

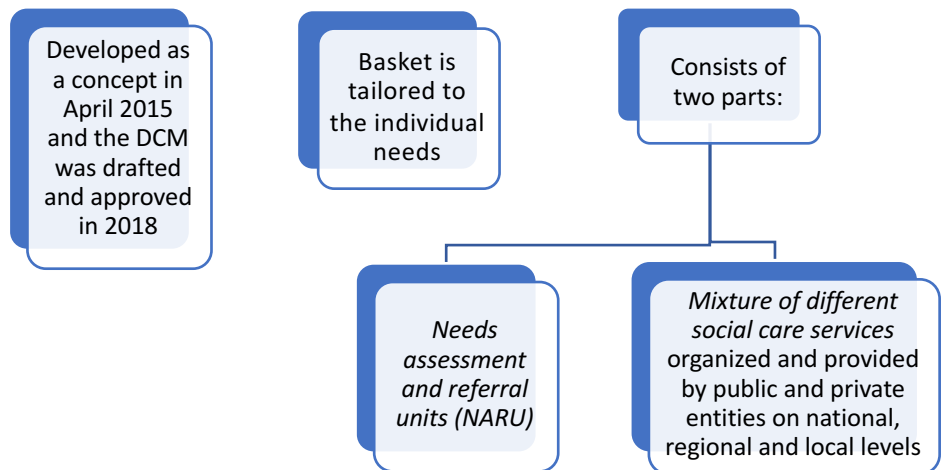


Basket of Services

The case of Albania

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CONCEPT of BASKET of Services



MAIN FEATURES



Core public service



NARU in each community



Team of professionals - ***social workers - case managers***



No. of professionals depends on the ***no of inhabitants & vulnerability mapping***



Exchange information and work closely with the **regional SSS and regional councils**; while the **national level** provides standards and control mechanism (complaint procedures)

ELEMENTS OF SERVICE



Case identification - identifying vulnerable individuals and families in need;



Initial needs and risk assessment - analyzing all the information and documents, consulting with client and all the people relevant to the client; for complex cases home visiting, as well as multi-disciplinary needs and risk assessment;



Information and basic counseling, advocacy about rights and opportunities for care and treatment, health and education services, cash benefits;



Care and support plan – specification of services, services providers, timescales for achieving the objectives. Involving clients in the planning process;

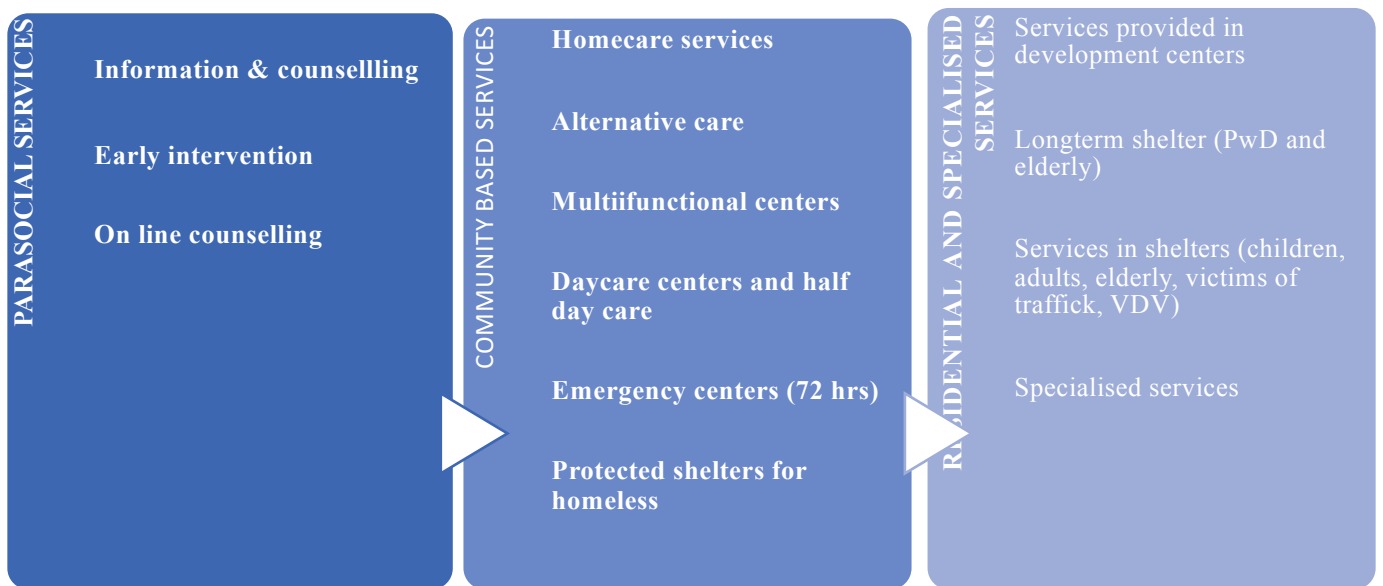


Support coordination and referral to social care services at local, regional and national level (some decision are made jointly with regional SSS)



Follow-up on cases, monitoring and evaluation - reviewing the needs few months after a referral, and then periodically (every year); evaluations; case closure.

SOCIAL CARE SERVICES



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MAIN FEATURES

- Basket of services mean that apart from assessment and referral services person in need can get access to different type of care services depending on their condition and needs:
 - These are services that can be outsourced/commissioned to private (NGO) sector;
 - Family support services as community based services (CBS) are the most desirable;
 - Residential care as a last resort solution.



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 - These are services that can be outsourced/commissioned to private (NGO) sector;
 - Family support services as community based services (CBS) are the most desirable;
 - Residential care should be a last resort solution.

MAIN FEATURES

National and/or regional level

- *Residential institutions - last resort*
- *Small group homes*
- *Foster/kinship care*
- *Shelters for victims of violence*
- *Shelters for victims of trafficking*
- *Hot line services*

2. Largest cities (specific services)

- *Services for children in street situation*
- *Homeless services*
- *Substance abuse services*
- *Services for Roma children*

3. Local level- community based (family support services)

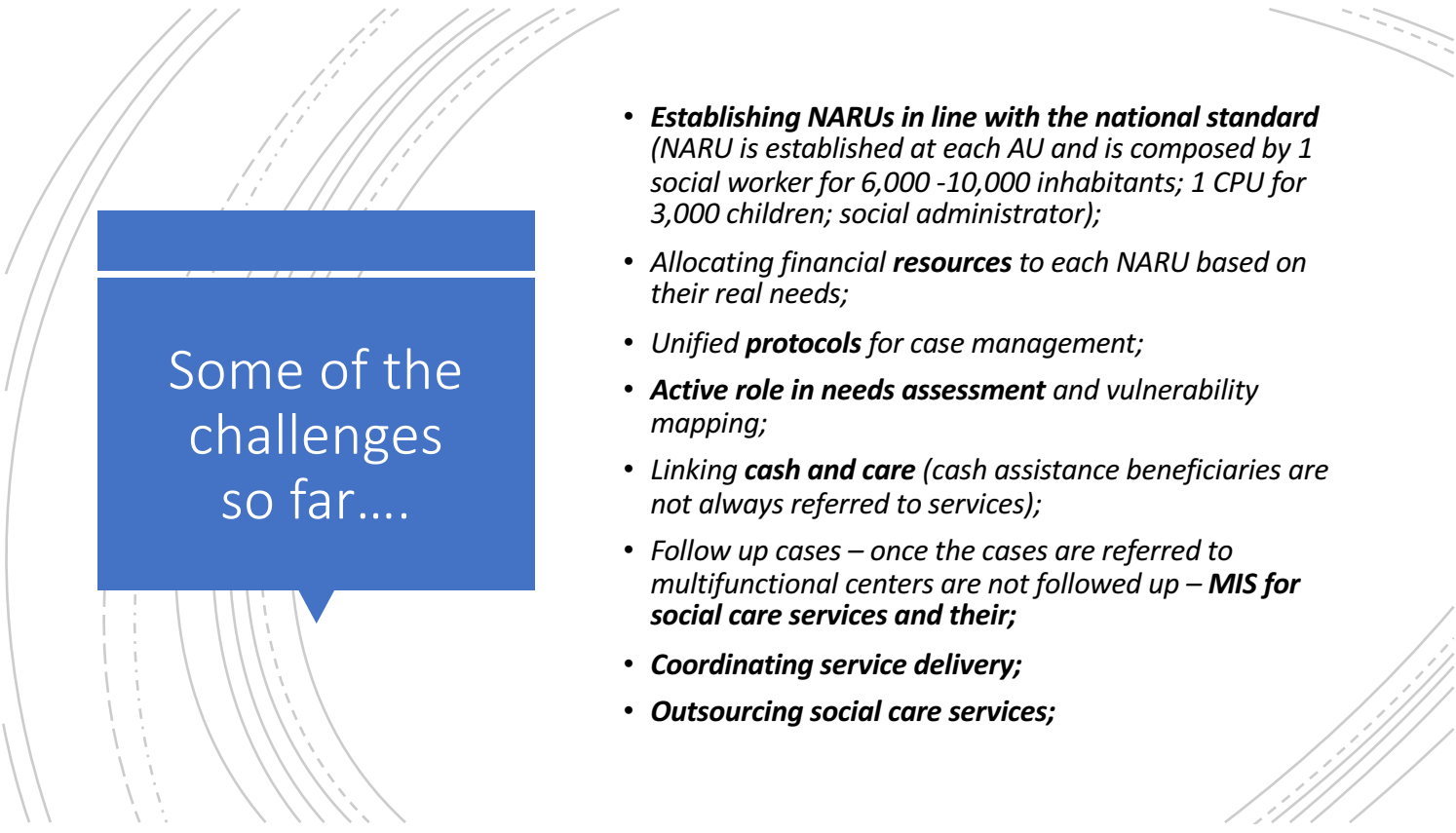
LG offering family support services:

- *Day care and counseling services for elderly, persons with disability, children and families - range of services depending on needs (counseling, rehabilitation, training, day care) provided by NGOs or established and provided by LG*
- *Home care for elderly, children and adults with severe disability*



FINANCING:

- *Matching grants* (funding comes both from national and local level and amount of national grant depends on the size of the LG budgets)
- *Central level, gradually delegating the responsibility to LG*
- **Establishment of the Social fund:** Learning about standards, innovative services, decentralized driven piloting;



Some of the
challenges
so far....

- **Establishing NARUs in line with the national standard** (NARU is established at each AU and is composed by 1 social worker for 6,000 -10,000 inhabitants; 1 CPU for 3,000 children; social administrator);
- **Allocating financial resources** to each NARU based on their real needs;
- **Unified protocols** for case management;
- **Active role in needs assessment** and vulnerability mapping;
- **Linking cash and care** (cash assistance beneficiaries are not always referred to services);
- **Follow up cases** – once the cases are referred to multifunctional centers are not followed up – **MIS for social care services and their**;
- **Coordinating service delivery**;
- **Outsourcing social care services**;