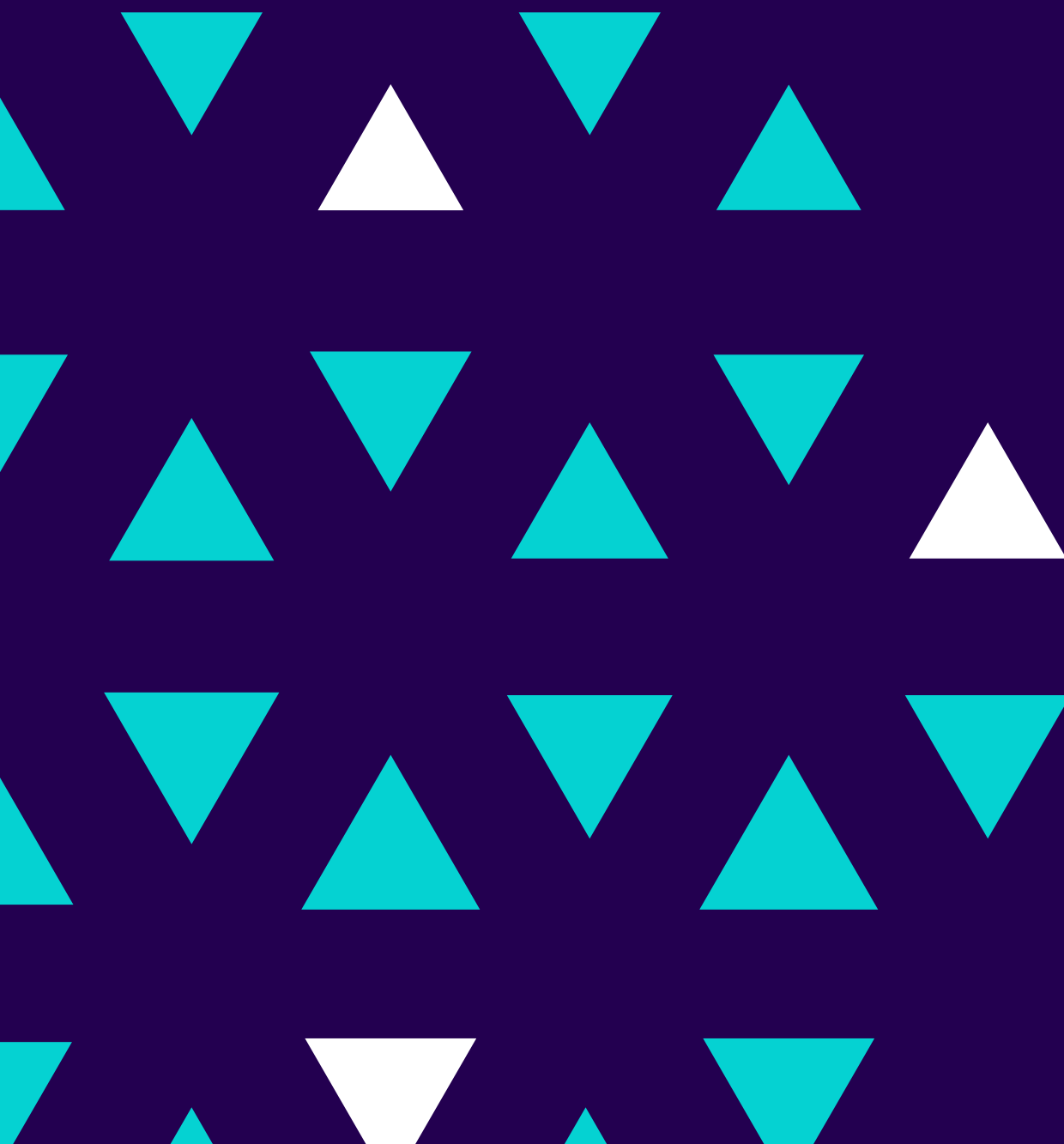




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Qeveria - Vlada - Government

*Ministria e Financave Punës dhe Transfereve
Ministarstvo za Finansije Rad i Transfere
Ministry of Finance Labor and Transfers*

▶ STANDARD OPERATING PROCEDURES FOR CHILDREN IN HAZARDOUS CHILD LABOUR



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PROCEDURES FOR
CHILDREN IN HAZARDOUS
CHILD LABOUR**

► ACKNOWLEDGMENT

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▶ LIST OF ABBREVIATIONS

▶ AI	Administrative Instruction
▶ CLM	Child Labour Monitoring
▶ CM	Case Management
▶ CSW	Centre for Social Work
▶ DPSF	Department of Social Policy and Family
▶ HCL	Hazardous Child Labour
▶ ILO	International Labour Organization
▶ MAFRD	Ministry of Agriculture, Forestry and Rural Development
▶ MDHSW	Municipal Directorate of Health and Social Welfare
▶ MED	Municipal Education Directorate
▶ MESTI	Ministry of Education, Science, Technology and Innovation
▶ MH	Ministry of Health
▶ NIPHK	National Institute of Public Health of Kosovo
▶ NGO	Non-Governmental Organizations
▶ SOP	Standard Operating Procedures
▶ TRC	Team for the Rights of the Child

► INTRODUCTION

In June 2020, Law No. 06/L-084 on Child Protection entered into force in the Republic of Kosovo, which, among other things, aims to protect children from all forms of abuse, exploitation or other forms that endanger the life, safety, health, education, training and development of the child. The fourth chapter in this law specifically addresses the protection of children from economic exploitation, which prohibits the employment of children in activities that harm the safety, health, morals and psychophysical development of the child, and mandates the Labour Inspectorate as responsible for monitoring the employment of the child to guarantee courtesy, safety and working conditions.

Convention on the Rights of the Child, hereinafter referred to as the Convention, adopted by the United Nations General Assembly in 1989, represents the universal recognition of the rights of the child. Article 32 of the Convention recognizes the right of the child to be protected from economic exploitation and hazardous child labour, as well as the right of the child to be protected from work that interferes with the education of the child, is harmful to the physical, mental, spiritual, moral and social health of the child. Therefore, the Convention also requires states to take legal, administrative, social and educational measures to protect children from economic exploitation and hazardous work.

All forms of exploitation of children, which endanger or violate the physical, mental and moral integrity of the child's personality, are regulated by the Convention, which applies directly to the Republic of Kosovo. In order to realize the rights of the child for protection from exploitation, it is necessary to create a system that will act proactively towards the prevention of exploitation and, at the same time, enable a quick and coordinated action to stop exploitation and to protect the child from further risk, as well as to provide appropriate intervention for the safe recovery and further development of the child.

The ILO Convention on the Worst Forms of Child Labour (Article 7) specifies that states should take appropriate measures to prevent the engagement of children in the worst forms of child labour, and to provide necessary and appropriate assistance

to removing children from worst forms of child labour, their rehabilitation and social integration, as well as providing access to basic or vocational education. The International Labour Organization (ILO) in Recommendation 190, referring to Article 6 of the Convention on the Worst Forms of Child Labour, recommends that states urgently establish national mechanisms to monitor child labour and to design and implement actions for eliminating the worst forms of child labour, in cooperation with governmental and non-governmental institutions, and always taking into account the views of children, their families and other interest groups. Such actions under this recommendation should aim at identifying and denouncing worst forms of child labour; preventing children from engaging in the worst forms of child labour; removing children from the worst forms of child labour and providing rehabilitation and social integration programs through measures that address their physical, psychological and educational needs. States are also urged to pay special attention to young children, girls, groups of children with special needs, and communities where children are at highest risk.

Having these in mind and based on the Law on Child Protection, there is an urgent need to monitor child labour, which is in accordance with Article 5 of the ILO Convention No. 182, to serve as a basis for formalizing standard operating procedures for:

- identification, removal, supporting and protecting children from the street;
- documenting child labour trends in specific sectors;
- evaluating the effectiveness of existing interventions at the local level, including recommendations and guidelines for concrete actions and drafting concrete policies, strategies and action plans and referring cases to the Prosecutor's Office and the Court.

▶ **Consequently, these Standard Operating Procedures (SOPs) have been developed**

Consequently, these Standard Operating Procedures (SOPs) have been developed to define and clarify the roles and operating procedures of institutions for the prevention, identification, data collection, referral, treatment, reporting of children involved in hazardous child labour; and aim to strengthen inter-institutional and multidisciplinary cooperation to protect the rights of the child and to protect children from hazardous child labour (HCL).

This document has been developed based on the Child Labour Monitoring Profile in Kosovo (2007) and after its entry into force repeals/replaces it, referring to the new legal framework and procedures for case management of child labour. Also, any changes to the basic references on which this document is built are reflected in this document.

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- All forms of exploitation of children, which endanger or violate the physical, mental and moral integrity of the child's personality, are regulated by the Convention, which applies directly to the Republic of Kosovo.

▶ DEFINITIONS

- ▶ **Child**- means any human being under the age of eighteen (18) years, except when the age of maturity is reached earlier, in accordance with the legislation to which he/she is subject to. In the case when the age of the person is not fully determined, but there are reasons that imply that the person is a child, this person is considered a child and benefits from this law until his age is fully determined;
- ▶ **Minor** - means a child between the ages of fourteen (14) and eighteen (18) years;
- ▶ **Parent** - means the person/persons who have given birth or adopted a child, both together or one of them, married or unmarried, or who have recognized the maternity or paternity of a child born out of wedlock;
- ▶ **Parental responsibility** - means the obligation of the parent to ensure the rights and duties aimed at ensuring the emotional, social and material well-being of the child, caring and maintaining personal relations with the child and the obligation to provide the child with upbringing, education, legal representation and administration of the child's property;
- ▶ **Child protection** - means preventing and responding to violence, ill-treatment, abuse, exploitation and neglect, abduction, sexual exploitation, trafficking and child labour inside and outside the home;
- ▶ **Children in need of protection** - is a person under the age of eighteen (18) years, regardless of having the ability to act, according to the applicable legislation, who may be a victim of abuse, neglect, exploitation, discrimination, violence or a criminal activity, as well as the individual under the age of criminal responsibility, who is suspected of having committed or is accused of having committed a criminal offense, as well as children in conflict with the law;
- ▶ **The work allowed for children**- is the participation of the child in economic activities that are not harmful to the development and health of the child, especially do not prevent them from continuing their education and using their free time. It also includes the work which is part of the professional practice and under the appropriate supervision, after all risks have been identified and eliminated;
- ▶ **Prohibited work for children (child labour)** - is work or activity which harms the safety, health, morals and psychophysical development of the child, as a result of lack of experience and knowledge to perform work tasks;
- ▶ **Hazardous forms of child labour** - are jobs that may result in death, injury (often permanent) or illness (often permanent) of the child, as a result of not adapting the nature of work to the age and psychophysical development of the child and insufficient safety in the workplace;
- ▶ **Legal representative**- means the parent or guardian who, within the responsibilities given to him by the legislation in force or by the court, protects the interests of the child through the performance or not of legal actions, in the name or on behalf of the child;
- ▶ **Violence against children** - means any intentional act or omission by which any form of physical or mental violence, injury or abuse, neglect or negligent treatment, ill-treatment or exploitation, including sexual abuse, is caused;
- ▶ **Neglect of the child** - means inaction with or without intent by a person who is responsible for the upbringing, care or education of the child, as a result of which the life, physical and mental integrity and development of the child is endangered;
- ▶ **Prevention** - means a series of joint measures of early educational, educational, social and legal intervention in favour of the child and the family, which is threatened or endangered in its development, in order to restore the conditions for its development, to prevent acts of ill-treatment or to prevent their recurrence

by enabling the restoration of parental competencies-rehabilitation of parental competencies; ;

- **Child protection** - means the activities undertaken to protect children who are suffering, or are likely to suffer from a serious danger, as well as any action that ensures that the child lives in a safe family or other environment where life and health are protected. and its rights are guaranteed, where education, training and development are provided, protecting them from any form of violence, exploitation, corporal punishment, ill-treatment, exploitation, neglect, abuse and exploitation, in any context, including, but not limited to limited to abduction, sexual exploitation, trafficking, child labour, and harmful traditional practices such as genital mutilation, child marriage, and abuse;
- **Child protection services** - means any service for the provision of social or psychosocial care, legal aid, legal representation, health care, educational and cultural assistance or, in exceptional circumstances, material assistance to a child in need;
- **Multidisciplinary Case Management Assistance Roundtable** - means a multidisciplinary group, which includes professionals from relevant child protection institutions and other actors representing a variety of disciplines, who have responsibilities for child protection, acting and coordinating their efforts to deal with specific cases of abuse, child abuse and neglect based on the best interests of the child. The child and family can be participants in the roundtables;
- **Case Manager** - means the responsible official appointed by the Custodian Body for the management of the child case, who, in cooperation with the relevant actors, assesses the needs of the child and drafts the care plan;
- **Centre for Social Work (CSW)** - means a professional public institution, of municipal level, competent for the protection of children in need;
- **Institution** - means all public institutions, central and local level, as well as other legal and private persons in the Republic of Kosovo, which have the responsibility for child protection in this Law and the legislation in force;
- **Child protection system**- means a certain formal and informal structure, with functions and capacities summarized and combined to prevent and respond to violence, abuse, neglect and exploitation of the child. In a general sense, a child protection system consists of the following components: human and financial resources, laws and policies, governance, monitoring and data collection, protection and response services, and case management. The system also includes various actors, such as: children, family, community, servants and central and local level officials, not excluding those at the international level. The functioning of the system depends on the interaction and relationships between components and actors within this system.
- **Children with disabilities**- means children who have one or more disabilities as a result of physical, sensory, intellectual and psycho/ motor impairment, born or acquired during life from accidents, temporary or permanent illnesses, which make it difficult the well-being of daily life.
- **The best interest of the child**- in all actions and decisions relating to the child, taken by the parents or guardian, institutions, child protection services, child protection professionals, courts, administrative authorities or legislative bodies, the best interests of the child should be the predominant and highest consideration. This requires a thorough effort to ensure the physical, psychological, moral and spiritual integrity of the child and to promote human dignity, taking into account the individual characteristics and social status of the child. The interpretation of the best interests of the child must be in full compliance with the Convention on the Rights of the Child, and no presumed interpretation of what is in the best interests of the child can justify the violation of any right. recognized by the Convention;

- ▶ **Case management-** is a way of organizing and performing work to address the individual needs of the child (and his family) in an appropriate, systematic and timely manner, through support and/or direct referrals (Global Protection Cluster, 2014);
- ▶ **Case reference-** is the process of formally requesting services for a child or his family from another agency through a defined procedure;

▶▶ The other terms used in this document have the same meaning as the definitions given in the Child Protection Act.

▶ DEFINITION OF CHILD LABOUR

Not all work performed by children and adolescents should be classified as “child labour”. It depends on the age of the child, the type of work, the working hours, the conditions under which the work is done and the risk to the child. Jobs that do not adversely affect the health and personal development of children, that do not interfere with their schooling and their children’s social life, and that do not pose a risk to the child’s psychophysical abilities, are considered to be positive engagement experiences in the development of children and the well-being of their families and also provide them with skills and experience, as well as assist them in preparing them to be productive members of society during their adult lives.

Thus, the work allowed for children above the minimum age for the type of work in question is considered as participation in economic activities not detrimental to the development and health of the child, and especially that does not prevent him/her from attending school and playing.

The term “**child labour**” is often defined as work that deprives a child of his or her childhood, potential and dignity, and that is detrimental to physical and mental development. Refers to work that:

- ▶ mentally, psychologically, socially and morally it is harmful and dangerous for children; and
- ▶ interferes in the education of children by: (a) depriving them of the opportunity to attend school, (b) forcing them to leave school early, or (c) forcing them to attend school in very difficult conditions.

Child labour affects the development of children in terms of health, education, morals and psychological well-being. It also affects family and society. The impact on the child can range from physical injuries and mutilations, poisonings, health problems to a negative impact on the mental, moral and social development of the child and above all the abuse of the child. The impact on the family, among other things, perpetuates family poverty through lower human capital, as child labour does not lead to the development of skills. On the other hand,

child labour can slow down social growth and development by reducing the accumulation of human capital. Whether children actually replace adult workers by creating adult unemployment and/or reducing adult wages remains an open question; but to the extent that children compete with unskilled adults for the same jobs, working children affect adult employment or adult wages depending on the structure of the labour market.

While child labour takes many different forms, the priority is to eliminate without delay the worst forms of child labour, as defined in Article 3 of the ILO Convention on the Worst Forms of Child Labour No. 182 (1999). Worst forms of child labour include:

- a. All forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict;
- b. The use, procuring or offering a child for prostitution, for the production of pornography or for pornographic performances;
- c. The use, procuring or offering of a child for elicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties;
- d. Work which, by its nature or circumstances in which it is carried out, is likely to harm the health, safety or morals of children.

Regarding hazardous child labour, the first version of the list of hazardous child labour in Kosovo was prepared with the support of the ILO during the period 2005-2007, and has entered into force legally as the Government Administrative Instruction on Prevention and Elimination of Hazardous Child Labour in Kosovo (AI 17/2008). The Administrative Instruction lists (a) hazardous sectors and (b) general hazardous activities that should be banned as a matter of priority. In 2013, AI 17/2008 was replaced by AI 05/2013, updating the list of hazardous child labour in Kosovo. As mentioned in the introduction to this document, any change/update of the basic references on which this document is built, is also reflected in this document.

General hazardous activities include:

- ▶ work at night (between 20:00 and 6:00);
- ▶ occasional lifting and carrying of heavy weights over 15 kg (M) and 10 kg (F);
- ▶ continuous lifting and carrying of weights over 10 kg (M) and 5 kg (F);
- ▶ work in depth, underground, under water and closed places;
- ▶ work at heights over 2 m;
- ▶ work that may cause harm to the child's health due to exposure to extreme high or low temperatures, or to noise and vibration;
- ▶ exposure to biological, chemical and toxic substances, and exposure to radioactivity.

Specific hazardous sectors and activities include: the agriculture and forestry sector, street work, construction work, work in landfills and work in the exploitation of natural resources. .

▶ VISION

The vision of Standard Operating Procedures (SOPs) is that through the implementation of this document, the institutions of the Republic of Kosovo ensure better protection of children and adolescents. They are meant to improve the state response to cases of child labour; to protect victims from secondary victimization and to encourage, secure and empower them to protect themselves from harmful and abusive work as well as to be reintegrated into a healthy society. .

▶ PURPOSE OF STANDARD OPERATING PROCEDURES

The purpose of the SOP is to create a proactive, responsive, and coordinated system of Kosovo institutions, which must respond promptly and continuously to child labour cases in order to prevent, refer, deliver quality assistance, provide integrated services and protect the child. The document aims to clarify the role and responsibilities of competent institutions in child protection through identification, referral, protection and rehabilitation as well as reintegration. With active and reactive legal measures the child / adolescent is protected and the abuser is punished.

By designing and implementing these standard operating procedures, state institutional mechanisms and other partners will harmonize and coordinate cooperation and coordination, in prevention, identification, referral, protection, rehabilitation and reintegration of children and adolescents from child labour. These procedures are in accordance with the provisions of the Constitution of the Republic of Kosovo, laws and bylaws in force, international standards and institutional policies.

Furthermore, this document provides a basis for informed decision-making (based on facts) to address the shortcomings of the system and the challenges faced by institutions in fulfilling their function.

SOPs specifically aim at:

- ▶ Identification, referral, withdrawal, support and protection of children from hazardous child labour,
- ▶ Continuous documentation of trends and scope of child labour by geographical locations and sectors, and
- ▶ Ongoing evaluation of the effectiveness of existing measures at the central and local levels, including recommendations and guidelines for concrete actions and continuous policy development/advancement at different levels of government.

The realization of the goals of the SOP is achieved through:

- ▶ Fulfilling the obligations of the actors responsible for child labour monitoring
- ▶ Undertaking legal measures in the implementation of identification, referral, protection, rehabilitation and reintegration procedures
- ▶ Coordination of activities between institutional actors for responding to child labour cases through the provision of integrated services
- ▶ Implementation of the necessary treatment measures in the respective institutions as well as rehabilitation and reintegration measures for children.
- ▶ Monitoring, reporting, evaluating and implementing protection measures by responsible actors.

Standard Operating Procedures for child labour monitoring (here and after SOPs), are drafted pursuant to the Law on Child Protection 06/L-084. They aim at protection, including timely and appropriate identification of children, Kosovar or foreigners or stateless persons, from all types of child labour and exploitation, whether or not related to organized crime.

▶ GENERAL PRINCIPLES

- ▶ **The Approach of Standard Operating Procedures** is based on human rights and is a sensitive approach to protecting children, aiming at their highest interest. SOPs specifically take into account the special obligation that the state has regarding children, more specifically the protection of children's rights, in accordance with Law No. 06/L-084 on Child Protection based on his/her highest interest.
- ▶ **Survival and development-** The right of the child to physical, mental, emotional, educational, and social development, to health and the well-being, must be protected to the maximum extent possible from any person, institution or body.
- ▶ **Non-discrimination-** protection of the child regardless of the family status, ethnic origin and other social or individual characteristics of the child (race, colour, sex, language, religion, nationality, mental and physical characteristics or other specifics of the child and his/her family).
- ▶ **The best interest of the child-** guarantees that the best interests of the child take precedence over the interests of the parent, or guardian, institution or community, in situations where these interests differ from the interests of the child.
- ▶ **Children's participation-** is provided by enabling children to receive appropriate information and to express their wishes, views and opinions on all issues that concern them and at all stages of the protection process in a way that suits their age and understanding of the situation.
- ▶ **Protecting the right to privacy -** the child is guaranteed the right to privacy, respect for private and family life, the protection of personal data and must be protected from malicious, arbitrary, and unlawful interference that affects the morals and dignity of the child.
- ▶ **Protection from further damage-** actions and interventions intended to support children (and their families or legal guardians) should not expose them to further harm. Care must be taken to ensure that no action infringes on the rights and dignity of children, no harm is inflicted on children or their families as a result of the conduct of officials, decisions taken or actions taken. Care should also be taken to ensure that no harm is caused to children or families as a result of collecting, storing or sharing their information.
- ▶ **Participation of organizations** providing service to children and civil society organizations is essential to achieving the goals of the SOPs, i.e., protection, prevention and assistance to children in hard labour. All state and non-state actors, including civil society, participate in the design and implementation of child labour monitoring activities. Civil society organizations play a key role, and as such, their opinions and views are well reflected in the design and implementation of these Standard Operating Procedures.

▶ LEGAL FRAMEWORK

The Child Protection System includes the legal framework, structures, measures and actions which coordinate interventions to prevent, identify in time, evaluate and intervene through a multidisciplinary action plan aimed at protecting the child, as well as protecting the best interests of the child. child (Law on Child Protection). A thorough knowledge of the laws and obligations imposed on public institutions, describing the administration of services and the legal competence of those institutions in addressing child labour is essential if the Centres for Social Work (CSW) and Social Services Officers are to support the interests of child labourers. The legal framework governing the protection of children from child labour is set out below.

▶ NATIONAL LEGAL FRAMEWORK

- ▶ Law No. 06/L084 on Child Protection
- ▶ Law No. 2004/32 Law on Family and Law No. 06/L-077 on Amending and Supplementing the Law No. 2004/32 on Family
- ▶ Law No. 02/L-17 on Social and Family Services and Law No. 04/L-081 on Amending and Supplementing Law No. 02/L-17 on Social and Family Services
- ▶ New Draft Law on Social and Family Services (currently under public discussion - 2021)
- ▶ Law No. 2003/15 on the Social Assistance Scheme in Kosovo and Law No. 04/L-096 on Amending and Supplementing the Law on Social Assistance Scheme
- ▶ Law No. 04/L -032 on Pre-University Education
- ▶ Law No. 03/L-068 on Education in Municipalities
- ▶ Law No. 03/L -212 on Labour
- ▶ Law No. 04/L-161 on Occupational Safety and Health
- ▶ Code No. 06/L-074 Criminal Code
- ▶ Code No. 06/L-006 Juvenile Justice Code
- ▶ Law No. 04 / L-218 on Preventing and Combating Trafficking in Human Beings and Protecting Victims of Trafficking
- ▶ Draft Administrative Instruction on the Child Rights Team (draft version)
- ▶ Draft Administrative Instruction on identification, reporting, referral to exploitation, neglect and abuse of children
- ▶ Draft-Administrative Instruction for the Authorities for the rights of the child
- ▶ Draft-Administrative Instruction on the Prevention and prohibition of Hazardous Child Labour in Kosovo
- ▶ Draft AI on Multidisciplinary roundtables for assistance in case management
- ▶ Administrative Instruction 08/2018 on the Establishment and strengthening of teams for prevention and response to dropout and non-enrolment in school
- ▶ The Guide to case management of children victims of child labour

▶ INTERNATIONAL LEGAL FRAMEWORK

- ▶ Universal Declaration of Human Rights
- ▶ Charter of Fundamental Rights of the European Union
- ▶ United Nations Convention on the Rights of the Child
- ▶ ILO Convention 182/2000 on Prohibition and immediate action to eliminate the Worst Forms of Child Labour.
- ▶ Council of Europe Convention for the Protection of Human Rights and Fundamental Freedoms.
- ▶ Council of Europe Convention on the Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

The specific aspects related to the protection of children from child labour are presented in detail in the Guide for case management of children victims of child labour of the Ministry of Labour and Social Welfare (Prishtina, 2020)

▶ INSTITUTIONAL MECHANISMS AND OTHER STAKEHOLDERS DIRECTLY INVOLVED IN CHILD LABOUR MONITORING

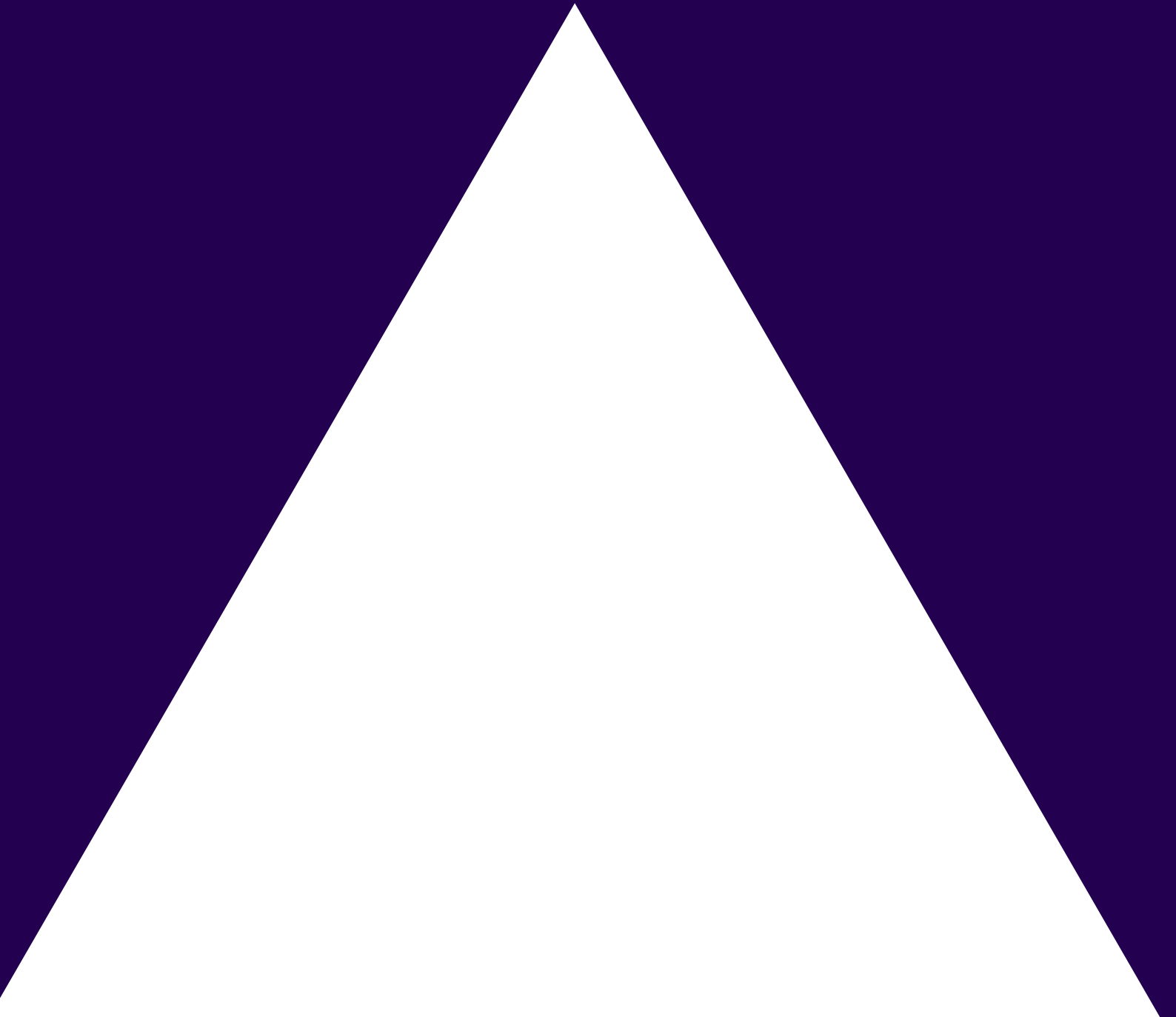
Institutional monitoring mechanisms

1. Court
2. Ministry responsible for providing social services
3. Relevant Ministry of Labour
4. Department of Social and Family Policy
5. Relevant Ministry of Education and Science
6. Relevant Ministry of Health
7. Relevant Ministry of Agriculture, Forestry and Rural Development
8. Relevant Ministry of Local Government Administration
9. Municipality
10. Directorate of Health and Social Welfare
11. Municipal Directorate of Education
12. Municipal Directorate of Agriculture
13. Office of Ombudsperson
14. Police Inspectorate
15. State Prosecutor
16. NGO Coalition for Child Protection

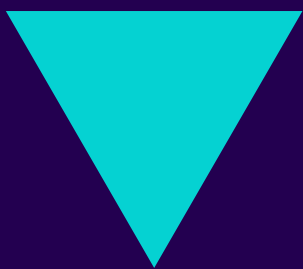
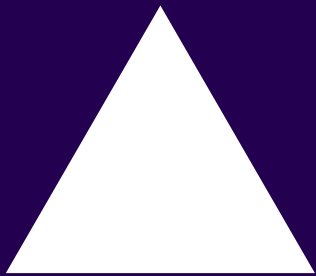
Institutional operational mechanisms

17. Labour Inspectorate
18. Kosovo Police
19. Municipal Inspectorate
20. Centres for Social Work
21. Family Medicine Centres
22. Secondary and tertiary health care institutions
23. Mental Health Centres
24. Schools
25. Rural Development Agency
26. Forest Agency
27. Office for Victim Protection and Assistance
28. Employment Offices
29. Vocational Training Centres
30. Case Management Tables
31. NGOs and Shelters

The legal responsibilities of law enforcement agencies, and public and non-governmental service providers listed above are detailed in the relevant laws and are detailed in the Guide for the Case Management of children victims of child labour, the Ministry of Labour and Social Welfare (Prishtina, 2020).



STANDARD OPERATING PROCEDURES



Measure 1: PREVENTION

Prevention is the first measure in SOPs. It includes activities related to informing, raising awareness and preventing child labour. For successful prevention of child labour, a conducive environment for prevention must first be created. This means initially improving the child labour knowledge base that is essential to all child labour prevention activities, and raising awareness of the general population and specific population groups about the negative consequences of child labour and the legal consequences of exploitation. of children in hazardous activities.

Measures

1. MONITORING THE SITUATION OF CHILD LABOUR IN ORDER TO IDENTIFY SHORTCOMINGS IN THE CHILD PROTECTION SYSTEM AND TO PLAN MEASURES TO ADDRESS THEM			
Actions	Documentation	Responsible	Supportive action by other stakeholders
Annual country-level assessment of the general situation for protection of children from child labour	Evaluation report	DSFP	Municipalities CSW
Annual meetings focusing on analysis of child labour causes, based on data obtained from concrete cases of child labour	Meeting reports, recommendations issued and decisions to address challenges/action plans at country level	DPSF	MESTI MH Municipal Directorates CSW Operational mechanisms
Annual assessment at the municipal level of the general situation for protection of children from child labour	Evaluation report	Inter-institutional mechanisms at the central level	CSW Schools NGO
Periodic meetings at the municipal level for the analysis of child labour causes based on data obtained from concrete cases of child labour in the respective municipality	Meeting reports, recommendations and decisions to address challenges/ action plans at the municipal level	Municipalities	Operational mechanisms

2. INFORMING AND RAISING AWARENESS OF THE GENERAL POPULATION AND SPECIFIC GROUPS OF THE POPULATION ABOUT THE NEGATIVE CONSEQUENCES OF CHILD LABOUR AND THE LEGAL CONSEQUENCES OF EXPLOITING CHILDREN FOR BAD WORK.

Actions	Documentation	Responsible	CSW
Informing and raising awareness of children and schools during systematic school visits	Systematic visit reports	FMC NIPHK	Schools
Meetings with parents in schools and communities for information about child labour	Meeting reports	Schools	CSW NGO
Informing and raising awareness of families during family visits and meetings on social assistance schemes and social services	Visit reports	CSW	NGO
Awareness-raising of employers about the consequences of engaging children in hazardous work	Evidence on awareness raising activities	Labour Inspectorate	Employers' Organizations Trade Unions
Awareness-raising of farmers on hazardous forms of agricultural work, the negative effect on children's health and development and prevention/withdrawal measures of children from HCL in agriculture;	Evidence on awareness raising activities and trainings	MAFRD Rural Development Agency Municipal Directorates of Agriculture	Schools CSW Farmers' Associations
Awareness-raising of families about the risks and consequences of engaging children in HCL in agriculture	Evidence on advisory sessions	Rural Development Agency Advisory services in Municipal Directorates of Agriculture	Farmers' Associations schools
Annual awareness-raising campaign for the general population	Booklets Leaflets Posters Media shows	DSPF Municipalities NGO	Monitoring and operational mechanisms

Other preventive measures include:

- ▶ Establishment of inter-institutional cooperation for coordination of work, exchange of relevant information;
- ▶ Informing and sensitizing children involved in HCL, their families and the general public about the harmful effects of HCL;
- ▶ Close cooperation with local and international governmental and non-governmental institutions that develop programs in the prevention and elimination of HCL
- ▶ Ongoing training in the regions with all institutions responsible for the prevention of child labour in accordance with their legal mandate
- ▶ Intervention in school curricula about raising children's awareness on their rights to protection from HCL and the obligation of the parent or guardian and the state to ensure the welfare and well-being of the child, education and schooling, as well as compliance with all conditions for normal life.
- ▶ Awareness of everyone about the legal obligation and citizens to report child labour
- ▶ Awareness of school institutions, health, inspectorates, as well as other institutions that have contact with children to refer cases when they learn that a child has been abused in all forms, including severe forms of child labour, as well as awareness of not reporting such criminal offenses while performing their official duties and not referring them to the competent investigative bodies constitutes a criminal offense for them.
- ▶ Organizing awareness and awareness campaigns on dangerous forms of child labour in agriculture, including forestry, as well as advice on ways to protect children: (a) through individual and group meetings with children, parents, teachers, farmers, employers/operators; (b) through the media, information materials, live informational and advisory meetings;
- ▶ Participation in various media programs (TV or radio) aimed at raising public awareness about the negative effects of child labour;

Measure 2: INITIAL IDENTIFICATION AND REFERRAL

The Identification phase is the second phase of the SOP, but the phase in which the targeted intervention in the victim begins. It includes the set of actions taken by public employees and employees of non-government institutions, local and central, responsible for child protection, that determine that a minor is a potential victim of child labour. This measure includes contact with the child and potentially

the child's family, rapid assessment of the child's situation, collection of information about the child and family situation, collection of information about the suspected employer, careful information of the child (and potentially family) of the rights and available assistance, the state's obligations to protect them, and information on childcare alternatives.

The identification of the child, the alleged victim of child labour, may occur as a result of a single event (a witness reports the case) or it may be identification after child monitoring in several occasions. Therefore, the information available in the case of identification and referral may be incomplete or more detailed. Whatever the situation, upon referral, the relevant social services will need to establish contact with the alleged child victim, and should be aware that this child may be unaccompanied or accompanied by an adult.

The body responsible for the initial referral is the institution that acts as the initial referral and support point (school, family medicine centres, police, NGOs, etc.) and should respond to the referred case. In this case, the initial notification should be also made to the responsible institution, which is responsible for child protection (Centre for Social Work). The role of child protection authorities can also be taken over by specialized police branches, however always in coordination with the CSWs. Regardless of who is the first to identify the child victim, the obligation to inform the relevant child protection authorities (the CSW in this case) and to arrange for the appointment of a case manager is of paramount importance and must be accomplished beforehand any other measure. Under the Child Protection Act, any person who observes or has information about a situation or act that the child may be subjected to, or who has been subjected to any form of physical or mental violence, abuse, abandonment, abuse, neglect

and is obliged to report the case, in writing or orally to the police or the relevant Centre for Social Work (Article 26, Law on Child Protection).

The alleged victim is referred (or in some cases even self-referred) to the responsible body (CSW) for initial identification.

A child engaged in child labour can come to the attention of official services by various means: from the victim himself, from citizens, from law enforcement personnel, schools, health care personnel, various non-governmental organizations, non-profit, for-profit organizations, labour inspectors, rural development or forestry inspectors, other service providers, etc. The goal of initial identification and referral is for the child to reach out to the right support services in the best and safest way possible.

The referral provides for the official reporting of a concern to a child at risk of harm by any person, professional, institution or organization within the community. The referral of the child can be done directly to the CSW, by phone or other means of communication. According to the Framework on Minimum Standards for Child Labour Services, each mandated partner will submit the identified case to the CSW within a maximum of 24 hours from the time of identification of such case.

For each case referred these structures must complete the relevant form (Form E1: Case Reference), from the Case Management Guide,

which is annexed to this SOP. The completed form is sent to the CSW and the case data are registered in the Database. In cases when the referral is made by phone, and the bodies responsible for a case are notified, the law enforcement officers are also notified (for cases that need immediate intervention) and the child is taken into protection.

Referral or self-referral provides basic information about the child's condition and his/her needs for protection and support. The child may be accompanied by an adult such as: one or both parents, legal guardians, relatives or family members, acquaintances of the parents and/or the child neighbours, friends of the child, etc.

The basic information needed to refer the case contains information on how to reach the child, essential information about why the child is being referred, the risks to which the child is exposed, details of the social worker who received the notice and the date when reference has been made. Any document submitted on the occasion of the referral must be registered.

Once the case has been referred, if the institutional officials on the basis of the information gathered assess that the child is a potential victim of trafficking or a victim of trafficking, then the procedure according to the SOPs for victims of trafficking is continued.

In cases where the child is identified and he/she is or is not accompanied by adults then at the first contact, social services officers should:

- ▶ Introduce themselves and their role
- ▶ Provide information on the purpose of the meeting and the procedure to be followed
- ▶ Assure the child that they are there to help him/her and his/her family
- ▶ Inform about the process and his/her right to be protected from the risks posed by the work in which he/she is engaged and the obligation of parents and other adults to help him/her
- ▶ Communicate in a friendly way and in accordance with the age maturity of the child

- ▶ Assure the child that the information they will receive about him/her will remain confidential and will only be shared with the people involved to help
- ▶ Ask the child if it is appropriate to talk to him/her in the place where they are or if the child prefers another place where he/she can feel safe
- ▶ Assure the child that they will be immediately put in touch with his/her family and/or relatives
- ▶ Immediately protect the child.

Once a child engaged in child labour is identified, or if there are reasonable grounds to believe that the child is a victim of child labour, the CSW should appoint a case manager to accompany the child throughout the case management process in the best interests of the child (E2 Form: Appointment of Case Manager).

It is recommended that the same person stays as a manager throughout the process.

In cases when the child works in a municipality other than the municipality of origin, the initial identification and assessment is done by the municipality where the child works based on territorial competence, and after the first meeting is automatically referred to the social services of the municipality of origin.

As part of the registration process, case details are verified and the child and his family are informed about the case management process, the information to be collected, how it will be stored and with whom it will be shared, including its confidentiality and boundaries. This will enable the parent/guardian to make an informed decision to accept the services.

The manager must be appointed by the Centre for Social Work in the municipality where the child comes from. In cases where the child is without parental care, the CSW must also appoint a legal guardian. In order to perform their role effectively, legal guardians must have knowledge/expertise in child care and an understanding of the special needs of children without parental care.

The role of a case manager is not the same as that of a legal guardian. If it is appropriate for a child to initiate or participate in legal proceedings, then he or she will need a legal representative.

WHEN


Up to 24 hours after a child is presumed to be engaged in child labour. .

WHO

The body that is the first point of the case notice. This body must notify the CSW within 24 hours.

Related actors at this stage may be teachers/ child rights counsellors in schools, social workers, labour inspectors, forestry inspectors, rural development inspectors, municipal inspectors, police, workers' representatives, health centres, youth/children's groups, NGOs, etc.

They provide first-hand information through possible observations/conversations with the child involved in HCL. In a form, this initial pre-referral identification also includes a preliminary (preliminary) assessment of the situation (initial contact and visual risk assessment) and the collection of preliminary data which can be very important information when referring the case to the CSW.

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 Once the case has been referred, if the institutional officials on the basis of the information gathered assess that the child is a potential victim of trafficking or a victim of trafficking, then the procedure according to the SOPs for victims of trafficking is continued.

<p>Educational Institutions</p>	<p>The school should record the cases of children involved in HCL, and continuously monitor the psycho-physical condition of children who are suspected of being involved in child labour. These evidences are further shared with the CSWs in case of identification of concrete cases.</p> <p>In case of identification of cases of children involved in HCL, educational institutions must officially notify the relevant CSW within 24 hours.</p> <p>Depending on the situation, in case of high risk, the institution notifies the Kosovo Police.</p>
<p>Health Institutions</p>	<p>Health institutions record the identified cases of children who have sought medical care due to injury at work, as well as record suspected cases during their regular, systematic family and school visits.</p> <p>In case of identification of cases of children involved in HCL, health institutions must officially notify the relevant CSW within 24 hours.</p> <p>In the meantime, if the need is apparent, these institutions provide emergency health care.</p> <p>Depending on the situation, in case of high risk, the institution notifies the Kosovo Police</p>
<p>Labour Institutions (inspectorate) Municipal inspectorates Institutions of agriculture, forestry and rural development</p>	<p>Labour inspectors, municipal inspectors and institutions of agriculture, forestry and rural development check the workplaces to see what types of hazards conditions exist and to which of them children are exposed, using a range of common tools (key criteria include the child's age, school attendance and working conditions).</p> <p>In case of identification of children in HCL, labour inspectors, municipal inspectors and MAFRD executive agencies notify the centre for social work within the day (in cases when the person is under 15 years old) and within 24 hours in cases where the person is aged 15-18 years.</p> <p>In the second case, the labour inspectorate may inform the child on the protection measures, permitted and prohibited work activities and services provided by the CSWs and EOs.</p> <p>Depending on the situation, in case of high risk, the inspectorate notifies the Kosovo Police.</p>
<p>Law enforcement institutions</p>	<p>Law enforcement institutions (e.g., police) identify (through patrols, notifications from citizens and during the handling of other cases) and record cases in official records.</p> <p>In case of identification of cases of children involved in HCL, security institutions must officially notify the relevant CSW within 24 hours.</p> <p>Also, for any case referred to the Police, the Police must notify the relevant CSW immediately after receiving the referral.</p>
<p>NGOs, social service delivery institutions and other groups</p>	<p>In case of identification of cases of children involved in HCL, NGOs and institutions providing social services must officially notify the relevant CSW within 24 hours.</p> <p>NGOs and institutions providing social services record the identified cases of children.</p> <p>Depending on the situation, in case of high risk, the institution notifies the Kosovo Police.</p>

HOW

The first point of official notification (Centre for Social Work) should be made known to all relevant institutions and organizations mentioned above, who may come into contact with the child/minor. Any of the institutions that comes into contact with the child /minor, and has information on his / her involvement in HCL, notifies the relevant CSW within a day. The referral is made through the relevant form, unless the referral is made by random citizens, this can also be done only by phone, e-mail, or other available modalities.

▶ Sharing information with the alleged victim and others

Sharing information with others is an essential component of referral. The first point of notification should be to provide information to others (relevant actors - police, prosecution, inspectorate, etc.) and to address immediately the urgent needs of the alleged victims.

The identifying institution should not question or interrogate the child until the CSW has been notified and the victim has not been fully informed about his/her rights, options, ongoing processes, his/her opportunities to ask questions, express concerns and make requests.

At all stages, those officials (CSW and police) who question and interview the child/minor should be careful about the language they use, they should talk to the child in a language appropriate to their age and child's

mental abilities. It is recommended that the persons interviewing the child are trained officers in terms of how to interview children and conduct the entire questioning and interviewing session themselves.

The provision of information should be a smooth, pressure-free and open exchange process, during which the person providing the information should do so in a clear, professional and patient manner, thus encouraging the alleged victim to ask questions and to understand correctly the purpose of the official providing the information and answering the victim's questions.

All identified/referred children/minors should be treated as victims.

Measure 3: CASE ASSESSMENT (initial and comprehensive)

The case manager (CM), based on the preliminary assessment of the given situation, opens the case and plans the assessment process. Case assessment lays the foundation for the entire case management process. Gathering comprehensive facts and evidence that set out the child service plan is essential to properly assessing needs and capacities and formulating plans to provide the most appropriate assistance.

Initial Assessment

The initial assessment aims to identify immediate risk and prioritize rescue actions. The data to be collected for this purpose include: general information about the child, information on the nature of work (sector and risks to which the child is exposed) and categorization of the level of risk. The initial evaluation process will be completed by the CM within 2 hours.

The assessment is done initially through the initial interview, the purpose of which is to confirm the suspicions, make an early assessment of the potential risk to the child/minor, and determine priority actions. The initial assessment is done according to the relevant form from the Guide on Case Management of victims of Child Labour.

Before the interview with the child, the CSW considers the circumstances in which the child is engaged in HCL and the activity he/she performs. In this case, social service officials from the information collected up to this point, determine mainly:

- ▶ the type of activity/task that the child performs,
- ▶ place, frequency and time of performing this task,
- ▶ whether or not he is accompanied by other children or adults;
- ▶ and the level of risk to the health and safety of the child.

Establishing first contact with the child as well as with the adults who may accompany him or her can be challenging. Children may not immediately agree to talk to social services officials, or even when they do agree to talk, they may disagree to take advantage of the assistance provided. Consequently, the officials in question must be prepared for possible resistance from the beneficiaries and use communication and negotiation skills and techniques to establish a relationship of trust from the first contact. In this

process, officials may encounter cases where children are unaccompanied by adults, i.e., they are alone, or cases where children are accompanied by adults.

During this interview, in addition to confirming the suspicions, the aim is to find out if there is any immediate risk to the health and safety of the child, which among other things assesses the risks to the child from the environment, means, nature or duration of work. Risk consideration is a bilateral discussion between the CM and the alleged victim, and the other parties involved.

This interview aims to:

1. Establish a trusting relationship with the child and/or accompanying adults in order to start the active process of withdrawal from HCL situation;
2. Assess the level of risk, which will determine the level of immediate intervention. Në çdo rast zyrtari që udhëheq intervistën duhet të krijojë një atmosferë të përshtatshme, ku fëmija dhe/ose i rrituri ndihen të qetë dhe aspak të kërcënuar gjatë bashkëbisedimit.

In any case the officer conducting the interview should create an appropriate atmosphere where the child and/or adult feel calm and not intimidated during the conversation.

During the conversation with the child (and/or the adults accompanying him/her at the time of the interview), detailed information is obtained on:

- ▶ the general situation of the child and basic needs
- ▶ types of activities the child performs at work and the reasons,
- ▶ the time and frequency of attending that job,
- ▶ key persons with whom he/she is related and associated at work
- ▶ the general psycho-physical condition of the child
- ▶ general information about family and relatives (if any)

In addition to the case manager, it may be necessary to involve other social service representatives. If the assessment indicates that the level of risk is moderate or low, which means that there is no immediate risk to the life or safety of the child, then the CM will proceed with the assessment. If the level of risk is high then immediate action is needed first to eliminate the risks and protect the child. .

Initial risk assessment should be undertaken keeping in mind that the actions to be performed will be carried out according to the best interest of the child. This approach will be, in particular the responsibility of the case manager, and the decisions that he or she will make and that are related to respecting this right of the child, should be a priority.

The interview should not be experienced as a situation that targets the child and/or the adult, that is intended solely to obtain information, that causes traumatic or distressing consequences, or that is perceived as intrusive into their personal and family life. The conversation is always done by the case manager, while another person keeps notes

WHEN

The initial interview is conducted as soon as possible after referral. The reason for this is to determine if the child needs basic services and immediate protection. The interview is not conducted if the child: e refuzon ate, nëse fëmija është në gjendje jostabile psikike,

- ▶ rejects it, if the child is not in a stable mental state,
- ▶ is in pain or feeling insecure,
- ▶ needs immediate medical intervention,
- ▶ seeks to have near a specific person (e.g., family member), or
- ▶ is located in a place where confidentiality cannot be ensured.

WHO

The interview is conducted by the official from the CSW, ideally the case manager. If the case manager has not been appointed by then, then the interview is conducted by the official person appointed to that position by the Director of the CSW. Depending on the case, the Police and, in specific cases, the Prosecution may also participate in the interview. Form E3: Case Evaluation is completed during the evaluation. .

HOW

In all interviews with children/minors, maintaining ethical attitudes and providing security for children/juveniles should be considered as a matter of paramount importance.

The interview begins with questions about the health and safety of the victim, as at the beginning of the interview it is important to clarify whether the child is suffering or does not feel comfortable. Asking questions about health and psychophysical condition is not only human, but also shows that the primary concern of the interviewer is the well-being of the child. It also helps to start gaining the trust of the child.

In case the early risk assessment indicates that special protection measures are necessary, then appropriate actions should be taken as soon as possible. Security measures can be applied only if the victim is fully informed about these measures and only if the victim agrees with these measures. If the child is at high risk for protection, then social workers should take the child into protection immediately.

Attention:

Pay attention to the fact that the child may be exposed to the risk of punishment by adults who exploit him/her because he/she has spoken or has been contacted by the CSW!

During the initial conversation (interview) and onwards, the following 5 main rules should be kept in mind:

1. Do not harm the child in any of the areas of development (cognitive, emotional, social/moral, physical) through your intervention.

2. Contribute positively to the child's development in all areas through your intervention.
3. Consider the evolving capacities of the child - a 7-year-old child has a different level of development than a 17-year-old child.
4. Take into account the individuality of each child - children of the same age also have different innate abilities from each other and moreover some of them may not have had the same opportunities for development due to the way they grew up.
5. Do not judge children and/or adults about their situation they are at. You are there to help both parties. .

Determining Immediate Risk

Immediate risk means that the child does not have the ability to take care of him/herself independently and does not have self-defence skills. The child may be completely in the custody of the exploiter/obligee of ill-treatment and has no other custodian. The child has no desire to return home or may live outside the home or without adult supervision (as is the case with children living on the streets). However, it is necessary to make an analysis of the risk factors to which the child engaged in child labour is most exposed, to determine the type of assistance that will be provided at the time of identification.

These factors include in summary: the age of the child, general development, psychophysical condition at the time of identification, type of activity at work, time of identification, family connection, presence or absence of adults and the child's connection with them, as well as environmental factors.

Upon completion of the assessment, based on the observation and conversation with the child and/or the accompanying adults, social services officers judge the form and manner of immediate assistance to the child. The form and manner of immediate assistance is determined depending on the general health, physical, emotional and safety situation of the child and the level of risk.

Immediate assistance may include :

1. Accompanying the child in the family when it is assessed that the family environment does not pose a risk to the child

INDICATORS (risk factors): health condition is good, psycho-emotional state is stable, no disabilities, has calm behaviour, communicates well, does not show dependence on any substance, after work returns home regularly, he/she works only during the day and mostly outside school hours or on weekends.

1. Accompanying the child to receive services or placing the child in child protection shelters.

INDICATORS: shows signs of physical illness, is not well dressed, has a cold, is barefoot, the child is confused, does not speak or has increased fear, has obvious problems of physical and mental development, is not calm, cries, talks incessantly, teases others, seems to be under the effect of some substance, is suspected of working even during school hours and in the late hours.

1. Accompanying the child to the emergency health service for children and placing the child in alternative accommodation.

INDICATORS: in serious health condition, or in critical condition for life, there are signs of trauma, physical injuries, he / she is hungry, naked, cries, has increased fear, refuses to speak, has obvious problems of physical and mental development, has aggressive or completely withdrawn behaviour, is under the effect of substances, rarely goes home, works all day and night.

The list of indicators presented is not exhaustive. Each of these indicators has a weight and importance for the protection and safety of the child. They should therefore be considered and analysed one by one when deciding on immediate assistance. The decision on the type of assistance should not be conditioned by the presence or absence of all risk factors that fall under each category. There are cases when the situation of the child presents combined presence of factors from all three categories. In such cases, the presence of high risk factors takes precedence in decision making.

In cases when social services officials establish the conviction or have suspicions that a criminal offense has been committed against a child identified in child labour, then the case is reported to the Kosovo Police. In cases when an emergency intervention is required, the notification is made by phone, while in other cases the notification is made in writing by sending the following materials:

- Information on the notification of the case (a summary of the case, date, time, place of ascertainment, generalities of the child, generalities of the suspects, if any, findings made, reasons and causes that led to the conviction or take the suspicion that a criminal offense has been committed against the identified child and to decide on the denunciation of the case, etc.).
- Forms, minutes or other documents that have been kept in relation to the case.

The Kosovo Police, upon receiving the information, organizes the work for the protection of the child. Together with the CSW, the decision is made to place the child in family or alternative care. At the same time, work is organized to carry out the necessary investigative and procedural actions to demonstrate the criminal offense and refer the materials to the Prosecution.

Special links should be established with the prosecution and the courts in case a) a child can provide information as a witness in a criminal case, b) a child himself is against the law, c) parental rights should be taken (temporarily) due to of direct risk to the safety of the child.

Comprehensive Assessment

Comprehensive assessment is an in-depth assessment that aims to give CM a comprehensive understanding of the child's situation, generating information to guide the development of the service plan, and identify aspects that can be used to inform CM decisions regarding the nature of other service providers that may intervene in the child's situation to address specific concerns. The assessment should cover the physical, psychological, emotional and social needs, including understanding the

cultural characteristics of the environment, as well as mapping out the services available in the community where the child lives.

Needs assessment should be done in close consultation with the child and his family. Consequently, the first and most important step is to engage and build a relationship with the child, building trust and making the situation as appropriate and safe as possible. As part of the overall assessment, the CM should create a dossier of all relevant data, information and conclusions for the case profile based on that information. The contents of the child file are kept top secret and made available only to professionals who are working on the case.

Comprehensive assessment is a more complete assessment which focuses mainly on the needs of the child, family and their safety, which tries to identify:

- Risk to the child in the short, medium and long term;
- The comprehensive needs of the child in relation to their age and development;
- Strengths, capacities and family resources (as appropriate, including extended family).

It is important to note that the comprehensive assessment differs from the investigation that can be undertaken by the police regarding the abuse in order for an offender to be prosecuted.

Comprehensive assessment is done by social services officers, in a child-friendly environment. In any case, officials should use the evaluation forms set out in the case management Guide.

The ultimate goal of this assessment is to gain a complete picture of the child's needs and abilities, and to develop an individual service plan, an individual protection and care plan for the child and potentially for the family.

The individual service plan is prepared in both cases, when the child is accompanied in the family and in cases when the child is placed in shelter outside the family. Shelters are not usually the best choice for child victims, except for staying only for very short periods. Other ways of systematizing and caring for the child

should be sought, using existing child protection mechanisms that do not enjoy parental care. Family or relative housing is the most appropriate solution.

WHEN

Once the child has been accompanied to the family (biological or alternative) and emergency care for the child has been provided. The comprehensive evaluation will be completed within 7 days from the moment the case is opened. In this process CM will take: Interviews/discussions with the child, parents/custodian, other family members, teacher and other parties, as appropriate and as needed; and Observation (e.g., of the child's physical health, emotional and mental well-being, quality of housing conditions).

WHO

Case Manager, with the help of a professional team inside and outside the CSW who provide relevant information from their records, e.g., Educational Institutions on the child's attendance at school, success, eventual difficulties, or Health Institutions on the child's health record, assessment of health and psychophysical condition, etc.

The needs assessment analysis is done by comparing data from the school/family/workplace, counselling with the child and his/her family as well as data on the number of services available.

HOW

Once the child has been accompanied to the family (biological or alternative), the CM visits the family and receives more complete information about the child from other actors.

The first information gathered is about the child's perceptions of his/her work and the reasons for engaging in child labour. Other data that can be collected during the comprehensive assessment and interview with the child include: data on health problems and health treatment, the child's perceptions about his/her family and social relationships, data on education, leisure use and the interests of the child, the goals perspectives of the child for his/her future, etc. Interviews with the child should not last more than 45 minutes.

The interview with the parents/custodians should focus on the collection of data on the family profile, housing conditions, nutrition, sources of household income, parents' perception of the child labour, parents' goals/perspective on their child, etc. In this regard, the ability of the family to support the withdrawal and reintegration of the child from child labour should also be assessed: to what extent is the family a factor of support and assistance for the recovery of the child or, on the contrary if it is an obstacle. If necessary, separate interviews should be arranged with the parents (mother and father). Other family members can also be interviewed to get a broader perspective of the situation.

The Case Manager also collects the opinions and recommendations of experts in various fields who have played a role in assessing the child's needs and prepares complete case information, which he shares with members of the professional team. The information is shared at least 24 hours before the meeting with the team is called. The comprehensive evaluation process must be completed within 7 days of the date of the initial evaluation of the case. The team meets within 2 days of completing the comprehensive evaluation. In the meantime, the case manager addresses the urgent needs of the child/family.

Measure 4: PLANNING OF INDIVIDUAL SERVICES

Developing a service plan is a translation of the assessment of the child's competencies and needs into concrete and realistic goals and objectives, by planning a treatment and rehabilitation program based on the services available. The service plan should be the basis of a moral contract between the child, parents, service providers and the Case Manager.

The individual service plan is a clear and detailed description of the further steps proposed for child and family care. This plan is, in general, an intermediate work plan. See appendix under Form E4: Services Plan.

Regardless of whether the child is immediately taken into custody and placed in a care institution or is accompanied in the family and is followed by the Case Manager, an individual service plan for the child should be prepared, describing the intervention plan.

The process of drafting the Individual Plan should take into account the factors and the level of risk the child is exposed, urgent needs as well as contextual factors that make possible the rehabilitation and full integration of the child in the family and community. For its design, the case manager should take into account the wishes and views of the child, in accordance with his/her age maturity, as well as the opinions of parents, custodians or extended family if the child does not have legal parents/custodians.

The process of service plan development is guided by the principle of the best interest of the child. In addition to addressing the individual needs of the child, special consideration should be given to working with the family (parents, legal custodians or relatives) so that the child's rehabilitation and reintegration into the family and community is successful and sustainable.

When preparing a service plan, it is important not only to look at the child's needs, but to recognize his/her potential for overcoming the situation. In this regard, the identified barriers should be addressed by the strategies to overcome them and the identified strengths should be addressed by the strategies to build on them. Part of this potential can actually come from the child's experience as a working child. In this case, the CM should be careful that the reactivating of the child's work experience should not reactivate the associated trauma (if any).

for a successful family support to rehabilitate and reintegrate the child, the interventions should be based on the following principles:

- ▶ Returning to the family is always the first choice, when it is in the best interest of the child;
- ▶ Any intervention in support of the family should have the child at the centre which means that the child is involved and that this intervention responds to the needs of the child and is in his/her best interest;
- ▶ (Re) Establishing a positive relationship between the child and the parents/custodians is an essential condition for the sustainability of the intervention;
- ▶ Involvement of key actors in the community brings wider support to the child and family.

In all cases the officer who is also the case manager should make a careful assessment of the family situation and dispute factors to confirm whether the family is a safe environment for the child. This assessment should cover all aspects of the child's well-being and should be used as a baseline to compare the progress made as a result of the support. .

WHEN

The service plan must be drafted within 14 days of the completed evaluation.

WHO

Case Manager with the help of professional team in and out of CSW. The child and the family also participate in drafting the plan.

While the CSW, respectively the Case Manager is responsible for managing the services that that are in line with the best interests of the child, other actors also carry their responsibilities in accordance with their mandate.

In specific cases, the service plan is drafted within the CMRs (Case Management Roundtables). Professionals who may be involved in CMRs and their responsibilities are detailed in the AI for Case Management Roundtables.

Case Manager

Leads the process of planning individual services for the child, to ensure the protection, rehabilitation, socialization and well-being of the child;

- ▶ Is responsible for identifying existing services in the municipality (public, non-public and private) and establishes cooperation to refer cases of children at work or their families for different services depending on the identified needs;
- ▶ Cooperates with schools and other service providers to mutually support the social and educational reintegration of child;
- ▶ Plans concrete steps to support families in fulfilling their responsibilities for raising children, providing counselling on positive parenting. ;

Educational Institutions

- ▶ Plan individualized educational support for withdrawal of children from labour;
- ▶ Identify barriers for access to education at school level, plan interventions at school level and propose measures for MEDs (Municipal Education Directorates) and MESTI;
- ▶ Plan awareness-raising activities for students about on child labour;
- ▶ Cooperate with other service providers and partners (police, CSWs, NGOs that offer educational programs and focus on child protection, businesses, etc.) with the aim of withdrawing children who combine school and work and/or returning and reintegrating children who have dropped out of school. ;

Health Institutions

- ▶ Advise parents or custodians and other family members of children injured at work about the risks of certain activities and the potential effects of these risks on children's health and development.

- ▶ Cooperate with school institutions and CSWs in providing professional support in addressing the topic of economic abuse of children and the consequences for health.

Other service providers

- ▶ Plan the provision of services for children and families;
- ▶ Identify gaps in service delivery within the municipality where they operate and plan to fill these gaps;
- ▶ Plan joint activities with educational, social and health institutions

HOW

The service plan shows how the child and family will be supported to improve the child's circumstances, to reduce the risks the child is exposed and to improve the parent/custodian's ability to care for the child, thus preserving the family. It should include goals for the child and other family members and should contribute to the child's empowerment by helping him or her gain more control over his or her life and environment.

The case is discussed in the multidisciplinary team, and the plan is drafted based on the evaluation of the manager and always based on the best interest of the child. The following issues are discussed at the multidisciplinary team meeting:

- ▶ What are the child's needs in terms of physical, health and psychosocial assistance?
- ▶ How will the case be handled?
- ▶ What are the regular services the child needs and for how long? Who will provide those services? For what period? Who will be responsible for specific services?
- ▶ What should be the nature of the child's long-term housing?
- ▶ Child reintegration issues in the education system?

- ▶ How are the planned services monitored? By whom?
- ▶ What to do if there are concerns for the safety of the child? ?

The child and the family also participate in the drafting of the plan. It is important to obtain their consent stating that they understand these procedures and consent to receiving the assistance provided and the circumstances and conditions that accompany that assistance. Consent is required after the possibilities and rules for obtaining the service have been well and correctly explained and after they have had the opportunity to ask their questions.

In cases where the child is in the biological family, work with the family occupies a special place in the individualized service plan.

Services plan:

- ▶ sets individual objectives that are directly relevant to the child's needs, identified during the assessment;
- ▶ determines specific measures/activities that are services needed to meet the needs and goals of the child;
- ▶ defines verifiable indicators for each activity, in order to reflect the impact of different activities;
- ▶ ensures that measures/activities clearly define roles and responsibilities, as well as timelines;
- ▶ it is realistically achievable within a set time frame for all actors

As such, the service plan includes the following aspects:

Care - this includes responding to the victim's immediate and basic needs - shelter, food, regular medical check-ups, security measures, coordination of activities with other agencies, legal aid, etc., depending on the individual needs of the child

Direct support for a child placed in alternative or family accommodation - this includes help with medical services, school reintegration (if the child does not attend school), in-school support services, psychological services if deemed necessary and the like depending on needs of the child.

Support for parents/custodians - guidance and education on good well-raising and parenting practices, child protection issues, health and well-being, education and psycho-social development of the child.

Education and training - depending on the child's age and level of education, the case manager in cooperation with parents/custodians and key actors in the community ensures the child's enrolment in school and monitors whether the child attends school regularly. For older children (over the age of 14) then the possibility of attending vocational education and life skills training can be considered.

Health care - The case manager during close family work assesses whether the family is able to provide continuous health care for the child. Depending on the physical and health condition of the child, the case manager mediates access to continuous health services for the child and family through cooperation with the structures of this service at the local level.

Economic empowerment of the family - strengthening and supporting the family cannot be successful without supporting their economic empowerment. The case manager facilitates the registration of parents as unemployed jobseekers with the relevant structure at the local level and at the same time ensures that the family benefits from the social assistance scheme. Meanwhile, together with adult family members facilitates the process of finding alternative sources through collaboration with other local actors or civil society organizations. These resources can be generated through income generating activities, social business projects or Micro-loans.

Community Engagement - The case manager should interact and collaborate with key community actors and institutions at the local level to ensure the widest possible support for the family. These actors may include: local

government institutions, schools, police, health centres, religious institutions, NGOs and Community-Based Organizations at the local level, and other influential people in the community. The social worker should communicate with all of these groups to mediate for the family to have access to all the services they may need.

Related short-term, medium-term and long-term individual goals should be set for the child. A potential timeframe for the short-term target can be 3 months, for the medium-term target from 4 to 12 months and for the long-term target up to 36 months.

Developing a service plan requires the involvement of other key actors who can provide the necessary support and intervention. An important role of CM at this stage is to identify appropriate services and support measures. While the current number and variety of social services, both public and private, are still limited, an important role of the CM is to advocate or seek help on behalf of the child and increase the network of service providers. This will include making contact with available and potential service providers and describing the child's needs. A number of different referrals can be made to the child according to the different needs identified.

All connections that enable the family to receive various services should be documented and placed in the child's file so that the case can be monitored and followed up.

Once the potential services have been identified, a meeting of the Case Management Roundtable (all actors involved in the implementation of the service plan) is scheduled by the CM to exchange information, to identify strengths and the challenges faced by the child and family and to agree on the service plan.

Obtaining consent

The plan should always be developed in collaboration with the child and his/her family. Consent procedures determine whether the child and family understand these procedures and consent, whether or not to receive the assistance provided, and the circumstances and conditions that accompany that assistance. The parent/custodian must give consent to the service plan by signing it.

WHEN

Once the opportunities and rules for receiving the service have been well and accurately explained to the family and after he/she has had the opportunity to ask their questions, the family should be asked if they accept the terms of assistance. It is important to get the consent of the children as well and to get them to understand what the procedures and assistance are. In case the child is without parental care, the final leave can be given only by the legal custodian of the child.

WHO

The CSW, specifically the Case Manager.

HOW

The CSW should draft an acceptance form detailing at least: List of services provided; Rules to be accepted; Conditions under which services are provided.

The recipient of the services (child and family) should be given a clear description of the services provided. The beneficiary should be given sufficient time to read the admission form, or to read it to him/her and to consider the possibilities that the beneficiary himself/herself may have.

Consent to accept the services and terms of service are limited to those services, which are described in writing in the formal agreement. This admission form must be signed by those who will benefit from the services, or in the case of children, or by the child and their custodian.

Measure 5: PROTECTION AND REHABILITATION OF CHILDREN

Child Protection

In cases when the child is unaccompanied or at a high level of risk then the CSW must take a decision to take the child into immediate protection. When the child is taken into protection then he/she is accompanied to alternative care - where protective services exist. The child is accompanied to alternative accommodation up to 72 hours after the child arrives at the centre.

WHEN

Immediately after the initial assessment, when the immediate risk is determined and the intervention is determined: accompanying the child to receive services or placing the child in shelter.

WHO

CSW

HOW

By coordinating activities between relevant institutions, the child is placed under protection within 72 hours of assessment.

After placing the child in shelter, the following services are provided:

- ▶ Psycho-social support (the child is given time to calm down and understand the new situation in which he finds himself/herself)
- ▶ Medical support and sanitary hygiene as needed
- ▶ Food and clothing
- ▶ Obtaining administrative data and checking them together with the Police
- ▶ Formal interview with the child after the child has calmed down and is ready for it.

In specific cases, in the absence of services, assessment and immediate assistance may be provided by Residential Care Institutions. In all cases the evaluation process will be the same as that explained above.

Rehabilitation and Reintegration of the Child

The child rehabilitation and reintegration process is supported by professional service providers who are responsible for child safety, review and treatment of medical problems; examination and treatment of psychological needs; providing legal support; examining the risk of social bias and facilitating social inclusion; beneficiary empowerment/beneficiary stability; reintegration into the education system and cooperation between service providers in terms of planning and preparing further steps that the child will take.

WHEN

Rehabilitation and reintegration assistance will be provided after the child has stabilized, and potentially after his/her return to the family.

WHO

The process led by the Case Manager, with the participation of all actors in the individual child service plan.

Services are provided by a range of governmental and non-governmental providers including doctors, psychologists, educators/teachers, lawyers, social workers, etc. The responsibilities of each party are detailed in the Individual Plan.

HOW

Measures for the care, assistance, rehabilitation and reintegration of children are the responsibility of service providers depending on the long-term solution that is valued for the child. These measures are detailed in the individual service plan, which defines both the responsibilities of the institutions and the timelines for service delivery. Support continues until the team assesses that the child no longer needs these services.

Rehabilitation care includes:

- ▶ continuous treatment of health needs;
- ▶ psycho/social support;
- ▶ increasing the beneficiary's sense of independence and decision-making (empowering the beneficiary);
- ▶ gaining knowledge and professional skills;
- ▶ preparation for integration or social reintegration;
- ▶ continuous review of the safety situation;
- ▶ psychological screening/progress report;
- ▶ legal support;
- ▶ financial support;
- ▶ vocational education/training opportunities, including gaining life skills; and
- ▶ diagnosis or health treatment for untreated problems.

During all stages of the process, the relevant bodies, under the supervision of the Case Manager, must ensure that the services provided, as well as other forms of assistance, meet the minimum standards required for the well-being of a child.

The rehabilitation and reintegration process initially focuses on addressing the needs identified by the assessment. The process itself, in administrative terms, also includes:

- ▶ Re-examining/re-evaluating the progress made by the child in various areas;
- ▶ Team meeting/discussion, coordinated with support team members;
- ▶ Risk review for the beneficiary;
- ▶ Communications and coordination with other institutions;
- ▶ Drafting plans for further steps in key areas.

Reintegration assistance measures include support services and education and training programs provided for the child. Reintegration support may include:

- ▶ Psychological counselling;
- ▶ Legal advice;
- ▶ Counselling of family members;
- ▶ Continuous medical assistance;
- ▶ Vocational education and/or training;
- ▶ Referral to different courses depending on the needs and interests of the child;
- ▶ Referral of family members to employment offices;
- ▶ Economic empowerment of the family;
- ▶ Providing social assistance;
- ▶ Family/community reintegration measures;
- ▶ Case monitoring and evaluation.

In rehabilitation and reintegration assistance measures, institutions can provide services according to their mandate.

Educational Institutions

- ▶ Provide individualized educational support for withdrawing children from labour;
- ▶ Provide support for the social and educational reintegration of children
- ▶ Make students aware of the problem
- ▶ Encourage Children's Rights Groups to organize school awareness campaigns and to organize various peer support activities;
- ▶ Collaborate with other service providers and partners (police, CSWs, NGOs that provide educational programs and focus on child protection, businesses, etc.) with the aim of withdrawing children who combine school and labour and/or returning and reintegrating children who have dropped out of school; ;

Health Institutions

- ▶ Collaborate with school institutions and CSWs in providing professional support in addressing the topic of child labour and its health consequences.
- ▶ Advise parents or custodians and other family members of children injured at work about the risks of certain work activities and the potential effects of these risks on the health and development of children.

NGOs can provide increased support through the provision of services such as:

- ▶ day care centres that could offer emotional support programs, social rehabilitation as well as educational support programs,
- ▶ peer education programs in schools to prevent school dropout and to improve attendance and grades of children attending school,
- ▶ organizing supplementary education for low-performing children in certain subjects, as a measure to prevent or withdraw children from labour;
- ▶ informal educational activities;
- ▶ counselling services for children, adolescents and parents

Depending on the individual situation of the child and the family, and consequently depending on the Individualized Service Plan, other service providers, such as mental health centres, employment offices, etc., are engaged in relevant rehabilitation and reintegration tasks.

Measure 6: CASE IMPLEMENTATION, REVIEW AND MONITORING

Intervention to withdraw a child from labour in its narrowest sense means implementing the service plan and continuously evaluating the activities carried out by all partners, including their impact on addressing the child's needs.

The main role of CM at this stage is:

- ▶ Provision of direct services;
- ▶ Monitoring the quality of services provided through referral;
- ▶ Motivating the child to work towards the possible solutions set out in the plan of services.
- ▶ Case tracking.

All institutions that provide various services and are in one form or another involved in the case, are obliged to cooperate with the CSW and in the implementation of the plan and follow-up of the case.

Implementation of the Plan

The implementation of the service plan is the process of execution of measures/activities that will lead to the fulfilment of the objectives set out in the service plan. This is the situation where the CM provides direct services that are within the mandate of the CSW, monitors and coordinates the services and resources needed to achieve the desired outcome in order to facilitate access to services for the child. At any time during the implementation of the service plan, CM can find himself in the role of implementer, guide or supporter for problem solving.

The case manager (CSW) should follow up on the services that the child has received to be aware of the child's condition. To this end, he/she should periodically communicate with service providers, the child and his/her family.

Plan monitoring

Case review and monitoring is an on-going process that aims to ensure that quality services are provided on time, enabling the child to move forward with the plan. It focuses on whether the plan is being implemented and services are being provided, and identify issues related to child/family cooperation, case management coordination and service delivery system. With the aim to monitor the child's circumstances or changes that occur as a result of case management interventions, in addition to closely monitoring the services provided, the CM must be in constant contact with the child and the child's family. Within 7 days of the initial referral there will be at least one home visit from CM, while on a regular basis CM will contact the family at least once a month. Following the reintegration process, child monitoring visits will be made at least once every 6 months. In each subsequent case management meeting, the child's situation is checked against the indicators set out in the service plan. If there is a delay in the child's progress against these indicators, the CM enters clear explanations or justifications in the case file, and proceeds with reassessment if necessary, making necessary adjustments to activities and seeking solutions to problems. If it is necessary to review the activities or identify new solutions, the CM organizes a meeting with the CMRs, respectively with the institutions/ organizations involved in the implementation of the service plan.

The case manager must also verify the quality of the services provided to the child and make sure that the information provided by the service providers is reliable and accurate.

Monitoring of the quality of services provided to the child can be done through direct observation visits, direct meetings with relevant staff, telephone, e-mail and/or other means of communication until the closing of the case.

Monitoring of the quality of services provided by NGOs should be done in accordance with the standards on social and family services set by the General Council of Social and Family Services.

All activities undertaken by the CM as part of the implementation of the service plan, review and case monitoring should be recorded on the relevant forms.

Evaluation of the plan

The evaluation of the service plan is done by the multidisciplinary Team or the Case Management Roundtable, to review interventions and make formal decisions in the best interests of the child. The CM should also keep the child and his/her family involved in monitoring progress and making decisions during the implementation of the service plan.

Case closure refers to the point at which case management ends. Case closure should be well planned within the service plan, while the child and his family should know in advance that at an appropriate time the services will be completed. The focus of this step is not simply on closing the case, but the process should ensure that the child is able to maintain the achievements made and the likelihood of the problem recurring is reduced. Therefore, the case is not “closed” when the intervention ends, but only after a monitoring period, which is sufficient to see if the changes achieved are sustainable and long-term. At the same time, CM should avoid citing the dependence of the child and his family on social services.

Documentation

The CSW should continuously record the data in the database and report on the implementation of the service plan.

To this end, all partners involved should keep track of the various actions taken by them (e.g., schools, health centres, labour inspectors, police, service providers, etc.).

The CSW will consolidate this data including a) the total number of children referred to the CSW during the reporting period, b) a summary of the needs of the children included in the HCL (Hazardous Child Labour), c) services provided, d) lack of services and/or barriers to accessing services, based on specific cases. This data analysis will be forwarded to MDHSW (Municipal Directorates for Health and Social Welfare) on a semi-annual basis.

▶▶ All institutions that provide various services and are in one form or another involved in the case, are obliged to cooperate with the CSW and in the implementation of the plan and follow-up of the case.

Measure 7: CLOSURE OF THE CASE

Case closure refers to the point at which case management ends. Case closure should be well planned within the service plan, while the child and his family should know in advance that at an appropriate time the services will be completed. The focus of this step is not simply on closing the case, but the process should ensure that the child is able to maintain the achievements made and the likelihood of the problem recurring is reduced. Therefore, the case is not “closed” when the intervention ends, but only after a monitoring period, which is sufficient to see if the changes achieved are sustainable and long-term. At the same time, CM should avoid citing the dependence of the child and his family on social services.

Case closure may be the result of several reasons:

- ▶ The goal has been achieved, which means that the issue of child protection has been resolved according to the service plan;
- ▶ The child achieves adult status;
- ▶ The child dies;
- ▶ The child is transferred outside Kosovo
- ▶ The child is transferred to another organization/institution. The transfer of a case indicates that full responsibility for coordinating the service plan, follow-up activities and monitoring of the child is handed over to another department. This differs from referral of cases where these responsibilities remain with the initial CM.

When a case is closed, it is important to inform the child and/or his/her family about the reasons for closing the case and help them review and evaluate the progress and goals achieved and access other options and solutions. Case closure is evidenced in Form E7: Case Closure (see appendix).

Case tracking

The case manager (CSW) should track on the services he/she has received and which are being provided to the child to be aware of the child's whereabouts.

Tracking also requires that:

1. Police monitors whereabouts of children withdrawn from street work,
2. Inspectors keep records of children withdrawn from the formal sector
3. Other partners who are able to track on certain cases of withdrawn children and notify the case manager on a regular basis.

The Case Manager should develop periodic communications with service providers, the child and his/her family.

▶ MONITORING AND EVALUATION

SOPs serve and operate locally, and include monitoring of workplaces, schools / services and the community. The process aims to ensure that girls and boys are not involved in HCL and are in schools. These SOPs:

- ▶ Are applicable to all categories of HCL defined by the relevant Ministry in the list of HCL
- ▶ They operate locally, cover workplaces / schools / families and include referral system to services
- ▶ Rely on the authority of local and central government
- ▶ Relate to national policies and actions on CP (child protection)
- ▶ Build on existing information management systems

The management of SOPs at the local level is located in the Municipal Directorates of Health and Social Welfare (MDHSW). MDHSW will coordinate the process at the local level. At the central level, the CLM (Child Labour Monitoring) will be managed by the Department of Social and Family Policy.

Monitoring and evaluating the implementation of SOPs is an important process that needs to be done systematically. This process aims to assess the applicability of SOPs in practice, aims to assess the level of implementation by various actors and to identify potential difficulties and challenges in their implementation. Monitoring the implementation of SOPs serves several purposes:

- ▶ Holds each of the institutions responsible for fulfilling legal obligations.
- ▶ Enables the identification of gaps in the SOP, current legislation and practices.
- ▶ Information collected through monitoring and evaluation help improve SOPs, strategies for monitoring child labour and formulating legislation in the future.

- ▶ Assists in assessing the needs for the prevention, reporting and combating of child labour and the provision of integrated services.

Daily monitoring and evaluation of SOP implementation should be done within each institution. Each institution responsible for the implementation of SOPs is also obliged to monitor and evaluate their implementation - according to the hierarchical chain (e.g., the Police monitors its structures in the implementation of SOPs within its departments and units, and during the regular reporting of different units, the implementation of SOPs is also evaluated).

The institutional operational mechanisms listed above should report regularly to the institutional monitoring mechanisms.

All evidenced data on identified cases of children at work and the services provided to them should be consolidated and as such used for action and for planning of social policies at local and central level.

The CSW will consolidate this data including a) the total number of children referred to the CSW during the reporting period, b) a summary of the needs of the children included in the HCL, c) services provided, d) lack of services and/or barriers to accessing services, based on specific cases. This data analysis will be forwarded to the CPT and the MDHSW on a semi-annual basis.

In order to monitor, provide data for enforcement and improvement of laws and policies, and for social planning, CPT will convene regular meetings to; a) review the consolidated data, b) process of identifying children at work and workshops, c) progress in implementing the municipal action plan for the protection of children from child labour and d) opportunities and recommendations for improving policies related to the elimination of child labour.

Information on violations of child labour laws should be made available to law enforcement and the legal system.

On an annual basis CPTs prepare a municipal report on the child labour situation including:

- a. number of children at work, including segregation by sectors and geographical regions
- b. profile of children, including the needs of children at work and their families
- c. existing services provided for the withdrawal and protection of children from labour, and
- d. lack of services or barriers to access.

Based on the situation analysis, the CPT prepares a municipal action plan against child labour.

Department of Social Policy and Family (DSPF) consolidates data from all municipalities and presents the annual report to the Committee for the Prevention and Elimination of Child Labour, donors and other important partners.

DSPF will convene meetings with relevant actors on an annual basis to consolidate field-received data such as:

- a. child labour trends in specific sectors and/or regions,
- b. existing services provided to them,
- c. lack of services or barriers to access and
- d. recommendations for further action.

DSPF is working to extend the case management module for children in HCL in the social services database to enable integrated and multilateral case management according to the specific roles of each institution involved in providing services for the protection of children in hazardous forms of labour. Also, once a year, the implementation of SOPs is evaluated at the national level. It is more than important to conduct an external/impartial monitoring and evaluation of the implementation of SOPs (can be contracted by DSPF), in order to provide a realistic picture of their implementation. This external monitoring and evaluation can be done by a local institution/NGOs (voluntarily or through their engagement only for the purpose of monitoring and

evaluation) or by an international institution.

The regular national report derived from these assessments should be presented to all actors, institutions, donors and partners on an annual basis.

Documentation

Information management is done through a file consisting of predefined formats, pre-agreed criteria for disclosure of information to authorized persons. The case manager is responsible for coordinating the information, consolidating it and following analysis.

A comprehensive system for collecting, storing and exchanging case management information is important in improving the overall effectiveness of case management services.

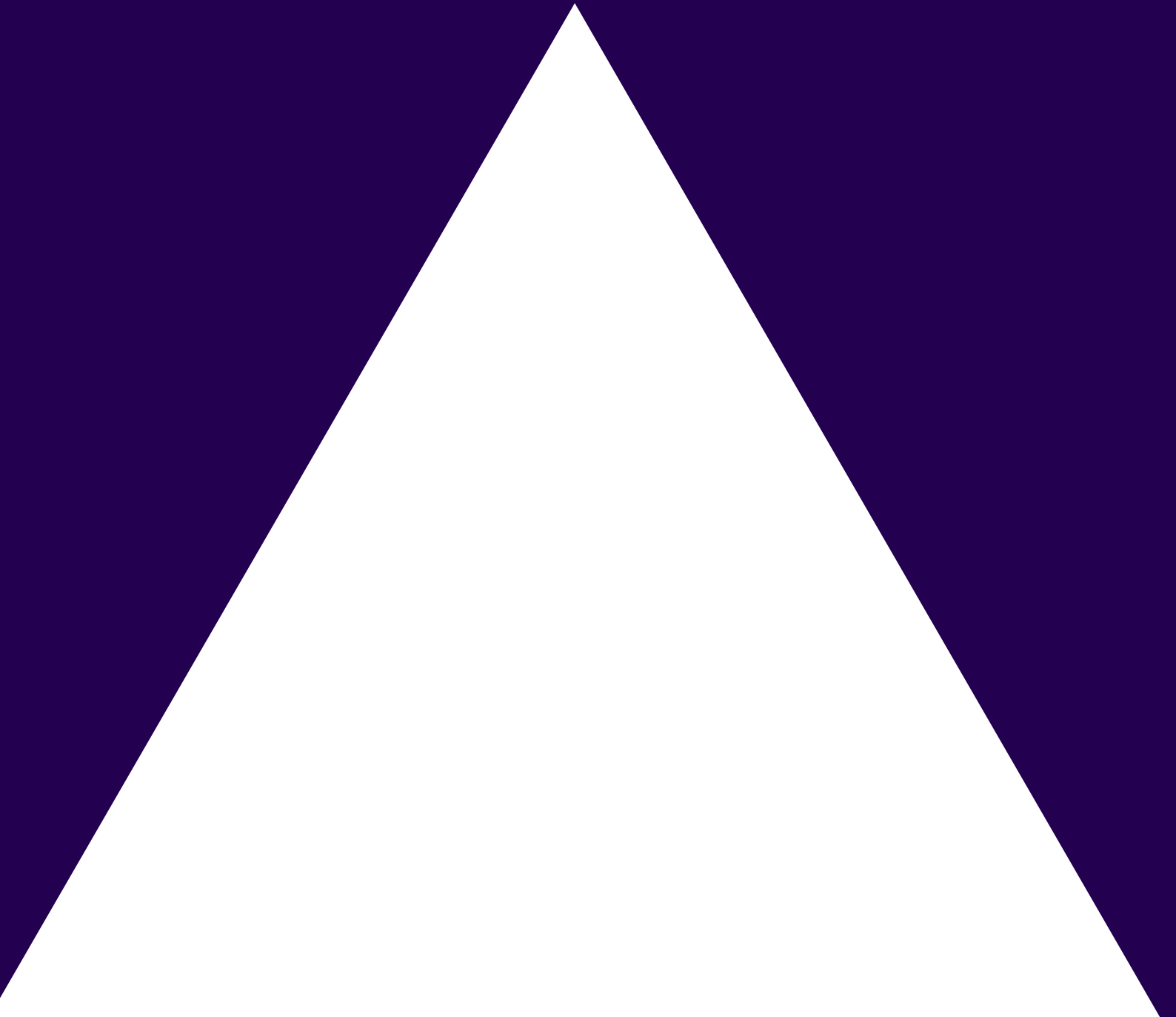
Common information management processes in the CSW is responsible for documentation, record keeping, management of information technology systems and sharing of information analysis with external actors.

All SOP partners involved should keep records of the various SOP actions implemented by them (e.g. schools, health centres, inspectors, community police will keep records of children referred by them to the CSW, service providers will keep records of the services provided, etc.) Case managers at the CSW will maintain consolidated data for each case in personal files (in consultation with related partners).

The documentation should be an unbroken chain of information, so Case Managers should record all stages of the intervention and chronologically describe the information, activities and use of the services, as well as the actions, reactions and achievements of the child. Proper

documentation enables effective and accountable case management services. Information collected directly and indirectly by children and their families, as well as by service providers should be stored by the CSW.

-
- All evidenced data on identified cases of children at work and the services provided to them should be consolidated and as such used for action and for planning of social policies at local and central level.



APPENDICES:

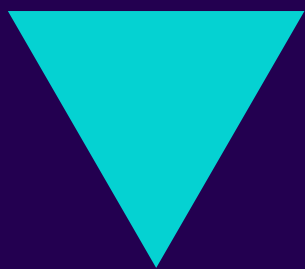
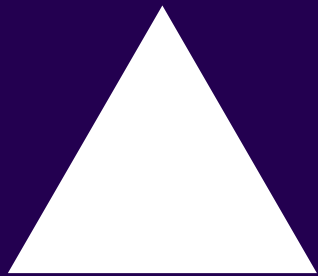
Form E1: Case reference

Form E2: Assignment of the Case Manager

Form E3: Case Assessment

Form E4: Services Plan

Form E7: Case Closure



▶ CASE REFERRAL

1. CASE REFERRER

(Data of the party referring the case, if provided)

2. REFERRAL FORM

direct

via phone

other _____

3. CASE DATA

(Data possessed by the case referrer)

4. REASONS FOR REFERRAL

1. _____

2. _____

3. _____

5. PROVIDED DOCUMENTS

(if possessed by the case referrer)

1. _____

2. _____

3. _____

6. REFERRAL RECEIVED BY

Name		Date	
Surname		Location	
Position		Signature	

Note: In case of referral from any institution/organization, a copy of the referral is given to the party who referred the case

► APPOINTMENT OF THE CASE MANAGER

1. GENERAL DATA OF THE CASE

Category	Hazardous child labour	Service code:	XXXXXXX
----------	------------------------	---------------	---------

2. FORMA E REFERIMIT

Office	{fill out once entered into system}	Case Manager	{fill out once entered into system}
Case No.	{fill out once entered into system}	Name of the child	{fill out once entered into system}
Case opening date	{fill out once entered into system}	Surname of the child	{fill out once entered into system}
Date of registration in IS	{fill out once entered into system}	Identification No.	{fill out once entered into system}

2. CASE REFERRAL FORM

- by the child
- on behalf of the child, by _____

3. GENERAL INFORMATION ON THE CASE

Identification type		Personal No. of the child	
Name of the child		Name of the child's parent	
Surname of the child		Gender of the child	
Date of birth of the child		Place of birth of the child	
Nationality		Language he/she speaks	
Temporary municipality		Temporary place of residence	
Temporary address		Temporary municipality	
Temporary place of residence		Temporary address	
Repatriated?		Repatriation country	
Phone No.		E-mail	

4. EXPLAIN THE REASON OF REFERRING THE CASE

5. HAS THE CHILD/FAMILY PREVIOUSLY BEEN A BENEFICIARY OF CSW SERVICES?

yes

no

If yes, in which period? _____

What was the reason? _____

Services from which has benefited

6. APPOINTMENT OF THE CASE MANAGER (SHALL BE FILLED OUT BY THE HEAD OF SERVICES OR AUTHORIZED OFFICIAL)

Date of receipt		Date of meeting the client	
-----------------	--	----------------------------	--

6.1. BRIEF CASE DESCRIPTION

Date _____	Head of Service (name surname) _____	Signature _____
Date _____	Appointed official for case management (name surname) _____	Signature _____
Date _____	Parent/guardian of the child (name surname) _____	Signature _____

 Signature of the service worker that received the case

▶ CASE EVALUATION

1. GENERAL DATA OF THE CASE

Category	Hazardous child labour	Service code:	XXXXXXX
Office	[F2]	Case Manager	[F6]
Case No.	[F3]	Name of the child	[F7]
Case opening date	[F4]	Surname of the child	[F8]
Date of registration in SI	[F5]	Identification No.	[F9]

2. SECTOR

- Street labour (sale of small items, carriage/transport of goods with a wheel barrow, begging, ...)
- House work
- Agriculture
- Forestry
- Construction
- Recycling (work in waste disposal or collection of waste in containers)
- Exploitation i pasurive natyrore (gërmime sipërfaqësore të rërës, gurëve, thëngjillit)
- Exploitation for prohibited activities (sale and/or production of drugs, stealing, etc.)
- Other _____

2.1. RISKS TO WHICH THE CHILD IS EXPOSED

- Risks from the work environment
- Risks from working activities
- Risks from work equipment
- Risks from the duration/hours of work

2.2. LOCATION AND SCHEDULE

Location where the child works	Daily working hours	How many hours per week
--------------------------------	---------------------	-------------------------

2.3. ACCIDENTS/INJURIES/HEALTH PROBLEMS OR OTHER PROBLEMS FACED BY THE CHILD AS A RESULT OF HIS/HER ENGAGEMENT IN LABOUR

2.4. DEGREE OF RISK

- high (immediate intervention is needed to protect the child from harm ... further evaluation of the case continues afterwards)
- moderate (further case evaluation and support is needed)
- low (referral to other services and supervision to adequately address the situation)

2.5. MANNER OF ENGAGING THE CHILD IN LABOUR

- on-going, from month/year: _____
- occasional or seasonal (when-annual engagement period): _____

Monthly income of the child: _____

Age of the child when he/she started working: _____

2.6. REASONS FOR WORKING

2.7. CHILD'S PERCEPTIONS REGARDING THE WORK AND REASONS OF BEING ENGAGED IN WORK

3. FAMILY PROFILE

- Both parents
- One parent
- With guardian
- Without parental care

Other _____

3.1. GENERAL INFORMATION ABOUT PARENTS/GUARDIANS (PSYCHOPHYSICAL CONDITION, EMPLOYMENT, INTEREST IN WORK, CAPACITY FOR WORK, PARENTING)

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3.2. SIBLINGS

Number		Age	
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3.2.1. EVENTUAL CONCERNS ABOUT SIBLINGS (IN TERMS OF SAFETY, NUTRITION, SCHOOL ATTENDANCE, WORK INVOLVEMENT OR OTHER)

3.3. OTHER FAMILY MEMBERS*(Who lives with the child, besides the close family)***3.3.1. PSYCHOPHYSICAL CONDITIONS, CONTRIBUTION TO THE FAMILY, SUPPORT NEEDED OR ANY OTHER IMPORTANT INFORMATION:****4. BASIC LIVING CONDITIONS****4.1. HOUSING CONDITIONS** house ____ m2 apartment ____ m2

Other _____

4.2. DESCRIPTION OF THE QUALITY OF HOUSING CONDITIONS (LIMIT TO ASCERTAINING THE FACTS REGARDING CLEANLINESS, LIVING SPACE, ACCESS TO DRINKING WATER ..., WITHOUT SUBJECTIVE EVALUATION)**4.3. NUTRITION (HOW MANY FOOD RATIONS DOES THE CHILD RECEIVE ON A DAILY BASIS, THE QUALITY OF THE FOOD CONSUMED)****4.4. SOURCES OF FAMILY REVENUES****5. HEALTH CONDITION****5.1. PHYSICAL HEALTH (WEIGHT, HEIGHT, HEALTH PROBLEMS, HEALTH TREATMENT):****5.2. MENTAL AND EMOTIONAL HEALTH AND WELL-BEING (AVOIDANCE, FEAR, ANXIETY, WORRISOME, SUDDEN CHANGES IN BEHAVIOUR, DIFFICULTY IN MANAGING ANGER, ...):**

6. FAMILY AND SOCIAL RELATIONS

(1- never/at all; 2- almost at all; 3- sometimes; 4- almost always; 5- always)

SAFETY AND FAMILY RELATIONS	COMMENT/EXPLANATION (PREFERABLY DIRECT STATEMENTS OF THE CHILD)
The child feels safe at home 1 2 3 4 5	
The child feels free to address to his/her parents (for things that preoccupy or interest him/her) 1 2 3 4 5	
The child receives support by parents whenever he/she needs it 1 2 3 4 5	
SOCIAL RELATIONS	COMMENT/EXPLANATION (PREFERABLY DIRECT STATEMENTS OF THE CHILD)
The child has at least one close friend: 1 2 3 4 5	
The child feels good when being with friends: 1 2 3 4 5	
How much time did the child spend last week with friends, outside the school:	
to talk 1 2 3 4 5	
to have fun 1 2 3 4 5	
RELATIONS WITH THE EXTENDED FAMILY	COMMENT/EXPLANATION/EXAMPLE OF A REAL SITUATION (PREFERABLY DIRECT STATEMENTS OF THE CHILD)
The child has constant contacts with the extended family members 1 2 3 4 5	
The child can address to an extended family member whenever having a concern or preoccupation: 1 2 3 4 5	
The child received support by the extended family whenever he/she needs it: 1 2 3 4 5	

7. CHILD'S EDUCATION, USE OF LEISURE TIME AND INTERESTS

Not enrolled in school Reason: _____

Has dropped out of school Reason: _____

Last grade completed: _____

Last (calendar) year of the child in school: _____

Last school the child has attended: _____

Combines school and work (economic or non-economic work, including home maintenance activities)

Name of the school the child attends: _____

Current grade the child attends: _____

Child's school performance: _____

Preferred subjects: _____

Impact of labour in education _____

Other/alternative forms of education:

Attends a non-formal education program (if YES, which one and where) _____

Attends a vocational/technical training program (if YES, which one and where) _____

Activities the child engages during leisure time:

How much time does the child spend on this activity: _____

Preferred activities of the child and interests: _____

8. ACCESS TO SERVICES AND COMMUNITY'S ATTITUDE TOWARDS EDUCATION AND CHILD LABOUR

Health services

Family planning services

Family counselling services

Access to school

Access to pre-school institutions

Recreational/sports programs

Psycho-social rehabilitation programs

Vocational training programs

Social support services

Economic support services

Material support opportunity

Community's attitude towards the importance of education positive negative

Community's attitude towards the child labour positive negative

Other _____

8.1. BRIEF DESCRIPTION OF THE ENVIRONMENT IN WHICH THE CHILD LIVES AND EXISTING SERVICES, FROM THE PERSPECTIVE OF THE IMPACT OF THIS ENVIRONMENT ON THE CHILD'S ENGAGEMENT IN LABOUR, RESPECTIVELY THE POSSIBILITIES FOR HIS/HER WITHDRAWAL FROM LABOUR (E.G. DISTANCE AND ACCESS TO CERTAIN SERVICES THAT WOULD CONTRIBUTE TO THE CHILD'S WITHDRAWAL FROM LABOUR, LACK OF THESE SERVICES, OR OTHER):

9. SUMMARY OF CASE EVALUATION	
ASPECTS OF SAFETY AND HEALTH	BASIC LIVING CONDITIONS/MEETING THE ELEMENTARY NEEDS
FAMILY PROFILE	FAMILY AND SOCIAL RELATIONS
CHILD'S EDUCATION, USE OF LEISURE TIME AND INTERESTS	EXISTING SERVICES IN THE LOCALITY WHERE THE CHILD LIVES

10. INDICATIONS FOR THE SERVICE PLAN	
OBJECTIVES	MANNER OF ACHIEVING THEM
FROM THE PERSPECTIVE OF THE CHILD	OF THE CHILD
FROM THE PERSPECTIVE OF THE PARENTS/GUARDIANS	OF THE PARENTS/GUARDIANS
FROM THE PERSPECTIVE OF THE HEAD OF THE CASE	OF THE HEAD OF THE CASE

11. DATA SOURCE

- Child
- Parents
- Siblings
- Other close family members living with the child
- Other extended family members
- School
- Observation
- Other _____

12. CLOSURE OF EVALUATION

Date of evaluation commencement [F12] _____

Date of evaluation completion _____

Date of update in IS _____

Date: _____

Signature of Case Manager _____

▶ **SERVICE PLAN****1. GENERAL DATA OF THE CASE**

Category	Hazardous child labour	Service code:	XXXXXXX
Office	[F2]	Case Manager	[F6]
Case No.	[F3]	Name of the child	[F7]
Case opening date	[F4]	Surname of the child	[F8]
Date of registration in IS	[F5]	Identification No.	[F9]

1.1 PARENT/GUARDIAN

Name	[F10]	Surname	[11]
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2. SHORT TERM PLAN

	Actions	Responsible institution	Responsible person/s	Deadline	Indicators
OBJECTIVE 1				From: _____ To: _____	
				From: _____ To: _____	
				From: _____ To: _____	
				From: _____ To: _____	
				From: _____ To: _____	
OBJECTIVE 2				From: _____ To: _____	
				From: _____ To: _____	
				From: _____ To: _____	
				From: _____ To: _____	
				From: _____ To: _____	

3. MEDIUM TERM PLAN					
	Actions	Responsible institution	Responsible person/s	Deadline	Indicators
OBJECTIVE 1				From: _____ To: _____	
				From: _____ To: _____	
				From: _____ To: _____	
				From: _____ To: _____	
				From: _____ To: _____	
OBJECTIVE 2				From: _____ To: _____	
				From: _____ To: _____	
				From: _____ To: _____	
				From: _____ To: _____	
				From: _____ To: _____	

4. LONG TERM PLAN

	Actions	Responsible institution	Responsible person/s	Deadline	Indicators
OBJECTIVE 1				From: _____ To: _____	
				From: _____ To: _____	
				From: _____ To: _____	
				From: _____ To: _____	
				From: _____ To: _____	
OBJECTIVE 2				From: _____ To: _____	
				From: _____ To: _____	
				From: _____ To: _____	
				From: _____ To: _____	
				From: _____ To: _____	

5. APPROVAL OF THE SERVICE PLAN

Date of commencement of the compilation		
Date of completion of compilation	_____	
Date of approval	_____	
Approved by		Signature of Case Manager _____
Date of update in IS	_____	

Date: _____

Date: _____

Signature of Case Manager

Signature of parent/guardian

► CASE CLOSURE

1. GENERAL DATA OF THE CASE

Office	Hazardous child labour	Service code:	XXXXXXX
Case No.	[F2]	Case Manager	[F6]
Nr. Rastit	[F3]	Name of the child	[F7]
Case opening date	[F4]	Surname of the child	[F8]
Date of registration in SI	[F5]	Identification No.	[F9]

2. THE CHILD AND/OR PARENT/GUARDIAN HAVE BEEN NOTIFIED OF THE REASONS FOR CLOSING THE CASE

- Goal has been achieved
- Change of residence/case transferred to
- Reaching adulthood
- Other _____

3. THE CHILD AND/OR PARENT/GUARDIAN HAVE BEEN NOTIFIED OF THE REASONS FOR CLOSING THE CASE

- Yes
- No

4. IN WHAT FORM HAVE THEY BEEN NOTIFIED

- | | | | |
|----------------------------------|-----------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Meeting | <input type="checkbox"/> By mails | <input type="checkbox"/> By phone | <input type="checkbox"/> Other |
| Date: _____ | Date: _____ | Date: _____ | Date: _____ |

5. PERSONS INVOLVED/CONSULTED IN MAKING THE DECISION TO CLOSE THE CASE

6. REASONING IN CASE OF FAILURE TO OBTAIN THE APPROVAL OF THE PARENT/GUARDIAN FOR CLOSING THE CASE

7. CONCLUSION

Case closure date	[F2]		
Approved by		Signature	
Date of update in IS			

Date: _____

Date: _____

Signature of Case Manager

Signature of parent/guardian

