitoring compliance with standards

No.	Minimum structural standards	Performance indicator	Current number	Number required by standard	Standard compliance in %	Monitoring period			YES/ NO	Reasons for non-compliance with standards (by code)
						DC*	S*	O*		
	Location, space, equipment									
3.1.1.	Foster family has a permanent housing.									
3.1.2.	The housing unit is located in a populated area.									
3.1.3.	The housing unit has infrastructure in place.									
3.1.4.	Family's place of residence has adequate traffic connection with the settlement/city.									
3.1.5.	Living space meets the child's needs in terms of healthy living conditions, safety, comfort and unimpeded access to education institutions and the community									

3.1.6.	Living space has functionally arranged rooms: kitchen, living room, sleeping room and a bathroom.	Number of foster families that meet the standard/number of foster families								
3.1.7.	The foster family has three children under 15 years of age at most, including biological children of foster parents and foster children, except in case of sibling placement	Number of foster families that meet the standard/number of foster families								
3.1.8.	The child has his/her own room or shares the room with a child of same gender or with a child of opposite gender if children are below 10 years of age									
3.1.9.	The square footage of a room used by the child is not below 5 m2.	Number of children who use at least 5 m2 of room/number of children								
3.1.10.	The child's room is dry and bright with natural light	Number of children who stay in a dry and bright room / number of children in foster care								

3.1.11.	A child has a separate bed of standard size and a space between the beds, and if more children use the room the furniture is arranged in the way not to block child's access to the bed.	Number of foster families that meet the standard/number of foster families								
3.1.12.	The room where the child stays has adequate heating.	Number of foster families that meet the standard/number of foster families								
3.1.13.	The child has his/he own closet, working desk and chair, shelves or a cabinet for supplies	Number of foster families that meet the standard/number of foster families								
3.1.14.	The child is provided with food and has at least five meals a day.	Number of foster families that meet the standard/number of foster families								
3.1.15.	The child has clothes and footwear of appropriate quality in accordance with his/her age and needs	Number of foster families that meet the standard/number of foster families								
3.1.16.	The child is provided with personal hygiene products in	Number of children who have adequate								

		personal hygiene products/number of children									
accordance with his/her age and gender.											
Organisation											
3.1.17.	The centre for social work has adequate place for work and infrastructure that enables unimpeded provision of foster care – work with children and foster parents.										
3.1.18.	The centre for social work submits a report on provision of the services at least once a year or more than once if requested by the founder and/or the competent ministry										
3.1.19.	The centre for social work prepares an annual work plan for provision of foster care, including a financial plan.										
3.1.20.	Work plan for provision of foster care services for the next year also includes planning of actions in case of an emergency (natural disasters and other emergency										

	situation) aimed at protection of children placed in foster family.									
3.1.21.	The centre for social work keeps a database on • children in foster care • foster families • families that can take a foster child • families that applied to become foster families, but did not pass assessment (potential foster families)									
3.1.22.	The centre for social work ensured that every foster family has completed accredited foster parent training	Number of foster families that completed foster parent training/number of foster								
3.1.23.	The centre for social work ensured that at least one foster family has also completed accredited emergency	Number of foster families that completed accredited emergency foster training/number of								

	foster training.	foster families									
3.1.24.	The centre for social work issues a certificate on completed training to every foster parent	Number of foster parents who completed the training and have certificate/ Number of foster parents who completed the training									
3.1.25.	Following eligibility verification a senior foster care officer informs the foster parent about his/hers rights and obligations during provision of the service										
3.1.26.	The centre for social work keeps a record of reasons why the foster families rejected child placement requests, and records all changes concerning eligibility of foster families	Number of families for which the reasons for rejection of child placement request were recorded/ number of families that rejected child placement request.									
	Staff										
3.1.27.	The centre for social work has a senior foster care officer.										
3.1.28.	The senior foster care officer can										

	work with maximum 50 foster families.										
3.1.29.	The senior foster care officer is trained to conduct accredited foster parent training.	Number of senior foster care officers who completed accredited training / number of senior foster care officers									
3.1.30.	Before receiving a certificate every foster parent has attended at least 25 hours of accredited training organised by the centre for social work or another organisation hired by the centre for social work.										
3.1.31.	Every foster parent, who is generally eligible to provide foster care, attends additional accredited training programs intended for development of skills. The training programs can be organized by the centre for social work, foster parent associations, non-government or other organisations.										
	Reception and assessment										

3.2.1.	In line with local jurisdiction the centre for social work assesses eligibility of foster family within 60 days following receipt of the application.	Number of assessments conducted within 60 days/ number of received applications								
3.2.2.	During preparation of the child for foster care, the centre for social work organises at least one pre-placement visit to the foster family aimed at getting to know each other, except in case of emergency placement.	Number of children who were placed with at least one visit to foster family during the pre-placement period/number of children placed in foster families								
3.2.3.	The child is placed in a foster family after a preparation period and analysis of characteristics and needs of the child and foster family, and after analysis of foster parents' competencies and family's potential to meet child's need and to									

	protect his/her best interests.										
3.2.4.	Emergency placement in foster family lasts up to 45 days.	Number of emergency placements in foster family up to 45 days/number of emergency placements									
3.2.5.	If a foster family fails to realize placement within one year, the centre for social works will reassess eligibility of the foster family.	Number of reassessments of families that did not have a child in foster care for more than a year /number of families that did not have a child in foster care for more than a year									
3.2.6.	If a significant change happens in the foster family, the centre for social work will reassess conditions for fostering within 15 days.	Number of repeated assessments conducted within 15 days following a major change / number of foster families with a major change.									
Planning and review											
1.2.6.	Every child beneficiary, parent or guardian is involved in the process of development of individual plan	Number of signed individual plans / number of beneficiaries									

	that focuses on the abilities, capacities and motivation of children.										
1.2.7.	Plan is harmonised with the plan of services developed by the competent CSW if the child was referred by the CSW.	Number of beneficiaries for whom the individual plan of services was developed and harmonised with the plan of CSW that made the referral / number of beneficiaries									
1.2.8.	Individual plan of services is completed within 8 days from the day of adaptation period completion.	Number of plans completed within 8 days / number of children									
1.2.9.	Every child or his/her parents or guardians receive a copy of individual plan of services and assistance in its understanding.	Number of beneficiaries (children and their parents or guardians) who received a copy of plan of services and assistance in its understanding / number of beneficiaries									
Activities											
3.2.11.	Upon placement of children in foster care, including the emergency placement, the senior foster care officer visits the family at	Number of children who are in the family less than two months and who are									

	least once in 15 days and makes phone inquiries at least once a week during the adjustment period (at least during the first two months).	monitored by the senior foster care officers in line with the standard /total number of children who are in the family less than two months.									
3.1.12.	Following the adjustment period the senior foster care officer visits the child in foster family at least once in three months.	Number of children that the senior foster care officer visits at least once in three months/total number of children in foster care.									
3.2.13.	Foster parents keep a journal on foster child care.	Number of foster parents who keep the journal/number of foster parents									
3.2.14.	The foster parent submits a written report on his/her work to the centre for social work at least once a year, and even more frequently if requested by the centre for social work.	Number of foster parents who submit a written report at least once a year /number of foster parents.									
3.2.15.	The family will immediately inform the senior foster care officer in the competent centre for social work about any										

	problems concerning health, upbringing or education of the child.										
3.2.16.	The centre for social work has provided support to every foster family that takes care of child/children.	Number of foster parents who have a foster child and who received support / number of foster parents who have a foster child									
3.2.17.	The centre for social work enables every foster parent to attend accredited education programs/training sessions to improve knowledge and skills necessary for foster care.	Number of foster parents whom the centre for social work enabled to attend accredited education programs (training sessions) to improve the skills/number of foster parents									
3.2.18.	CSR recommends the foster parents to establish and to be involved in the work of foster parent associations.	Number of foster parents who are involved in work of an association/ number of foster parents									
	At least once a year the centre for social work										

3.2.19.	together with the families that have children in foster care, non-government organisations and local communities organises public campaigns to promote placement in foster care, and conducts activities, such as seminars, roundtable discussions, panels, and counselling, to popularise placement in foster care.									
	Staff development									
3.2.20.	At least once a month the centre for social work provides two-hour supervision support to the senior foster care officers.									
3.2.21.	Every senior foster care officer has completed training for work with children.	Number of senior foster care officers who completed training for work with children / number of senior foster care officers.								
3.2.22.	The senior foster care officer will attend accredited education programs / training sessions at least 25 hours	Number of senior foster care officers trained at least 25 hours a year / number of senior foster								

	a year in order to additionally build capacities for work with children and foster care.	care officers.								

LEGEND

DC	Data collection – method using records, i.e. data, in possession of the service provider
S	Supervision – method using supervision to identify compliance
O	Observation – review of documents and space, in effect this is an inspection
R code	Possible reasons for failure to meet standards (in full or partially)
P1	Inadequate staff structure in terms of numbers and qualifications
P2	The lack of up to date knowledge and skills by staff
P3	Inadequate availability of accredited training programs
P4	Insufficient or underdeveloped supervision
P5	Poor coordination with other services or offices
P6	Insufficient funds
P7	Inadequate physical capacities/rooms for provision of services
P8	No internal procedures to measure compliance
P9	Planning of the services at an insufficient level
P10	Irregular cooperation with clients or significant persons
P11	No changes in the reporting period
P12	Client provides no support
P13	Unrealistic or unachievable standard
P14	Other- specify

2.3.   Guidelines for use of minimum standards for placement in foster care

Introduction

Minimum standards are one of the regulatory mechanisms in social protection. They are developed so as to be valid for the entire social protection system, i.e. for all service providers on the widest possible territory of application.

The purpose of the guidelines is to support implementation of minimum service standards in social protection and it is one of the additional documents, together with minimum standards, for each standardised service.

The guidelines provide explanations and instructions for the use of minimum standards for placement in foster care.

 In addition to guidelines, the regulatory system of organisation and functioning of placement into foster family care also include:

- **Procedures and specific rules** – Procedures and specific rules are developed separately for each service provider. These regulate specific issues in each organisation (service provider) that are important for placement in foster care. These issues can relate to e.g. internal organisation and systematisation of posts, lines of communication and decision making in the course of service provision (in relation to every stage of service provision, e.g. assessment, planning, provision of service to specific child, etc.);

- **Annexes** – Annexes are prepared for specific issues that are important for provision of all or some social protection services, e.g. regarding: beginning and the end of the service use; supervision; key persons in service provision; restrictive procedures and restriction measures in provisions of certain services; tailoring to client; concept of service accessibility and other issues. Number and type of issues for which annexes are prepared depend on the creator of the social protection system, but also on the needs of service provider and professionals engaged in provision of services. The number and type of the required annexes will be more clearly identified during piloting of the minimum service standards.

The guidelines should be read together with the document on minimum standards, together with service specification and Excel document intended for monitoring and measuring compliance with the minimum service standards. It provides support to service providers in establishing instruments, processes, documents and support system for application and measurement of minimum standards. Furthermore, it is an instrument of support for service providers to improve quality of service provision.

The guidelines contain clear instructions for measuring compliance with standards and reporting, which is done via Excel document on compliance with minimum standards.

The objective of the guidelines is to help service providers to:

- establish service;

- improve quality of service provision, improve current and develop new procedures and specific rules of operations (service provision);

- Establish good service provision management; provide better feedback to those funding the services about compliance with the minimum standards.

Service specification

Service specification consists of following elements:

- Purpose of the service – defines purpose of the foster care placement service,

- Priority groups – target population for which the service is created,

- Specification of services – detailed description of activities included in service provision,

- Planning of the foster care placement,

- Preparation of the child for placement in foster care,

- Development of an individual child protection plan,

- Review of the individual child protection plan, as needed,

- Identifying general eligibility of the family for foster care placement,

- Training for the foster family,

- Monitoring and evaluating of the needs of the child and foster family,

- Providing psychosocial support to children and foster parents,

- Enabling continuous professional development and supervision for staff,

- Organising campaigns to promote foster family placement,

- Supporting associations of foster parents,

- Encouraging cooperation and transfer of knowledge and experiences of foster parents and children in foster care (associations of foster parents, associations of children in foster care, etc.),

- Cooperation with non-government organisations aimed at affirmation of foster family placement.

Minimum standards

Structural standards are harmonised statements that cover structural requirements in terms of services i.e. financial and human resources, as well as management processes of the service provider. Structural standards are divided organised into standards that refer to location, space and equipment; organisation; and staff.

Functional standards identify criteria for measuring the service and activities conducted to achieve purpose of the service i.e. they standardise admission, assessment method, planning and review, service provision activities and termination of service use, as well as staff professional development.

Wherever possible, performance indicators were identified for standards.

Performance indicator is a simple formula (i.e. two data sets) that enables information system to simply process and monitor compliance with standards, expressed in percentages.

Excel document for monitoring compliance with minimum standards

Each service provider monitors its service and uses this information to improve quality of service provision. Management of the service is responsible to provide timely and accurate information to those financing the service. Excel table for collection of data represents a simple electronic table which identifies in its upper left corner:

- o service, service provider and the city in which service provider is located;

- o contact person, namely a person responsible for accuracy and reliability of data presented in the table, and

- o reference period for the table (i.e. one year):

Excel table has 11 columns:

Column 1: Number (defines every service and standard) i.e. 3.1.1 or 3.2.1. Number 1 – title of specific service. 1.1 – indicates that this is a structural standard No. 1, and 2.1 indicates functional standard no.2, and so on.

Column 2: Each individual structural and functional standard.

Column 3: Text of performance indicator formula, if identified.

Column 4: Current performance in relation to standards requirement (expressed in numbers)

Column 5: Performance required by standard (expressed in numbers).

Column 6: Standard compliance expressed in percentage (formula automatically indicates %).

Columns 7-9: If performance indicator is identified for the given standard, monitoring method used is data collection (DC). If performance indicator is not identified, compliance can be established using other monitoring methods: supervision (S) or observation (O). When completing the table for monitoring compliance with standards, please complete columns 7-9, depending on which monitoring method you use. To establish compliance with certain standards, it is possible and sometimes necessary to use several monitoring methods at the same time.

Column 10: Statement on compliance with standard (Yes/No). The final statement on compliance with standard YES or NO must be always provided in column 10. If the given standard is only partially met, "No" has to be entered.

Column 11: If the answer is "NO" please list reasons for non- compliance using R codes (R1, R2, etc.) or, if necessary, provide other reasons.

The table below provides codes for some of the most frequent reasons for non-compliance with standards:

R code	Possible reasons for failure to meet standards (in full or partially)
P1	Inadequate staff structure in terms of numbers and qualifications
P2	The lack of up to date knowledge and skills by staff
P3	Inadequate availability of accredited training programs
P4	Insufficient or underdeveloped supervision
P5	Poor coordination with other services or offices
P6	Insufficient funds
P7	Inadequate physical capacities/rooms for provision of services
P8	No internal procedures to measure compliance
P9	Planning of the services at an insufficient level
P10	Irregular cooperation with clients or significant persons
P11	No changes in the reporting period
P12	Client provides no support
P13	Unrealistic or unachievable standard
P14	Other- specify

Records regarding compliance with minimum standards

1. *Minimum structural standards*

Location, space, equipment

3.1.1. Foster family has a permanent housing unit.

Performance indicator is not defined, so the standard can be assessed by collecting data and observing whether the foster family has a permanent housing unit. If the standard is only partially met, "NO" has to be entered (column 10) and appropriate code for non-adherence has to be selected (column 11).

3.1.2. The housing unit is located in a populated area.

Performance indicator is not defined, so the standard can be assessed by observation (column 9). If the standard is only partially met, "NO" has to be entered (column 10) and appropriate code for non-adherence has to be selected (column 11).

3.1.3. The housing unit has infrastructure in place.

Performance indicator is not defined, so the standard can be assessed by observation (column 9) and by comparing existing technical standards that relate to the building, including infrastructure related standards. If the standard is only partially met, "NO" has to be entered (column 10) and appropriate code for non-adherence has to be selected (column 11).

3.1.4. Family's place of residence has adequate traffic connection with the settlement/city.

Performance indicator is not defined, so the standard can be assessed by observation (column 9). If the standard is only partially met, "NO" has to be entered (column 10) and appropriate code for non-adherence has to be selected (column 11).

3.1.5. Living space meets the child's needs in terms of healthy living conditions, safety, comfort and unimpeded access to education institutions and the community.

Performance indicator is not defined, so the standard can be assessed by observation (column 9). If the standard is only partially met, "NO" has to be entered (column 10) and appropriate code for non-adherence has to be selected (column 11).

Children's health and safety are promoted first and at any time. Special attention is given to having all spaces, internal and external, meet necessary standards.

See Annex "Children's health and safety"

3.1.6. Living space has functionally arranged rooms: kitchen, living room, sleeping room and a bathroom.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of foster families that meet the standard, divided by

2) Number of foster families

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by observation.

3.1.7. The foster family has three children under 15 years of age at most, including biological children of foster parents and foster children, except in case of sibling placement.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of foster families that meet the standard, divided by

2) Number of foster families

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by observation.

3.1.8. The child has his/her own room or shares the room with a child of same gender or with a child of opposite gender if children are below 10 years of age.

Performance indicator is not defined, so the standard can be assessed by observation (column 9). If the standard is only partially met, "NO" has to be entered (column 10) and appropriate code for non-adherence has to be selected (column 11).

3.1.9. The square footage of a room used by the child is not below 5 m^2.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of children who use at least 5 m2 divided by

2) Number of children

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.
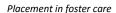
Standard can be assessed by data collection and observation.

3.1.10. The child's room is dry and bright with natural light

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of children who stay in a dry and bright room divided by

2) Number of children in foster care

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by observation.

3.1.11. A child has a separate bed of standard size and a space between the beds, and if more children use the room the furniture is arranged in the way not to block child's access to the bed.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of foster families that meet the standard divided by

2) Number of foster families

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by observation.

3.1.12. The room where the child stays has adequate heating.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of foster families that meet the standard divided by

2) Number of foster families

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by observation.

3.1.13. The child has his/he own closet, working desk and chair, shelves or a cabinet for supplies.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of foster families that meet the standard divided by

2) Number of foster families

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by observation.

3.1.14. The child is provided with food and has at least five meals a day.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of foster families that meet the standard divided by

2) Number of foster families

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by observation.

3.1.15. The child has clothes and footwear of appropriate quality in accordance with his/her age and needs.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of foster families that meet the standard divided by

2) Number of foster families

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by observation.

See Annex "Supervision of psychosocial work"

3.1.16. The child is provided with personal hygiene products in accordance with his/her age and gender.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of children who have adequate personal hygiene products divided by

2) Number of children in foster care

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by observation and supervision.

See Annex "Supervision of psychosocial work"

3.1.17. The centre for social work has adequate place for work and infrastructure that enables unimpeded provision of foster care services– work with children and foster parents.

Performance indicator is not defined, so the standard can be assessed by observation (column 9). If the standard is only partially met, "NO" has to be entered (column 10) and appropriate code for non-adherence has to be selected (column 11).

3.1.18. The centre for social work submits a report on provision of the services at least once a year or more than once if requested by the founder and/or the competent ministry.

Performance indicator is not defined, so the standard can be assessed by data collection.

If the standard is only partially met, "NO" has to be entered (column 10) and appropriate code for non-adherence has to be selected (column 11).

3.1.19. The centre for social work prepares an annual work plan for provision of foster care, including a financial plan.

Performance indicator is not defined, so the standard can be assessed by data collection and supervision. If the standard is only partially met, "NO" has to be entered (column 10) and appropriate code for non-adherence has to be selected (column 11).

See Annex "Human resources management"

3.1.20. Work plan for provision of foster care services for the next year also includes planning of actions in case of an emergency (natural disasters and other emergency situation) aimed at protection of children placed in foster family.

Performance indicator is not defined, so the standard can be assessed by data collection and supervision. If the standard is only partially met, "NO" has to be entered (column 10) and appropriate code for non-adherence has to be selected (column 11).

3.1.21. The centre for social work keeps a database on: children in foster care; foster families; families that can take a foster child; families that applied to become foster families, but did not pass assessment (potential foster families)

Performance indicator is not defined, so the standard can be assessed by data collection and supervision. If the standard is only partially met, "NO" has to be entered (column 10) and appropriate code for non-adherence has to be selected (column 11).

3.1.22. The centre for social work ensured that every foster family has completed accredited foster parent training.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of foster families that completed foster parent training divided by

 2) Number of foster families

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by data collection and supervision.

3.1.23. The centre for social work ensured that at least one foster family has also completed accredited emergency foster training.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of foster families that completed accredited emergency foster training divided by

2) Number of foster families

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by data collection and supervision.

See Annex "Supervision of psychosocial work"

3.1.24. The centre for social work issues a certificate on completed training to every foster parent.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of foster parents who completed the training and have certificate divided by

2) Number of foster parents who completed the training

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by data collection and supervision.

See Annex "Supervision of psychosocial work"

3.1.25. Following eligibility verification a senior foster care officer informs the foster parent about his/hers rights and obligations during provision of the service.

Performance indicator is not defined, so the standard can be assessed by supervision. If the standard is only partially met, "NO" has to be entered (column 10) and appropriate code for non-adherence has to be selected (column 11).

3.1.26. The centre for social work keeps a record of reasons why the foster families rejected child placement requests, and records all changes concerning eligibility of foster families.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of families for which the reasons for rejection of child placement request were recorded divided by

2) Number of families that rejected child placement request.

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by data collection and supervision.

See Annex "Supervision of psychosocial work"

Staff

3.1.27. The centre for social work has a senior foster care officer.

Performance indicator is not defined, so the standard can be assessed by supervision i.e. by reviewing the documents. If the standard is only partially met, "NO" has to be entered (column 10) and appropriate code for non-adherence has to be selected (column 11).

3.1.28. The senior foster care officer can work with maximum 50 foster families.

Performance indicator is not defined, so the standard can be assessed by supervision i.e. by reviewing the documents. If the standard is only partially met, "NO" has to be entered (column 10) and appropriate code for non-adherence has to be selected (column 11).

3.1.29. The senior foster care officer is trained to conduct accredited foster parent training.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of senior foster care officers who completed accredited training divided by

2) Number of senior foster care officers

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by data collection and supervision.

See Annex "Supervision of psychosocial work"

3.1.30. Before receiving a certificate every foster parent has attended at least 25 hours of accredited training organised by the centre for social work or another organisation hired by the centre for social work.

Performance indicator is not defined, so the standard can be assessed by data collection and supervision i.e. by reviewing the documents. If the standard is only partially met, "NO" has to be entered (column 10) and appropriate code for non-adherence has to be selected (column 11).

3.1.31. Every foster parent, who is generally eligible to provide foster care, attends additional accredited training programs intended for development of skills. The training programs can be organized by the centre for social work, foster parent associations, non-government or other organisations.

Performance indicator is not defined, so the standard can be assessed by data collection and supervision i.e. by reviewing the documents. If the standard is only partially met, "NO" has to be entered (column 10) and appropriate code for non-adherence has to be selected (column 11).

2. Minimum functional standards

Application and assessment

3.2.1. In line with local jurisdiction the centre for social work assesses eligibility of foster family within 60 days following receipt of the application.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of assessments conducted within 60 days divided by

2) Number of submitted applications

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by supervision.

See Annex "Assessment process, individual planning of service, realization of individual service plan and revision of individual service plan" and Annex "Supervision of psychosocial work"

3.2.2. During preparation of the child for foster care, the centre for social work organises at least one pre-placement visit to the foster family aimed at getting to know each other, except in case of emergency placement.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of children who were placed with at least one visit to foster family during the pre-placement period divided by

2) Number of children placed in foster families

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by data collection and supervision.

See Annex "Participation of beneficiaries in needs assessment, service planning and revision"

3.2.3. The child is placed in a foster family after a preparation period and analysis of characteristics and needs of the child and foster family, and after analysis of foster parents' competencies and family's potential to meet child's need and to protect his/her best interests.

Performance indicator is not defined, so the standard can be assessed by supervision.

See Annex "Adjustment period" and Annex "Supervision of psychosocial work"

3.2.4. Emergency placement in foster family lasts up to 45 days.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of emergency placements in foster family up to 45 days divided by

2) Number of emergency placements

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by supervision.

See Annex "Supervision of psychosocial work"

3.2.5. If a foster family fails to realize placement within one year, the centre for social works will reassess eligibility of the foster family.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of reassessments of families that did not have a child in foster care for more than a year divided by

2) Number of families that did not have a child in foster care for more than a year.

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by supervision.

See Annex "Supervision of psychosocial work"

3.2.6. If a significant change happens in the foster family, the centre for social work will reassess conditions for fostering within 15 days

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of repeated assessments conducted within 15 days following a major change divided by

2) Number of foster families with a major change

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by supervision.

See Annex "Assessment process, individual planning of service, realization of individual service plan and revision of individual service plan" and Annex "Supervision of psychosocial work"

Planning and reassessment

3.2.7. Together with the child and persons important to the child, the centre for social work prepares an individual protection plan for every child placed in a foster family, including emergency placements. The plan is integral part of the child's file.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of children with an individual protection plan divided by

2) Number of children in foster care

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by supervision.

See Annex "Assessment process, individual planning of service, realization of individual service plan and revision of individual service plan" and Annex "Supervision of psychosocial work"

3.2.8. The centre for social work prepares a plan of services and measures for children who are likely to return to the biological family.

Performance indicator is not defined, so the standard can be assessed by supervision.

See Annex "Assessment process, individual planning of service, realization of individual service plan and revision of individual service plan" and Annex "Supervision of psychosocial work"

3.2.9. The centre for social work together with the child and all other participants in the protection plan evaluates individual child protection plan at least once in six months, and if necessary more frequently.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of plans that were evaluated at least once in 6 months divided

2) Number of evaluated care plans

Standard can be assessed by supervision.

See Annex "Participation of beneficiaries in needs assessment, service planning and revision" and Annex "Supervision of psychosocial work"

3.2.10.** **During emergency placement the centre for social work will at least once in 10 days together with foster family evaluate prepared plan and program taking into account best interests.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of emergency placement plans that were evaluated once in 10 days divided by

2) Number of emergency placement plans

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by supervision.

See Annex "Supervision of psychosocial work"

Activities

3.2.11. Upon placement of children in foster care, including the emergency placement, the senior foster care officer visits the family at least once in 15 days and makes phone inquiries at least once a week during the adjustment period (at least during the first two months)

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of children who are in the family less than two months and who are monitored by the senior foster care officers in line with the standard divided by

2*)* Total number of children who are in the family less than two months.

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by supervision.

See Annex "Supervision of psychosocial work"

3.2.12. Following the adjustment period the senior foster care officer visits the child in foster family at least once in three months.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of children that the senior foster care officer visits at least once in three months divided by

2) Total number of children in foster care.

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by supervision.

See Annex "Supervision of psychosocial work"

***3.2.13.* Foster parents keep a journal on foster child care.**

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of foster parents who keep the journal divided by

2*)* Number of foster parents

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by supervision.

See Annex "Supervision of psychosocial work"

3.2.14. The foster parent submits a written report on his/her work to the centre for social work at least once a year, and even more frequently if requested by the centre for social work.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of foster parents who submit a written report at least once a year divided by

2) *Number of foster parents.*

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by supervision.

See Annex "Supervision of psychosocial work"

3.2.15. The family will immediately inform the senior foster care officer in the competent centre for social work about any problems concerning health, upbringing or education of the child.

Performance indicator is not defined, so the standard can be assessed by supervision.

See Annex "Supervision of psychosocial work" and Annex "Participation of beneficiaries in needs assessment, service planning and revision"

3.2.16. The centre for social work has provided support to every foster family that takes care of child/children.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of foster parents who have a foster child and who received support, divided by

2) Number of foster parents who have a foster child

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by supervision.

See Annex "Supervision of psychosocial work" and Annex 7 "Personal dimension of service by way of respecting significant dates and beneficiaries' daily activities"

3.2.17. The centre for social work enables every foster parent to attend accredited education programs/training sessions to improve knowledge and skills necessary for foster care.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of foster parents whom the centre for social work enabled to attend accredited education programs (training sessions) to improve the skills; divided by

2) Number of foster parents

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by supervision.

See Annex "Supervision of psychosocial work"

3.2.18. CSR recommends the foster parents to establish and to be involved in the work of foster parent associations

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of foster parents involved in work of an association, divided by

2) Number of foster parents.

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by supervision.

See Annex "Supervision of psychosocial work"

3.2.19. At least once a year the centre for social work together with the families that have children in foster care, non-government organisations and local communities organises public campaigns to promote placement in foster care, and conducts activities, such as seminars, roundtable discussions, panels, and counselling, to popularise placement in foster care.

Performance indicator is not defined, so the standard can be assessed by data collection and supervision.

See Annex "Supervision of psychosocial work" and Annex "Service monitoring and evaluation"

Human resources capacity building

3.2.20. At least once a month the centre for social work provides two-hour supervision support to the senior foster care officers.

Performance indicator is not defined, so the standard can be assessed by observation and supervision.

See Annex "Supervision of psychosocial work" and Annex "Human resources management"

3.2.21. Every senior foster care officer has completed training for work with children.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of senior foster care officers who completed training for work with children; divided by

2) Number of senior foster care officers

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

3.2.22. The senior foster care officer will attend accredited education programs / training sessions at least 25 hours a year in order to additionally build capacities for work with children and foster care.

Performance indicator is defined for this standard. It means that two sets of data have to be collected:

1) Number of senior foster care officers trained at least 25 hours a year; divided by

2) Number of senior foster care officers

These numbers are to be entered in columns 4 and 5. Level of adherence to standard is set automatically and it is expressed as percentage, showing adherence degree.

Standard can be assessed by data collection and supervision.

See Annex "Supervision of psychosocial work" and Annex "Human resources management".

2.4.   Annexes to the guidelines

Participation of beneficiaries in the assessment of needs, service planning and service review

Social protection activities are focused on improvement of social status and all segments of beneficiaries' quality of life, so the social protection services should be tailored to beneficiary needs in line with his/her personal characteristics, life and environment. For services that are planned for and provided to beneficiaries based on their individual needs and wishes, with them not being a mere passive recipient of the services, it is necessary to do have them provided in partnership and through cooperation and coordination of activities among all stakeholders involved in service provision to beneficiaries up until the moment they are ready for an independent life. When considering beneficiaries' needs all service providers should apply holistic approach and provide services that are in line with the needs and capacities of beneficiaries.

Service providers should also encourage beneficiaries to engage in assessment of their own needs and articulate their needs and capacities.

Furthermore, service providers should allow beneficiaries or their representatives to take part in all decisions related to development of their individual service plans. Services that are tailored to beneficiaries engage clients in their planning, seek to meet individual beneficiaries' needs and focus on integrating them into the community, in line with their wishes and capacities.

Participation of beneficiaries in needs assessment, development of individual plans and evaluation of the impact of provided services includes the following:

- Service provider is responsible and obligated to invite beneficiary and initiate his/her participation or participation of his/her representative in assessment, planning and review of provided services.

- Service provider should carry out assessment and reassessment of the beneficiary's needs, with full participation of the beneficiary or their representatives. In view of the fact that assessment represents a very important process used to identify beneficiary's needs and his/her capacities, so that relevant services can be tailored to meet his/her specific needs, beneficiary's full participation is necessary since the process will be used to identify future activities and steps to be taken. Assessment in which beneficiaries participate is a process of assisting them to identify, explain and prioritise issues related to their capability for an independent live.

- Each beneficiary or his/her representative (if beneficiary is not able to effectively communicate) participates in development of beneficiary's individual plan.

- Services take into consideration beneficiaries' needs in line with their age, as well as ethnic and cultural origin and religious beliefs or moral principles.

- Service providers empower and encourage the beneficiaries to identify their needs and to communicate about them to everyone whose decision can affect the service provision.

- Beneficiary's representatives can be:

1. Beneficiary's parents, if beneficiary is a child. Both parents are legal representatives of a child, except in cases where one of the parents is deceased or when parents are divorced. In case of a child who only has one parent alive, that parent exercises parental rights. If the child's parents are divorced, child's representative is the parent who has the custody over him/her. Furthermore, the parent who does not have custody has the right and is obligated to take part in decisions about the issues important for the child's life, in cooperation with the parent who has the custody.

2. Beneficiary's guardian, if the beneficiary is a child without parental care or an adult under guardianship. The competent centre for social work assigns beneficiary's guardian.

3. Beneficiary's temporary guardian, if appointed by the competent centre for social work.

Beneficiary is entitled to participate in the process of selecting his/her guardian as his/her representative, while the centre for social work can decide to appoint beneficiary's guardian without beneficiary's consent.

- Beneficiary's participation requires his/her active engagement or engagement of his/her representative in the assessment of service provision process, including:

o Needs and capacities assessment,

o Individual plan development,

o Service implementation (implementation of the plan),

o Monitoring service provision,

o Review of service provision (assessing service provision impact),

o Modification of individual plan (review of individual plan – continuing with it or changing it in as required), and

o Termination of service use.

How to react in situations when beneficiary is not able to approve or consent to the service?

The service provider should have access to adequately trained experts, who can help understand the needs and requirements of every beneficiary, in case specialised assistance is required to communicate with the beneficiary receiving the service.

Individual plan can be rejected or disagreed with in the following situations:

• Potential beneficiary of the service can understand the service, but refuses to accept it, which does entail the risk to his/her integrity – in such cases service provider should withdraw proposal for service provision.

• Potential beneficiary of the service can understand the service, but refuses to accept it, which does entail the risk to his/her integrity – in such cases risk assessment has to be conducted.

•Beneficiary of the service is able to understand the service, but cannot give consent due to impairment or disability – in such cases a trained communication experts, guardian or close relative should assist the service provider communicate with the beneficiary.

• Beneficiary of the service is not able to understand the service and cannot give consent due to impairment or disability – in such cases service provider should consult with the guardian or the closest relative.

Documenting beneficiary's consent to and approval of individual plan

Individual service plan should represent a harmonised document that was drafted in the agreed form and in cooperation between the beneficiary (or his/her representative) and service providers that are involved in service provision. In fact, individual service plan represents an agreement for cooperation between the beneficiary and the service provider. Usually the consent is verified by beneficiary's signature on the individual plan or other documents. If the beneficiary does not agree, but accepts the service, he/she can note his/her disagreement as well as consent in the same document. The representative will sign the document on behalf of beneficiary if the beneficiary is not able to understand the plan and agree to it or if the beneficiary is not able sign the documents. If the beneficiary who is at risk to his/her integrity or does not understand the service, or beneficiary who is not able to express himself/herself does not have a representative, then two representatives of the

service provider can sign the plan indicating that the signature could not be obtained in an emergency.

Assessment of an individual service plan and monitoring the impact of provided service

The process of social protection service provision is aimed at responding to beneficiary needs in line with his/her personal characteristics, life and environment. Prior to service provision, as well as during service provision, it is important to get to know the beneficiary and to collect all important information about him/her, so that the service is relevant to his/her needs and that beneficiary is satisfied with it. The process of service provision is a continuous process tailored to changes in beneficiary's situation in the course of service provision. The process is conducted through a series of activities that can be divided into four groups:

• Assessing the beneficiary needs and capacities.

• Planning services for each individual beneficiary (individual service plan).

• Implementation of activities and services identified in the individual service plan.

• Reviewing the individual service plan aimed at continuously meeting the beneficiary's needs.

Provision of services is a cyclic process. It starts with an assessment that marks an organised process of data collection, identification and assessment of problems, needs, strengths and risks, situation and persons engaged. The process develops gradually in order to identify objectives for the work with beneficiary, as well as necessary services and measures. The assessment is conducted by the service provider, beneficiary and persons who play a significant role in beneficiary's life. It is possible to discontinue service provision by agreement between beneficiary and service provider, or the beneficiary may decide on his own that he/she no longer needs the service.

Assessment

The centre for social work starts to plan assessment process after opening the case and deciding on the level of priority. The assessment is planned based on available information and knowledge about the case obtained from the application and accompanying documents, centre's documents and consultations with other employees in the centre. The competent centre's employee prepares a list of contacts, and plans where and from whom he/she will collect information, whom he/she will interview, who will be involved in the process (team members, other public services, organisations, individuals). The employee also defines the data collection method (interviews, documents, home visits, surveys, tests, questionnaires, visits to other institutions, etc.) and plans the timeframe for implementation of certain activities. When planning the assessment process the professional takes into consideration deadlines and compatibility of his/her activities with the activities of other employees and the centre.

The following procedures are conducted in the assessment process:

• Observation and interviews with the applicant and all members of his/her household or family, in line with the age and communication capacities;

• Observation and interviews with members of extended family and other significant persons from the beneficiary's environment;

• Direct observation of living conditions of the beneficiary and his/her family;

• Collection and analysis of information available from different sources;

• Collection of relevant data from experts in other services, institutions and from other persons who are in contact with the beneficiary, his family members or significant persons from his life.

There are three levels of assessment in social protection:

• **Emergency assessment** – starts immediately because the child is at high risk since his/her health, development and ultimately life are in undermined.

• **Initial assessmen**t – process used to identify immediate needs of the beneficiary, who is first time user.

• **Full assessment** – continuous process in which data on beneficiary are supplemented in the course of service provision. Full assessment is never final and conclusive.

Assessment includes the following:

Evaluation of the condition and needs of the child and family, including information from the application (safety, risks, social history, needs of the child and family and information about disability), in particular:

1) Description and assessment of child's condition and needs (personal features and developmental needs – health, education, development of emotions and behaviour, identity, social interaction, self care skills, child's family and social relations);

2) Description and assessment of family functioning (of the child and other children in the family: basic care, emotional support, stimulation, guidance, boundaries, participation, personal traits of parents and extended family members, physical and mental health, substance abuse, physical and psychological difficulties, disability, abuse in childhood or currently, stability of family environment, family history and functioning, support of extended family);

3) Description and assessment of environment (employment, income, housing situation, property, position of the family in the community, community resources);

4) Summary assessment (assessment of strengths, personal, family and environmental resources that can help to overcome the problem).

In addition to assessment of condition and needs of the child, if required, the centre has to work with the family to create a safe situation for the child and overcome the difficulties, as well as undertake relevant procedures for child protection, i.e. access to necessary services.

Individual service planning

After completing assessment, professional staff member of the centre informs the beneficiary about the results so that he/she can give his/her input, and then starts to draft plan of services.

Individual plans for the beneficiary can take the form of an initial plan which is drafted within 15 days from the day on which work with the beneficiary started, at the latest, and goes on until a plan of services and measures is put together, i.e. no later than 60 days after the day on which the work with beneficiary started.

An individual care plan must contain the following:

- a short overview of the most relevant information from the assessment;
- prioritised key needs of the beneficiary and his/her family that need to be addressed, and a list of other problem areas;
- work objectives (general and specific) that are identified as desired outcomes (effects);
- strategy or activities that will be used to achieve identified objectives, namely: what, who, when and where;
- decision that need to be passed in order to implement the activities;
- persons involved, including beneficiary, i.e. who is responsible for which activities;
- timeframe that identify beginning and the end of activities;

- procedures and indicators to check against that the activities were implemented and objectives achieved;

- methods and timeframes for review of the objectives and plan, if necessary.

Individual plan is drafted by the professional staff member of the centre, and in case that team assessment is conducted the plan is produced at the team meeting.

Implementation of individual service plan

A professional staff member of the centre will manage implementation of the individual care plan as a case manager, continuing to monitor and review activities and achievement of identified objectives within the given timeframe. All persons implementing activities from the plan will use monitoring lists to report on provided services and achieved objectives, providing justifications and documenting all the achieved results. If the case is handled by a team, plan implementation is managed by the treatment manager, who is appointed by the team and noted in the individual care plan.

Review of the individual service plan

Review is done at least once every 6 months based on the results of the plan evaluation. If there are significant changes in terms of the needs of beneficiary and his/her family, it is necessary to conduct the assessment again and identify new needs. Review and evaluation will identify: whether provided services and measures are in line with the needs of the beneficiary; what are the obstacles to progress in terms of implementation of the objectives; whether identified deadlines are relevant or should be changed; whether beneficiary or his/her family need some additional services and how to ensure them; whether the services are coordinated, in case they are provided by several organisations; and other relevant information. The revised care plan is adopted according to the same6 procedure as the original plan.
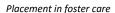
Human resources management

Introduction

Essential part of the social protection organisations are its professional staff members. The professionals (experts) work individually or as teams in direct communication with the clients and have a high degree of autonomy in performing the entire business operations process in the organisations of social protection. Human resources are made up of the entire knowledge, skills, capacities, creative opportunities, motivation and loyalty that an organisation (or society) has at its disposal. It includes the entire intellectual and psychical energy that an organisation can employ to achieve its objectives and develop business activities (Bahtijarević-Šiber, F., 1999:16). Therefore we can say that today human resources represent the main resource in organisations, including social protection organisations, and that their management is very demanding. Human resources management (HRM) is identified of a range interlinked activities and tasks put before the management and the organisation itself, aimed at securing an adequate number and structure of employees, knowledge, skills, interests, motivations and behaviours necessary for achievement of current, developmental and strategic objectives of the organisation (Bahtijarević-Šiber, F., 1999:16). HRM generally refers to three groups of activities and relations. The first group refers to achievement of certain objectives, with the help of other people. The second group refers to directing people's behaviour towards a certain job or a task. And the third group includes relations and combinations of other engagement factors with the aim of achieving business efficiency.

The role and the process of human resources management

The main role of human resources management is to channel individual potential of the employees, many of whom are very latent in every organisation, including the social protection organisations. Human resource management seeks to use knowledge, skills, capacities and motivation of employees to achieve organisational objectives. Correct management of human resources generates satisfaction

of the employees, which is directly correlated with satisfaction of service beneficiaries. Employees will be satisfied if they are motivated and their expectations met.

HRM is focused on motivation in order to:

• Improve efficiency and creativity of the work;

• Improve quality of work life in organisations, and

• Improve the quality of services provided to beneficiaries and success of the organisation.

Human resources management strengthens the organisation, creates a link between people and organisation in order to achieve integrity of the system and satisfaction among staff and achieve objectives of individual people and organisation. It is done through the following processes: *analysis of work posts, people planning, recruitment, selection, orientation, career development, education, professional orientation, promotion, termination of employment contract, motivation, creativity, performance evaluation, and identification of potential management staff and dissemination of information.*

HRM objectives

• Recruitment and development of necessary human resources;

• Employee performance evaluation, and

• Establishment and promotion of good relations, productive and harmonious environment in the organisation, and favourable organisational culture

HRM subjects

HRM is a dynamic, developmental activity that looks at people and their resources in a continuously changing environment; hence the need for in-depth, comprehensive and holistic studies about relations in the HRM process.

HRM focuses on the:

• HR policy, which includes measures and activities that management has to undertake with regards to human resources planning, selection and management;

• leadership (leading);

• teams and team work (expert teams in the social protection organisation);

• work motivation;

• managing employee behaviours, and

• HR training (professional development and continuous education through informal training).

HRM functions

Human resources are essentially holders of the complete working process, who achieve organisational outputs - in social protection organisations this refers to services provided to beneficiaries. The main objectives of HRM functions are:

- increasing capability to execute organisation's function at times of increasingly turbulent environment;

- increasing effectiveness of performance and services for the purpose of achieving maximum quality of services provided, and

- ensuring high social effectiveness in organisation's work.

Principal sub-systems of human resources function include: *employment, professional development, encouraging performance excellence, discovering managerial potentials and dissemination of*

information on human resources. Each of the sub-systems consists of a range of processes that are necessary for execution of human resources function. Minimum conditions must be met for the human resources management function to be efficient and effective and to successfully execute numerous tasks in the social protection organisations. These conditions are:

- relatively good set up of an organisation relative to the external environment (local community) and internal environment (individual career planning, training and vocational retraining of human resources, encouraging professional development and mobility of human resources);

- existence of an flexible system of labour organisation (quality and autonomy of expert teams);

- system of rewards based on the principle of full insight into HR performance and level of their professional competencies (knowledge, skills, habits and capacities);

- sufficiently high level of participation of both individuals and expert teams in implementation of managerial solutions used in everyday's work;

- practical application of delegating authority from managers to employees, and

- establishment of an interactive communication system that is secured by numerous vertical, horizontal and diagonal links within the organisation.

Monitoring and evaluation of social services

Service providers are often asked or offered support to develop monitoring methods for services they provide, as well as to evaluate results of the services. Purpose of monitoring and evaluation is to identify actual effects and results of the service provision:

- enables planning of service improvement and development,

- ensures that all requirements from the service specification, minimum standards and contract are met, and

- informs the public and local communities about benefits of the service.

Terms "monitoring" and "evaluation" are often correlated and it may sometimes seem that they describe a procedure that provides the highest service quality. However, these terms are very specific in their meaning:

Monitoring – the procedure of identifying activities as part of service provision

• regularity of requested activities;

• consistency and continuity of requests;

• level of compliance with minimum standards.

Monitoring also includes systematic and routine collection of information about the service in order to be prepared for adequate evaluation.

Evaluation – procedure for assessment of the service outcomes

- level to which the service contributes to maintaining or improving beneficiary's quality of life,

- level of beneficiary's satisfaction with the service.

Evaluation is assessment of a service or a phenomenon in line with earlier identified criteria or standard. It is an assessment of the earlier projected and planned activities of certain individuals, groups or institutions and their results. Evaluation is not only a final assessment of a project, program and services, but it can also be used at all stages of planning and social activities.

Simply said, monitoring follows service related activities, while evaluation is more concerned with the results (effects) of the service.

This annex identifies methods and techniques for service monitoring and evaluation that service provider can use to assess overall results of the service it provides.

These monitoring and evaluation methods and techniques are formal activities with formal accompanying documents. They can be used equally and one method (technique) does not exclude the other.

Selected method (technique) depends on:

- group of users, number of users and their capacities (for example: we will not offer a person with intellectual disability or an illiterate older person to complete a questionnaire),

- resources available to service provider for evaluation (people, knowledge, money, time),

- complexity of information requested during evaluation.

Service providers will accordingly select method (techniques) that they will use.

The most frequently used monitoring and evaluation methods and techniques are:

1. **Documentation analysis** – usually when we start the evaluation we use this method as a first step in determining which information we are missing. Consequently we need to collect the information in some other way and only then we select other method (techniques). The analysis covers internal documentation of the service provider, public documents and media reports. In this way we save time and focus the evaluation to priority topics.

2. **Surveying** - a technique for which a questionnaire is used as an instrument that beneficiaries, their representatives, parents, guardians, other important persons or relevant experts have to complete without any assistance and return to the service provider. It usually contains several questions that are easy to answer, and very often these are closed questions that require a short answer. The questionnaire does not have to be in writing, it can be a short conversation. Questionnaires provide enough room and support to obtain additional information, in line with beneficiary preferences.

Advantages

- Questionnaire is the most cost-effective way to evaluate services;

- It is easily viewed, analysed and summarised;

- It is user-friendly, so it will likely cover more beneficiaries;

- It can be used often to develop continuously understand results of service.

Disadvantages

- Questions are often simplified and as such offer only superficial information;

- Questionnaire is often passive;

- Often it does not involve many beneficiaries and completely depends on beneficiary's motivation to complete it;

- It neglects beneficiaries who have difficulty with reading and writing or the ones who are not native speakers.

The most successful questionnaires are easily understood by beneficiaries and are devised so that they can be completed in 15 minutes. Questionnaires that have a response rate exceeding 40% are considered successful.

3. Interviews - documented individual conversation with beneficiary of the service gives beneficiaries opportunity to answer concrete question and to get better explanation of the problems that are hidden behind the questions.

Unstructured interview – interviewer does not have clearly formulated and structured questions for the beneficiary.

o During the interview beneficiary is encouraged to talk about how satisfied he/she is with the services and its different aspects. Then, based on beneficiary's statements the interviewer asks more concrete questions.

o Semi-structured interviews – interviews have clearly identified areas for discussion, but the questions are not precisely formulated. Using the identified areas for discussion, the interviewer asks questions that are open for further deliberations and can be expanded based on beneficiaries' answers.

o Structured interviews – the interviewer asks very concrete questions, prepared in advance, which require beneficiary to think about a service aspect in a very specific way without any additional questions.

The time needed to conduct an average interview usually ranges from 20 to 60 minutes.

Advantages

• Interactive nature of interview helps beneficiaries to get more involved in the evaluation process;

• Potential for collection of high quality and comprehensive information is higher;

Disadvantages

• require more engagement, and are not cost-efficient,

• persons conducting the interview should be trained and familiar with the interview's objective;

• analysis of collected information is often very complex process and requires knowledge of survey methodology and trained professionals. Interviewers do not have to be trained to analyse the answers since it is done by experts.

4. Focus groups - documented formal conversation with intentionally or randomly selected beneficiaries or facilitated group conversation about specific aspects of service. Targeted questions provide well-founded information. Size of the group should not neither be less than 6 or more than 12 participants. The way in which participants are selected is also very important, i.e. what criteria are used with regard to the topic of focus group. Focus group facilitator is trained to lead a group process, and he/she makes sure that the discussion stays on the topic whilst encouraging full participation of all beneficiaries. The conversations in the focus group usually last 2 to 4 hours, including coffee breaks. The facilitator and a person who does not take part in focus group keep the minutes, noting significant problems, questions and expressed views. Lately, the focus group conversations are being recorded in order to preserve originality of the ideas, opinions and statements of the participants**.**

Advantages

• focus groups provides space for interaction between beneficiaries and experts which results in high quality and comprehensive information,

• intensity of focus group allows a certain aspects of evaluation to be thoroughly discussed,

• it enables collection of topic specific information from a larger number of people in a relatively short period of time,

• focus group must be planned in advance and must be strictly guided from the very beginning,

• requires more engagement and it is more expensive than survey,

• both facilitator and recording clerk have to be trained,

• dominant beneficiaries in the group can overshadow the others, who can become frustrated and refuse to participate.

5. **Observation -** a very important method (technique) that is often used in everyday work. There are two types of observation:

- o direct observation (the observer carefully notes down everything he/she sees, and keeps distance from the situation, thus making sound focus and assessment are possible. Disadvantage of this type is that we cannot always keep complete distance and the fact that our presence can affect quality of the service.)

- o participatory observation (enables association of our practice with observation and reactions of the service beneficiaries, we can use our knowledge to analyse our work.)

Supervision[1] in psychosocial work

Introduction

Supervision can be identified as a unique learning process that supports professional development of an expert. Simply said, supervision provides a safe space for reflection on our practices, obstacles, standstills, successes and dilemmas. An outcome of the supervision is professional empowerment of an expert so that in very specific professional situations he/she can discover his/her competence and develop new knowledge in his/her own particular way. The expert learns from his/her experience, generates his/her own solutions for very complex problems.

What is supervision - definitions

There are several definitions of supervision, and the ones most frequently used include:

Ajduković and Cajvert (2004): Supervision is a process in which expert develops as reflective practitioner. It is creative space in which expert together and in cooperation with the supervisor learns from his/her personal experience, looks for solutions to the problems he/she faces in the work, including more efficient stress management, better review of beneficiary's situation and his resources, his/her thoughts, feelings and resources and relationship with the beneficiary from different perspectives. By integrating various aspects of professional situation the supervisor creates a precondition for expert to act as a professionally competent person.

L.Cavjert (2002) discussed therapist's creative space: it is created when experts reflects on his/her work, his/her own participation in support and assistance processes. Supervision supports development of expert's (practitioner) competence, including a very important issue of the use of theoretical concepts in practice. An open space for discussions as part of the supervision process allows us to examine how to work with theoretical concepts and enables the expert to find words for the application of theory, as well as to see the changes.

Supervision of psychosocial work has been developing as a specific profession in focusing not on the content of the psychosocial work, but on the process in which expert is developing as an "instrument" of that work, encouraging development of professional and personal competence. Today many deem supervision is necessary for professional work and development of all persons who work directly with people, including also social work and social protection. A practitioner with in-depth understanding of relations between people, reasons certain difficulties and problems appear, as well as causes that drive or hinder further development of both practitioner and the beneficiary, develops through supervision. According to Kolb's learning model, this understanding has to be cognitive, emotional and experiential (Kolb, 1984). The new ANSE document "Supervision

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[1] *Lat.SUPERVIDERE: to see more, to look more, to view something from above

in Europe: A Working Paper" (2006) notes that supervision relates to communication and cooperation in the work context. Supervision improves behaviour in professional roles in certain institutional contexts, taking interactively into account personal, organisational, societal and political aspect. Supervision is a reflection, not instruction, but nonetheless it focuses on action and results. Independent supervisor's position facilitates understanding and finding of a solution.

The main purpose of supervision is development of better self-awareness of an expert, enabling him/her to act more freely, be disciplined and mindful. It is necessary to develop a higher level of self-awareness, since problems that the experts face while helping others also affect themselves. Professional problems are intertwined with their personal lives and it is sometimes very difficult to differentiate this. In addition, raising awareness about similarities between personal life experiences and beneficiary experiences enables the expert to better understand beneficiary behaviours.

Appropriate supervision enables experts to integrate what they are doing, feeling and thinking, practical experiences and theoretical knowledge, as well as to transfer theory into practice and to learn to independently manage their work.

Whereby the expert does not only grow professionally, he/she also develops personally. Supervision is a forum where personal predisposition, emotional reactions and professional competences meet the requirements of professional work.

Supervision outcomes – Supervision contributes to: 1. Better understanding of complex professional issues framing the work environment, 2. Discovery and expansion of personal resources, 3. Shaping of the conversation in an open way and from through different perspectives; 4. Building of a bridge between learning and education, 5. Openness to different values, 6. Careful contemplation of personal rules, 7. Feeling of not being overburdened, 8. Better care for personal mental health, 9. Increased feeling of satisfaction with yourself, work and organisation, etc.

Supervision is conducted by an educated supervisor who is not in the manager-employee relation with the members of supervision group, is not member of an organisation in which experts work and is not necessarily an expert in the work done by the experts he/she supervises. Supervisors are experts in supervision and his/her task is to use his/her skills and objective perspective to guide the process towards finding a solution to the problem.

Supervision is carried out at previously agreed time periods (usually once every two or three weeks) and its duration is agreed in advance (usually three hours) over a calendar year (possible to extend) and with a closed group of experts (6-8 professionals) who need the supervision. Supervision can be conducted either individually or for teams that work together, but also for groups of experts who meet for the first time. The dynamic of supervision group and its composition depend on the needs of people being supervised and is agreed at the beginning of supervision process.

There are two **types of supervision**: group and individual supervision

Group supervision involves regular meetings between a group of supervised persons and the supervisor with the aim to improve their understanding of themselves as experts, beneficiaries with whom they work and of the service provision system in general. The main purpose of the group supervision is to assist the supervised person to integrate all aspects that affect his/her direct work. Experience of participation in a group facilitates that integration because interaction between a person and the environment is founded on psycho-social approach, and the group offers that kind of experience. Therefore, the group supervision is founded on experiential learning model and development of reflecting practice. One of the methods of group supervision is role play. Its ultimate outcome is to provide for quality of service in psycho-social work and development of organisations that provide these services.

Team supervision is a type of group supervision directed to systematic experiential processing of cooperation between the team members, i.e. between group members, for the purpose of executing a specific task within a larger organisation or independently. Team supervision offers direct

assistance in solving specific problems of a specific assignment or in a specific team. Team supervision, as type of group supervision, accentuates experiential processing of cooperation between team members and can be focused on different things: work on the cases that the entire team solves, experiential work on oneself, dealing with group dynamic of the team, dealing with organisational issues and the team's role in that context. Unlike group supervision, team supervision will less likely meet the criteria of equality amongst all members undergoing supervision. If we are working with a team it immediately means that we work with people, who already have divided the roles and have different status with the group i.e. at the very beginning they are not as "equal" as the strangers who are meeting for the first time in the group supervision.

Individual supervision is a process involving supervisor and a supervisee, in which supervisee chooses the problem that will be discussed. The problem can also be selected by an employer, if he/she has instructed a person to undergo supervision. It can be related to conflict with colleagues, beneficiary's personal discontent, situation at work, etc. The professional literature differentiates between two types of professionals who can demand individual supervision. Fist group are persons from pedagogue-therapist professions who need targeted supervision under which they would work on a specific case or cases. The second group are mainly persons who are at a managerial position in the institution and whose personal and professional burden has reached its maximum. Role play is one of the individual supervision methods.

Supervision models. There are three models of supervision, which depend on the objective that one wants to achieve: 1. Organisational supervision or expert guidance, 2. Supervision in education, and 3. Integrated-development supervision.

Organisational supervision focuses on organisation and work content and its purpose is to expand knowledge and to improve specific methods of professional work, so improve the quality of work with beneficiaries. The role of supervisor is taken by the manager, who is responsible for the institution's operations, but it can also be an external expert for a certain area of work. The supervisor has to instruct the supervisee about how work should be done at a specific work position, what are his/her rights and obligations, what kind of work structure, decision making and problem solving processes are in place.

 Supervision in education/training focuses on education of supervisors so they master certain methods, skill or therapeutic approach. The aim is to have a competent expert in a specific method or therapeutic approach.

Integrated development method focuses on process in which an expert is developed as an instrument of psycho-social work i.e. the one striving to better understand relationships among the people, causes of the problem, causes driving and hindering development, beneficiaries and experts.

It also has to be noted that supervision does not provide answers to all questions and needs of experts and beneficiaries. Despite its educational function, supervision cannot compensate the need of experts to acquire modern knowledge about psycho-social work, psychology and family dynamics. However, supervision facilitates integration of the knowledge and practice, making it usable and facilitating sharing with beneficiaries so we can enable clarity of work and agreement about the work. Problems that supervision can focus on are diverse, but are closely tied to professional performance. Private issues of the supervisees are not focus of the supervision.

Areas that supervision can focus on include:

- Work with beneficiaries: e.g. difficulties in communication with beneficiaries (when beneficiary raises tone, interprets expert's instructions as an attack, presenting opinions to a large group of users, advocating his/her own opinion, etc.);

- Professional competencies: e.g. limited spectrum of work methods and techniques (how to calm a beneficiary down without making treats or raising one's voice, one on one interviewing skills, motivating parents for cooperation, etc.);

- Personal emotions, attitudes, values: e.g. feeling of helplessness (that nothing can change, that problems are too complex, that there is no sense in making extra efforts, that colleagues' support is missing, huge workload and no time for oneself, etc.); professional stress (frequent sick leaves, impatience, anger, uncontrolled reactions, shyness, increased consumption of alcohol and cigarettes, etc.);

- Working conditions and characteristics of work: e.g. inadequate working conditions (undefined working hours; frequent business trips; working space is inadequate, no time for breaks, etc.), characteristics of work (unrealistic deadlines, large number of beneficiaries, small number of available resources for assistance, aggressive beneficiaries, cases worked on are very close to personal experience, beneficiary's problems for which the professional does not have additional training, etc.);

- Human relations: e.g. unsatisfactory relations with colleagues (frequent accusations, conflicts, backstabbing, gossiping, unwillingness to share information, challenging competence in front of beneficiaries, etc.); lack of support (no person for open-hearted conversations, lack of understanding, lack of time to talk to the colleagues, no reward and compliments, etc.)

Problems are handled in different ways, depending on the applied model, supervisor and supervisee and in line with the agreement that was made between the supervisor and supervisee at the beginning of supervision group's work.
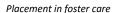
In general, the benefits that professionals in the supervision process gain mostly relate to improving the quality of work and increased feeling of satisfaction with oneself and the work. In that way the professionals develop resistance to burnout syndrome and directly protect their private life. In the same way that selection of the model and form of supervision, selection of supervisor and selection of problem and problem solving method depend on individual professionals, his/her needs and preferences, so will also the outcomes of supervision be different.

Supervision is a standard of psycho-social work in majority of European countries, while its implementation in BiH is faced with significant obstacles. In view of the above, decision makers in the social protection system are responsibility for making supervision available as a tool for quality improvement. They are also obliged to ensure protection of professionals exposed to professional stress and provide stress mitigation measures. Supervision is not, nor can be personal responsibility of the professionals working in the social protection. It is up to decision makers in the area of psycho-social protection to identify obstacles in BiH and develop strategies for overcoming them so supervision can be more widely used.

Bosnia and Herzegovina has over 40 professionals – supervisors who were educated in line with the EU standards. Association of supervisors in BiH was established in 2009 and it will in future actively advocate, promote, inform, educate and create better conditions for introduction of supervision in both social protection and other fields, such as education, healthcare, CSOs and other.

Personal dimension of service reflected in respecting beneficiaries' significant dates and parts of the day

Organisation of life and education of children and youth in an institution must be based on good understanding of each child, understanding of his/her psychological and physical capacities, personal traits, manifestations of his/her behaviour as well as bio-psycho-social conditions that affected and still affect his/her development. The main tasks of the overall education and child-rearing activities an institution include development and fostering of natural potentials of a child, systematic encouragement and steering of development, especially in line with the emotional and intellectual capacities of children and youth.

Personalisation of the service of placement of children without parental care into institutional care permeates activities that result from the areas and tasks of child-rearing. In view of the fact that institutional care is provided to children from their birth until they reach the age of 18, the service is personalised in line with developmental and individual needs of each child. This does not happen spontaneously, but it is rather systematic and planned.

Personalisation of the institutional care service for children is done through different procedures and activities. The procedures are following:

- Initial assessment upon reception of the child and plan of adaptation
- Six-monthly individual plan prepared by representatives of the centre for social work, educators, professional team and institution, child and persons important for the child,
- Monthly individual plans prepared by educators with assistance of the expert team members.

Concrete activities focused on child's development and behaviour are identified through the work plans. Activities are planned according to areas of educational and child-rearing work and aligned with developmental period norms.

Activities focused on personalisation of the institutional placement service for children are numerous and range adequate health care and protection, and activities that encourage development of intellectual capacities and capabilities (through learning, use of the institution's library, computer centre, video library and cognitive-creative activities) to activities focused on raising the level of independence and development of life skills necessary for children's independent life after institutional placement in over.

Special programs intended for children of various age (prep programmes for school, professional orientation programmes, socialisation and recreation programs, pedagogical and psychological support programs and preparatory program for adult independent living) are developed in line with aforementioned activities.

Everyday counselling sessions with the children and youth are used to understand their wishes, needs and interests of the children, focus and to encourage them, solve current problems and to plan next activities.

Particular attention is paid by the educators to celebration of the **important dates** in the child's life.

Important dates in the child's life that receive special attention during child's stay in the institution are:

- Birthdays
  - Birthdays of preschool and younger children are celebrated separately for each child by an appropriate celebration in the child's group together with children and persons important for the child (close family members, contact person, educators and others),

  - Older school children can choose how they will celebrate their birthday (a child or a young person can choose the venue and the how to celebrate; if a child or a young person does not want a celebration, they receive some pocket money that they can spent as they wish).

- Prom celebrations

- o In cooperation with the competent centre for social work, children graduating from an elementary school are provided with money for clothes and celebration of the prom organised by his/her elementary school,

- o In cooperation with the competent centre for social work, in addition to assistance with graduation paper, a high school graduate is provided with funds for clothes and celebration of the prom that is organised by his/her high school.

- Dates of significance to child's biological family
  - o Some of the dates that are appropriately celebrated/marked, if possible, include: anniversary of the death of the family members, family members' birthdays, and patron saint's day and religious holidays.

Health and safety of children

The World Health Organisation (WHO) defined health of people as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". Over the past years, the definition was broadened to include the ability to lead "socially and economically productive life". Health is not merely the absence of disease, but a state of full physical, mental, spiritual and social wellbeing. (WHO Constitution)

During the period of growing up children encounter difficulties and obstacles which they overcome in line with their capacities, depending on different factors (social, family and biological). Developmental disorders, disabilities caused by chronic disease, emotional and behavioural disorders hinder child's ability to function normally and fully develop, depending on the level of difficulty/disability. In view of the fact that health of all children, in particular of the children who are beneficiaries of the child social protection services, is undermined to a different degree, and their abilities diminished, it is important for all institutions and organisations that provide services to these children to implement relevant measures to ensure them health and full safety.

All children who is beneficiaries of the child social protection services are entitled to participation in a structured process of meeting his/her developmental and other needs. The basic purpose of all services includes protection of health, support focused on individual needs and personality of a child, and provision of safety.

In line with the need for a full insight into child's health, a record of child's health needs to be kept noting down all details from diagnosis, changes in condition, vaccination, allergies, etc. Communication with parents and cooperation with health protection services (different specialist services in the health care centres: paediatricians', dentists', and neuropsychiatrists') is essential for successful monitoring and preservation of the health of children. All phases of working with children are at the same time moments in which it is possible to identify newly emerging health issues or diseases can be identified.

Work on prevention of all risk factors that could perhaps additionally undermine children's health has a special place when it comes to child protection.

In addition, adequate nutrition relative to child's age and specific needs is especially important for preservation of child's health. Regular checking of the child's nutrition, which consists of examination of the food safety, food preparation process and health of kitchen staff, help prevent mistakes in this segment of care for children's health. Facilities of institutions are regularly checked for hygiene and diseases done on daily, monthly and annual basis.

Health safety of the child consists of:

- Providing information to the child on the importance of health, tailored to his/his ability to understand

- Continued process of adopting, establishing and preserving good habits in terms of his/her health
- Directing the child towards preservation and improvement of health and safety through consistency in providing models of behaviour
- Controlled gaining of independence of the child in application of the acquired habits regarding hygiene, health, safety and nutrition.

In view of the continuous risk of injuries in children, during the child's stay in an institution (such as orphanage, children's village, day centre, foster family) regulations, procedures and rules ensuring child's full safety should be in particular focus. This refers to all daily activities (work, therapy, inside and outside games) and safety of children in traffic when using public transport. Injuries that do not appear serious can easily lead to serious consequences, so that any change in children's behaviour should be identified in time and responded to in an appropriate manner.

In line with identified risks to children´s safety, the areas that require special attention are: fire hazard, safety of toys and equipment, water hazards, safety in vehicles and overall safety.

Regardless of their target group (children with developmental disabilities, children without parental care, children with chronic diseases, and others), all child protection service providers need to have same systematic approach to protection of children´s health and safety.

Period of adaptation

Concept of adaptation in the context of social protection for children

For all people a change, whether perceived as a positive or negative, represents a stressor (stress causing factor) and a threat to their feeling of safety. Change in the environment most often also requires certain changes in the behaviour, habits and opinions of an individual, with an aim of satisfying one own's needs efficiently. We call this process adaptation or alignment, it manifests in the following manner:

- Adaptation – needs of personality and behaviour aligned with requirements of the environment;
- Failed adaptation – behaviour not aligned with environment requirements, followed by a subjective feeling of difficulty, but allowing for a certain level of functioning;
- Maladaptation – failed response to new conditions, development of behaviour that does not allow for adequate functioning and jeopardise person's integrity.

Children in social protection system have usually experienced more changes in their environment than other children and this requires more efforts in the adaptation period. Changes to which these children are exposed to include transfer from biological family to the public care system, transfer from one form of care to other (a family, children's village, orphanage), transfer from one environment to another (another family, or another group), which usually entails a change in the place of residence and school. Each of these changes poses a challenge to the child and requires him/her to reassess the environment again, to reorganise his/her behaviour and to satisfy his/her needs taking into account expectations of the environment, which often vary greatly.

When a child in the public care system founds him/herself in a situation that requires certain adaptation, the professionals have to support him/her in that process. Objective of the professional's support is to enable the child to develop behaviour patterns with which he/she will efficiently satisfy his/her needs, and which are in line with social norms, whereby respecting the child's personality traits and his/her specific needs.

How the children respond to new and/or difficult circumstances

The process of the child's adaptation to a change depends on his/her temperament, personal characteristics, resilience (resistance to unfavourable circumstances) and experiences on one side, and on the nature of the changes itself on the other side (whether and to what degree it has been perceived as positive or negative). Furthermore, the preparation for change represents a very important factor, which can significantly determine the course and outcome of the adaptation process.

The professional from the centre for social work (or similar service,) who monitors the child and provides support during the adaptation period, must have knowledge of:

1. child's characteristics – temperament, character, needs, mental and emotional status,

2. characteristics of child's earlier environment and his/her experiences from that environment,

3. specific issues of child's adaptation to some earlier changes,

4. the process of preparing the child and his/her new environment for the change,

Having this in mind, the professional who monitors the child can anticipate the course and the duration of the child's adaptation process. The professional has to be ready to prevent possible difficulties, and to provide assistance in overcoming of possible problems by giving specific support to the child, as well as to the environment (alternative family, teaching group, child-care worker, other professionals involved in the process).

When facing changes, especially the ones they perceive as negative, children express numerous specificities in their behaviour. Even when the change is perceived to be positive, it produces a certain amount of stress and requires the child to adapt. New forms of behaviour can appear in that process, or the ones present before can become intensified. If a child monitoring professional knows the child very well, he/she will easily detect changes in behaviour. The most frequent specificities in the behaviour of children who go through new and/or difficult circumstances are presented in Table 1.

Table 1

How the children react to new and/or difficult circumstances

BEHAVIOUR	EMOTIONS
Distrustful to others	
Display increased dependence on others, talk less and are quiet and shy	Feel dear and insecurity
	Feel sadness
Talk a lot, draw attention to themselves, suck thumb, bite nails, rock, steal	Get angry very quickly
OPINION	PHYSIOLOGY
	Cannot sleep, Cannot eat, Feel sick, Immunity is compromised
They think about unpleasant experience,	
Loose focus and interest	Loose sphincter control
Have difficulties with learning and memorizing	

Role of professionals in adaptation process

Professionals involved in work with a child have an important role and can significantly affect the course and the outcome of adaptation process. Here we have to mention professional from the centre for social work, who is often child's guardian, as a person who has the key role for several reasons. Therefore maintaining regular contacts with the child and persons who take care of the child (foster parents, educators, and other professionals) becomes a significant requirement for the professional during the entire child monitoring period, especially in more challenging situations, like the adaptation period.

The professional from the centre for social work primarily observes and monitors objective conditions in which a child lives. He/she checks whether a child lives in healthy, safe and comfortable conditions, whether child's emotional, educational and culture needs are met, and whether upbringing methods in his/her environment are adequate.

Furthermore, professional is usually a very important, and sometimes, the only person whom the child sees a source of safety. By keeping regular contact with the child, professional sends the message that he/she is thinking about the child and taking care of him/her. The professional shows that the child is important and in this way significantly contributes to boosting of his/her self-confidence and thus preventing or mitigating the process of overcoming numerous problems that might occur. Aforementioned difficulties and specificities of child behaviour, if they appear as a consequence of changes and represent temporary defence mechanisms, usually spontaneously disappear in the first several months in a environment that enables the child to easy satisfy his/her needs and that gives enough attention and love. However, if difficulties continue after several months, a professional from the centre for social work has to involve an expert who will help the child and the environment

if necessary, to overcome the problems. The professional must monitor this process, and if necessary he/she must suggest new solutions.

The support that the professional from the centre for social work provides to the persons who take care of the child is very important, especially in case of foster families. Besides timely dissemination of information and monitoring, which are mainly the tasks of professionals when contacting professionals in Children Homes and Villages, the professional assumes other tasks when working with foster families. These are counselling, referral to other offices/services and mediation (in contacts with biological parents and relatives, schools and other institutions). Furthermore, contacts with foster family during the adaptation period provides final insight into compatibility of child's characteristics, needs and expectations with the characteristics, needs and expectations of the family. The professional can even get an insight into eligibility of the foster family. Regardless of the assessment and preparation that are done before foster care placement, it can happen that adaptation period reveals that the child needs a different foster family. This is very significant information and requires prompt professional's reaction, since otherwise problems that significantly affect psychophysical development of the child and his/her future may occur. It can also bring into question readiness of foster family to further cooperate.

After adaptation period

Intensive monitoring of a child is necessary two to three months after the placement in new environment. When determined that the adaptation period has ended, the professional from the centre for social work reduces frequency of contacts with the child and persons who take care of him/her. It is also very important to inform the child about future communication; it is very important to point out that the child can contact the professional from the centre for social work if he/she feels the need to do so. Furthermore, the child has to know and be aware of the fact that less contact does not mean his/her significance is decreasing and that care for him or her does not exist anymore.

Professionals from the centre for social work, persons who take care of the child (foster parents, employees of the institutions) and the child him/herself, must be prepared to cooperate and make regular contacts even after the adaptation period. The professional from the social care centre has to be informed about all significant changes with child and he/she must get involved in overcoming of challenging situations.

The child-oriented work is only possible through the synergy of all involved parties, professional actions and observance of ethical principles, thus helping the child to have a happy childhood and a bright future.

3.   Development of standards and application methodology

Introduction

Development of standards for social protection services is a strategic response to changes in conditions under which the services are provided. Development of standards and constant monitoring and control of those standards becomes integral part of the process of strategic planning of services. That strategy includes joining of professional knowledge of several organisations and institutions for the purpose of transferring the work to most efficient services or direct provision of those services in line with available resources. The standards themselves will be sufficiently flexible to respond to context of social, healthcare and educational planning which are continuously rapidly changing.

The social protection standards are clear messages about the best professional practice that resulted from agreement reached among partners in the field of social protection. Strategy for development and application of those standards is based on partnership, while standards are related to services provided to vulnerable groups of people whose needs require activities beyond the scope and competence of one specific ministry or service. Such partnerships can together provide more efficient and effective services than any single ministry or service could.

The overall objective of the *standards for social protection services* is improvement of quality of life of those who depend on those services, and ensuring their efficiency and cost-effectiveness.

However, standards are just a tool for improvement of services. They are not a guarantee for their efficiency, but they ensure more efficient performance by services and professionals working in these services.

Experience shows that:

- Standards **are not** a guarantee of the quality of services,

- Standards need to be regularly controlled so they would remain relevant to services developed and improved.

Identified conditions

Standards for services identify criteria for measurability and consistency of services. They are harmonised among service managers and professionals, and need to be a reflection of the general opinion regarding best practices. There are two types of standards:

- **Structural standards –** criteria that refer to the **structure** of the service in terms of staff, financial and operative preconditions for the service operation (office, equipment, etc.)

- **Functional standards –** criteria that refer to activities of the staff who work on fulfilling the purpose of the service.

Three "levels" of standards

Given that services across the *Sector* are probably at different levels of development and competence, three levels of standards are introduced to reflect different levels of development.

- Minimum standards – identify minimum structure or activity required in line with current limitations and circumstances in the service,

- Optimum standards – identify achievable good practice in line with current limitations and circumstances in the service,

- Ideal standards – identify top level of good practice regardless to existing limitations and circumstances in the service.

As resources and competence of the service increase, so will the opportunities for increase in the minimum standards level or introduction of optimum standards.

Key reasons for realistic and achievable standards

- Standards **measure** consistency of structure and activities. This means that standards must contain an element that can be measured in terms of time, consistency and simplicity, or a combination of these three types of measurements.

- Service standards enable managers and professionals to measure consistency of the service structure and activity in several locations. Standards provide series of work indicators for each service and method to establish consistency of the service, so work of services can be compared between different locations.

- Service standards themselves only measure consistency of the structure or activity for the purpose of achieving objectives or purposes of the service. They do not directly measure the quality of a specific service; although the work in line with the standards is probably of better quality than the work that does not meet the standards (see section '*Ensuring quality of service*' bellow*).

- Service standards must reflect overall strategic objectives of the service, but they must be concrete in order to be easily understood. They also have to reflect available financial resources, relevant regulations and human resources. Every message identified in terms of standards must be:

- Measureable;

- Consistent with policy and other messages;

- Reflect purpose and principles of service;

- Realistic and achievable;

- Financially achievable.

Basic principles of the minimum standards

Social protection standards will clarify responsibilities for provision of more efficient and financially sustainable services that improve quality of life of those who depend on them and vulnerable citizens. Each standard must reflect six principles:

- **Standards are conditioned by service.** Every type of service or institution shall have standards for direct monitoring of work per specific types of services provided to citizens. This will enable continuity of consistency and service.

- **Functional standards will be centred around people.** Standards will monitor activity that ensures and improves maximum independence and quality of life of the service beneficiary.

- **Standards will be consistent with the identified purpose of the service.** Activity monitored through the standard must fulfil the purpose of the service provided to individual beneficiaries and demonstrate efficiency of the service itself.

- **Clarity and simplicity of developed standards are important for successful implementation.** Clear and simple messages ensure that all staff involved in provision of services know what they are expected to do, even though the staff will differ in level of training and level of experience.

- **All standards must be achievable.** Standards must require professionals and other staff to work well, but they must be realistic so they would not undermine best practice in services.

- **All standards must be financially achievable.** Standards will reflect existing level of available human and financial resources. If the level of resources changes, standards must be reviewed, and measuring criteria must be changed in order to reflect that change.
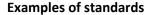
Standard content

- Structural and functional standards have different but connected purpose. Each of them will have different type of content.

Structural standards – criteria that refer to structure of service, specify the following:

o Number of staff for some service,

o Required training and qualifications for staff in the service,

o Required experience of the staff,

- o   Required financial resources,

- o   Level of service needed by beneficiary, which services needs to provide it (needs-based),

- o   Minimum operative preconditions for service,

- o   Facilities and offices,

- o   Equipment,

- o   Transportation organisation.

- •   Functional standards – criteria that refer to activities of staff working on achievement of the service objectives:

- o   Types of activities required for the service,

- o   Frequency of those activities,

- o   Identifying responsibility for individual activities,

- o   Clarification of needed consistency and harmonisation of services,

- o   Evaluation and review of the service,

- o   Documentation,

- ▪   Procedures.

Examples of standards

Types of standards	Examples
Structural standards	
Minimum number of staff for each service	Institutional service must have at least three qualified staff members available at all times.
Minimum number of children for each staff member	Ratio of children in public care accommodation and teachers shall not be lower than 4:1.
Staff expenses per child	Expenses of staffing the service in community should not be higher than 100 EUR per child per month.
Minimum budget in % spent on direct service provision	At least 70% of the budget shall be spent on direct service provision for child care.
Maximum budget in % spent on administration	Maximum of 12% of the budget shall be spent on office administration.
Minimum level of training/qualifications staff needs to have	Each staff member shall complete advanced training in child care and obtain relevant qualifications.
Functional standards	
Maximum time spent per child assessment	Staff shall spend maximum four hours in order to complete the initial assessment of the needs of the child and family.
Minimum number of service controls per child	Staff shall control the service plan for each family at least every four months.
Minimum inclusion of family in the service planning process	Family shall be invited to be present during control of care for the child, except in the cases when that it is not in the best interest of the child.
Frequency of contact with the family	Staff is expected to keep contact with each family, which are supervised at least once every three weeks.
Maximum time for response to children under high risk	Investigations related to reports on a child under high risk need to be carried out immediately, and the child needs to be seen within one hour.

Regulatory system for social protection standards

Standards present basis of the regulatory system that ensures quality of services of all providers through their compliance with identified standards. Regulatory system includes three components of interconnected activities:

Issuance of permit

Issuance of permit is a process in which the ministry in charge of social protection approves (usually after an inspection) that potential service provider is able to provide service per specified standard. Issuance of permit is usually a precondition for getting contracts and is part of a wider regulatory responsibility of the ministry, which includes monitoring and inspection. Permits are usually issued for a limited period of time and need to be renewed after monitoring and completed inspection of the service.

Monitoring

Standards will continue to provide useful information on the quality and efficiency of services, and this is only possible if they are monitored in regular intervals. Monitoring is a positive process that leads to constant improvement of efficiency and capacities of the service. Purpose of monitoring is to establish if the structures and activities of the service are in line with the agreed standard.

Monitoring of the standard will be under competence of the director of relevant service. Such monitoring is "internal" activity and must be a routine and become a part of the wider competencies of the service. Real monitoring activity can be completed by director or other higher ranking officers in the service, appointed by the director. Routine reports related to the work measured by standards must be available at the level of the *Sector,* in order to ensure continuous work in the entire *Sector.*

Inspection

Inspection is a process of "external" control of the work of service. Inspection provides an insight into work of the service based on its location and an external monitoring of the service activities.

The Sector shall be responsible for inspection and revision of service standards on the basis of information provided through individual standards for service and internal monitoring activities. Inspections focused on *the Sector* needs to include professional knowledge about social protection, education and healthcare, as well as other professional groups, as needed.

Inspection service can be established in three ways, depending on available resources:

- Official multidisciplinary team at the ministerial level.

- Smaller multidisciplinary teams of experienced and respected professionals from municipalities temporarily engaged in inspection of services with which they have no professional contact. These inspections would be carried out on behalf of ministry, and the team would report to the ministry.

- Official ministerial multidisciplinary inspection team that would, when needed, hire local teams.

Ensuring quality of services through compliance with standards

Structural and functional standards are the basis for provision of quality services in institutions of both maximum security and open type, as well as services which are designed to they help families or adults in their homes. The final part of this basis is a strong approach to assessment of needs, planning and service provision, with people at its centre. People focused services are developed and shaped to respond to individual needs of the beneficiaries.

When relevant services are not available, existing services are changed or new are created. Due to the fact that beneficiaries' needs are different, their plans for the provision of services will also reflect these differences. The quality of service is identified through more specific questions regarding the *effect* of specific service for each beneficiary.

The standards describe criteria for measurement of continuous compliance with the minimum requirements related to structure of the service and professional work. As such, standards are important "performance indicators" that provide a strong assessment of the quality of service during the process of monitoring and inspections, since the services that are structured and operate in line with identified standards are likely to provide quality of services, but standards cannot provide a *direct* definition of the quality of service.

The standards deal with the structures and processes, while quality focuses on identifying whether these structures and processes are achieving a certain objective - *effect* - from the plan for individual provision of services. The real quality of service is identified in the course of control of individual plan of the service for each service beneficiary (client) or family. This control is an activity that is different

from monitoring and inspection, because it is much "closer" to service beneficiary and includes him/her whenever possible. Such control of the case is a routine and simple process based on the needs of each service beneficiary.

The following three conditions are important for identifying real quality of service and form the basis of the approach to service provision centred around people:

- Sufficiently comprehensive assessment of needs and capacities of the service beneficiary, including living conditions,

- Agreed and well-managed plan to build upon capability of beneficiary to manage or resolve their individual needs in order to maintain or improve the quality of life of beneficiaries,

- Regular and systematic control of the case action plan, which takes into account changes in the needs and capacities of the service beneficiary.

Standards – expression that refers to organisation work on quality assurance

Standards constitute the organisational structure of the social protection services. They are developed by informed professionals and non-professionals and used to identify and measure the relevance of the structure and activities of the social protection service.

The most successful standards are those that are realistic but require all professionals who work on improvement to achieve better results in terms of the quality of life of beneficiaries. The standards for the structure and activities of the service are the basis for all activities related to monitoring and management, and must be well understood and well connected with the quality assurance systems. The standards are flexible to the extent that they reflect current developments or changes in resources or other capacities related to service provision.

Developing links between standards and regulatory requirements of ministries is a key aspect of this method. Developed standards will be practical and measurable, and they will identify the minimum of achievable requirements in quality social services. When possible, their measurement will be done through regular evaluation of performance indicators, which will provide data on the actual level of compliance with each standard.

Sustainability is the central theme of this method. Developing systems and skills for creating and monitoring of standards will represent a significant element of both pilot phase and implementation. It is equally important to establish control mechanisms for regular review and update of current standards.

Methodology for development of standards "top-down and bottom-up"

Standards must reflect conditions which identify and measure work of the service. Import of standards from another country or culture is rarely ever successful, because the social conditions and customs differ even between neighbouring countries. However, it is important that methodology for standard development in social protection is led by the ministry of social protection in each country, working in partnership with other relevant ministries, when possible (ministry of health, education, justice).

The methodology for development of standards and pilot projects related to them should be agreed among all the ministries that will participate in the process, as well as centres for social services at the local level, and should include state and non-state providers of these services and groups representing beneficiaries.

It is essential that there is a full agreement on developed standards to serve as the basis for inspection and regulatory responsibilities of the involved ministries.

This includes:

Step 1 – Establishment of a small multi-ministerial and multi-professional managing board responsible for management and development of standards. This group would meet regularly to draft guidance and monitor progress in development of standards and pilot programmes.

Step 2 – Managing board seeks to conclude important agreements that lead to progress in standard development, including:

- Agreement to identify and draft two types of standards:

o Structural standards – minimum structural requirements of the service, including the staffing, level of qualification, facilities and financial requirements,

o Functional standards – minimum functional requirements such as processes, activities and work of staff providing the services.

- Agreement on method of standard development

o According to groups of clients (adults, children, persons with special needs), or

o According to types of services (home care, daily care, institutionalised care).

- Agreement to implement the developing standards on all service providers, including state, NGO and profit service providers.

- Agreement as to which groups of clients or types of service will be in the centre of the standard development process.

Step 3 – Establishment of focus groups for drafting proposals for each set of standards to be developed. Those groups will usually include 8 to 12 persons:

- Representatives of ministries,

- Representatives from local administration for social protection issues,

- Service providers,

- Service beneficiaries.

Step 4 – Assistance at focus-group meetings organised to draft standards:

- Each sub-group holds one day meeting in order to draft standards,

- Formatting the standards into functional and structural standards (see above),

- Development of performance indicators for each standard, when possible,

- Preparation of standards for approval by managing board.

Step 5 – Review of standards by managing board which will, when needed, change and approve methodology for pilot-projects related to standards and monitoring systems. Pilot projects are important phase for:

- Testing standard relevance,

- Testing standard achievability,

- Developing reporting system by use of performance indicators,

- Use of performance indicators for inspection and regulatory activities.

Step 6 – Pilot-projects in relation to standards and related monitoring systems.

Step 7 – Prepare amendments to legislation when standards and regulatory systems are required in the national law.

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4. Definitions

Decentralisation is support to integral social protection system at local level as well as respect of the right to live in ones' natural environment.

Direct services are services provided in response to needs, elimination or mitigation of risks, shortcomings and unacceptable social behaviour and maximising development of capacities of beneficiaries to live in the community. These include: various forms of counselling, placement into another family, protective accommodation, home assistance services, day care centres, clubs and various other direct services.

The documentation of services rendered should accompany the process of work with beneficiaries and should capture all undertaken actions. The documentation should also contain information which adequately identifies beneficiaries, supports decisions were taken during interventions and document provided services.

State care/Public Social Services/Social protection stand for a range of system services and methods of child protection which, in terms of organisation and functioning, rely on the possibility to select good quality services and service providers from as wide range of services/providers as possible, in order to meet the standards of child protection.

Evaluation is a procedure conducted in identified intervals to compare planned outcomes with actual situation of beneficiary and his/her family, to look at relevance of assessment and results of services and measures, i.e. estimates to which degree the planned tasks have been completed and outcomes achieved.

Functional standards are criteria related to staff activities aimed at fulfilling the purpose of service. Functional standards regulate reception of the beneficiary, manner and methods of assessment, planning, as well as the activities related to provision and termination of services.

Holistic approach to needs assessment of the beneficiaries is a method of identifying overall needs and capacities of the beneficiaries, taking into account his/her specific circumstances and living conditions and prioritising individual development of the beneficiary.

Individual protection plan sets forth a basic group of services, measures, tasks and activities necessary to achieve desired objectives and outcomes for beneficiary by linking the results of assessment with interventions, services and measures undertaken.

Integrative provision of services implies that there are no isolated services and service providers, but rather that there is a whole set of inter-related services falling under competencies of different parts of the system of the local and wider community.

Service provision concept in social protection is an approach which seeks to meet the needs of beneficiaries, giving priority to the type and content of services which can respond to needs of several different target groups. The approach in question is based on the respect of human rights as well as empowerment of service beneficiaries. Holistic assessment of beneficiaries is applied in the service provision concept.

The beneficiary (client/party) is identified as a person, family, group or community facing difficulties in terms of fulfilling their needs, which prevents their functioning and further development. The beneficiaries use social protection services in order to meet their needs and without such services they would not be able to achieve nor sustain the quality of their life or protect their rights.

The quality of service depends on whether the services in question are available to everyone, availability in terms of their price, continuity, availability of information and transparency, participation of beneficiaries in identifying and evaluating services, and upholding of the agreed standards.

Care management represents a modern model in social protection and child protection based on the separation of the assessment of specific needs from planning of the services. This model includes working in specialised teams, different mechanisms of financing social protection service, inter-sectoral cooperation and different practice of direct work with beneficiaries.

Minimum standards represent minimum requirements for service of sufficient quality. They represent basic quality that has to be ensured, should be applicable for wide range of services, be used to regulate work the social protection services, enable self-assessment by professionals, represent foundation for training of processional staff and ensure orientation to beneficiaries as to what they can expect from the services.

Optimum standards represent good practices in line with existing limitations.

Self-care capacity implies that child possesses practical, emotional and communication skills for independence in line with level of development. For younger children this includes practical skills, such as capacity to feed and dress themselves, while for older children it refers to opportunities to acquire self-confidence and independent activities outside of the family, and preparation for independent life of young persons.

Participation can be identified as a process in which the child has the right to **express his/her opinion**, to have his/her **opinion be listened to,** to receive **due attention** as well as to have opportunity to **take action** in all things and situations that concern him/her.

Pluralistic service providers are a relevant combination and/or partnership of public, non-governmental and private service providers. With pluralistic service providers beneficiaries have the option to choose service provider for a service and also can influence the increase the quality of social services. The system which uses pluralistic service providers requires introduction of licensing system for the service providers.

Families at risk are families which have difficulties fitting into the broader social system and are unable to perform basic social, professional, educational, material and everyday obligations, or develop relationships both inside and outside the family. These families have multiple needs, and untimely and inadequate fulfilment of these needs can have an adverse effect on proper development and growth of a child. Therefore these families need additional social assistance and support. In some situations, this can result in removal of the child from the family and his/her placement into an institution or another family.

Social services monitoring is a continuous process of systematic data collection, in accordance with specific indicators, aimed at providing information to the service provider and beneficiary on the level of progress and achieved objectives, within framework of available funds. Monitoring includes monitoring and looking into how the activities were provided, whether they correspond to needs of the beneficiaries, and whether there have been any problems with implementation of the service provision plan.

Priority beneficiary groups are population groups with similar social and health characteristics, which have been identified by competent authorities as having priority in situations when resources are scarce (e.g. children with developmental difficulties, children in conflict with the law, children living in the institutions, etc.).

Process services are also referred to as case management services, i.e. social work services in the centres for social work. Their role is to enable beneficiaries to have access to direct services, including: information, reception, assessment, planning, review/evaluation and finalisation of work with the beneficiary. Process services also include provision of access to other services outside the centre for social work, coordination and supervision of the provision of these services to the beneficiary.

Assessment of child's situation and family circumstances refers to a focused data collection process, identification and assessment of problems, needs, strength and risks, situation and persons involved, implemented in order to identify objectives of work with the child and his/her family, need for specific services and measures to respond to the needs in order to get to positive outcomes.

Service provider is an organisation or an individual providing the social protection services in line with the law.

Child's developmental needs include health, educational, emotional development and behaviour, as well the self-care capacity adequate to child's age, identity development, social presentation, as well as the stability of child's attachment to family members and presence of adequate social attachments with peers and other persons from child's environment.

Child protection reform refers to a set of activities and measures which will ensure that all children have approximately equal optimal conditions for proper development of personality, and help families to achieve its reproductive function and improve the quality of lives of children.

Review of child protection plan is a procedure of audit carried out based on the evaluation results, i.e. needs, strengths and risks are re-assessed and the plan is revised to adapt the services and measures to changed circumstances and functioning of beneficiary and his/her family.

Regulatory mechanisms are established to guarantee all beneficiaries access to high-quality affordable services, as well as to use public resources efficiently. Regulatory mechanisms for establishment of standards are related to licensing, certification and accreditation, as different types of verification of adopted quality levels. Regulatory mechanisms are connected to quality improvement tools and include supervision system, mechanisms for receiving and resolving beneficiary complaints, self-assessment and inspection.

Service content denotes concrete description of activities and resources available to beneficiaries, which to large extent depend on the type and purpose of the given service in the social protection system and specific beneficiary group. Activities included in the service are specified in the service standards document.

Quality improvement system in social protection aims to ensure access to services for identified beneficiary groups under clearly identified conditions which ensure equality, protection of rights of beneficiaries, precise assessment of beneficiary needs, scope to which specific services has met the beneficiary needs, beneficiary satisfaction, the extent to which the service in question has contributed to expected results - outcomes, efficiency and rational use of resources as well as compliance with legal and administrative competencies.

Social protection is an organised activity dealing with prevention and elimination of the causes and consequences of the state of social needs, as well as provision of necessary help and assistance to citizens and their families aiming to eliminate social difficulties and to fulfil basic needs. Social protection includes a series of measures aimed at protecting vulnerable groups.

Social services are those services which are provided by different providers (governmental, non-governmental and private sector) to respond to the needs of individuals and groups of beneficiaries, such as children and families, elderly and persons with developmental difficulties. Social services consist of activities and resources which are offered to improve beneficiaries' quality of life, to meet their needs, to eliminate or mitigate risks, shortcomings or unacceptable social behaviour as well as to ensure maximum development of beneficiary potential for the community life. The main mission of social protection services is to enable beneficiaries to remain equal members of society and use the same resources as other members of the community, to live independently, in the natural environment.

Standard is a basic measurement against which other measures are developed and established. Standards are "documented agreements with technical specifications or other precise criteria used as

rules, guidelines or definitions of characteristics in order to ensure that the product, processes or services are in line with their purpose" (ISO:9000). In the field of social protection, standards are derived from governmental policies, legislation, identified objectives and frameworks of national services, results of current research as well as good practices. Standards are tools for service management.

Social protection standards are clear messages of best professional practices arising from agreements of partners working on social protection.

Standards and procedures differ in their level of generality, their purpose in the regulation system and in developmental path for their implementation. Although the standards and procedures are explicit statements subject to review and change, procedures elaborately describe work of specific services and impose limits to their discretionary decision making and activities. Standards are guidelines for good practices and, if their aim is to introduce quality, they particularly take into account changes that beneficiaries experience in their lives.

Service standards are messages which identify criteria for measurability and consistency of services. These messages are agreed by managers and professional staff and should reflect the general opinion on what the best services practices are. The service standards identify value, quantitative and qualitative dimensions of professional procedures and services. They identify the content of services, criteria for their use, as well as ways and methods of assessment, planning, provision and termination.

Structural standards are criteria related to structure of the service, in terms of staff, financial and operational preconditions (office space, equipment. etc.).

Structure standards include material and human resources, management processes in different services and organisations which provide services. Material resources include conditions for provision of social services: facilities where services are provided and physical conditions of work (interior design, offices, and waiting rooms), equipment, available funds, standard documentation and quality improvement tools. Human resources include structure and number of skilled staff relative to number of beneficiaries and volume of work, as well as the structure of the support staff. Structure standards also refer to organisation of work, which should enable set up of flexible organisational structures to maximise effective use of human and material resources of the service or organisation, as well as cooperation with programs and services provided by other stakeholders from the local community.

Supervision is a unique learning process aimed at supporting professional development of experts. It provides a safe space for personal exploration of one's own work, obstacles, blocks, successes and dilemmas. Outcome of the supervision process is empowerment of experts so that they can discover their competencies and develop new skills in their own unique manner. An expert learns from experience, creates own solutions to complex issues and thus develops knowledge, competencies and capacity to take responsibility for one's own work. All this will result in better quality of the protection for the beneficiaries.

Supervisor is an expert for guiding the supervision process and his/her task is to use his/her skills and objectivity to guide the problem solving process.

Case management is an approach to social work which includes activities focused on each individual beneficiary, focusing on assessment, arranging access to services, coordination and evaluation of services that should respond to the beneficiary needs. In case of child, this enables assessment of needs of a specific child, harmonisation of the provided services with the need. Monitoring progress over the set timeframe allows for regular evaluation and review of the needs and services.