Rights of Children in Alternative Care:
Filling the Gap through Peer Research

Albania's National Report
2011–2012

Almandina Guma & Ingrid Jones

Acknowledgement

Table of Contents

I. Executive summary

Albania has one of the lowest numbers of residential institutions for children in Eastern Europe and also the lowest number of children in formal care. This does not equate with good preventive and support services for children and families; on the contrary, it prevents children from being removed from their family of origin. This occurs because of a lack of recognition that many children are neglected or that they require the protection of the state or local government for whatever reason.

In Albania, the age for leaving the public care system corresponds to the completion of nine years of compulsory education: in 2011–2012 this is at the age 15 years. Few young people are provided with an extension of supportive care until the age of 17. Private alternative-care service-providers provide support and care until 18 years or older.

During 2011–2012, SOS Children's Villages Albania took part in the two-year international project 'Rights of Children in Alternative Care Filling the Gap through Peer Research', together with SOS Children's Villages in the Czech Republic, Finland and Poland. The project was co-funded by the European Commission and SOS Children's Villages International and its objective was to provide research into advocacy activities implemented within the framework of the I Matter Campaign in Albania (2009–2012).

The main goal of the project was to expand the knowledge and information on the implementation and impact of children's rights on the alternative-care system and to improve and increase the advice and support given to young people in their transition from youth to adulthood.

It was decided that as the objective of the research was to find out from young people their views, experiences and opinions that the research would be conducted through peer research (PR). Peer Research has been tried in the United Kingdom and other countries and has shown that young people are more at ease and willing to talk about their life with researchers of a similar background and age. Peer Research is participatory action research in which individuals affected by an issue (in this case preparation for leaving the care system) take part in finding solutions to their problems and issues. The peer researchers were fully involved from the beginning in a meaningful process by sharing responsibility for the development of the questionnaire, the training and finding of potential interviewees therefore subsuming total responsibility by using their expertise in and insight into living in care and leaving care.

Nine young, independent people aged between 17 and 22 years, who had themselves been in the care system – some from the public care and others from various private care-providers – were selected through a process of application and interviews to be the peer researchers on the project. Once selected, the young people were trained in interviewing skills, provided with on-going support and advice, and conducted with devotion 100 interviews with young people still in care and who had aged out of care. As a result, 100 questionnaires were conducted in three cities

of Albania: 54 with young people preparing to leave care (aged 13–19) and 46 with young people already out of care (aged from 16–26).

Also, good practices in the area of leaving care were identified and collected from SOS Children's Villages Albania, Hope for the World Centre and Maddonina Della Grappa Centre.

The consistent themes running throughout the information gathered by both the children and young people preparing to leave care and those who had left care between one and 12 years ago is that it is important to study hard and to finish your education and, if possible, to go to university in order to fulfil an aspiration to get a well-paid and professionally satisfying job; that to complete your education you need continuous support from either the alternative care-provider or the state so that you can study without fear of not having enough money to pay for your accommodation or to feed and clothe yourself.

Finishing your education and attending vocational training courses or university are basic goals for all young people in Albania, but the young people surveyed all said that they were not provided with adequate information on what was available, where they could study, who would pay or how they could get assistance to pay for their courses and what they can expect from the educational establishments themselves.

Another aspect is that of support from the alternative care-providers in assisting and preparing the young care-leavers to find suitable accommodation that allows the young people to feel safe and secure and free from harassment. The residential-care workers, social workers and centre or institution directors should not make the decisions by themselves as to what is suitable for the young person. Rather, there should be discussion and alternatives offered that meet the needs of each individual care-leaver and not just the slotting of each one into what is readily available or is seen to meet the basic requirements for a roof over one's head. The preparation for leaving care must be a participative and enabling set of activities for each young person that serves his or her best interests and not just a tick-box exercise.

The financial support that is offered is insufficient, nor is the preparatory budgeting and life-skills training. What has been successful is the preparation of young people to take care of their personal hygiene, to be able to choose and make friends and to take care of their basic health needs. But the real practical information and skills training are missing. Young people need to be able to practise how to budget, and how to go to the markets or shops to purchase the food and other essentials they need to ensure a healthy diet and a well-kept home. In addition, before they leave care, young people need to understand what official assistance they may be able to access and where the offices are, their requirements and the legislation that supports them or is there to ensure their welfare. Although this type of support is limited in Albania, it is still important to provide information on what is available.

Employment – or rather the lack of it – has been another recurring theme; if anyone is to sustain themselves within society or their community, they need a source of secure income and this normally comes from employment. Yet no support has been given to the young people preparing to leave care or having left care regarding the types of employment available to them, where to search for employment

opportunities or what specific skills they need for particular types of employment. Employment agencies and the Labour Offices are not well established in Albania, but in the cities where they exist, young people should be supported to visit them and to learn what the procedures are for registering for work and what types of assistance they should be offered or what types of work are on offer. False aspirations as to what may be a potential career or job for many of the young people interviewed may be allayed if substantial efforts are made to show clearly what professions and work is out there and what skills are required by employers.

Many of the young people found living independently very lonely and a cause of unhappiness once they left the collective groups that they had grown up in for many years. This is to be expected when for every 24 hours, 365 days a year the young person had never had to think about how to fill the hours as something was always arranged, or a friend to sit with, homework to do or regulations to guide every move and waking hour. It would be helpful if alternative care-providers gradually allowed each young person more and more time to spend on their own and decide for themselves what they will do each day, including the daily living skills they need to practise before becoming independent.

Encouraging young people who have left care to return to meet their caregivers or staff and the young people they grew up with would help to reduce the loneliness and feelings of being totally alone until the young person felt strong enough to make their way in the community. Young people who leave their families do so on a gradual basis and frequently return for that familiar feeling of being cared for and seeking advice or guidance without anyone criticising their decisions or indecision.

A few young people pinpointed the fact that during their time in alternative care they had been abused and beaten and that violence was a regular part of their life. Psychologically and emotionally damaging threats and words were used to undermine the young people who already had suffered emotional trauma by being removed from their families or placed in care. Although they were not specifically asked if they had reported this abuse at the time, it had obviously had a negative and long-term impact on them, eroding their self-confidence and their ability to trust other adults who supposedly were there to care for them.

This report makes valuable recommendations with regard to policy and practice in the area of leaving care and aftercare provisions. The main priority recommendation is the extension of the age of leaving public care (until the age of 18 years). Changes in the legislation and the development of clear policies with proper budget allocations with regard to leaving care and increase of quality care should be considered. These developments are opportune, given the fact that a social-care reform and deinstitutionalisation process is underway that is considered a priority in Albania in future years. Aftercare provisions should be developed in Albania considering the current lack of such services.

There should be a thorough implementation of national-care standards, particularly leaving-care standards, and also of the benefits granted from the status of orphan. Service provisions should develop in the area of leaving care and particularly aftercare support. In order to support the implementation in practice, a good monitoring system should be put in place.

Based on data findings from the interviews, there is currently no clear and long-term preparation for leaving care; neither is the process communicated clearly to young people. A clear, realistic plan for leaving care should be in place and done in cooperation with the young person and communicated at least two years before leaving care.

Furthermore a life skills programme and psychosocial services should be developed. There should be more focus on the education and employment of young people and the strengthening of the child-protection system.

II.   Glossary – definitions in alternative care

The following definitions are meant to ensure a common understanding of terms used in the field of alternative care and, more specifically, leaving care. Some terms are taken from the UN Guidelines for Alternative Care, the Republic of Albania's Law on the Status of Orphans, Family Code, whereas others are taken from SOS Children's Villages internal documents and according to the definitions of the private-care service-providers themselves.

Alternative care: A formal or informal arrangement in which a child is looked after, at least overnight, outside the parental home, whether by decision of a judicial or an administrative authority or a duly accredited body; an initiative of the child, his or her parents or primary caregivers; or spontaneously by a care provider in the absence of the parents.

Alternative care may take the form of informal care, formal care, kinship care, foster care, other forms of family-based or family-like care placement, residential care. (*Sources: UN Guidelines for Alternative Care of Children, A United Nations Framework, SOS Children's Villages, ISS*)

Aftercare: Professional support young people receive after they have left care. Aftercare services might include services such as psychosocial support and assistance with housing, education, and vocational training and employment opportunities. (*Sources: UN Guidelines for Alternative Care of Children, A United Nations Framework, SOS Children's Villages, ISS*)

Children without parental care: All children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances. *(Sources: UN Guidelines for Alternative Care of Children, A United Nations Framework, SOS Children's Villages, ISS)*

Foster care: A foster-care family is defined as an alternative family recognised by a court decision offering a child a family environment and good conditions for his or her growth, physical and emotional care. (*Albanian Family Code, article 266*)

Individual development plan: A written document which outlines who will meet the developmental needs of a child placed in alternative care with clear short-term and long-term goals and how and when the child's needs will be met. Care planning also

refers to the day-to-day provisions for a child while in alternative care. (*Source: National Care Standards, October 2005, Ministry of Labour, Social Affairs and Equal Opportunities, Republic of Albania*)

Leaving care: Leaving care includes the preparation of young people living in care for their transition from the care system to independent living. Leaving care includes aftercare services, which are the professional support young people receive after they have left care. A preparatory plan is developed for children leaving care so that any child leaving care (or where he or she is transferred to other forms of care – integration with the family of origin, adoption, foster care – or to semi-independent or independent living) is well prepared for their new status. (*Source: National Care Standards, October 2005, Ministry of Labour, Social Affairs and Equal Opportunities, Republic of Albania*)

Orphan: A child born out of wedlock, who does not have either parent living, or whose parents' parental rights have been revoked by a final court decision, or where the parental rights of one parent have been revoked and the other parent is not alive, or who has been abandoned by both parents and their identity is unknown. (*Source: Republic of Albania Law No. 8153, dated 31.10.1996 'On the Status of Orphan'*)

Semi-independent living programme: The main form of SOS aftercare, it is the final phase of SOS child care. The overall objective of this phase is the smooth transition to a completely independent life and the young person's ability to undertake full responsibility for running his or her own life. Usually, this phase follows the young person's time in the youth facility phase. It has a maximum duration of three years, after which SOS withdraws from the care and support of the young person, who is then regarded as completely independent. (*Source: Semi-Independent Living Programme, SOS Children's Villages, a Continental Frame, June 2006*)

Young people ageing out of care: Young people who leave care upon coming of age and who are no longer entitled to care and protection under the child welfare systems. (*Source: Ageing Out of Care, From Care to Adulthood in European and Central Asian Societies, SOS Children's Villages, 2010*)

1   Introduction
1.1 Child-care system

The **social-care system** for children without parental care is presented as either a formal or an informal system. The formal system of care is supported by a series of laws, rules and institutions which derive from the roots of the old social economic system, but which have evolved according to contemporary models. The formal system of care for children without parental control is made up of:

- adoption services;
- care in 'home families';
- caring through foster care;
- institutional care of the residential type (homes for children from 0–6 years old as well as from 6–14 years old);
- daily care in centres for children with social problems (beggars, street children);
- Repatriation services and family reunification, for the underage runaway children from Albania.

Children in alternative formal care: In comparison with the rest of the CEE/CIS region, Albania has the lowest number of children in institutional care (public and private) per 100,000 of the population, but the overall rate of children in residential care almost doubled between 2004 and 2008 followed by a significant decrease in 2009 (Trans MONEE, 2011). According to data provided by State Social Services for this report, 582 children were in residential care in 2010. If this figure is correct, then it should mean that the rate of residential care placement continues to fall as the child population has not declined significantly in 2010.

The informal alternative system is made up of kinship care but data and statistics are not available as the placements are not regulated or monitored.

Leaving-care framework: Albania is one of the countries with the earliest age for leaving public care (age 15 years, with a few exceptions until 17 years). Based on the national law on the status of orphans (Law No. 8153 of 31.10.1996) and National Care Standards (October, 2005) the leaving care age is defined upon the completion of compulsory education (9th Grade).

The National Care Standards include leaving care standards that define what the leaving-care process should be: it should be thoughtfully and thoroughly planned and enable the young people during the period to learn the necessary skills for independent living and adult life.

In practice, the leaving-care standards are poorly implemented by the care systems and their employees owing to the poor level of aftercare provisions and the lack of a well-regulated legislative framework. Most children leaving the public-care system move on to boarding schools or are further welcomed by private-care service-providers providing aftercare services. Moreover, these limited services are available only in three cities of Albania: Tirana, Elbasan and Shkodra.

There are good examples of good practice in one public residential institution in Shkodra city, where they are piloting youth-care services for children between 14 and 18 years of age. Housing these young people and how they will be further supported remains an open question.

According to the National Law 'On Status of Orphans – Law No. 8153 – 31.10.1996', children granted orphan statuses are entitled to various forms of support such as financial payments, scholarships and free access to other basic services. In reality, the availability of economic support is insufficient to address the levels of poverty and there is also poor implementation regarding the prioritising of support services for orphans. These include support to find employment from the age of 16, housing and accommodation, and health services.

In conclusion, very few leaving-care provisions and services exist in the country. There are at the moment only a few private service-providers in the main three cities which ensure that to a limited number of care-leavers some services are available to a few young people during a time when many children require the most guidance and the highest level of information in order to be able to make an appropriate adjustment from 24-hour care to independence and adult life. One of the biggest providers in the area of leaving care is SOS Children's Villages, which, through its semi-independence living programme, also ensures support for three years after the young people have left care.

1.2 Project description

During 2011–2012, SOS Children's Villages Albania was an implementing associate partner alongside the Czech Republic, Poland and Finland in the project 'Rights of Children in Alternative Care, filling the Gap through Peer Research report' co-funded by the European Commission and SOS Kinderdorf International. The main goal of the project was to expand knowledge and information about the implementation of child rights in alternative care provision and to identify the challenges to improving the level of support given to young people in their transition to independence and adulthood.

The Peer Research methodology involved the selection and training of young care-leavers as the peer researchers, they were all young people who had gone through a similar life experience as the interviewees. PR, which is participatory action research, involves individuals affected by the issue of the research and enables them to take part in finding solutions to the problems and issues. In this case:

- It was about the empowerment and participation of stakeholders (young people) in academic research.
- Young people were involved in all aspects of a research project – from start to finish, the young people developed the questionnaire, the invitations and information materials for others to be interviewed, the data input and the review of the report and data findings.

The research was a meaningful process, with young people sharing responsibility, if not assuming total responsibility, by using their expertise in and insight into living in care, the process of leaving care and their aftercare experiences.

The project aimed to provide research findings that could be used for advocacy and lobbying within the framework of the I Matter Campaign in Albania (2009–2012), whose goal was to advocate changes in the policy and practice in the area of preparation for leaving care and post-care support.

The organisation 'Partnere per Femijet', an Albanian child rights-focused organisation, and two young people, one from the care of SOS Children's Villages Albania and another from a different alternative care-provider, were integral parts of the project coordination team and strongly supported the activities.

Nine young people from different forms of alternative-care service, aged between 17 and 21 years, were recruited, interviewed and trained in research and interviewing skills. The training was conducted over two days and was facilitated by Sharn Bowley of the National Care Advisory Service Agency. Follow-up support and advice to the peer researchers was provided before, during and after the interviews by Almandina Guma, SOS Children's Villages Albania. Between October 2011 and February 2012, the peer researchers conducted 100 semi-structured interviews throughout Albania with young people aged between 13 and 18 preparing to leave care and also with young people aged between 17 and 23 years who had already left care.

The quantitative and qualitative data findings from the research were compiled into a National Report to support the advocacy work of SOS Children's Villages Albania. The objective is to further and support the policy, strategy and practice changes required to improve the situation of young people in alternative care and, particularly, those preparing to leave care. Also within the EU project and the international framework of SOS Kinderdorf International, a joint European report summarising the findings from all the four implementing partner countries will be produced and used internationally to help advocate European policies and strategic statements that will improve alternative-care and leaving-care practices.

2 Research report

2.1 Methodology

The project in Albania was aligned with the activities of the international EU-funded project implemented in the Czech Republic, Poland and Finland. The national coordination team was created from partner organisations/researchers and included two young people who had already left care. The team headed by the project coordinator, the national advocacy advisor in SOS Children's Villages Albania, attended two international meetings in Vienna and Prague to prepare the planning of the project. In meetings in Vienna and Prague, the two youth representatives from Albania met the SOS Children Villages' representatives from the Czech Republic, Finland and Poland and the respective researchers from each country and other young people representing the four countries.

At the first meeting in Vienna, in January 2011, two young people from the Czech Republic and Albania met the National Care Advisory Service (NCAS) representative from England and discussed the types of topic and question they would like to see included in the Peer Research Questionnaire. A kick-off meeting was arranged by

the SOS Children's Village in Tirana, Albania for the relevant stakeholders and young people to discuss the upcoming PR, the inclusion of potential partners, the request to invite potential peer researchers to apply to be considered and the need to compile a list of potential interviewees.

In addition, the project coordinator (national advocacy advisor of SOS Children's Villages Albania) and the researcher arranged and held meetings to discuss with a larger group of young people their suggestions about the potential themes of the questionnaire; child rights materials, and PR information materials. A decision was made to produce 100 postcard-sized promotional information sheets about the Peer Research and to distribute these widely through schools, residential homes, SOS Children's' Villages and centres, colleges and university where young people may see them. (*See Appendix 2 for a sample of the postcard*)

After the interviews, a batch of 100 leaflets on child rights and available services and provisions was designed and distributed after the interviews to respondents.
At the International Methodology Meeting in Prague in March 2011, two young people from Albania attended and joined a group of peer representatives from the Czech Republic, Finland, the United Kingdom and Poland. The group of ten young people worked with NCAS to develop two questionnaires for young people who had left care and another for those young people still in care. The two young people from the United Kingdom had worked with NCAS before to conduct PR with young people in England and their experience was informative regarding the types of question that young people find easy or difficult to answer.

The draft questionnaires were discussed among groups of project coordinators, researchers and young people to see where the researchers may have difficulty in collecting and analysing the data and where inconsistencies could occur. The potential for organising a pilot study using the questionnaires was discussed, but it was finally agreed that the limited time to recruit and train the peer researchers and made conducting a pilot not feasible.

On our return to Albania, the advertisements/informative letter for both peer researchers and Interviewees were distributed by the members of the I Matter Campaign Group supported by SOS Children's Villages to schools, residential homes, SOS Children' Villages and centres, boarding school dormitories, institutes of orphans, colleges and universities and through friends and acquaintances of the young people.

The researcher designed a simple application form for potential peer researchers for interested young people to complete and submit to SOS Children's Villages, Albania. A total of 19 applications were received and were reviewed by the project coordinator and the researcher and a shortlist of 14 young people was compiled. The young people selected were invited to a brief interview in August 2011 and, to ensure equal opportunity, a standard list of questions was asked of each person. *(See Appendix 3 for a copy of the blank application form.)* The interviews were carried out in August and September 2011, with most applicants being interviewed by the project coordinator, SOS Children's Villages, Albania and the researcher, assisted by an interpreter. Owing to the summer vacations, some interviews were conducted between the project coordinator, SOS Children's Villages, Albania and the

applicant due to the applicant's unavailability at the planned interview dates. From those applicants interviewed only one young person was not accepted as a peer researcher owing to his poor communication skills.

Training for the peer researchers was arranged in Tirana on 14 and 15 September 2011 with 11 potential researchers participating in the two-days of training led by Sharn Bowley from NCAS. The participants in the two-day training were enthusiastic about the training, the practical and experiential nature of the activities and the seriousness with which their questions and ideas were heard. The participants also practised using the questionnaires on each other to see which questions were more difficult to understand and how they needed to have a good understanding of each question and what type of information was required from the interviewee. Following this practical demonstration, minor changes were made to the format of the questionnaire in order to make it simpler for the researchers to use. *(See Appendices 4 and 5)* for examples of the Questionnaires for Children in Care and for Young People who have Left Care. The confidentiality of the gathered information and the safety of the peer researcher were also dealt with in the training. During the training process, one young person decided that due to their studies they would not have the required time available to be a researcher; the trainers also decided that one other person did not have the patience or attitude to undertake the PR in an appropriate manner, and one person who had not interviewed too well had a good aptitude for interviewing the shyer or younger interviewees. A total of nine young people were accepted as peer researchers with ages ranging from 17 to 21 years.

Data collection/application of the questionnaires was carried out during October–December 2011 in three cities of Albania: Tirana, Elbasan and Shkodra.

At the beginning of each interview, consent was required from the interviewee through signing the consent form, and an information sheet about the project was given to the interviewee. The peer researcher also gained permission for the interview to be recorded and explained that they would take notes during the process. In Albania, only six interviews were not recorded due to the lack of trust of young people with how the data would be used and their previous bad experience with past research. In these cases, detailed notes were taken to ensure that all the information given was recorded.

For children under 18 years of age, permission was obtained from the private care-providers; and to enable access to the residential institutions, permission was requested from and approved by the Ministry of Labour, Social Affairs and Equal Opportunities and Social State Services.

Interviews were transcribed by young people and all the data were entered into data sheets by the project coordinator with some support from three volunteer students in Albanian ana English from the Faculty of Social Science. The quantitative data were analysed by the Data Mind Research Agency of the Czech Republic between January and February 2012. The qualitative data were analysed by Partnere per Femijet and Ingrid Jones during March and April 2012.

Following the analysis of the data, two debriefing meetings were carried out in April and May 2012 with the 20 young people who had been interviewed in Tirana and

Shkodra. The interviewees were invited to hear the key findings of the analysed data and also to provide their views and comments on the findings. In one debriefing meeting in Tirana, the young people were asked in the group to reflect on issues of accommodation, financial support and ties with their biological families as a way of clarifying or confirming the information emerging from the analysed data. In June 2012, a debriefing meeting was carried out with seven peer researchers to share and hear about their experiences as interviewers in the project and the skills they had learned.

Examples of good practices on preparing for and leaving care were collected between May and June 2012. Considering the limited number of services on leaving care and also based on the results of the interviews, only three good practices were identified and collected from SOS Children's Villages Albania, Maddonina Della Grappa, Shkoder and Hope for the World Tirana. *(See Appendix 6 for a copy of the good practice form)*

The final report is to be presented to different stakeholders in Albania during October 2012.

2.2 Selection of respondents

The nine peer researchers conducted 54 interviews with respondents in care and 46 interviews with respondents who had left care. The age range of the interviewees, youngest to oldest reflects the situation of the respondents at the time that they were interviewed with the younger age group still being in care. As the research study was to find out the preparation for leaving care as experienced by those preparing to leave care and those who had left care it was decided by the Project Coordinator of SOS Children's Villages and the researcher that children and young people would be selected for interview for the period two years prior to the minimum leaving care age, thus 13 years old and up to 5 years after the maximum leaving care age, thus 23 years old. This would therefore provide information for a ten-year period and would encapsulate any differences in preparation practice now that have been implemented since the young people who had previously left care.

Interviewees came from a sample of out of family care environments within Albania from two public residential-care institutions; five private-care centres; two youth facilities/SOS Children's Villages and two boarding school dormitories for children/young people who are attending colleges or university or simply accommodated in the premises of the boarding dormitory. In total nine alternative-care settings where used for the interviews. Foster care is still in its infancy in Albania and only set up in two locations of the country, Tirana and Shkoder providing up to 80 family placements, no interviewees had been fostered during their in-care period.

The number of interviewees was selected through a requirement to have a balance of those respondents who are currently in care and those who had left within the sample of 100 young people. There is no official register or data held within Albania on those young people who have already left care so making contact with them was done through advertisements and word of mouth by the peer researchers through their friends and acquaintances. This means that there is a slight bias towards those young people who have remained in contact with other care-leavers and who tend to

live or work in the larger urban cities of Albania. The in-care interviewees were selected through information sharing and meetings conducted by the project coordinator of SOS Children's Villages Albania with the directors of the known public residential and non-public residential institutions. Requests also went out for the information to be shared with the children in the appropriate age groups so that they could make themselves available for interviews.

Although the interviews were expected to be conducted in private and only to include the peer researcher and the interviewee, in some instances within the public residential institutions, the researchers felt that the presence nearby of members of the staff had the effect of intimidating many of the interviewees. In addition, some of the interviewees appeared to have been coached on how to respond to questions regarding the practices and services within the institutions and this led to contradictory answers being given to the questions.

Table 1 below sets out the numbers of young people included in the interviews; where they were living at the time of the interviews; the number of years they had been in care; the type of care setting and the age at which they were placed out of the family into care.

Respondents		Group	
		Currently in care (%)	Care-leavers (%)
Sex	Male	48	65
	Female	52	35
Type of settlement young person is living in	City	80	96
	Other	20	4
Age came into care	Up to 5 years	48	43
	Over 5 years	52	57
Type of care	State residential care	43	50
	Alternative (other) residential care	57	50
Number of years in care	1–3 years	11	2
	4–6 years	13	11
	7–10 years	22	28
	10+ years	54	59

Table 1: Breakdown of the respondents in the survey

2.3 Topics

Examples of the two questionnaires used by the peer researchers to interview the respondents either living in care or those having left care can be seen in Appendices 4 and 5. The questionnaires used both quantitative and qualitative questions, offering the opportunity to gather both numerical information for comparison

purposes and also more detailed information from the respondents as to their individual circumstances and feelings. In the sections below the data gathered is detailed under each section of the questionnaire.

Information and findings from the PR study

The quantitative data and the qualitative data provided to the peer researchers has been analysed and compiled into two parts. The first part looks at the information provided by the young people still in care and in the preparatory stages for leaving. In the second part the views and experiences of the young people who have left care are provided.

3. Young people in care

The total number of respondents interviewed who were still in care was 54; among these there was a gender balance of 26 male and 28 female interviewees.

3.1 Age range of respondents in care

The ages of the 54 respondents interviewed ran between 13 and 20 years. They had been living in alternative care for between 1 and 12 years. The respondents all entered alternative care before their 16th year, with the average age being six years.

	Current age	**Age placed into care**
Minimum	13	0
Maximum	20	16
Average age	15.9	6.3
Total number of respondents	54	

Table 3: Age on entry into alternative care

3.2 Age and gender division of respondents in care

The division of respondents by sex and age shows a near balance of male children up to the age of 15 years and over 15 years; in the case of females, a clear majority (71%) of the respondents were over 15 years (in fact, more than (20) twice as many girls over 15 than up to 15 (8)).

			Sex		
			Male	Female	Total
Age	Up to 15 years	Number	15	8	23
		% by sex	58	29	43
	Over 15 years	Number	11	20	31
		% by sex	42	71	57
Total number of respondents			26	28	54

Table 4: Division of respondents by age and gender

3.3 Education and employment

Almost all the respondents are studying; only two of them were neither studying nor working at the time of questioning. All of them state they have primary or secondary education. According to the replies in the concluding part of the questionnaire, some of them will probably undergo a university education in the future.

Almost one-third of the respondents are receiving practical or special education. Most popular are language courses, especially the Italian language course and arts courses, such as music or painting.

Education	Number	Percentage
Compulsory	27	50
Secondary	27	50
Total	54	100

Table 5: Education level

3.4 Forms of alternative care where children and young people were living

Most children (55%) unable to live with their biological families began their in care lives in residential-care institutions. Over time, some were placed in alternative care, including private residential centres and SOS Children's Villages in Albania: 57% were placed in private residential care and SOS Children Villages. SOS Children's Villages represent one-quarter of the cases of alternative care reported due to the fact that SOS Children's Villages represent the largest alternative private care-provider for children within Albania, with 130 children currently living in their care out of an estimated care population of around 600. This high level of reporting is possibly

also due to the fact that the PR was carried out under the auspices of SOS Children's Villages Albania.

SOS Children's Villages Albania provides three types of support to children and families:
- family support to children living in families where there is a high risk of children being placed into care;
- children without parental care living in alternative family care in villages specifically set up to provide alternative care within family settings, and
- youth facilities for young people aged between 14 and 18 for those young people who are old enough to move from semi-independence to full independence (18 to 23 years).

Owing to the limited number of respondents in the survey, it was not statistically possible to separate the children or young people into discrete groups apart from public or private residential care, the latter being listed under 'alternative care'. Foster care is not as yet a substantial form of alternative care within Albania and therefore the respondents in this survey have not come from this form of care.

Current type of care facility	Number	Percentage
Residential care	23	43
Alternative care	31	57
SOS Children's Villages	8	26
Private residential care	23	74
Total	54	100

Table 5: Forms of care the respondents are currently living in

In Care Interviews /alternative care settings

(chart)
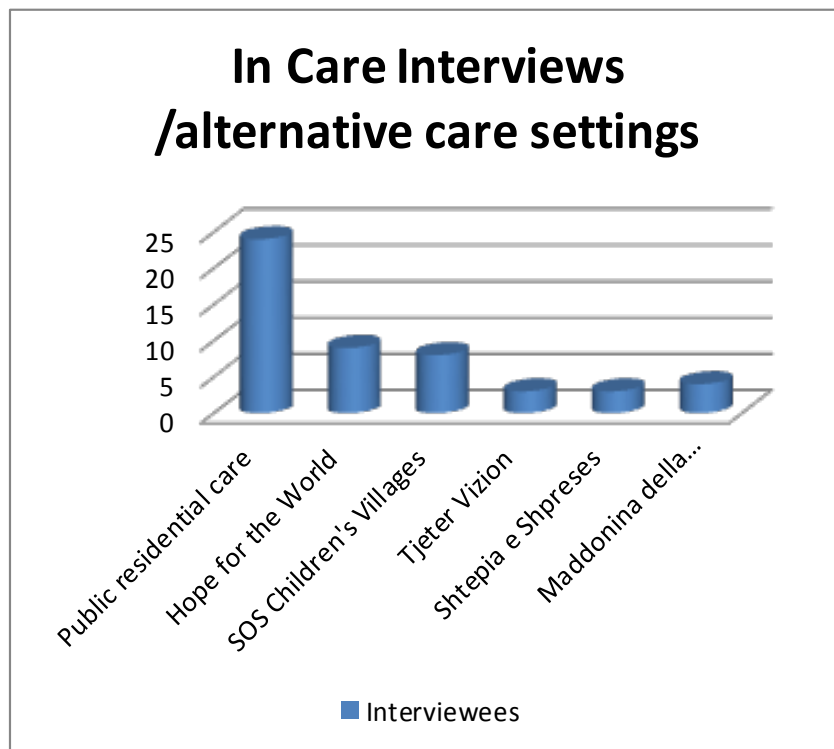
Graph 1: In-care interviews – Number of interviews conducted in six alternative-care settings with children preparing to leave care.

3.5 Number of in-care placements

More than a half of the respondents (54%) had spent more than 10 years in alternative care at the time of the survey and they had experienced several changes of placement in this time. Only a quarter of them remained in the same alternative placement for the whole time, with 57% of them having lived in two successive placements during their care history.

3.6 Experience of preparation for leaving alternative care

The respondents living in alternative care thought that it would be both demanding and challenging to become independent, with most of them (70%) wanting to be informed at least four months ahead of the time when they would need to leave. Although the young people may see this as a long enough period to know when they will leave, it is totally inadequate for conducting a thorough preparation and enabling the young people to adapt and learn coping and survival skills. The answers given by the respondents demonstrate that for the majority of them very little notice was given of when they were due to leave care. Comparing the readiness to leave alternative care shows that the respondents in care evaluate it more positively than those who have already left care. It is possible that respondents in care feel unrealistically better prepared for independent life than they actually are.

To integrate young people into society successfully after they leave care it is necessary to provide them with adequate notice and preparation for their departure from care. This should include detailed information about the necessary steps to be

taken towards their independence, including: future study, employment, vocational training, how to care for themselves, social welfare benefits, housing, budgeting, cooking, care of the home and their belongings, healthcare and sexual relationships, leisure and social relationships, and where to seek out information and assistance. Information alone is not adequate as young people need the time and opportunities to practise the theory and to make mistakes while still being supported by their care-providers. Young people, like adults, also need to have a support network made up of family members, friends and acquaintances from whom they can seek support.

3.7 Preparation, information and skills provided to in-care respondents

The matter of leaving care is most often discussed with the director of the public residential institution or with a social worker mostly within the private care-providers. Approximately 13% of the adolescents in care have never talked to anyone about leaving care.

Female (private care): 'I didn't have any obstacles; whoever I asked support from, I was given it and they were close to me.'

Male (public care): 'I don't have any information about where I will go and if I will continue with school or not.'

Female (private care): 'Yes, I asked what will happen to me once I leave care and they said that they don't know either.'

Male (private care): 'I am not informed about leaving care. I just asked some young people who have left how their life is in general.'

Female (private care): 'I always got full information. I go to the direct care person and I talk to her. I also ask other people in the staff.'

The idea of leaving care often brings about sadness or anxiety in the young people because they have to leave the people who have cared for them for the majority of their lives and also those who have ensured their care and safety. Others are looking forward to their independence because they see it as a certain form of freedom away from restrictions and rules. As with other adolescents in this age range, they need to develop their own identity, their autonomy and their independence from adult figures.

Female (private care): 'I feel very good as I got all the information and I feel safe. I will be very independent and no one will command me.'

Male (public care): 'Bad, as I will be alone. I will not continue with school.'

As to preparations and information received regarding different aspects of independent life, there are spheres that the respondents find very satisfactory, and also spheres they consider insufficient. Good results were noted in the sphere of personal hygiene, physical abilities, the avoidance or awareness of addictive substances, and in making friends. Between one-quarter and one-third of respondents, however, state that they are not receiving enough information on safe sex and sexual relations. Like similarly aged peers, there is limited education or

information available in schools or from families regarding puberty, sex education and reproductive health.

Female (private care): 'The cooking course and continuation of school.'

Female (private care): 'The social worker gives advice about the life after care. There is also much training we do in school. Also I get advice from my family.'

Female (private care): 'Courses, as this is how I will be able to find a job.'

Life skills preparation and information	Very good (%)	Sufficient (%)	No information provided (%)
Cooking	41	37	22
Shopping	41	39	20
Budgeting	61	24	15
Personal hygiene	94	6	0
Healthy diet	74	24	2
Keeping fit	78	17	6
Safe sex	59	15	26
Prevention of alcohol abuse	78	11	11
Prevention of drug abuse	83	7	9
Avoid smoking	85	7	7
Making friends	87	13	0
Personal relationships	72	26	2
Sexual relationships	49	16	35
Dealing with officials	44	35	20
Finding help or information	70	24	6

Table 8: Preparation for life skills before leaving care

3.8 Who are the most helpful in preparing young people for leaving care?

According to the respondents, the people most helpful and supportive in preparing them to leave care are the residential-care workers in the residential institutions, followed by social workers and their relatives. Friends also are a significant resource for children in care regarding what the situation is like once you become independent. Teachers are not viewed as providing any assistance regarding preparation for independence. On the basis of the answers of the respondents it can be stated that the young people expect help of different kinds from different groups of people, which reflects the general view in society. (It should be noted that the roles of foster carers or leaving-care workers are not applicable to the situation within Albania as neither role would have been available to the respondents.)

Position or role	Very helpful (%)	Some help (%)	No help (%)	Not applicable (%)
Foster carer	–	–	–	100
Residential-care workers	83	6	4	7
Leaving-care worker	–	–	–	100
SOS parent	7	7	–	85
Social worker	61	24	6	9
Teachers	48	20	26	6
Family/relatives	58	26	9	6
Friends	43	40	15	2

Table 9: Most helpful persons in preparing young people to leave care

The respondents reflected that those providing information about school, how to behave, how to avoid bad behaviour and the issues that the young people may find outside of the institutions once they leave as being most useful. What appeared to be missing from the advice given was that of a more practical type, including how to find employment or accommodation.

Female (private care): 'SOS parent was the first advising me about the life out of care. The direct care person tells me about the difficulties that came with being out.'

Male (public care): 'The residential care-givers were very polite and helpful to me. The social workers went through life's earlier difficulties and they help us as much as they can. The teachers are very useful in supporting us in our first steps in school. I didn't spend that much time with my family and relatives. There are good friends and bad friends; they are not all the same.'

What was apparent is was all the young people wanted to be sufficiently informed about how society functions, and how they can access accommodation, employment, health services and financial support once they leave the safety of alternative care. Within Albania, young people are very dependent on their families or relatives for information and assistance during their childhood and also into adulthood. Therefore, finding employment would be a role very much fulfilled by the family as would the provision of accommodation upon marriage. Typically, young people remain living with their family until they marry, with little prior independent living or moving away from the family for employment opportunities, as may be found in neighbouring or developed countries.

There appeared to be differences in the levels and types of information received, depending on the age of the respondents. For instance, older children reported having more information on employment and health than younger children. When it came to information regarding higher education, there was a difference in attitude/approach between the young people in alternative forms of care (who received better information than their peers in residential institutions. There was also a marked difference in the perception of information regarding financial support, with

boys (8% higher) reporting receiving this form of information more than girls. In general, the older the young persons were, the more they appeared to have a higher level of general awareness. This could be attributed partly to the information being provided as the children grew older, or to the young people's own capacity to obtain such information.

Information theme	Enough (%)	Some (%)	None (%)
Accommodation	41	26	33
Personal and emotional development	46	17	37
Education	53	8	40
Training	37	17	46
Employment	24	30	46
Health	59	9	31
Financial support	41	20	39

Table 10: Information received about specific topics

Employment		Age group		Total
		Up to 15 years	Over 15 years	
Enough	Number	4	9	13
	% within age group.	17	29	24
Some	Number	4	12	16
	% within age group.	17	39	30
None	Number	15	10	25
	% within age group.	65	32	46
Total	Number	23	31	54
	% within age group.	100	100	100

Table 11: Information about employment by age group

When young people in care think of the type of assistance that would help them most when they leave alternative care, they mention financial support, spiritual support and the desire to finish their educational studies, with a few mentioning the need to improve their cooking and budgeting skills.

Female (private care): 'Emotional support, as I don't know what is going to happen later. Even though you might have a lot of information, the support is always important, because otherwise you can get stressed.'

Female (private care): 'Financial support, as the prices are very high; emotional support and advice for life.'

Female (public care): 'To support me with the payment needed to attend school.'

Regarding the age at which it is better for young people to leave care, many respondents thought that it should be around the age of 20 years. The reasons for this were to do with:

- the maturity of young people and the fact that many would have completed their education, so that they can find employment;
- they are more confident and believe that they will have developed the necessary skills, and
- they would be able to manage their independence and issues more comfortably.

Male (public care): 'It is the most appropriate age for preparing everything. At 18 years old it is still too early.'

Female (private care): 'It is the age when you understand everything about life: the care, work and bad things. When you are a teenager, you don't understand a lot about life outside of care.'

Female (private care): 'As they are capable of handling their life and are more mature and have more skills.'

Many of the respondents felt that they would need money, emotional support, accommodation and someone to talk to.

Female (private care): 'To have someone near so that they can feel better. Maybe just a friend, not necessarily a person from their family.'

Female (private care): 'Emotional, financial support and support about health.'

3.9 Financial situation and accommodation

When preparing young people when preparing for leaving care mentioned as two priority areas for them: financial support and having somewhere to live. The majority of young people in care (81%) currently do not have any debts in Albania. Young people under the age of 18 years cannot access credit cards or purchase items through a loan. They are also therefore protected from official sources of debt. The respondents thought the best way to avoid debts is to have a good job and the skills and ability to plan their finances and budget wisely.

Accommodation

After leaving alternative care, the respondents would prefer to live with their families or in their own apartments; 27 respondents would prefer to live with family members; another 17 would prefer to have their own apartment.

Male (public care): 'In a boarding school or in another centre. I have been told by the staff here that if I study hard and I am good, then I will go in the centre "Hope for the World". Many children here don't want to go back to their biological families, but this is the only choice considering the fact that they have nowhere else to go.'

Female (private care): 'In a boarding school. I really hope I can join my father, sister and brother in Italy, or at least to live in Lac city with my grandmother.'

Type of accommodation	Number	Percentage
Semi-independent living provided by an organisation	7	13
Own apartment	17	31
Student hostel	1	2
Assisted/supported apartment	1	2
Family	27	50
Other	1	2
Total	54	100

Table 12: Type of accommodation young people would like to have after they leave care

3.10 Health and wellbeing

Mental and physical health is among the basic factors contributing to a person's health, development and wellbeing. In this sphere, there are visible differences between the responses according to age, forms of alternative care and the sex of the respondents. The differences noted between the different forms of care cannot be considered as evidence of one being better than another for the health of a young person. This is due to the representative number of people interviewed and their range of ages. Also, the young person's health histories at the time of entering care and subsequently may have had an effect on their present perceived health status.

The self-perception of the young people (23 under the age of 15 years) who have grown up in residential institutions is relatively satisfactory. Only three (6%) of them feel 'generally poor', with 20 of the respondents feeling very good or well enough. Among the older age group of 31 young people over the age of 15 years, the majority of them 21 (or 68%) feel very good with the remaining 10 feeling good most of the time.

When specifically asked about their physical health, all the respondents (31 in the 15+ age group) stated that their physical health is very good, while a quarter of the younger children, (6) stated that their physical health is good enough.

Physical health status		Up 15 to years (mostly in residential care)	Over 15 years (mostly in alternative care)	Total
Very good	Number	17	31	48
	%	74	100	89
Good enough	Number	6	0	6
	%	26	0	11

Table 13: Physical health of children in care

The respondents in both groups responded similarly when asked how they viewed their mental health 61% and 52% of those less than 15 years old and those in the older group viewed their mental health as very good with 35% and 48%, respectively, seeing it as good enough. Only 4% of those under 15 years of age thought their mental health was poor, but this was not explored further to evaluate why they felt this was the case.

Twenty-three (43%) of the respondents 14 of them under 15 felt a sense of security in their lives, the majority of them living in residential institutions and feeling sometimes that their lives were not so secure or safe. When asked to explain why they felt secure or not, 22 of them related their feelings of security to the belief that when they left care they would be able to manage – either through the support of their families or because they believed they had the necessary skills. The remainder felt less sure due to concerns about what will happen in the future and the realisation that there will be less support and that they will have to ensure their future through their own efforts.

Male (private care): 'As in the future I will have to ensure everything for myself, because nobody knows what might happen in the future. We can predict what is going to happen today, but we can't know about the future.'

When the young people living in care were asked 'what upsets you most about your life and why?' The highest number of responses, (27) related to the lack of a family, the lack of support or contact with family members or the death of family members which had resulted in their placement in care.

Female (private care): 'The fact that I grew up in alternative care and not in a normal family like all the others.'

Female (private care): 'I miss my family. I haven't met them at all. I just saw them in a picture they sent to me.'

Female (public care): 'The disgrace that happened in my life. My mother is dead and also one of my brothers. So my family is not complete anymore.'

When asked: 'What will be the changes when you leave care?', the majority of the respondents cited the fact that they will be responsible for everything in their lives and will have greater freedom to make the decisions. They accept that currently everything is being done for them and some find this very restrictive but also reassuring. Some of them expressed their concerns about the uncertainty of their future and where they will live.

3.11 Leisure activities, friends and family

Most of the respondents (89%), at least occasionally dedicate themselves to their hobbies or physical activities while living in alternative care. The most preferred among these are sports activities, especially football and volleyball. Among other activities, music and dancing, watching television, foreign language studies and time spent with friends are often listed.

Time spent on hobbies	Number of young people	Percentage
A lot	20	37
Little	28	52
Not at all	6	11
Total	54	100

Table 14: Hobbies and physical activities

Who do young people in care confide in when they feel unhappy or worried? Seventeen respondents chose to speak to relatives, mostly with brothers or sisters, as they viewed them as knowing and understanding them well. The highest group of chosen confidants were friends, with 25 respondents stating that they would talk to their friends who had known them for a long time or who were able to make them laugh or whom they could trust. Only five young people felt that they could talk freely with a psychologist and that they would listen to them. A small number of respondents felt that they could not speak to anyone and preferred to keep their worries to themselves.

The fact that most young people interviewed chose to speak to their siblings or to their friends would probably be reflected in the general population of young people, because in adolescence and early adulthood it is more usual for adolescents to discuss and learn from their peers rather than their parents or older family members, whom they would see as 'out of touch' with them and their needs.

Male (public care): 'Room-mate. I don't tell to him all the secrets. I don't tell him important things but just some of them.'

Female (private residential center): 'With my best friend. She understands me. When I am sad, she makes me smile.'

3.12 Who do young people in care find most supportive?

Adolescents in alternative care state that they receive support from within their living settings and from a variety of workers within them, their biological families and

siblings. Less helpful were seen to be workers from other organisations, but as these respondents were still in care the amount of contact they would have experienced from outside organisations would be limited. Importance seems to be given to how the support provided makes the young person feel rather than what they receive from the person.

Female (private care): 'The staff encourages me, they make me feel better that I have people around that can support me.'

Female (private care): 'Alone I wouldn't make it. It is not only because of the financial support I get, but because I feel important among these people. I know that my family will never fail me.'

The last comment seems to sum up for many of the young people what they need from the people who are there to support them;

Male (private care): 'The teachers give useful advice and first steps in education. Social workers are good advisers because they are qualified and educated. Friends are good listeners when you need to talk about problems. The biological family loves you. Brothers are not too helpful, because they are younger than me.'

Support from:	Very helpful (%)	Of some help (%)	Not helpful (%)	Not applicable (%)
Friends	46	44	9	0
Biological family	48	28	15	9
Family relatives	39	41	13	7
Siblings	56	15	13	17
Foster family	–	–	–	100
SOS carer	6	9	–	85
Staff in the residential home	60	32	6	2
Staff from other organisations	9	13	30	48
Teachers	31	52	13	4
Social workers	59	17	20	4
Leaving care worker	–	–	–	100
People related to religion	30	17	26	28

Table 15: Support from family, friends or staff of organisations

When evaluating the relationship the young people in care have with their biological families 48% described the relationships as very good, with 20% stating that is adequate and 20% that it is poor. Extended family members and siblings fared equally well, with 41% and 39%, respectively. Only one-fifth of the respondents have very bad relations with them.

The form of relationship the respondents have with members of their family varies, with some having a close emotional bond while others have more material support. It

is not always a parent who is the closest form of support; extended family members also feature prominently as supportive.

Male (public care): 'When it was the wedding of my aunt, my mother came and she bought me a mobile phone and other gifts. The relatives of my father don't know where we are. When my father was alive, everything was so good.'

Male (public care): 'Not that much. They come to see me and take me home sometimes.'

Female (public care): 'They support me financially.'

Female (private care): 'The love and affection are the primary things for me; this is what I want and I need.'

Many young people who have been brought up in alternative care away from their biological family have experienced either trauma, the loss of a parent(or parents), have been neglected or abused, or were placed into care because their parents or family were unable to provide for their basic needs. Such experiences, however, have not led these young people to view the family unit in negative terms, but rather they still wish to belong to and to establish a family for themselves. The family within the Albanian context symbolises love, togetherness and a home.

Female (private care): 'It is very important. It is my dream to have a family and to have a husband to love me and my children and that his family won't hold any prejudice against me and the place I grew up in.'

When young people think about parenthood, they often feel joy and see it as being the opportunity for them to give the love they never experienced themselves to their children and hopefully receive it in return. They would not like their future children to go through a similar experience in their lives, as that would mean living outside the biological family and being cared for by strangers. Before they start a family, which they see as a great responsibility, they would first like to have accommodation and a job.

Male (public care): 'To have a good family and with no financial problems. To have a family means to be mature enough to face life.'

The respondents in general encountered different reactions when they disclosed that they were living in care and not with their families, with half describing positive reactions or no reaction. Some reactions include curiosity as to why the young person is unable to live with their family, pity or, in some cases, that you have done very well and should be proud of yourself. Some respondents choose not to tell people that they do not live with their families, whereas others are confident in themselves and proud of their upbringing and what they have achieved.

Male (public care): 'I feel sad, I feel insulted, I don't want the others to know.'

Female (private care): 'It's not a problem to me. All of my friends know that I live in care and it doesn't make any difference to them.'

Achievements are viewed in terms of doing well at school, playing sports or winning prizes and studying and knowing foreign languages. The respondents attributed their success to their determination, setting goals for themselves and having an interest in the topic. A few mentioned the support and encouragement they have been given by their family or carers or the directors of the institutions. Some respondents were as yet unable to identify successes. All the respondents wished to be viewed and to be accepted for themselves as individuals with skills and not just as someone who has been brought up in alternative care. Many spoke about the desire to be well educated and to make a good impression.

Perceptions of their time in care and what was good about it were all related to the fact that everything they needed, apart from love, was readily available. Receiving advice, education, clothing, food and support was most frequently mentioned. The negative side of being in care was viewed as the restrictions, rules, early bedtimes and being hit or having their ears pulled when they made a mistake. Many of the respondents said they would like more freedom to go out and to choose how they spend their leisure time as they grow older and nearer to independent living. A small number mentioned the lack of their family and of love as being a negative aspect of being in care. As adolescence is the period in life when most young people challenge and question the rules of their parents, families or society, it is not unusual that this group of respondents also questions the regulations of the institutions, although the regulation imposed on them may be intended more for the smooth running of the institutions rather than the safety and development of the individuals themselves.

Male (public care): 'Education, clothing, games, food, sleep are positive aspects. While sometimes they don't behave properly, they hit us, bedrooms are not warm and without central heating.'

Male (public care): 'The positives: courses, food, staff, entertaining activities. The negatives: schedules and we go to sleep too early.'

Female (private care): 'The positive: Everything is ready and the advice by the staff. The negatives: No rights respected about the free time and going out.'

3.13 Aspirations

Clearly, the respondents have aspirations to achieve and see this being possible through finishing school, university study and then securing employment in a profession. Some have cited specific activities, including football, volleyball, modelling, singing or cycling, where they feel they could become famous. Attending university and gaining employment in a profession, local government, civil society or the civil service is the norm for young people particularly those living in the towns in Albania, as employment without a university degree is very difficult. Twenty-two respondents feel it will be difficult for them to achieve their goals and desires as it requires a lot of effort and determination, support and finances to complete their studies. The others feel more hopeful that they will achieve their goals through their

own efforts, with a little emotional support and with the majority of the respondents acknowledging the need for financial support to make their dreams become a reality.

They believe that their wishes may be fulfilled with the help of financial support, spiritual support, training, various courses, information on possible studies, and through finding accommodation and a job.

Male (public care): 'It will be difficult because you have to fulfil important duties in order to achieve what you want.'

Male (public care): 'Difficult. Money for training and talent are needed.'

Male (public care): 'It depends on how I will manage my life. I will need some money and support.'

3.14 Where do you see yourself in five years' time?

Thirty-two respondents saw themselves either having finished university or studying at university, which is a very high number of young people within a care system to hold this high level of aspiration. This should be viewed as a credit to the carers, also within the Albanian context, where attending university is seen very much as the norm for all children except for those living in marginalised groups, in extreme poverty and in the rural areas.

For many of the young people still in care, five years into the future is a long time to think ahead. In fact, they are not different from the many adults in Albania do not plan or think far into the future with regard to their work, aspirations or most aspects of their lives.

The answers received from this particular group of young people should be considered within this context. The majority of the respondents had not given any thought to their future employment; many stated 'employed' but did not state what type of job they would be in nor if they believed that they would be employed or running their own business. A few thought that they would still be in education and a limited number cited that they hoped to be abroad working.

Male (public care): 'Employed, but I don't know what kind of job.'

Male (private care): 'To become director of the police department.'

Female (private care): 'If I were to finish school, I would be employed, otherwise not.'

With regard to their personal relationships, many thought they would like to have strong friendships but they were not too sure whether they would be the same friendships as they have now; a few respondents would like to see the relationships between themselves and their family members improved. Six young people hoped that in five years' time they would be in loving, stable relationships, emphasising the desire and need to form family units of their own.

Female (private care): 'Good. I have good friends now, so I will continue to have good friends.'

Female (public care): 'To have near me, people who love me.'

Female (public care): 'Finding the person to live my whole the life with.'

All the young people felt that their health and wellbeing would be good or excellent, which suggests that, overall, none of them were concerned about any health condition nor foresaw any problem in maintaining their health once they left care.

3.15 Peer-to-peer advice

All the respondents, apart from four, thought that they would benefit from hearing about the experiences of the young people who had left care before them. They thought that their experiences of where to find advice and accommodation, what it was like to live on one's own, and how they financed their education would all be very useful to them. This overwhelming response to the question demonstrates that young people living in care could learn much and perhaps some of their fears could be allayed if informal meetings could be arranged for them as part of their leaving-care programme. As studies have previously shown, information and advice provided peer-to-peer has a far higher impact than adult-to-child information within adolescence.

Female (private care): 'A lot. To tell us where to seek information about independent living, how we should behave or what we should do, how they were able to make it.'

Female (public care): 'Yes, how they live and how they handle life. Do they get support from others?'

Female (private care): 'Yes, surely, I would want to know about their schooling, how life is, how we should proceed.'

4 Young people who have left care

4.1 Respondents

Fifty-six young people between the ages of 17 and 26 years were interviewed. Of the 46 young people 30 respondents were male, with 16 females. Initially, the SOS Coordination Team had wanted to include in the survey those young people who had left care within the past five years which would have meant an age range of between 19 and 23 years, but due to the limited numbers of contactable care-leavers the respondents within the survey were aged between 17 years old and 26 with some having only left care within one year of the survey being conducted and others having been living independently for up to 12 years.

The average age of the respondents was just below 21 years old. All the respondents had been placed in care before their 15th birthday, the average age at placement being six years. The average age at leaving care was 17 years old with

45% of the young people leaving care at 14–15 years of age and 35% leaving at 18–19 years.

	Current age	Age when placed into care	Age when left care
Minimum age	17	0	14
Maximum age	26	15	21
Average age	21	6	17

Table 16: Age of respondents on entering and leaving care

Of the 46 respondents, 96% of them live within the cities of Albania. Although Albania has a greater proportion of rural and agricultural areas, the majority of residential and alternative care services are placed in the major cities of the country. On leaving care, the majority of the young people who do not have strong bonds with their family of origin are likely to remain in the cities due to the availability of higher education, their friends and potential employment.

Prior to leaving care, the respondents were living in a public residential care (50%), 26% in private residential care units, 20% from SOS Children's Villages and the remaining 4% from other alternative-care arrangements.

As with the data for those young people living in care, the data was divided only between those young people who had left public residential care and all others (private residential care and SOS Children's Villages) under alternative care. The decision to make this division was related to the small number of respondents from each type of alternative care-provider and the similar characteristics of the private care-providers.

Type of care-provider	Number of respondents	Percentage
Public residential care	23	50
Alternative care/others:	23	50
SOS Children's Villages	9	39
Private residential care	12	52
Other	2	9
Total	46	

Table 17: Forms of care-provider from whom respondents left care

Out of care Interviews/ alternative care settings
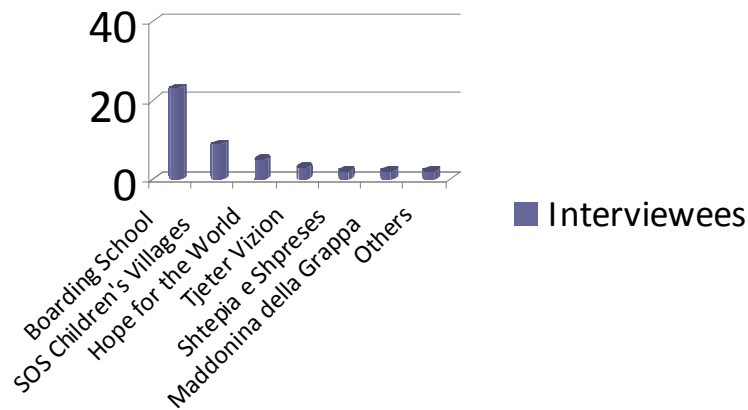
Graph 2: Out-of-care interviews: Number of interviews conducted with young people from different forms of alternative care

On average, four years have passed since the respondents left alternative care; they therefore have a considerable number of years of living independently in which to evaluate their experiences, assess their preparation for independence and assess how they have managed their lives.

There is a considerable difference in the number of respondents who left care within the last five years and those who left care more than five years ago, on the other hand, and the type of alternative care environment. From the 30 respondents who have left care in the last five years, 21 came from alternative care settings, with the opposite demonstrated among the respondents who left care more than five years ago; 14 out of a total of 16 have left public residential care.

Number of years out of care	Last type of care-provider		Total (%)
	Public residential care (%)	Alternative care (%)	
Up to 5 years	9–39	21–91	30–65
Over 5 years	14–61	2–9	16–35
Total	23	23	46

Table 18: Respondents and number of years out of care

There is a significant difference in the age of young people when they left care, depending on the type of alternative care-provider. Young people who left care at around 15 years of age were cared for in public residential institutions, whereas those leaving at a later age were looked after by alternative care-providers. Of the respondents, 18 young people left public residential care before their 15th birthday, with 20 respondents having left alternative care after their 15th birthday.

The reason behind this is related to the legislation pertaining to the age at which young people are obligated to leave the public-care system in Albania; public residential care is provided to children and young people up to the mandatory school-leaving age, which used to be their 15th birthday. However, this was changed in 2010 when an additional year was added to the number of years a child had to attend mandatory schooling; it meant that children would have to attend until their 16th birthday. Legally, children are unable to work until they are 16 years old, apart from jobs in the school holidays, so under the old system young care-leavers were not legally able to work or provide for themselves financially.

Age when left care		Type of care provision		Total
		Public residential care	Alternative care	
Up 15 years	Number	18	3	21
	Percentage	78	13	46
Over 15 years	Number	5	20	25
	Percentage	22	87	54
Total	Number	23	23	46

Table 19: Age on leaving care

Almost three-fifths of the respondents spent more than 10 years in alternative care, usually in more than one placement or form of setting. Only 30% of the young people remained in one alternative-care setting while in care, with most having lived in two during the period in care.

4.2 Situation of the respondents at the time of the study

Less than two-thirds of the respondents were working or studying at the time of the survey, with more than one-third stating that they were unemployed. One-third of the respondents were still studying, with 58% having achieved at least secondary education.

Currently studying	Employed		Total (%)
	Yes (%)	No (%)	
Yes	4	28	33
No	33	35	65
Total	37	63	100

Table 20: Number of respondents studying or employed

There are differences between males and females in the education level achieved. Relatively even numbers of males studied at mandatory elementary and advanced elementary level (12) and high schools (18), whereas female respondents reported that four had achieved the mandatory education level, with another six attending high school and three studying at university. In addition, three females had not studied or achieved any education.

Education level		Male	Female	Total
None	Number	0	3	3
	% within sex	0	19	7
Primary	Number	12	4	16
	% within sex	40	25	35
Secondary	Number	18	6	24
	% within sex	60	38	52
University	Number	0	3	3
	% within sex	0	19	7
Total	Number	30	16	46

Table 21: Education level achieved

4.3 Readiness and preparation to leave alternative care

For young people leaving alternative care into the community and society to be successfully integrated, it is essential to prepare them and to inform them in good time when they will be leaving the safety and continuous care provision. Young people also need to be prepared practically for the steps they will need to tackle to become independent and to develop skills in order for them to be able to look after themselves appropriately and to find supportive networks and make friendships.

The respondents reported that the notice of the end of the period of alternative care was in most cases given to them only a very short time in advance; in a quarter of cases, they were notified only one week before the end.

The late and inadequate preparation period was most frequently reported by those young people who had left public residential care. This lack of preparation leaves the young people unprepared and unable to obtain essential information and/or advice as to how they will manage or survive on their own without the daily care provided to them. This lack of preparation and haste in their departure left most respondents with very negative feelings about the care they had been provided with. The news of their imminent departure was normally conveyed to them by the director of the institution, a social worker or a carer.

Male (private care): 'They just communicated that to me and they gave me two weeks' deadline for going out.'

Male (boarding school): 'Yes, they didn't provide information at all. They neglected us. They just gave some information the day that I really left.'

Male (public care): 'Yes, I asked many questions about what was going to happen to me and I never got an answer.'

Male (boarding school): 'I had full information about leaving care.'

On learning of their imminent departure, the young people frequently had mixed feelings, some feeling very anxious at the loss of 24-hour support, advice and care and others feeling that there were some positives to having their independence.

Female (private care): 'Good and bad. Good because you can be more independent, but the preparation should have started 2–3 months before so that I could prepare myself emotionally.'

Male (private care): 'Fear, without support. I didn't know what to do.'

Female (private care): 'Okay, as I am still supported by the organization and I keep in touch with them. I can stay in the apartment they offered me for as long as I want. I am very grateful to the centre.'

Leaving care notice	Public residential care (%)	Alternative care (%)	Total (%)
1 week	39	9	24
3–4 weeks	22	22	22
2–3 months	22	39	30
More than 4 months	17	30	24

Table 22: Time given for preparing to leave alternative care

When asked what further types of skill or advice the respondents would have liked before they left care, they listed assistance in finding their accommodation, the need for financial support and support in finding employment.

It can be seen from the responses of the young people (Table 23) that in most of the categories approximately 25% of the young people did not have any knowledge of or information on some very basic and practical skills that they needed as part of being independent. As these young people had lived for the majority of their childhood in environments where everything was done for them (thus creating dependency), they were ill-prepared for their adult or independent life. The skills about which the respondents felt highly competent or knowledgeable were personal hygiene, personal relationships and making friends.

Female (private care): 'Finish school, get a diploma, get employed and have accommodation.'

Male (boarding school): 'To know how to cook and be supported with regard to the school.'

Female (public care): 'Good advice, recommendations on how to behave and how to find a job.'

The differences in readiness to live independently between the respondents' leaving public residential care and other types of alternative care were not negligible. Thirteen of the respondents (nearly one-third) thought that they had all the necessary skills they required when they left care to live appropriately.

Skills	Very good (%)	Sufficient (%)	No knowledge (%)
Cooking	24	52	24
Shopping	54	26	20
Budgeting	48	28	24
Personal hygiene	83	11	7
Healthy diet	39	39	22
Keeping fit	54	22	24
Safe sex	56	11	33
Prevention of alcohol abuse	57	15	28
Prevention of drug abuse	59	15	26
Avoidance of smoking	61	13	26
Making friends	61	37	2
Personal relationships	71	24	4
Sexual relationships	57	17	26
Dealing with officials	48	24	28
Finding help or information	47	31	22

Table 23: Skills for living independently

The most helpful figures in planning the departure from alternative care were friends, social workers and public residential-care workers in the institutions. For the young people who had lived in alternative types of care family, members and relatives played an important role. In general, it may be stated that young people leaving alternative care do not have sufficient support or their perception of the types of support they received is that they were insufficient in preparing them for living in society.

Role and position	Very helpful (%)	Some help (%)	No help (%)
Foster parent	–	–	2
Residential-care workers	37	17	28
Leaving-care worker	–	–	–
SOS parents	13	7	0
Social worker	37	19	35
Teachers	27	27	44
Family/relatives	28	11	43
Friends	48	30	20
Other	75	25	0

Table 24: Persons viewed as most supportive in planning to leave alternative care

The responses from the respondents varied depending on the type of care setting they had been living in, their links or not to a supportive network or members of their biological families, and the type of information or support they received at the time from the staff in the care setting.

Male (private care): 'SOS parents were less useful as they were not present at the moment I left. The social worker provided advice at that time. The teachers didn't know anything about my situation and the family provided emotional support and financial aid. My friends didn't have many opportunities to support me at that time. The direct care person gave me information about leaving care and independent living.'

Female (private care): 'All were very unhelpful as they kicked me out without telling me where they were taking me.'

Female (private care): 'I was advised to follow a good path in life. I was advised to take care of myself. Friends provide information about bad male and female friends.'

Male (private care): 'The social workers and my friends gave me knowledge, ideas and courage to go ahead. The teachers gave me love and my relatives that I have managed to know only now supported me with accommodation for some time.'

Note: Within Albania the provision of foster care is in its infancy so none of the respondents would have been cared for in foster homes. The role of leaving-care

workers is also not recognised within Albania, so the respondents would not have been able to access any support.

As they prepare for their future independent lives, young people should have the knowledge and tools with which to make their way. Information about accommodation, employment, health and financial support should be provided so that every individual knows where they can access support, advice and information. The respondents within the survey evaluated the information they received as insufficient with regard to education, employment, health and financial support.

Respondents from alternative care-providers appear to have had more information on financial support, (3% higher) and their own emotional development (1% more) than those young people who had lived in public residential homes. This suggests that alternative providers are better at providing this form of information.

Types of information	Enough (%)	Some (%)	None (%)
Accommodation	57	15	28
Personal and emotional development	43	20	37
Education	68	11	20
Training	24	16	60
Employment	35	11	54
Health	48	7	46
Financial support	44	9	47

Table 25: Information provided in preparation for leaving alternative care

What should be noted from the evaluation by the respondents who left alternative care is that in the essential areas of training, employment and health they received very little in the way of information before they became independent. Where, owing to their poor financial situation, young people cannot attend higher education, their next objective is either to find some form of vocational training or employment. But without relevant information or support they would find this very difficult to do in Albania, where young people rely on family and relatives for introductions to employment opportunities. The respondents' pinpointed accommodation, employment and financial support as the support they missed most once they left alternative care and what were really needed by them.

4.4 Age at which young people should leave alternative care

Thirty-four respondents stated that when they were told they were going to leave care, they felt fear and sadness.

Male (public care): 'I felt like leaving home.'

Female (private care): 'Bad, as I didn't know that life would be so difficult as it is now.'

Female (boarding school): 'I felt sad leaving the children, social worker and the director as for all the rest of the staff I don't care.'

Female (public care): 'Very bad. I thought they would take me to attend some school but they took me home; that I didn't like.'

Less than a quarter of the respondents thought that the age at which they left alternative care was appropriate and that they were ready for independent life; 26% of the respondents felt that 18 years was the ideal age for leaving either public residential or alternative care. A further 30% of respondents stated that 20 was a better age at which to leave alternative care. While 13% of the young people felt that young people should not leave care until the age of 25 years old. More than half the respondents said they thought that after the age of 18/20 years an individual is more mature and has the ability to work, to think for themselves and is ready for independence, whereas at an earlier age the person is too young and needs to attend school.

The respondents felt that what they needed in preparation for leaving alternative care was more advice on finding accommodation, employment or educational or vocational courses, financial support and advice on how to avoid making mistakes.

*Male (public care): '*Systematic preparation and going outside; office, shopping, cinema, the normal world.'*

Male (private care): 'Good social skills, practical skills for life and to attend some course.'

Male (boarding school): 'Financial support, housing, education.'

Male (public care): 'Advice about school, motivation about the work and how to distinguish bad people from good people.'

4.5 Financial situation and accommodation

The respondents have already highlighted that they were ill-prepared when they left care in respect of accommodation, training, employment and financial assistance, so how did they manage once they were out in society?

What financial support was offered to the respondents on leaving care? For 43% of the respondents, namely those leaving public residential care, there was no financial support or grant to assist them in the transfer from 24-hour care and living to independence. Of the young people, 74% who left alternative care were provided with some financial support to assist them initially in the transition from care to independence.

Most respondents did not feel that the amount of money received was sufficient to cover their initial leisure cost or costs of maintaining family relationships, but was just enough to cover the cost of education, clothing, accommodation and food. These views may reflect a similar situation for many young people when receiving their first

salary: that what they view as important leisure and fun activities are no longer priorities when having to budget for accommodation and food costs first.

With regard to their initial accommodation costs, 41% of respondents (7) from alternative care felt that they were provided with just enough money for this, with only one person from public residential care feeling the same. Eight respondents from public residential care and four from alternative care stated that their accommodation costs were not covered at all when they left care.

Money received was spent on:	Adequately (%)	Just enough (%)	Not at all (%)
Education and training	12	35	54
Accommodation	23	31	46
Clothing	4	35	62
Food	15	42	42
Leisure and hobbies	12	23	65
Transportation	27	23	50
Maintaining family relationships	12	24	64
Maintaining friendships	12	35	54

Table 26: Leaving alternative-care grants

Ten respondents from alternative care and one from public residential care felt that they had been provided with just enough money to pay for their initial food costs, with seven public residential care and four young people from private care stating that they had no money to pay for food. The respondents were not asked how much money they were provided with nor whether they had decided how to spend the money they were given as opposed to their being given specific sums for specific costs. So what the data may suggest is that the young people may need to have better training on how to budget more than they need a larger leaving-care grant. Alternatively the financial support provided to alternative care-leavers may need to be given for a longer period of time following their move to independence rather than one initial grant. Or it could be given to cover specific essential costs such as accommodation to ensure a safe home or for education or living costs to ensure the young person does not need to resort to criminal activities for his or her survival.

On average, the respondents left alternative care several years previously; nevertheless, only 20 of them (43%) receive a part of their income from work; with most of them depending for their survival on the help of their family or relatives or on social benefits.

Source of income	Number of respondents	Percentage
Employment	20	43
Unemployment benefits	2	4
Social welfare benefits	10	22
Education fees (e.g. scholarship)	3	7
Family	13	28
Friends	10	22
Other	19	41
None	3	7%

Table 27: Financial resources

The young people struggle to meet the costs of their needs from the above sources. Approximately half state that they have nothing to pay the costs of education, training or transportation, but that between 70% and 77%, repectively, of them can sufficiently or adequately pay for their accommodation and food requirements. It appears that those young people from private alternative care are better able to finance (prioritise) their needs and this may be attributed to the fact that in general they left care at a later age and presumably had reached a higher level of education or had received more preparation for independence.

Income used for	Adequately (%)	Sufficient (%)	Nothing (%)	Significance of the type of care setting (%)
Accommodation	35	35	30	8
Food	25	52	23	9
Clothes	20	48	33	–
Education and training	14	31	55	–
Transport	22	33	44	–
Leisure	24	54	22	5
Health	24	37	39	5

Table 28: Budgeting for essential needs

Despite the not very satisfactory financial situation of the surveyed group of respondents, the data reveal that more than half the respondents have no debts and another 22% of them are able to pay their debts without problems. However, one-fifth of the respondents do not repay their debts or have problems doing so. More than half of the young people (57%) are able to pay their debts in time. The rest are either able to repay their debts after a delay or unable to pay them at all.

Ability to repay debts	Number	Percentage
Completely	10	22
Nearly	2	4
Hardly	7	15
Not at all	2	4
No debts	25	54
Total	46	100

Table 29: Payment of debts

When asked what would help young people to have no debts after alternative care, just under half thought it necessary to have employment with a reasonable salary. Many of the respondents also highlighted the need for financial and budgetary skills to manage what money they had, with a limited number stating that they needed more financial support from the state or organisations.

Male (private care): '*Good management of income and possessing practical skills.'*

Male (private care): 'Money management and plan how to do all the expenses.'

Female (boarding school): 'Financial support from the agencies. Job.'

Accommodation

Owing to the fact that the majority of the respondents in the survey had left care before they were 18 years of age, the majority of the young people (21), initially lived in public boarding hostels known as Konvikts. The Konvikts provide accommodation primarily for young people leaving care who study at high school or university, but they do not provide care or guidance to the young people. One-fifth of the respondents stated that they lived in their own apartments initially after leaving alternative care. On average, the young people spent almost three years in their first accommodation following their departure from care.

Assistance with choosing the type of accommodation or where to live was most often provided by social workers (26%), family or relatives (24%) or residential care workers (22%). Of the respondents, 57% stated that they received no help from the residential care workers; 63% received no help from social workers, and 15% were not assisted with advice on accommodation by parents at the SOS Children's Villages. Not surprisingly, teachers were seen to be not at all helpful when it came to advice about moving on to accommodation. The reasons given why the respondents found specific people helpful related to the support given in both finding accommodation or settling the young person in.

Assistance received from	Very helpful (%)	Some help (%)	No help (%)	Not-applicable (%)
Foster parent	–	–	2	98
Residential-care worker	22	11	57	11
Leaving-care worker	–	–	–	100
SOS parent	–	2	15	83
Social worker	26	–	63	11
Teachers	4	4	78	13
Family/relatives	24	2	54	20
Friends	17	13	63	7
Other	92	8	–	–

Table 30: Support in securing accommodation

When asked why the respondents chose to move to their initial place of living when they left care, a large number of them (15) responded that others chose for them (directors, social workers or residential-care workers), and the impression given was that there was no choice nor any or much discussion with the young person themselves. This left the respondents feeling powerless and not in control of their lives, which is not a good way to begin one's independence.

Support appears to have been centred on finding accommodation for the young person when he or she left care. Primarily, this meant a move on to the boarding school as many of the respondents wished to continue their education. Some were placed with members of their family or in some cases their boyfriends. Little was mentioned about introductory visits or an assessment on the suitability of the family to provide appropriate care or support to the young person once they returned home. Some respondents spoke about being supported by their social worker or carer.

Female (public care): 'One year after I left, I went to live again with the nuns as I couldn't stay home due to the bad conditions there. The nun couldn't stand my situation, without a mother and with a father who was alcoholic, and when he came home at nights, he would beat me.'

Female (private care): 'The caregivers collaborated with my boyfriend and they thought about my best interests and he took me home to live together.'

Male (public care): 'The social worker helped me with the transport, my psychological state and was positive.'

Male (boarding school): 'I was given information once I finished school; my aunt helped me to go to the boarding school. The teacher gave me information. My family supported me with advice and told me to be strong.'

Male (private care): 'I wanted to go to the boarding school at the University of Sports, but they didn't give the chance to me. They didn't support me; they just said that I would not go there. They decided for me.'

Female (public care): 'I was taken there. I didn't decide.'

Form of accommodation	Number	Percentage
Semi-independent living provided by an organization	2	4
Own flat	9	20
Family	3	7
Other	32	70
Boarding school	21	46
Other	11	23
Total	46	100

Table 31: Type of accommodation after care

There is little difference in the accommodation where the respondents live now compared to when they first left care, although as the years progress the young people are becoming older and are leaving the boarding schools (Konvikts). Only two respondents continue to live with their biological families as compared to three when they initially left alternative care. And whereas 21 young people lived in boarding schools immediately after leaving care, there were only 13 at the time of the survey. More than 25 young people have been living for more than one year in their present accommodation, which could lead us to believe that they have acquired some stability in their lives.

When asked to evaluate specific aspects of their current accommodation, the respondents are most positive about their proximity to shops and other services, the hygienic conditions and their proximity to friends. The distance to the young people's education, training or their job is not viewed so positively, with nearly half feeling it is not close enough. Men and women view the situation differently, with women considering their accommodation safe and situated close to their friends.

Suitability	Adequate (%)	Just enough (%)	Not at all (%)	Significance between the sexes (%)
Private space	37	35	28	–
Safety	46	24	30	1
Close to your education/training	32	21	47	–
Close to your job	41	10	49	–
Close to shops and other services	74	20	7	8
Close to your family	18	13	69	–
Close to your friends	57	22	22	4
Household equipment	41	37	22	–
Affordability	44	37	20	–
Hygienic conditions	69	21	10	–

Table 32: Suitability of current accommodation

Several of the respondents have reported that they have encountered problems since they began to live independently. These have included:

- *'It was hard to find accommodation. I used to sleep on the street. The current room seems like a prison, with bad conditions and a bad smell.*
- *The atmosphere was bad. The violent arguing started among friends and I couldn't stand it.*
- *The current building that I am living in is at risk of being destroyed.*
- *I was discriminated against and teased. I was taken out of the boarding school and now I live in a small room, without a door, with bad hygienic conditions and bad walls.*
- *For some time, I couldn't pay the rent for my apartment.*
- *Yes, I didn't have any food to eat.*
- *I was told to leave as I got pregnant and now they want to move us out of our current accommodation.*
- *Bad hygiene, the toilets were very bad and it was without water.'*

All the stated difficulties lead to the respondents' feeling insecure and unhappy about their life, which can in turn adversely affect their ability to integrate, to work and to enjoy their life or their future.

4.6 Health and wellbeing

The information gathered within the category of health and wellbeing was divided into three categories: public residential care; private residential care, and alternative care/others.

Fifty per cent of the respondents claimed to be feeling good about themselves most of the time with only seven (15%) not feeling good about themselves very often. The young people who felt good about themselves were equally split between those who originated from public residential care, private residential care and alternative care. There were significant differences among the young people who did not feel good very often, with six coming from public residential care and one from private residential care.

More than half of the respondents perceive their physical health as being very good, with 30% believing their health is good enough; only 13% (6) think their physical health is generally poor. Nine young people coming from private residential care, seven young people from alternative care, compared to ten from public residential care describe their physical health as very good.

Physical health		Residential care	Private residential care	Alternative care/others	Total
Very good	Number	10	9	7	26
	% within type of care	43	75	64	57
Good enough	Number	11	2	1	14
	% within type of care	48	17	9	30
Generally poor	Number	2	1	3	6
	% within type of care	9	8	27	13
Total	Number	23	12	11	46

Table 33: Physical health

Only three respondents evaluated their mental health as generally poor, one of them from public residential care and two from private residential care. No data were provided to explain why the respondents felt this way and therefore no clear explanation can be derived from this information. Nine of the respondents from alternative care rate their mental health as very good, as do ten from public residential care and seven from private residential care.

Of the respondents, 41% feel safe and secure in their lives (the highest percentage of young people being from public residential care), 43% feeling less secure. Reasons given for not feeling secure or safe included: no one knows what the future holds; employment is not secure and with this if there is no income they cannot afford their rent or food; feelings of being completely on their own and having no one to support them or assist them if things go wrong.

Female (private care): 'Because life is unexpected and you never know what might happen.'

Male (private care): 'Because my relatives are not often near me when I need them.'

Female (private care): 'Nothing is safe, the job and the housing, etc.'

Things in their lives that upset the respondents are primarily the lack of a parent or family to support them or for them to belong to, which in several cases related to feelings of loneliness. The lack of financial security also impinges on how the respondents feel they are doing and what the future may hold for them. Within Albania, the family is the primary unit for support, advice, money and status and, without a family, most young people feel that they are different and lacking a vital element of the norm. Some respondents mentioned that they were teased or

discriminated against because they do not have or live within their family and when they feel stressed there is no one to listen to them.

Male (private care): 'I don't feel safe because life is so difficult, despite the courage that the others give to me.'

Male (public care): 'The fact that no one helps you. No support from the state nor from the family.'

Male (public care): 'I keep thinking "ah, I wish I had grown up in my family".'

Female (boarding school): 'Because I feel lonely.'

Leaving alternative care has brought about many substantial changes for the respondents: when they were in the care, everything they needed for daily living was provided for them without them needing to think about it or make a decision. Now the majority of them have greater freedom, but they also have to make all the decisions for themselves and also balance providing and cooking their food with all the other tasks such as work or studying.

Male (private care): 'Caring about myself. Everything was ready before, now I have to do everything.'

Female (boarding school): 'When I was in the orphanage, I couldn't go out on my own. I used to have three meals per day and now I have just one meal and I argue with the cook lady, for one more plate of rice. The director of the boarding school does't allow us to find a job. The money 1,000 lek given by the orphanage to me per month, I used to keep and now I have in total 3,000 lek.'

Male (public care): 'I feel free. Life is different and difficult, but I can make it.'

Male (boarding school): 'I am freer, I don't have to provide explanations to anybody for what I do. The food there was good but now I have to ensure my own food.'

Many respondents considered their attendance at university or playing a sport as successes, with a couple quoting their own families and parenthood as part of their success in managing their lives. Most of the respondents put their successes and achievements down to their own efforts and determination to succeed, with only a few stating that they were assisted by others. The achievements of the respondents may indicate that, although in Albanian society the greater perception is that one can only achieve employment or accommodation or security through the family and its connections, these young people are proving that they themselves have managed through their own endeavours and persistence to cope in society on their own.

Male (private care): 'Continuing in school, because I want to be equally integrated into society.'

Female (private care): 'Thanks to the center that made it possible that I could attend the course, take the basic knowledge, meet different people and buy books.'

Female (private care): 'I don't have much free time, only work and afterwards some sport.'

4.7 Leisure activities, friends and family

While in care nearly half of the respondents participated in hobbies and physical activities, since leaving care this number has reduced to nearly a quarter, with another quarter only beginning to spend time on hobbies and leisure pursuits.

	A lot (%)	A little (%)	Not at all (%)
While in care	46	37	17
After leaving care	20	26	54
Only now	26	20	54

Table 34: Hobbies and physical activities

Among the most popular leisure activities are sports, particularly football and volleyball, meeting and socialising with friends, listening to music and watching television.

Male (private care): 'Jogging, participating in different sporting activities.'

Female (private care): 'Volunteering by doing activities with children.'

The respondents identified their friends, siblings or other family members as those they most confide in when they have concerns or feel unhappy. Support was also provided by social workers and religious/faith personnel. Forms of support included emotional, financial, accommodation information and encouragement.

Male (public care): 'With a friend of mine whom I consider as a brother.'

Male (public care): 'With my partner, and I have good relationships.'

Male (private care): 'With my brother and a few male and female friends with whom I have close relations.'

When asked to describe their current relationships with their biological parents, extended family members or former carers the respondents primarily viewed all of these relationships as being poor.

Relationships	Very good (%)	Adequate (%)	Poor (%)	Not applicable (%)
Biological parents	17	20	41	22
Extended family	24	20	37	20
Former carers	33	13	37	17

Table 35: Current relationships

Seventeen respondents have some support from some of their family members; with some of it being financial, emotional, advice and guidance and some accommodation and daily care.

Female (private care): 'My relatives provide me with financial support and affection.'

Male (public care): 'My father gives me love, he speaks to me and he advises me. All the good things he says to me, I practice and I implement.'

Close to half of the respondents view having their own family as something they desire although they acknowledge that it is a responsibility and hard work. Many wish to have children and to be able to provide the things such as love and a family life that they never experienced. Some of the respondents seemed to imply that parenthood was automatically a lovely thing and that they would be good at it, which may indicate their naivety about what it takes to be a good parent and not the romanticised ideal of a beautiful, smiley baby.

Many young people who are brought up in care hold dreams of love and happiness, but due to their own lives without loving, caring and responsible parents their own skills in giving unconditional love may not materialise. This is especially a challenge for young people raised in residential care. Among the young people who wished to have a family, some saw it as being also a support to them and one that required them to be secure in employment and with a good income.

Female (public care): 'I want to have a family. It is very meaningful.'

Female (private care): 'I would do everything so my child won't have my life. He won't lack food, clothing and education.'

Male (private care): 'After finishing school, after having a good job and good financial status.'

Male (boarding school): 'If I could have a house, I would build my family.'

Only one respondent felt that they had been pitied and people had felt sad that they were raised outside of their biological family, so it can be surmised from the other positive responses that being raised in alternative care have not been an impediment for these 46 young people. All the respondents spoke confidently about their skills and their attitudes and behaviour, and this is a good indicator that they are confident in who they are and what they have so far achieved. Some respondents had

received some negative reactions when or if they chose to inform people that they had been raised in care, but for the majority of them they had not been teased or pitied.

Male (public care): 'Like all the other people, without any differences.'

Male (private care): 'Nice and a respectable person.'

Female (private care): 'Young people found different forms of assistance and support from different people, but mainly from the family and friends.'

Female (private care): 'Friends gave me emotional support. The biological family gave me information about life outside, the SOS parent and the staff as well. The staff from other organizations gave me emotional support. The social worker was very good at encouraging my relationship with my mother. My boyfriend is very good about everything.'

Male (public care): 'Friends: we support each other reciprocally, the boss pays me money.'

4.8 Aspirations

The respondents all wished to have professional careers, complete university or become successful sportsmen/women when they left care, but fewer than half of them have accomplished their dreams completely. This may be due to the fact that the dreams were not based on reality within the Albanian context and were not probable in the short number of years since the young people have left care or, as some described it, they received no assistance towards fulfilling their dreams.

Female (public care): 'I want to have my own house and a job.'

Female (private care): 'Finish school successfully and have good grades in English language.'

Female (private care): 'Be healthy, have a job, housing and a person to support me. You can achieve everything with goodwill. The first thing is the accommodation and after that employment.'

Within the next five years, where did the respondents see themselves in terms of education, employment, personal relationships and their health and wellbeing? More than half of the respondents felt that within the next five years they would have finished either university or their education. Regarding employment, it was surprising that still only a few respondents were able to envisage what they would like to be doing within the next five years either as owners of their own small business or in a professional career related to their current studies. This may indicate that most of the respondents were still not able to predict what jobs they would like or what their skills and abilities would enable them to attempt. Only eight of the respondents saw themselves as being in love, engaged or married in five years' time. Taking into account their average age, this would not fit into the typical view of young Albanians,

who believe in forming a couple relationships by their mid-20s as the norm. The majority of the respondents felt that they would be healthy.

Female (public care): 'Do courses to become a professional tailor and foreign languages courses.'

Male (private care): 'Finish school and become a good doctor.'

Male (public care): 'Now I am following a course, but whatever opportunity for a job there will be, I will accept it.'

Male (private care): 'Have a stable job with a good income.'

Female (public care): 'Be with my mother and my brother. Have the same friends like now.'

Female (private care): 'Engaged or in love.'

The respondents have learned many things since leaving care and through the process they see themselves as having become stronger and more resilient – a lesson most of us learn throughout life. Some advice that they would like to pass on includes:

- Respect other people.
- Think about the future, manage your time and think before is too late.
- Find a better friend than yourself.
- It is hard to take care of yourself.
- Be careful, there are positive and negative things in life.
- You should live life just as it is; with the good and the bad things.
- Become yourself and care and respect yourself first.

The overriding theme of what the respondents wanted to pass on to young people who are preparing to leave care is that they need to study well and to get as good an education as they can as this will assist them in finding employment. This is because it is hard when you have to provide everything for yourself, but it can be achieved.

5. Interpretations

The running and consistent themes throughout the information gathered by both the children and the young people preparing to leave care and those who have left care between one and 12 years in the past are:
- that it is important to study hard and to finish one's education and, if possible, to go to university in order to fulfil one's aspiration to get a well-paid and professionally satisfying job;

- that to complete one's education you need continuous support from either the alternative care-provider or the state so that you can study without fear of having enough money to pay for your accommodation or to feed and clothe oneself.

Finishing one's education and attending vocational training courses or university are basic goals for all young people in Albania, but the young people surveyed all systematically said that they were not provided with adequate information about:
- what was available;
- where they could study;
- who would pay or how they could get assistance to pay for their courses, and
- what they could expect from the educational establishments themselves.

This basic but essential information must be collated and disseminated by all the alternative care-providers to all young people before they leave care.

Another aspect is that of support from the alternative care-providers in assisting and preparing the young care-leavers to find suitable accommodation that allows the young people to feel safe and secure and free from harassment. The residential-care workers, social workers and centre or institution directors should not make the decisions by themselves as to what is suitable for the young person, but there should be discussion and alternatives offered that meet the needs of each individual care-leaver and not just the slotting of each one into what is readily available or is seen to meet the basic requirements for a roof over one's head. The preparation for leaving care must be a participative and enabling set of activities for each young person that meets his or her best interests and not just a tick-box exercise.

The financial support that is offered is not sufficient, nor is the preparatory budgeting and life-skills training. What has been successful is the preparation of young people to take care of their personal hygiene, to be able to choose and make friends and to take care of their basic health needs; but the really practical information and skills training are missing. Young people need to be able to practise how to budget, go to the markets or shops to purchase the food and other essentials they need to ensure a healthy diet, to cook and to keep their home clean. In addition, before they leave care, the young people need to understand what official assistance they may be able to access and where the relevant offices are, their requirements and the legislation that supports them or is there to ensure their welfare.

Employment, or rather the lack of it, has been another recurring theme; if anyone is to sustain themselves within society or their community, they need a source of secure income and this usually comes from employment. Yet no support has been given to the young people preparing to leave or having left care on the types of employment available to them, where to search for employment opportunities or what specific skills they need for particular types of employment. Employment agencies and the Labour Offices are not well established in Albania, but in the cities where they do exist, young people should be supported to visit them and to learn what the procedures are for registering for work and what types of assistance they should be offered or what types of work are on offer. False aspirations of many of the young people interviewed as to what may be a potential career or job may be allayed

if substantial efforts are made to show clearly what professions and work are out there and what skills are required by employers.

Many of the young people found living independently very lonely and a cause of unhappiness once they left the collective groups that they had grown up in for many years. This is to be expected when for every day of care 365 days a year the young person has never had to think about how to fill the hours as there is always something arranged, or a friend to sit with, homework to do or regulations to guide your every move and waking hour. It would be helpful if alternative care-providers gradually allowed more and more time for each young person to spend on their own and decide what they will do each day and include in this the daily living skills they need to practice before becoming independent. Encouraging young people who have left care to return to meet their care-givers or staff and the young people they grew up with would help to diminish the feelings of being totally alone until the young person felt strong enough to make their own way in the community. Young people who leave their families do so gradually and frequently return for that familiar feeling of being cared for and to seek advice or guidance without anyone criticising their decisions or indecision.

A few young people pointed out that during their time in alternative care they had been abused and beaten and that violence was a regular part of their life. Psychologically and emotionally damaging threats and words were used to undermine the young people who had already suffered emotional trauma by being removed from their families or placed into care. Although they were not specifically asked if they had reported this abuse at the time, it obviously had had a negative and long-term impact on them, their self-confidence and their ability to trust other adults who supposedly were there to care for them.

6. Good practices
6.1 Sources/criteria/process of collection

Three good practices were identified and collected about leaving-care provisions and preparation for life after care in Albania. The good practices are examples from private care-providers working in two cities in Albania, Tirana and Shkoder: SOS Children's Villages Tirana, Hope for the World Centre in Tirana and Maddonina Della Grappa.

Based on the findings arising from interviews conducted with young people from different forms of care, after analysis of the data (March 2012), three centres with good expertise and examples of work in the area of leaving care, as reported during the interviews, were identified.

Accordingly, the centres were contacted and an interview was scheduled with them to gather more in-depth information. Interviews were conducted during May–June 2012 using the template of good practices *(see Appendix 6).*

In the case of Hope for the World and Maddonina della Grappa Centre, interviews were conducted with social workers. The interviews lasted an hour each and were both recorded. In the case of SOS Children's Villages, the template was filled in by the National Family Based Care Advisor. Thus the information presented below is

based only on the interviews conducted. Good practices were further presented during the two debriefing meetings carried out with young people interviewed in the project.

6.2 Good practices – data

SOS Children's Villages Tirana, Albania – NGO – private-service care-provider (1992)
Semi-Independent Living Program

Target group: Young people (male and female) leaving care from SOS Children's Village, aged 18–22 years
Area of support: Aftercare support leading to full independent living

The Semi-Independent Living Program is a form of aftercare support provided to young people leaving SOS formal care. The program is the main vehicle after the formal care has ended and it is actually the final phase of support (aftercare) of SOS Children's Villages. The program supports young people starting from the beginning of care in the SOS youth facilities and aims to lead them towards independent living. The main objective of this phase is the smooth transition to independent living and it aims to increase and strengthen the life skills of young people. This phase lasts three years.

The main direct-care person, who is the individual mentor for every young person, coordinates the whole process of implementing the program and ensures continuous support. In cooperation with the young person, he or she prepares an individual development plan for the transfer of the young person from an SOS youth facility to semi- independent living.

Young people decide on their own on the accommodation they would like to live in. Together with the direct-care person, they plan the appropriate accommodation one year before the start of the program (with flexibility). The mentor follows the young person for three years by being more closely supportive and monitoring him or her during the first year and smoothly phasing out their support.

Certain criteria have to be fulfilled in order for the young person to benefit from the semi-independent living program, these are:
- they are capable of administrating their daily life;
- they have a stable job with stable income;
- they have safe and stable accommodation;
- they have completed the necessary education or professional training in accordance with their interests, abilities and objectives.

The criteria are not exclusive, but during the time in care the young person should be supported to achieve them. In case the young person does not fulfil the criteria, then other individual provisions are made accordingly or more work and investment is done in order to fulfil them by delaying the time for leaving care.

The semi-independent living program reviews the need for support required by the young person on an individual basis regarding finances, accommodation, education,

health needs, professional or language courses, etc. within the three years. With regard to housing, apartments are rented or other appropriate solutions are devised accordingly. In the first year there is 100% coverage of housing expenses (renting) and gradually it is reduced in the second year to 75 %, in the third year to 50%; furthermore complete responsibility is handed over to the young person. Certainly, according to the situation of the young person, the organization adopts a flexible approach.

The main activities within the semi-independent living care program are:
- Active support and guidance in accordance with an individual development plan.
- Continuous planned emotional support and counselling meeting with the young person to discuss his or her experience during the semi-independent living phase.
- Monitoring the conditions of the young person.
- Monitoring the budget expenditure of the young person and his or her motivation for saving money.
- Support for young person in case of unemployment.
- Support in case of a crisis or a critical situation.

Impact: There is long-term planning and preparation for entrance to the semi-independent living program. Young people are informed further about well in advance. Individual care is also provided according to the needs of each young person. Most of all, a flexible approach is adopted to accommodate the best interests and the situation of each young person.

Barriers: Main barriers to and difficulties with successful implementation of the program are:
- a lack of complementary state services in the area of leaving care – the benefits deriving from the status of orphan are not granted by young people;
- unstable employment in Albania, especially for young people;
- the absence of alleviated housing policies or subsidized rentals applied to this category of young people.

No external evaluation is carried out on the practice implemented by SOS Children's Villages Albania.

Publications: All these publications are internal documents of SOS Children's Villages Albania: Semi-independent living program, SOS Children's Villages International; National housing concept; Individual development plan, Leaving care plan; Contract between the young person and the organization during the semi-independent living program.

Contact: SOS Children's Villages Albania
Tel: 042 451972
www.soskd.org.al
orinda.shehu@soskd.org.al

Maddonina Della Grappa – NGO – private-service care-provider/religious centre (2003)

Protected apartments

Target group: Young girls aged 13–22 years leaving care from public residential institutions
Area of support: Planning and preparation for leaving care

The centre is managed by nuns and 24-hour care (managed in shifts) is offered to young girls coming from public residential institutions.

The girls come mainly from the city of Shkodra, where the public residential institution is located (6–14 years), and partly from other cities of Albania. The girls come to the centre at the age of 15 years upon leaving a public residential institution.

The main objective of the center is to offer to the young girls a family environment they lack during their stay in a public residential institution.

The main activities of the centers are educational support, ensuring that professional training is offered and strengthening ties with the girls' families of origin (parents, relatives, brothers and sisters).

Educational support is the key activity in the center, considering the low educational performance of the girls in school and also considering the number of cases of illiteracy. The goal is to ensure that each young girl finishes at least high school and to give opportunities to some young girls to follow university studies.

Also, there is a clear schedule for the girls to clean premises of the centers, plan budgets and also shop for clothes and daily food items.

The nuns and the social worker support the girls both regularly and individually and talks/conversations with the girls are held twice a week. The young girls are free to choose the educators/nuns they would like to talk to, based on their personal choices and the bonds created.

The national care standards are applied in the center and all the documentation is available regarding the child development plan and the leaving-care plan. Girls are encouraged to fill in their opinions within the template of the leaving-care plan, entitled 'the road to the future'. The Social State Service structure regularly monitors the application of standards.

Impact: During the time they are in the center the girls make good progress with regard to their education and the life skills they develop. The family environment created in the center gives them a sense of security.

Barriers: Cooperation with the biological families is difficult as sometimes they undermine the work of the center and are not aligned to the same goals with regard to the education of young girls or don't respect the decisions of the center. There are also cases of abuse and trauma the girls experienced during the time they spent with their families of origin.
It is difficult to find appropriate and stable employment for young girls.

Also, some passivity and apathy is developed in young girls during the time they are in care. As a result of the high level of protection and support offered by the center, they lack the initiative to become more active in furthering their education, finding jobs and improving their performance at school.

No external evaluation is carried out regarding the practice implemented by Maddonina Della Grappa.

Publications: No publications guiding the process of leaving care in the center have been developed yet.

Contact: Maddonina Della Grappa, Shkoder, Albania
dlekaj@yahoo.it

Hope for the World – NGO – private-service care-provider/religious centre (1992)
Youth Centre

Target group: Young boys and girls leaving care from public residential institutions across Albania, aged 15–18 years.
Area of support: Planning and preparation for leaving care

The center provides support to young people (males and females) leaving a public residential institution from the cities of Saranda, Shkoder and Tirana. The centre is organised as a youth center in the suburb of Tirana city and social workers and educators provide 24-hour care in the center by working in shifts. Young people stay in the centre until they complete their secondary education/high school.

The main goal of the youth centre is to prepare young people for integration into society by increasing their life skills, providing professional training and courses and supporting them strongly with their educational studies. The aim is for the young people to finish their secondary education and to create an opportunity for those willing and capable of following university studies.

A schedule is organized for cleaning the rooms and premises of the centre, cooking, shopping, and also study hours for all the young people. Bible classes are also organized.

Shopping is planned during the week and carried out on Saturdays with the support of an educator. Young people draw up their plan for meeting their needs for clothing and food or other daily products and a list is prepared accordingly.

The centre strongly encourages connection with the biological family and family reunification is applied in most of the cases. During the summer holidays young people are encouraged to join their families and money is given to the families to cover food expenses during the young person's stay (3,000 lek/€2 per day)

In some cases, seasonal employment is ensured to enable young people to increase their skills and to motivate them to save money.

In the final year, work is done in finding an appropriate apartment to be rented for the young person or their placement in dormitories in cases when they pursue university studies.

Each young person is given $300 as a form of support after they leave the centre. This is the only form of the support the centre can provide the young people with.

The national standards of care are applied in the centre and all the documentation is available regarding the child development plan, the leaving-care plan, and so on.

The Social State Service structure monitors the application of standards regularly.

Impact: Young people perform better educationally. Most of them complete secondary education and many have studied at university. They are more realistically prepared for and communicated with about life after leaving care.

Barriers: Cooperation with the biological families is challenging and difficult.
Finding appropriate and stable employment for young people is difficult.
In some cases, young people become dependent on the services of the centre and lack initiative.

No external evaluation is carried out of the practices implemented by Hope for the World Centre.

Publications: As yet no publications have been developed at the centre to guide the process of leaving care.

Contact: Hope for the World, Tirana, Albania
perparimd@gmail.com

7. Recommendations for policy and practice

Regarding policy, the main priority recommendation is the extension of the age of leaving public care to 18 years. Changes in the legislation and the development of clear policies with proper budget allocated to leaving care and an increase in the quality of care should be considered, especially within the context of social-care reform and the de-institutionalisation process in Albania in future years.

Aftercare provisions should be developed in Albania, considering the current gap and dearth of services in this area.

- Extend by law the benefits deriving from the status of orphan (not only for young people who have neither of the parents) but taking into consideration all the children and young people in alternative care (despite the fact that they might have one parent or other relatives).
- Develop leaving-care policies (leaving-care plan, life-skills programme) as part of the social-care reform and the de-institutionalisation process in the country.
- Develop an aftercare services package by law (housing, employment, family reunification, education, etc), which should be reflected in the national policies/strategies, with an adequate budget allocation.
- Give due attention particularly to young people leaving public care.
- Develop housing policies for young people, who have left care and give due priority to this category within the local authorities strategies and policies.

Regarding the practice for preparing young people leaving care, the main priority recommendation is the clear implementation of national care standards and, in particular, leaving-care standards. Also implement the benefits granted from the status of orphan. Service provisions should be developed in the area of leaving care and, in particular, aftercare support. In order to support the implementation in practice, a good monitoring system should be in place.

- Clear, long-term preparation for leaving care: based on data findings from the interviews, there is no clear, long-term preparation for leaving care, nor is it communicated clearly to young people. A clear, realistic plan for leaving care should be put in place and put in place in cooperation with the young person and communicated at least two years before leaving care. Also, the leaving-care plan should be drafted and implemented in cooperation with multidisciplinary actors, social state service representatives and the family of origin.
- The leaving-care plan should be considered part of a permanency plan for the child from the time of his or her admission to care and not considered only at the last phase of care. There should be careful regular reviews of the child or young person's situation during the time in care and appropriate planning for leaving care.
- Develop and increase the life-skills programme with regard to cooking, budgeting and shopping.

- Invest more in a social and psychological programme for young people. Develop a psycho-social programme for children to increase their self-esteem, self-confidence and their realistic adaptation to their situation.
- Develop a package of individualised aftercare provisions for young people who have left care. Their leaving care should not be seen as 'abandoning' them.
- Increase the information of young people regarding their rights, available services and provisions in the area especially of housing, accommodation, child protection, etc.
- Family re-unification should be considered and encouraged only if it is in the best interests of the young person. It should be a matter of choice, not a solution due to a lack of other options. Any cooperation with the family of origin should be carefully considered and thoroughly planned.
- Organise peer-to-peer support to counsel young people preparing to leave care and to provide advice about life.
- Provide for and support the education of children and provide more training towards their employment.
- Strengthen the child-protection system (reporting and responding) in the alternative-care settings.

III. APPENDICES

APPENDIX 1. CARE SERVICE-PROVIDERS

SOS Children's Villages

SOS Youth Care Programmes offer psycho-pedagogical and financial support with the main purpose of promoting learning, growing up and development. Through these programmes, young people aged 14–19 years develop the necessary attitudes, behaviour and skills in order to be able to manage their independent and successful integration into society. Young people are given the chance and the support for a better future and independent life by family-like care in the Children Villages and in the Youth Facilities, and, after 18 years, through various aftercare programmes.

Maddonina Della Grappa, Shkoder

This is a religious organisation founded in 2003 to provide care for young girls aged 14 to 18 years who have left care from public residential institutions.

Young girls receive educational support and preparation for independent living and are under the care of nuns and a social worker.

After the age of 18 years, girls are accommodated in autonomous apartments as part of a semi-independent living programme.

Tjeter Vizion, Elbasan

A non-governmental organisation (NGO) that provides support for young girls from the age of 18 years old leaving care in Albania through highly autonomous apartments. Young girls can live in the apartments without any age restrictions, until they become self-sufficient, have regular incomes and feel confident about starting independent living. At the time of the PR only three young girls were living in the apartments.

World of Hope, Tirana

A religious organisation providing care for children leaving public residential institutions.
The centre is organised as a youth facility and provides care for 14–18-year-olds. After the age of 18 years, a three-month aftercare support programme is launched and appropriate accommodation is found for the young people.

Boarding schools

These are public structures for young people between the ages of 15 and 18/19 years who have left the formal care system and follow high-school studies. The boarding schools provide accommodation for the young people while they pursue their studies.

"Kërkim midis bashkëmoshatarëve për të drejtat e të rinjve pa kujdes prindëror" 2011-2012 është një projekt studimor, i cili zhvillohet në Shqipëri, Çeki, Poloni dhe Finlandë 2011 - 2012

Qëllimi: Studim mbi zbatimin e të drejtave të rinjve pa kujdes prindëror.

Pjesëmarrës: Të rinj pa kujdes prindëror të moshës 16 - 23 vjeç

10 të rinj pa kujdes prindëror (jetimë) do të trajnohen për të realizuar në total 100 intervista me të rinj të tjerë nga institucionet rezidenciale dhe qendra të tjera.

Sensibilizohu edhe ti! Bashkohu me ne !

Fakt: Fëmijët jetimë largohen nga institucionet rezidenciale në moshën 15 vjeç pa mundësi të mëdha për mbështetje më tej.

KONTAKT: SOS Fshatrat e Fëmijëve Shqipëri, Tel: +355 4 24 15 972 Email: almaguma@soskd.org.al

---

SOS Fshatrat e Fëmijëve është një organizatë që ofron shërbime për fëmijët pa kujdes prindëror apo ata që janë në risk. Ky projekt synon të studiojë se çfarë mbështetje marrin të rinjtë (jetimë) gjatë qëndrimit në institucionet rezidenciale apo qendra të tjera private dhe çfarë ndodh me ta pasi dalin nga këto qendra

Do të zbulojmë se cilat gjëra ndihmojnë dhe cilat gjëra pengojnë eksperiencën e të rinjve dhe aftësinë e tyre për të jetuar të pavarur më pas.

Të rinjtë do të pyesin të rinjtë për përgatitjen e tyre nga daljen nga qendrat dhe institucionet, çështjet e strehimit dhe punësimit, çështjet e mardhënieve me të tjerët, çështjet e diskriminimit të tyre, etj

Më tej të dhënat do të publikohen dhe do të prezantohen në Shqipëri dhe pranë Komisionit Europian në Bruksel

SOS Fshatrat e Fëmijëve Shqipëri do të vazhdojë më tej të ofrojë shërbimeve dhe të lobojë për moshkeljen e të drejtave të kësaj kategorie të rinjsh!

APPENDIX 3. APPLICATION FORM

Please fill in the details below:

Name and Surname: ___ _____

Age: _____

Gender: _____

City you live : TIRANË

Contact (telephone number and email): _____

Current education : _____

Current Work :--------------------

Address: _____

If not selected as interviewer, would you still contribute in the project as interview?

YES   NO

Please describe shortly why are you interest to be an interviewer in this project ?

_____
_____
_____

Please fill in the application form and submit it via email or in the office of SOS Children's villages Albania, Str. Mahmut Fortuzi, No.10, Tirana.

Thank you!

APPENDIX 4.QUESTIONNAIRE FOR YOUNG PEOPLE WHO LEFT CARE

Introductions
This interview is to find out a few things about your time in care. Please answer each question as honestly as you can. What you will say will be only used for this research. Everything is anonymous: no-one will know who has said what. If there is a question you do not wish to answer that is fine, just say so and we will move on.

First some questions about you

S1 What is your year of birth? _____ (enter number)

S2. Are you: 1. Male   2. Female (circle one)

S3. Do you live in a: 1. city   2. town   3. village   (circle one)

S4a. How old were you when you came for the first time in care __ (enter number)

S4b. How old were you when you left care?   _____ (enter number)

S5. Were you in: 1. residential care   2. foster care   3. SOS (Family or Youth Facility)   4. others: _____   (circle one or enter words)

S6. How many years did you spend in care?: **1**-3   **4**-6   **7**–10   **10** and more (circle one)

S7.How many placements did you have during care?   _____ (enter number)

S8a. What was the level of education attainment achieved?
        1.any 2.primary education   3.secondary education   4.university (circle one)

S8b.Are you studying at the moment? 1.Yes   2.No (circle one)

S9.Are you married/live with a partner?   1.Yes   2.No (circle one)

S10.Are you a parent?   1.Yes   2.No (circle one)

S11.If yes, how many children do you have _____ (enter number)

S12.Are you employed at the moment   1.Yes   2.No (circle one)

S13.What is your employment? _____

S14.If you are employed, is your job: 1.full time   2.part time
3.seasonal/temporary (circle one)

Some questions about your preparation and planning for leaving care[1]

A1. Before you left care, what skills for living out of care did you have (please consider the skills listed below and add if some you considered important are not in the list:

Life Skill (skills training)	Very good	Sufficient	I do not get any knowledge / skills	
Practical skills:				
cooking				A
shopping				B
budgeting				C
	1	2	3	
Health and Lifestyle				
personal hygiene				D
healthy diet				E
keeping fit				F
safe sex				G
prevention of alcohol abuse				H
prevention of drug abuse				I
avoid smoking				J
	1	2	3	
Interpersonal skills:				
making friends				K
personal relationships				L
sexual relationships				M
dealing with official people				N
finding help or information				O
Others: ……………………… …………………………… …………………………				P
	1	2	3	

---

[1] We need to acknowledge the difference in each country regarding preparation and planning.

A2. What skills do you think you were missing when you left care?

_____

_____

A3. How do you consider the involvement of the following people in planning together with you your leaving care process?

	Very helpful	Some help	No help	Not applicable	
Foster carer					A
Residential care worker					B
Leaving care worker					C
SOS parent					D
Social worker					E
Teacher					F
Family/relatives					G
Friends					H
Other _____ _____					I
	1	2	3	4	

A3.They were helpful/very helpful because

_____

_____

A4. Did you receive any information to support you during the leaving care process?

	Enough	Some	None	
Accommodation				A
Personal and emotional development				B
Education				C
Training				D
Employment				E
Health				F

Financial support				**G**
Other, please specify: …………………………… …				**H**
Other, please specify: …………………………… …				**I**
	1	**2**	**3**	

A5. If you would have needed more help, what kind of help would you have liked?

A6. Have you experienced any barriers in finding information about what it means to leave care or what will happen to you afterwards?

 (e.g. about which services you might need and how to access them, about the relevant legislations, etc.)

A7. Who told you that you will leave care?

(name the function of the person, e.g. social workers, care giver, teacher, a family member, a friend, etc.)

A8. How soon before leaving care were you told about it? (please circle one)
1. less than 1 week   2. between 3-4 weeks   3. 2-3 months   4.   more than 4 months

A9. Can you tell me how you felt when you heard you will leave care?

v
A10. At what age do you think young people are ready to live independently?
_____(enter number)

A11. What support do you think young people need during their preparation for leaving care?

A12. What support do you think young people need after they start living independently?

A13. So far, what has helped you most to prepare for independent living?

A few questions about your financial situation and your accommodation

14. Did money you received specifically for leaving care support you with your:

	Adequately	Just enough	Not at all	
Education and training				A
Accommodation				B
Clothing				C
Food				D
Leisure and hobbies				E
Transportation				F
Maintaining family relationships				G
Maintaining friendships				H
I didn't receive any money (circle this option, if this is the fact)				I
	1	2	3	

A15. Do you currently receive money from the following sources (please tick all that are relevant):
   a. employment
   b. unemployment benefits
   c. social benefits
   d. education benefits (e.g. scholarship)
   e. family
   f. friends
   g. other _____
   h. None

16. Does your income meet the costs identified below?

	Adequately	Just enough	Not at all	
Accommodation				A
Food				B
Clothes				C
Education and training				D
Transport				E
Leisure				F
Health				G
	1	2	3	

A17. If you have any debts,

A17a. Can you pay back your debts? (circle the correct one)
1. Completely
2. Nearly
3. Hardly
4. Not at all

A17b. Are you up to date with your payments? (circle the correct one)
1. Completely
2. Nearly
3. Hardly
4. Not at all

A18. What do you think helps young people with care experience not to have any debts?

_____

_____

A19. What type of accommodation did you move to when you first left care? (please circle)
1. semi-independent living provided by an organisation
2. own flat
3. student hostel
4. assisted flat
5. family
6. homeless
7. others_____

A20. How long did you live in your first accommodation after leaving care?
_____ Months / Years (enter number and circle if months or years)

A21. Who helped you with your accommodation?

	Very helpful	Some help	No help	N/A	
Foster Care					A
Residential worker					B
Leaving care worker					C
SOS Family					D
Social worker					E
Teacher					F
Family/relatives					G
Friends					H
Other _____ _____					I
Other _____					J
	1	2	3	4	I

A21.They were helpful/very helpful because _____

_____

_____

A22. How did you decide where to move after leaving care?

_____

_____

A23. What type of accommodation do you live in now? (please circle the right option)
1. semi-independent living provided by an organisation
2. own flat
3. student hostel
4. assisted flat
5. family
6. homeless
7. others_____

A24. For how long have you been living at your current accommodation? (please circle the right option)
1. less than 6 months
2. 6 – 12 months
3. more than one year

A25. How do you assess the following aspects related to your accommodation?

	Adequately	**Just enough**	**Not at all**	
Private space				**A**
Safety				**B**
Closed to your education/training				**C**
Closed to your job				**D**
Close to shops and other services				**E**
Close to your family/friends				**F**
Household equipment				**G**
Affordability				**H**
Hygiene				**I**
Others _____ _____				**J**
Others _____ _____				**K**
	1	**2**	**3**	

A26. In case you have encountered any problems of any type with your accommodation after leaving care, could you please describe them?

A27. What or who was the most helpful for you in finding suitable accommodation?

Health and emotional well-being

A28. I feel good about myself: (please circle)
        1.most of the time   2. sometimes   3. not very often

A29. I would say that my physical health is: (please circle)
        1.very good   2.good enough   3.generally poor

A30. I would say that my mental health is: (please circle)
1.very good   2.good enough   3.generally poor

A31. I currently feel a sense of security in my life: (please circle)
1.Yes   2.No

This is because _____
_____

A32.a. What upsets me most about my life is………………………
A32 b. Why? …………………..

A33. The main differences between my life now and my life in care are: (please *explain*)
_____
_____

A34. I am happiest about following successes in my life: (please explain)
_____
_____

A35. These successes happened because: (p*lease explain)*
_____
_____

Some questions about your free time and your relationships with friends and family

A36. Did you practice any hobbies and physical activities?

	A lot	**A little**	**Not at all**	
During care				**A**
After I left care				**B**
Only right now				**C**
	1	**2**	**3**	

A37. What are the most important activities you do in your spare time (e.g. hobbies, any courses, voluntary work/ socialising, etc.)
_____
_____

A38. Whom do you talk to when you feel unhappy? (What is the relationship you have with this person?)
_____
_____

A39. I found the support from the following people

	Very helpful	**Of some help**	**Not helpful**	**Not applicable**	
Friends					A
Biological family					B
Family relatives					C
Siblings					D
Foster family					E
SOS carer					F
Staff in the home					G
Staff from other organisations					H
Teachers					I
Social worker					J
Supporter for leaving care					K
People related to religion					L
Other: _____ _____ _____					M
Other: _____ _____ _____					
	1	2	3	4	

A39: I found them helpful/very helpful because: _____
_____
_____

A40. How is your relationship with:

	Very good	**Adequate**	**Poor**	**Not applicable**	
Your biological parents					A
Extended family					B
Siblings					C
	1	2	3	4	

A41. If your biological family supports you, please tell me about the support you receive:

A42. What do you think about having yourself a family? What does it mean for you having a family?

A43. How do you feel about parenthood?

A44. What reactions do you get when people know you have been in care?

A45. How would you like to be seen by other people?

A46. What are the good things about being in care? please explain)

A47. What are the bad things about being in care (please explain)

And for the end, some questions about your aspirations

A48. What were your aspirations for the future while you were in care?

A49. How close is your life now to those aspirations?

A50. If you need help you to achieve your aspirations, what could this help be?

_____
_____

A51. What would you like to be in 5 years if you refer to:
        a. education
        b. employment
        c. personal relationships
        d. health and well-being

  b) _____
_____
_____

A52. How would you describe your main learning for life since you left care?

_____
_____

A53. What advice would you give to other young people who are preparing to leave care?

_____
_____

****

X1 Is there anything else you would like to say?

_____
_____

X2. Did we miss something that from your perspective is important?_____

_____
_____

X3. How did you find the interview process?

_____
_____
_____
_____
_____

That's all! Thank you for your time!

For Peer Researchers:

Check list:
All questions completed
Informed consent form signed
Vouchers given

Peer Researcher's name: ………………………………………

Signature: …………………………………………

Date and place of interview: …………………………………………

The length of interview: …………..hour/s ………………minutes

APPENDIX.5 QUESTIONNAIRE FOR YOUNG PEOPLE IN CARE

This interview is to find out a few things about your time in care. Please answer each question as honestly as you can. The conversation is confidential and this interview, together with many other interviews, will only be used for this research. No one will know who has said what. If there is a question you do not wish to answer that is fine, just say so and we will move on.

Initials of interviewer………………………
Number of questionnaire conducted by interviewer…………………………………...

First some questions about you

S1: What is your birth year? ___ (enter number)

S2: Gender: Male   Female (circle one)

S3: Do you live in a: city   town   village   (circle one)

S4. How old were you when you came for the first time in care? ___ (enter number)

S5a: In which care setting are you now: residential care   foster care   SOS (Family or Youth Facility)   others: _____   (circle one or enter words)

S5b: For how long have you been in your current care settings?   _____ (enter number)

S6. How many years have you already lived in care?: **1**-3 **4**-6   **7**–10   10   and   more (circle one)

S7. How many placements have you had in care till now?   _____(enter number)

S8. You were before in : 1. residential care   2. foster care 3. SOS (Family or Youth Facility)   4. others: ____   (circle one or enter words)

S9. Are you studying at the moment? 1. Yes   2. No (circle one)

S10. What is your level of education or in which class/grade do you study?

   1. Primary education   2. secondary education   3.others…

S11.Are you employed at the moment?   1. Yes   2. No (circle one)

S12.What is your occupation?   _____

S13. If you are employed, is your job: 1. full time   2. part time   3. seasonal/temporary (circle one)

S14. Do you attend any vocational training currently? 1. Yes, which one _____ _____   2. No

Some questions about your preparation and planning for leaving care

A1. What skills are you being taught right now? (Please consider the skills listed below and add more skills that you consider important if they are not in the list):

Life Skill(skills training)	Very good	Sufficient	I do not get any knowledge / skills	
Practical skills:				
cooking				A
shopping				B
budgeting				C
	1	2	3	
Health and Lifestyle				
personal hygiene				D
healthy diet				E
keeping fit				F
safe sex				G
prevention of alcohol abuse				H
prevention of drug abuse				I
avoid smoking				J
	1	2	3	
Interpersonal skills:				
making friends				K
personal relationships				L
sexual relationships				M
dealing with official people				N
finding help or information				O
Others: ……………………… ………………………………… …………………………………				P
	1	2	3	

A3. How helpful do you consider the following people in relation to preparing you for leaving care?

	Very helpful	Some help	No help	Not applicable	
Foster carer					A
Residential care worker					B
Leaving care worker					C
SOS parent					D
Social worker					E
Teacher					F
Family/relatives					G
Friends					H
Other _____ _____					I
	1	2	3	4	

A3.They are very helpful/very helpful because:

………………………………………………………………………………………………………
…
………………………………………………………………………………………………………
…
…………………………………………………………………………………………………….

A4. Do you receive any information about support for the leaving care process in the following areas?

	Enough	Some	None	
Accommodation				A
Personal and emotional development				B
Education				C
Training				D

Employment				E
Health				F
Financial support				G
Other, please specify: …………………………… …				H
Other, please specify: …………………………… …				I
	1	2	3	

A5. If you would need more help, what kind of help would you like to have ?
……………………………………………………………………………………………………
…
……………………………………………………………………………………………………
…
…………………………………………………………………………………………………

A6. Have you come across any barriers in finding information about what it means to leave care or what will happen to you afterwards?
……………………………………………………………………………………………………
…
……………………………………………………………………………………………………
…
………………………………………………………………………………………………

(For peer researchers: about services young people might need and how to access them, about the relevant legislations, etc.)

A7. Have anybody told you when you will leave care?
_____(name the function of the person, e.g. social workers, care giver, teacher, a family member, a friend, etc.)

A8. When do you think you and your peers should be informed about leaving care and why? (please circle one)
1.less than 1 week   2.between 3-4 weeks 3.2-3 months   4:more   than   4   months
others………………………………………………………………………………………………
.
……………………………………………………………………………………………………
A8   txt:
Because………………………………………………………………………………………………
.
……………………………………………………………………………………………………
.

A9. Can you tell me how you feel when you think about leaving care?
……………………………………………………………………………………………………
…

………
…
………
…

A10. At what age do you think young people are ready to live independently? _____(enter number).

A10: Why at this age?
………
……
………
…

A11. What support do you think young people need during their **preparation** for leaving care?
………
…
………
…
………
…

A12. What support do you think young people need after they **start living independently**?
………
…
………
…
………
…

A13. So far, what has been the most important help you got for the preparation of independent living?
………
…
………
…
………
…

A few questions about your financial situation and your accommodation

A14. If you have any debts,

A14a. Can you pay back your debts?

1.Completely   2.Nearly   3.Hardly   4. Not at all   5.No debts
(circle the correct one)

14b. Are you up to date with your payments?

1.Completely   2.Nearly   3.Hardly   4.Not at all (circle the correct one)

A15. What do you think that helps young people in care to not to have any debts?

………
…

………
…

………
…

A16. Do you know where you will move after leaving care?
………
…
………
…
………
…

A17. What type of accommodation do you think you would like to live in ? (please circle the right option)

1. Insured accommodation from an organization (semi independence)
2. Own apartment or rented
3. Boarding school or college
4. Assisted Apartment
5. Biological family
6. Others_____

Health and emotional well-being

A18. You feel good about myself: (please circle)
        1. most of the time   2. sometimes   3. not very often

A19. You would say that your physical health is: (please circle)
        1. very good   2. good enough   3. generally poor

A20. You would say that your mental health is: (please circle)
        1. very good   2. good enough   3. generally poor

A21. Do you feel a sense of security in your life? (please circle)
        1. yes   2. sometimes   3. No

A 21 txt: This is because:
………
…
………
…
………
…

A22. What upsets you the most about your life and why?
………
…
………
…

A23. What do you think will be the main difference between your life in care and after care? (please *explain)*
………
…
………
…
………
…

Some questions about your free time and your relationships with friends and family

A24. Do you practice any physical activities?

1.A lot   **2.A little**   **3.Not at all**   (please circle)

A25. What are the most important activities you do in your spare time (e.g. hobbies, any courses, voluntary work/ socialising, etc.)
………………………………………………………………………………………………………
…
………………………………………………………………………………………………………
…
………………………………………………………………………………………………………
…

A26. Whom do you talk to when you feel unhappy? (What is the relationship you have with this person?)
………………………………………………………………………………………………………
…
………………………………………………………………………………………………………
…
………………………………………………………………………………………………………
…

A27. I get support from the following people

	Very helpful	**Of some help**	**Not helpful**	**Not applicable**	
Friends					A
Biological family					B
Family relatives					C
Siblings					D
Foster family					E
SOS carer					F
Staff in the home					G
Staff from other organisations					H
Teachers					I
Social worker					J

Supporter for leaving care					K
People related to religion					L
Other: _____ _____ _____					M
Other: _____ _____ _____					
	1	2	3	4	

A 27 txt: I found them helpful/very helpful because:

………
…
………
…
………
…

A28. How is your relationship with:

	Very good	Adequate	Poor	Not applicable	
Your biological parents					A
Extended family					B
Siblings					C
	1	2	3	4	

A29. If your biological family supports you, please tell me about the support you receive:

………
…
………
…
………
…

A30. What do you think about having your family later in life? What does it mean for you having a family?

………
…
………
…
………
…

A31. How do you feel about parenthood?
………
…
………
…
………
…

A32. What reactions do you get when people know you have been in care?
………
…
………
…
………
…

A33. What are the successes in your life that you are happy about (please explain)
………
…
………
…
………
…

A34. These successes happened because: (p*lease* explain*)*
………
…
………
…
………
…

A35. How would you like to be seen by other people?
………
…
………
…
………
…

A36. What are the good things about being in care? (please explain)
………
…
………
…
………
…

A37. What are the bad things about being in care? (please explain)

……

…

……

…

……

…

And for the end, some questions about your aspirations

A38. What are your aspirations for the future?

……

…

……

…

……

…

A39. How hard do you think it will be for you to achieve those aspirations?

……

…

……

…

……

…

A40. If you need help to achieve your aspirations, what could this help be?

……

…

……

…

……

…

A41. Where would you like to be in 5 years time, regarding:
a.education……………………………………………………………………………………………………

………

……

…

……

…

b.
employment……………………………………………………………………………………………………

……

……

…

……

…

c. personal
relationships…………………………………………………………………………………………………

……

…

……

…

d.health and well-being

………
…

………
…

………
…

A42. Would you like to have advice from those young people who have left care? What advices?

………
…

………
…

………
…

X1.Is there anything else you would like to say?

………
…

………
…

………
…

X2.Did we miss something that from your perspective is important

………
…

………
…

………
…

X3: How did you find the interview?

………
………
………
……………..

That's all! Thank you for your time!

For Peer Researchers:

Check list:
All questions completed
Informed consent form signed
Vouchers given (if this apply!)

Peer Researcher's name: …………………………………………

Signature: ………………………………………

Date and place of interview: ……………………………………

The length of interview: …………..hour/s ………………minutes

Please write shortly your thought about the interview! For instance:
- how did the interview go,
- what did you like about the atmosphere of the interview,
- what particularly caught your attention,
- was there something that moved your feelings?
………
…
………
…
………
…
………
…
………
…
………
…

Please continue on the back side of the paper, in case you need more space!

THANK YOU VERY MUCH FOR YOUR EFFORTS!

'I Matter' Peer Research Project
INFORMED CONSENT FORM
(to be completed after Participant Information Sheet has been read)

	Please tick
I have read and understood the information sheet and this consent form.	
I will have the chance to ask questions at any time during the interview.	
I understand that I don't have to take part if I don't wish to.	
I understand that I am free to withdraw from this study at any time, without giving a reason.	
I understand that the results from this study will be fed back to the people who develop services and policies for care-leavers and I agree to the information I give being used in this way.	
I understand that people will read about the things that I tell you, but they will not know I said it. I understand that in exceptional circumstances anonymity and confidentiality would have to be broken, for example, if I say a child or young person is being hurt by someone, or is likely to be hurt by somebody's actions. In these circumstances advice will be sought from a senior manager from a Child Protection Unit who will advise us as to whether we need to make your social worker aware of what you have told us and if further action may be taken regarding the child.	

I agree to take part in this study and my consent is applicable only to this interview.	
For the cases in which the interviewee withdraws his or her participation: *I wish to withdraw my participation in this study. I understand that the information I have provided up to this point will be destroyed.*	

Name of participant   _____

Signature of participant _____

Name of researcher   _____

Signature of researcher _____

Date   _____

APPENDIX. 6 TEMPLATE FOR GOOD PRACTICE

This good practice should be used to:
- inform those responsible for improving policy and practice of leaving care
- show examples of concrete activities to improve leaving care conditions

1. Title of the good practice**:**

2. One paragraph description of the good practice**:**

3. Areas of leaving care which relate to the good practice

- Assessment of young people's needs   ☐

- Preparation and planning
    - Practical skills (e.g. budgeting, shopping, cooking and cleaning)   ☐
    - Self-care skills (e.g. personal hygiene, diet, health,
    sexual health, drugs and alcohol advice)
    - Emotional and interpersonal skills (personal well-being, negotiating skills) ☐

- Finance
    - Support from local authority or agency which cared for young person ☐
    - Support from other sources   ☐

- Housing / Day to day living
    - Remaining in current placement   ☐
    (e.g. with foster carers, residential workers)

- Returning to birth parents or other members of family ☐
- Moving into supported accommodation ☐
(e.g. lodgings, supported flats, hostels)
- Moving into own accommodation (e.g. flats, own housing) ☐

- Health and well-being
    - Physical health ☐
    - Mental health ☐
    - Positive sense of well-being ☐

- Physical activities / Hobbies ☐

- Stigma / Discrimination ☐

- Education
    - School education ☐
    - Post-16 further, non-University education ☐
    - University level education ☐

- Employment
    - Training for employment (e.g. work experience, apprenticeships) ☐
    - Support in employment ☐
    (e.g. helping young people maintain their employment)

- Life skills generally ☐

- Family and social networks
    - Relationships with birth family ☐
    - Relationships with former carers (foster and residential care) ☐
    - Relationships with friends ☐

- Other _____

4. Name of the organisation providing the good practice:
- Contact details of the organisation (address, telephone number, webpage)

5. Type of organisation in which the good practice was implemented:
- Local authority
- NGO
- Ministries
- Educational body
- Youth service
- Corporate body
- Other

6. Country/region where the good practice was implemented:

7. Target group of the good practice:

☐ Disabled young people	☐ Young people involved as researchers
☐ Young people with mental health needs	☐ Researchers/evaluators
	☐ Service managers
☐ Unaccompanied asylum seeking children	☐ Executive and lead members/councillors

☐ Young people from minority ethnic groups ☐ Boys only ☐ Girls only ☐ Children in care ☐ Young people leaving care ☐ Young people not in education, employment or training (NEET) ☐ Young parents ☐ Young people involved in participation work ☐ Young offenders ☐ Young people who misuse substances (drugs, alcohol, etc.)	☐ Lead professionals (social workers/personal advisors) ☐ Foster carers ☐ Parents ☐ Youth workers ☐ Residential care workers ☐ Other support/care workers ☐ Lesbian, gay, bisexual and trans-gender young people ☐ Other (please specify)…………………………………

8. What were the objectives of the good practice?

9. What were the activities done within the good practice?

10. What were the tools developed within this good practice (e.g. publications, policies, training materials, etc.)

11. Evaluation:

Were you able to evaluate the impact of the good practice?
    ☐ Yes   ☐ No

If, yes, how did you do this (e.g. young people's views; workers' views)?
Please describe:
………………………………………………………………………………………………………
………………………………………………………………………………………………………
…………………………………………

What did your evaluation show in terms of the benefits to young people?
Please describe these briefly using key words from young people or workers:
………………………………………………………………………………………………………
………………………………………………………………………………………………………
…………………………………………

Are there any sources of evidence available to show the impact of the good practice (external evaluation, published researcher evidence, practitioner knowledge, etc.)?
Please include references to these sources:
………………………………………………………………………………………………………
………………………………………………………………………………………………………
…………………………………………

13. Contact details for further information about the good practice:
- Name, job title, address, telephone number and e-mail address