



Adoption of Standards For Centers Providing Treatment For Child Victims Or Witnesses of Sexual Abuse And Severe Forms of Violence



INSTRUCTION
No. 564, date 5.10.2022

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For Child Victims Or Witnesses of Sexual Abuse And
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I. Background Information



The protection of children from all forms of violence, abuse and exploitation is a fundamental right of all children, therefore state and public institutions, civil society, communities and the family have the obligation to create an environment that educates, protects and cares for all the children of the country. Reducing and mitigating violence against children, with the final goal of eliminating it, is one of the most important goals of social strategies and programs in all countries of the European region, as required by for the fulfillment of objectives under “Health 2020”. Violence and abuse against children is present in all countries of the world and is a complex product of many social, cultural, economic and biological factors. Moreover, violence and child abuse is the main factor of health inequalities and social injustices, with vulnerable socio-economic groups being at higher risk of sustaining such adverse experiences.

The Lanzarote Convention (2007)¹ is the first international treaty to address the ¹ issue of children’s sexual abuse within the circle of faith. The Convention clearly establishes the obligation of States Parties to criminalize sexual abuse of children by individuals in the circle of trust.

In this framework, the Ministry of Health and Social Protection aims to strengthen the prevention and response to sexual violence against children, by modeling integrated and multidisciplinary one-stop shop services for children sustaining sexual violence and other types of severe violence, as well as enacting referral procedures and structures to ensure the professional management of such cases.

The recently updated domestic legislation and ratified international conventions create the legal space for a comprehensive and multidisciplinary approach² to child abuse and provide the legislative basis for² the establishment of a specialized interdisciplinary service, with the coordinated intervention of different agencies focusing on the child victim to sexual abuse or other forms of severe violence. In particular, the Juvenile Justice Code aims to avoid the re-victimization of the child victim of sexual abuse or any other type of abuse, introducing the possibility for the court to accept the testimony of the child victim through audiovisual technologies, in order to avoid the presence of the child in the courtroom. The law on social care services provides for creating specialized social services, and the child protection legislation recognizes the multidisciplinary approach to cases of children sustaining abuse, violence, neglect and exploitation, including the child victims of sexual violence.

In November 2018, the Ministry of Health and Social Protection (MHSP) approved Instruction no. 816, dated 27.11.2018 “On the approval of service delivery standards and the operation of crisis management centers for cases of sexual violence”. Although the instruction refers to “centers” in the plural, there is currently only one center (LILIUM Emergency Center) established within the “Mother Teresa” University Hospital Center, but clearly the instruction refers to the possibility of

1 [LanzaroteConvention_al \(coe.int\)](#)

2 Law 18/2017 “On the rights and protection of the child”, Law 121/2016 “On social care services”, Law 37/2017 “Juvenile Justice Code”

having multiple centers whose management should be under the responsibility of Regional Hospitals. Although originally designed for adult victims, the Lilium center has been largely handling children case³, given its unique typology that offers such³ coordinated services involving the police, law enforcement agencies, psycho-social and forensic services and the Needs Assessment and Referral Units which join forces to respond in a timely manner to the primary needs of sexual violence victims.

Whereas it recognizes the present drawback and the need for a response tailored to children; whereas the Albanian government is determined to increase the child-centered services; and whereas Albania has ratified the Council of Europe Convention, “On the ratification of the European Convention for the Protection of Children from Sexual Abuse and Exploitation” (known as the Lanzarote Convention) by law no. 10 071, dated 9.2.2009, the Ministry of Health and Social Protection resolved to update and amend Instruction no. 816 in accordance with this convention.

The existing domestic legal and regulatory framework governing the protection of children from violence and abuse, should clearly express the need for integrated “one-stop shop”, multidisciplinary, and child-centered model, including the specification of referral pathways, the establishment of professional capacities and case management procedures.

In addition, the newly drafted standards meet the obligations for the implementation of the Social Protection Strategy 2015-2023 and Law no. 121, dated 21.11.2016, “On social care services in the Republic of Albania”.

The model for treating child victims or witnesses of sexual abuse and other severe forms of violence (integrated, one-stop shop embedded in the hospitals, 24/7 and short-term services) (hereinafter, the Center), is comprised of a framework for the multi-sectoral and inter-institutional intervention to support the child, whether in civil and/or criminal proceedings, and the service delivery standards for these Centers.

The service model for immediate support and response to child victims and witnesses of sexual abuse and severe forms of violence (hereinafter, the Service Model), is based on the Barnahus mode, as well as and standards of similar services in Europe, embedded in the health system, promoting practices that prevent (re) traumatization and are in accordance with the rights of children to protection, assistance and justice tailored to children needs, as well as cooperating with the justice institutions in criminal proceeding relative to child testimony. This Model is based on an interdisciplinary approach in order to assess the needs, support and fulfill all the needs that the child has for services.

The center is established and will function as part of the structure of Regional Hospitals and provides treatment for child victims or witnesses of sexual abuse and severe forms of violence (hereinafter children) in which this target group of children will benefit from the emergency service, designed as an integrated, one-stop shop,

³ The center has provided services to 82 cases, mostly children, with a preponderance of boys.

24/7, for short-term health care services, including counseling and therapy in trauma cases. In order to provide the child with these services, the Center will cooperate with the hospital structures and with specialized institutions or structures, establishing, where possible, its own facilities for providing the service. Non-offending parents/guardians are also beneficiaries of the Service Model and will be provided with ongoing information, counselling and support in case of crisis.

The Center offers the following services:

- a) First aid and emergency care;
 - b) Crisis support;
 - c) Specialized medical support and counseling;
 - d) Specialized psychological counseling and therapeutic interventions;
 - e) Safe transport;
 - f) Referral and cooperation with the Child Protection Officer.
- The service model presents in detail the organizational structure and operation of the Centers, the services they offer, as well as the forms of cooperation with the local child protection structures, the Prosecutor's Office and the Courts, highlighting the services and support offered to the child at different stages of civil and criminal process.
 - The model offered is in full compliance with the applicable legislation for the civil or criminal management of child victims or witnesses of sexual abuse and severe forms of violence. The centers' role in this (management) process is that of support structures for assessing needs or providing services, as well as coordinating multi-sectoral actions and services. The Center's employees must have the necessary professional competences to fulfill their duties in an effective, specialized, evidence-based and child-centered manner. The center should employ on a full-time basis, at least, the coordinator and the assistant of the child.

The medical staff, part of other hospital structures, are called according to the needs of the child being treated at the Center and whenever necessary.

The service standards for the Centers are a prerequisite for providing a quality and professional service. They emphasize the minimum basic conditions to be met in order to provide emergency, short-term service to children who are victims or witnesses of sexual abuse and severe forms of violence, as well as non-offending parents/guardians. Based on the best models and practices in the field (the Barnahus model), these standards reflect the international principles of protection and respect for the rights of the child, such as the principle of the best interest of the child, non-discrimination, heed for the child's opinion, avoiding unjustified delays, respecting the dignity, honor and personality of the child, providing personalized and specialized service for each child, protecting the child's privacy, identity and standing, protecting the child's private life, etc., as well as all the principles provided by the legislation in force.

The service provision at the Center must meet at least the 13 standards determined in this document, as follows:

STANDARD 1

Provide information to child victims or witnesses of sexual abuse and severe forms of violence about any action and/or decision related to the child

STANDARD 2

Respond to the individual needs of child victims or witnesses of sexual abuse and severe forms of violence.

STANDARD 3

Ensure a coordinated multi-sectoral approach and inter-institutional cooperation between the Center and other actors at the central and local level.

STANDARD 4

Create a child-friendly environment.

STANDARD 5

Assess the needs and draft care/assistance plan.

STANDARD 6

Provide personalized therapeutic services for the child by professionals with specialized training and expertise.

STANDARD 7

Provide quality services by specialized personnel.

STANDARD 8

Collect data, share information and raise awareness in order to prevent cases of sexual abuse and violence against children

STANDARD 9

Monitor and evaluate

STANDARD 10

Enforce the rights and responsibilities of the beneficiary, avoid abuse and file complaints.

In addition to the standards for the Centers, the criteria, indicators and instructions for meeting each standard are provided. A description of the model and instructions to meet the standards are given in the explanatory part. The detailing of criteria and indicators will serve as a basis for monitoring and evaluating the quality of service delivery by the center.

The package of standards will serve as a practical document for the Centers in delivering services and improving service quality. They will be piloted for a period of one year; subsequently based on the best example, the standards will be refined with new additional elements.

The service model and the standards are the outcome of consultation processes with the specialists of the Sector of Development of Social Services, Social Inclusion and Gender Equality with the General Directorate of Social Protection, the specialists of social care services with the State Social Service, the State Agency for the Rights and Protection of the Child, and with groups of professionals from civil society. The efforts were supported by UNICEF, and Terre des hommes, Albania who made available a group of national and international experts.

II. Legal Basis And Main Sources



The main **legal basis** for the Service Model and the service standards for children who are victims or witnesses of sexual abuse and severe forms of violence, is listed below:

- Constitution of the Republic of Albania;
- Convention on the Rights of the Child, UN, November 20, 1989;
- Council of Europe Convention on the Protection of Children from Sexual Exploitation and Sexual Abuse, 25. 10. 2007;
- Law no. 37/2017 “ Juvenile Justice Code”;
- Law No. 7895, dated 27.1.1995 “Criminal Code of the Republic of Albania”, as amended;
- Law No. 7905, dated 21.3.1995 “Criminal Procedure Code”, as amended;
- Law no. 44/2015 “Code of Administrative Procedures of the Republic of Albania”
- Law No. 18/2017 “On the Rights and Protection of the Child”;
- Law No. 9106, dated 17.7.2003 “On the hospital service in the Republic of Albania”, as amended;
- Law No. 10 107, dated 30.3.2009 “On the health care in the Republic of Albania”, as amended;
- Law No. 10221, dated 04.02.2010 “On protection against discrimination”;- Law 9887 dated 10.03.2008 “On the protection of personal data”, as amended;
- DCM No. 578, date, 3.10.2018 “On referral and case management procedures, the design and content of the individual protection plan, the financing of expenses for its implementation, as well as the implementation of protection measures”;
- DCM No. 353, dated 12.6.2018 “On the rules of operation of the GTN for the Protection of Children, at the Municipalities and Administrative Units”;
- DCM No. 148, dated 13.3.2018 “On establishing the rules of cooperation between institutional advisory and coordinating mechanisms, structures for the rights and protection of the child and non-profit organizations, for the implementation of national and local policies, as well as for the services necessary for the protection of the child”;- DCM No. 334, dated February 17, 2011, “On the coordination mechanism in the referral of domestic violence and relevant proceeding rules”.

Main sources are:

- Barnahus European Quality Standards⁴;
- Inter-institutional Agreement: Models and Guidelines⁵;
- Description of the Lighthouse service in London, United Kingdom⁶;
- National Accreditation Standards for Children’s Advocacy Centers, 2023⁷;
- *The Child House Resource Toolkit*⁸.

4 The Promise Barnahus Quality Standards

5 Promise Interagency Template

6 Lighthouse Service Specification

7 National Standards of Accreditation for Children’s Advocacy Centers 2023 EDITION

8 The Child House Toolkit Resources

III. Definitions



The service model and the standards for treating children who are victims or witnesses of sexual abuse and severe forms of violence are based on the terms and concepts stemming from provisions of Conventions ratified from the Republic of Albania and the applicable legislation and are defined below.

“Sexual abuse of a child”⁹ is engaging in sexual activities with a child below the legal age for sexual relations¹⁰; or inducing sexual relations with a child by use of coercion, force or threats; or when the offender is a person who enjoys trust, authority or influence over children, including family relations; or when advantage is taken of a specific fragile situation of the child, mainly due to a child’s mental or physical disability, or a situation of dependency.

“Child abuse” is any intentional act or omission that causes any form of physical or psychological violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse¹¹.

“Child” is any person under the age of 18 as defined in the Law on Child Rights and Protection, Article 1 of the UN Convention on the Rights of the Child and Article 3/a of the Council of Europe Convention on the Protection of Children from Sexual Exploitation.

“Child victim” is any person under the age of 18, according to the definition of the Juvenile Justice Code, who has suffered moral, physical or material harm as a result of a criminal offense.

“Child witness” is any person under the age of 18, as defined by the Juvenile Justice Code, who may have information related to the criminal offense.

“Legal representative” is the parent, relative or guardian of the minor, who participates in the juvenile justice procedure to protect the interests of the child¹².

“Procedural representative” is the person in the sense defined in the applicable law on the rights and protection of the child who will perform the procedural representation of the minor, according to the provisions of the Juvenile Justice Code¹³.

“Offending parent or guardian” is considered the parent or guardian of the child who abused the child or committed a domestic crime; or when the parent/guardian acts contrary to the interests of the child victim or witness of a criminal offense committed

9 According to the definition of Article 18 of the Council of Europe Convention on the Protection of Children from Sexual Exploitation and Sexual Abuse, 25.10.2007, <https://rm.coe.int/168046e1e3>

10 According to the Penal Code, article 100 “Performing sexual or homosexual relations with a minor child, who has not reached the age of fourteen or with a minor who has not reached sexual maturity, is punished with imprisonment from seven to fifteen years”

11 It is defined in Article 19 of the Convention on the Rights of the Child and in Article 3 of Law No. 17/2018 “On the rights and protection of the child”

12 Article 3/16 of the Juvenile Justice Code

13 Article 3/17 of Juvenile Justice Code

by the parent/guardian himself; or when there are doubts about the impartiality of the parent or guardian as to the nature of his relationship with the family member who is accused or cannot be located after abandoning the child. In this case, the child is assigned a procedural representative from the list sent by the Child Protection Unit¹⁴.

“Emergency situation” is a critical situation, temporary or not, caused by social factors, which bring or may bring immediate, serious damage or seriously threaten the life, health or well-being of the individual in the event that urgent prohibitive measures are not taken¹⁵.

“Medical emergency” is an acute injury or illness that poses an immediate risk to the person’s life or continued health¹⁶.

“Offence of the sexual exploitation of child” include in particular child pornography and prostitution as well as all forms of sexual abuse of children, including when committed outside the territory of the Republic of Albania¹⁷.

14 Article 74 of the Juvenile Justice Code

15 Article 3/14 of Law no. 121/2016 *“On social care services in the Republic of Albania”*

16 Article 3/11 of Law No. 10 107, dated 30.3.2009 *“On health care in the Republic of Albania”*, amended;

17 Articles 19-21 of the Council of Europe Convention on the Protection of Children from Sexual Exploitation;

IV. Model of Centers Treating Children Victims Or Witnesses of Sexual Abuse And Severe Forms of Violence



1. Purpose and mission

1. The service model for immediate support and response to child victims and witnesses of sexual abuse and severe forms of violence has been designed in order to provide a framework for intervention and cross-sectoral support for the child during the case management and treatment process in civil and/or criminal proceedings.
2. The service model relies on the Barnahus model and standards of similar services in Europe, embedded in the health system designed to prevent (re) traumatization and are in line with the child's rights to protection, assistance and tailored justice for the child, as well as regulating cooperation with the justice institutions in criminal proceedings and process of seizing evidence.
3. The model of the Center is based on a cross-sectorial approach in order to evaluate, support and fulfill all the needs of the child for services.
4. Non-offending parents/guardians of the child benefit from the service, too, and will receive ongoing information, counseling and support in case of crisis.

2. Establishment of the center and inter-institutional cooperation

1. In order to implement the service model, Centers will be embedded in regional hospitals according to point 6, with the aim of providing care and cross-sectoral support tailored to the needs of child victims and witnesses of sexual abuse and severe forms of violence.
2. In the exercise of its activity, the Center cooperates with various institutions and professionals in order to provide the child with support and all the necessary identified services.

3. Center's location and premises

1. Within the premises of the hospital, the Center is attached to Pediatrics with clear accessibility signs and special entrance.
2. The environment of the Center is adapted and made friendly for children of different ages. Where possible, separate, acoustically isolated and private environments are also created to ensure privacy.
3. Environments provide accessibility for children with special needs or disabilities and are physically safe for children of all ages and developmental stages.
4. The environments offer the possibility of avoiding contact between the victim and the suspected perpetrator of the criminal offense.
5. Interviews or questioning of the child take place in facilities designed or adapted for this purpose and enable their real-time monitoring.

4. Center's organization

1. The Center is part of the structure of the Hospital, which is the leading institution and bears responsibility for the realization of the Center's activity, according to the provisions of this Service Model.

2. The Minister of Health and Social Protection determines the organization, structure and regulation for the operation of the Center, as part of the hospital structure.
3. The center has at least the following employees:
 - a) **the coordinator** who will coordinate the inter-institutional work and ensure communication with other supporting and cooperating institutions. S/he performs administrative and coordinating functions;
 - b) **the child's assistant**, who, in cooperation with the child protection worker, will take care of meeting the child's emergency needs and ensuring the provision of services provided for in the Individual Protection Plan.
4. In discharging its activity, the Center is supported by doctors and employees of other hospital structures, according to the needs of each case, as well as by professionals from other institutions providing services or performing procedural actions in the Center's premises.
5. Center's employees must have the necessary professional competences to fulfill their duties in an effective, specialized, evidence-based and child-centered manner.
6. The Center may not employ staff and, when employed, it shall end their employment contract if such employees have been convicted with a final sentence for criminal offenses against the person committed intentionally, and/or a court decision has imposed one of the protective measures for domestic violence. Employees are suspended from their jobs when a criminal proceeding is initiated against them for criminal offenses against children or when they are accused of a criminal offense committed in collaboration with minors.
7. The child's Coordinator and Assistant, in any case, ensure that other employees of the hospital and/or institutions who will communicate and/or provide services to the child meet the criteria provided in point 4.6.

5. Service quality and professionalism

1. Center staff must have a deep understanding of all forms of violence against children and have competence and clinical experience in the field of trauma, including expertise to address the special needs of children with disabilities.
2. Center staff must have a well-developed understanding of the system in which the Center operates, the legal framework for child rights and protection, including medical, socio-economic aspects and the role of the Center to promote a coordinated cross-sectoral approach, in the context of service provision for children and protection of the child.
3. Employees of the Center and the involved institutions are secured ongoing training in their specific areas of expertise, as well as joint training on cross-sectoral issues and cross-sectoral cooperation.

6. Services provided by the Center

1. The Center has the duty to provide the full range of its services to the child, who appears or is referred to the Center,
2. The center offers the following services:
 - a) First aid and emergency care;
 - b) Crisis support;
 - c) Specialized medical support and advice;
 - d) Safe transport;
 - e) Referral and case management/follow-up, in cooperation with the Child Protection Unit (CPU).
3. For services that are not provided by the Center, its staff shall cooperate with specialized institutions or structures in providing the necessary service, making available, as appropriate, its facilities to ensure the provision of the service.

7. Case referral and reporting

1. The center operates 24 hours a day, 7 days a week to admit self-referred children and/or at the request of the child's parents/guardian, as well as referrals from any natural or legal person, any public and private employee, who comes into contact with the child because of their profession or to whom the case has been reported.
2. The Center immediately accepts self-referred cases or referrals from the structures mentioned in point 7.1, regardless of the notice form.
3. As soon as a referral is received, the initial information about the case is entered into a separate register.
4. The coordinator has the responsibility to report the case to the local child protection, and/or to the State Police structures, where they are not the referring entity, as provided for in DCM No. 578, dated 03.10.2018 "On referral and case management procedures, the design and content of the individual protection plan, coverage of expenses for its implementation, as well as the implementation of protection measures".
5. As soon as the child appears in the premises of the Center, they are registered, a special file is opened and an identification number is assigned to them throughout the process of his treatment at the Center.

8. Cooperation with local child protection structures in performing the initial assessment of the child and implementing the emergency protection measures

1. The employees of the Center cooperate with the local structures on child protection, to perform the initial assessment of the child, by providing all the information they have and lending suitable environments for the initial interview with the child.
2. The coordinator supports the child protection worker (hereafter CPW) and facilitates the collection of the necessary information from institutions, organizations or other persons who are aware of the case and/or are in contact with the child himself.

3. The center, in cooperation with the case CPW and other specialized medical structures of the hospital, meet the child's immediate needs for food, hygiene, clothing, as well as providing the necessary health and psychological care.
4. The child's assistant supports the CPW, coordinates the actions or refers the case to the responsible institutions, whenever the initial assessment of the child reveals an emergency need that cannot be met by the Center, to provide him with physical protection and/or to implement an emergency protection measure.
5. The child's assistant and the CPW assess, case by case, whether the emergency services needed according to point 8.4 will be offered to the child in the Center's premises by specialized employees under inter-institutional cooperation framework or the child will have to be moved to another specialized structure.
6. The child's assistant supports the CPW for the implementation of the emergency protection measure and the temporary placement of the child with a relative, in a foster family or in a shelter.
7. When the safety of the child is at risk, the Unit for Protection of the Rights of the Child in cooperation with the Child Assistant will take the protective measures provided for in Article 37 of the Juvenile Justice Code.

9. Health and emergent care for the child

1. Every child who self-refers or has been referred to the Center is offered emergency health care, which includes pediatric examination and the provision of the emergency medical care, which is offered in cooperation with other specialized structures of the hospital.
2. As soon as the child arrives at the Center, they receive mental health support in the form of crisis intervention, provided by a psychologist according to the needs of the case in point.
3. The child's assistant cooperates with other hospital structures to assign a psychiatrist, who performs the child's mental health assessment. The timing of such assessment is determined based on the child's characteristics and situation. A mental health assessment forms the basis for appropriate treatment of the child without undue delay.
4. If the prosecutor or the court has not appointed a specialist to assess the child's responsibility level, then, the assistant of the child in his evaluation shall also determine the extent of child's responsibility and inform the prosecutor or the court accordingly.

10. Cooperation with the Prosecution and Court in interviewing the child

- 1.1 In order to reduce the risk of child re-victimization, in supporting the process of child interview, and depending on its resources, the Center will make available child-friendly environments, equipment for audio and video recording during the interview in the Center's premises, devices that change the appearance and/or voice of the witness/victim in remote interrogation, as well as other facilities, as needed.¹⁸

¹⁸ In accordance with the provisions of Article 39 of the Juvenile Justice Code

- 1.2 In any case, the Center will take care to avoid that the minor victim is faced with the accused, in all environments of the interview and at all times.
- 1.3 The standards and criteria for setting up and operating the interview room are provided for in the Juvenile Justice Code and the 2010 Council of Europe Convention on the Protection of Children from Sexual Exploitation and Sexual Abuse (Lanzarote Convention), the EU Directive of 13 December 2011 on combating sexual abuse and sexual exploitation of children and child pornography (“Directive on sexual abuse of children”) and the EU Directive of 25 October 2012 laying down minimum standards for the rights, support and protection of crime victims (“Victims’ Rights Directive”)

11. Cooperation with the Prosecution and the Court in the forensic and intimate examination of the child

1. For purposes of investigation and collection of evidence, the prosecutor and/or the court may decide to carry out the intimate and medical control/examination of the child. The may also decide on compulsory biological samples. In such cases, the decision makes, among other things, a detailed description of the type of biological sample to be taken or the medical procedure to be performed, the place, date, time and exact way of taking the biological sample or performing the other medical 2. procedure.
2. Should the decision of the court/prosecutor under point 11.1, designate the Center as the place for performing intimate and medical control/examination of the child and/or taking biological samples, then the Center shall provide the space, tools and necessary clinical materials for this purpose. The center cooperates with other hospital structures to ensure the participation of a certified doctor and nurse of the same gender as the child, or of the gender chosen by the child, trained in sexual abuse and child maltreatment.
3. The procedure according to point 11.2 is carried out in the presence of the lawyer and the child’s parent or guardian. If the minor does not consent to the parent or guardian attending the planned procedure, or the legal representative may not participate, the procedural actions will be carried out in the presence of the procedural representative.
4. Medical procedures may not be performed that endanger the person’s life, physical integrity or health, that may harm the unborn child or that, according to medical protocols, may cause unjustified suffering.

12. Cooperation with the local child protection structures in conducting a comprehensive assessment of the child and drafting the Individualized Protection Plan (IPP)

1. The Center’s employees cooperate with the local child protection structures to carry out a complete assessment of the child, by sharing every information they may have, providing suitable environments for the conduct of interviews with the child, siblings and other family members; center staff may carry out joint visits with the CPW to the child’s living premises; they may provide expertise in assessing the level of risk, needs for services, as well as identifying and performing the necessary interventions;

2. The coordinator supports the CPW and facilitates the collection of the necessary information from institutions, organizations or other persons who have knowledge of the case and/or are in contact with the child himself.
3. The child's assistant participates in the meetings of GTN, called by the local child protection structures or as may be requested by any of these structures.
4. The child's assistant supports and facilitates the child's participation in CSTG meetings and obtains his opinion, in cases this is required by the CPU, providing logistic means or institutional support.
5. The child's assistant participating in the CSTG meetings, examines the IPP draft and makes relevant recommendations for interventions or services as may be needed for case, taking over relevant tasks and services for the child's benefit, as well as setting relevant deadlines.

13. The Health Care Service for the Child

1. Subsequent to the forensic examination and intimate control, as provided for in point 11, and prior to the approval of the IPP, the Center in cooperation with other specialized structures of the hospital, will offer the child health-care services, on an as needed basis, in the form of consultations, medical examinations, tests and medication, including emergency contraception if appropriate, by specialized personnel and in a child-friendly manner.
2. The need for short-term or long-term health care, including trauma interventions, counseling and therapy are identified by the child's full assessment and incorporated in the IPP. Where such services or parts thereof are assigned to the Center, it will ensure them on its own or in cooperation with other specialized structures of the hospital.
3. The child's assistant is responsible for planning and providing services according to points 13.1 and 13.2.

14. Services for non-offending parent/caretaker

1. The child's non-offending parents/guardians may also benefit from the services of the Center, which will provide them with ongoing information, counseling and support in crisis cases. The main purpose of information, counseling and crisis support for non-offending parents/guardians is to enable them to provide the child with the necessary support and assistance during the criminal proceeding and further on.

15. Safe transport

The Center will provide safe transport for the child to the Center and during their stay at the Center according to the needs assessment conducted by the CPU, the Court or the child's assistant at the Center. This procedure is followed when a child is in immediate danger, and it has been deemed necessary to move them to an emergency safe shelter service, other alternative services, court or prosecution buildings, health center, forensic medicine, and other services as appropriate and tailored to the child's needs. Safe transport is necessary to help the child feel completely safe when travelling from home or other structures, to the Center or various necessary services or from these facilities back home.

1. When it is necessary to move the child and/or the non-offending guardian to the Center, it should always be done in the presence of the CPU/CPW of the nearest administrative unit where the child is located;
2. When the child is staying at the Center, in order for them to receive services that are not available at the Center, they will be accompanied by the child's Assistant and/or the non-offending legal guardian;
3. The transport vehicle must be equipped with all the technical safety certificates provided by the responsible authorities and, where applicable, shall meet the technical conditions for transporting people with disabilities;
4. In any case, the child's assistant makes sure that the following records and materials accompany the child: - The minutes of the relevant case; - The data entered into the service database.
5. The authorization for transporting and escorting the unaccompanied child to intercity services, or to other services that are not available at the Center, are signed and sealed by the Center Coordinator, CPU/CPW of the administrative unit closest to the center, who will also notify the law enforcement institutions.

16. Financing the services and the Center

1. Services at the Center are provided free of charge and are covered by the Center's budget.
2. To ensure sustainability of the Center, its financing will be based on the principles of a complete budget covering the needs and enabling the full operation of the service, in accordance with the Service Model and relevant standards.
3. The center is financed from the hospital budget and has the following funding sources:¹⁹
 - a) Ministry of Health and Social Protection;
 - b) Health insurance institutions;
 - c) Local Government Units;
 - d) Local and foreign donors.
4. Operational and personnel costs are covered by the Budget Program for Hospitals.
5. Costs for services provided by other institutions or structures within the inter-institutional cooperation framework are covered by these institutions or structures, regardless of the place where the service is provided.

17. Administration of documents, data protection and privacy

1. Case referral and case management at the Center, as well as communications or minutes of meetings with other institutions or structures are documented in separate registers and administered according to hospital rules. Outside employees or professionals who provide services at the Center, under the inter-institutional cooperation framework, will observe Center's document administration rules.
2. Data on the child receiving treatment and services at the Center are confidential and any professional or employee handling such data is bound

¹⁹ Article 24 of Law No. 9106, dated 17.7.2003 "On hospital service in the Republic of Albania", as amended.

to preserve the confidentiality of all information received by virtue of duty or obtained in the course of duty. The confidentiality obligation survives the expiry of the employment, function or duty.

3. The identification or publication in any form of the child's personal data is prohibited, except where otherwise provided for in the legislation on personal data protection. The processing of the child's data shall be done in accordance with the legislation on the protection of personal data.

18. Monitoring and evaluation

1. The evaluation of the service quality will be done by the Quality Assurance Agency of Health and Social Care, as well as institutions responsible for monitoring and inspecting the standards of social service delivery, under the provisions of Law No. 121/2016, "On social care services in the Republic of Albania".
2. These institutions monitor and evaluate the quality of service delivery in the Center (according to the Service Model and applicable standards), in terms of outcome, performance and type of services provided, the number of beneficiaries and their level of satisfaction, as well as evaluating the needs for changes and/or improvements. Once completed, the assessment report is sent to the Ministry of Health and Social Protection by January 31 of the following year.
3. The Ministry of Health and Social Protection, after reviewing the report, recommends to the hospital the measures deemed necessary, offering, as appropriate, solutions for enacting such measures.
4. In full observance of the duties and responsibilities of the hospital, the Ministry of Health and Social Protection, if deemed reasonable, may supervise and control the quality of services and the implementation of the standards of the Service Model, as well as economic and financial standing of the operations funded by the state budget.

19. Data collection, information sharing and awareness raising

1. The Center will collect data and process statistical information in order to raise awareness about sexual abuse and violence against children and the multi-sectorial and inter-institutional responses. Data are made public and shared with institutions and stakeholders in order to improve policies, legislation and practices.
2. The center will participate in activities of an informative and awareness-raising nature, in pursuit of the goals under point 18.1.

V. Principles Underpinning the Service Model



Service provision by the Centers treating children who are victims or witnesses of sexual abuse and severe forms of violence, and any action and/or decision regarding the child, is done in full respect of the principles of the applicable legislation, noted in the following:

1.1 The best interest of the child is the primary consideration in all actions and decisions regarding the child and non-offending parents/guardians. Therefore, the Centers must guarantee that the decisions and actions are based on the assessment of the child's best interest. The best interest of the child signifies the right of the child to have a healthy physical, mental, moral, spiritual and social development, as well as to enjoy a family and social life suitable for the child. The assessment of the highest interest takes into consideration the child's needs for physical and psychological development, education and health, safety and stability as well as growth/belonging in a family; the opinion of the child, depending on his age and ability to understand; the history of the child, taking into account the special situations of abuse, neglect, exploitation or other forms of violence against the child, as well as the possible risk that similar situations may occur in the future; the ability of the parents or persons who care for the child's well-being to respond to the child's needs as well as the continuity of personal relationships between the child and the persons with whom he has family, social and/or spiritual ties.²⁰

The determination of the highest interest is carried out by qualified professionals without undue delay. It relies on proven facts and information provided by the child and non-offending parents/guardians.

1.2 The right to make the decision to benefit from the service, based on exposure to complete and updated information

Participation, listening and respecting the opinion of the child, should be done in accordance with their age and ability to understand. All services at the Center are subject to the voluntary choice of the child and the non-offending parent/guardian and are scheduled based on their request and consent. The Center will make any decisions or action by having the child in the center of its practices and processes. The child and the non-offending parent/caretaker will always have access to information and support tailored to their age, development, language and special needs. The center must ensure their informed consent, in order for them to support and comprehend the consequences of the decisions made.

1.3 The principles of non-discrimination and equality will be observed at all times.

The center will admit and make effort to reach out, without discrimination, to any child under the age of 18, who is a victim and/or witnesses of sexual abuse and severe forms of violence.

20 Article 6 of Law No. 17/2018 "On the rights and protection of the child" and Article 10 of the Juvenile Justice Code.

- 1.4 The principle of respecting human rights and the integrity of the beneficiary.** The child must be treated with care, in a friendly and sensitive manner, respecting their dignity throughout the process, taking into account his personal situation, immediate and special needs, age, gender, disabilities, if any, and the level of maturity.
- 1.5 Protecting the privacy, identity and image of the child victim** and prohibiting the publication of any type of information that could lead to the identification of the child. The center and the institutions involved will take measures to prevent the spread of any type of information that could lead to the child's identification. Data related to the child will be confidential and any professional/employee with access to child data is obliged to maintain the confidentiality of all information received by virtue of duty and/or in the course of performing their duty.
- 1.6 The private life of the child will be protected.** Intrusion into the child's private life, if necessary, should be at the lowest possible level in order to provide the necessary information for making the assessment, taking actions and providing services to the child.
- 1.7 The principle of subsidiarity.** Emergency services for victims of sexual violence, similar to the social care services, will be provided as close to citizens as possible by the relevant local structures.²¹

²¹ Law no. 121/2016 "On social care services in the Republic of Albania", article 4 "Principles", point c.

VI. Standards, Criteria And Indicators



“Service standards for the Center” providing treatment for child victims or witnesses of sexual abuse and severe forms of violence reflect the Quality Standards of the Barnahus of the PROMISE project and the Inter-agency²² Framework Agreement of PROMISE, which is based on the experience and²³ practice of providing similar services embedded in the Health System in Europe²⁴.

STANDARD 1

Informing child victims or witnesses of sexual abuse and severe forms of violence of any action and/or decision related to the child

Expected outcome:

The services provided demonstrate an appropriate and informed approach to service users, taking into account the dynamics and consequences of violence on the victims.

CRITERIA	INDICATORS	INSTRUCTIONS
<p>1. Every decision or action to be taken with regard to the child receiving treatment at the Center is based on an assessment of their best interest.</p> <p>2. The child’s right to be informed, to be heard, to express their views and to receive information is respected and fulfilled and is the focus of practices and processes undertaken at the Center.</p> <p>3. Unjustified delays are avoided at all times by the Center, ensuring that assessments, actions and services to the child are carried out within a reasonable period of time and that children receive timely information.</p>	<p>1.1.1 Center staff:</p> <ul style="list-style-type: none"> - are actively involved in the process of initial and complete assessment of the case; - participate in CSTG meetings and in the assessment and determination of the child’s best interest; - have clear roles and responsibilities in assessing and determining the best interest of each child; - are trained in how to apply procedures and instruments for this purpose, for example assessment formats and processes to assess and determine the best interest of the child; 	<p>2. The Center staff must assess the best interest of the child whenever they have to make a decision or undertake actions/provide services for the child. For this purpose, the Center staff assess the child’s needs for services or support on a case-by-case basis, in the light of the specific circumstances of each child.</p>

22 Lind Haldorsson, Olivia (2017) The European Barnahus Quality Standards: Guidelines for the Multidisciplinary and Interagency Response to Child Victims and Witnesses of Violence (Council of the Baltic Sea States and Children’s Circle) *The Barnahus Quality Standards – Barnahus*

23 Interagency Agreement: Templates and Guidelines, <https://www.barnahus.eu/en/wp-content/uploads/2020/09/InteragencyAgreementTemplate.pdf>

24 Barnahus Linköping, Sweden; Center for Child and Youth Protection in Zagreb, Croatia; Lighthouse in London, United Kingdom; Barnahus in Germany, and Barnahus type models in Finland.

CRITERIA	INDICATORS	INSTRUCTIONS
	<p>1.2.1 Staff are trained how to communicate, listen and share information with children, as tailored to their age and development;</p> <p>1.2.2 Children and their non-offending parents/-caregivers may influence the time, place and design of interventions such as treatment and therapy;</p> <p>1.2.3 Children are given the opportunity to give their impressions of the experience within the service;</p> <p>1.2.4 Necessary information is systematically made available to children and their parents/guardians, adapted to the child's age and development;</p> <p>1.2.5 Children and parents/guardians receive information in the language they understand;</p> <p>1.2.6 Special efforts are made to ensure that children with disabilities have the same opportunities to receive information and to be heard.</p> <p>1.2.7 The Center staff support and facilitate the child's participation in the CSTG meetings and in obtaining his opinion, by making available logistical means or institutional support.</p> <p>1.3.1 The Center admits self-referrals or referrals 24 hours a day, 7 days a week;</p> <p>1.3.2 The coordinator immediately reports the case to local child protection structures or State Police bodies;</p>	<p>3. Center staff must always provide access to information for the child and non-offending parent/guardian, tailored to child's age, development, language and special needs. Listening to the child's opinion will provide a deeper understanding of their wants and needs as well as facilitating an assessment of the child's best interest.</p> <p>4. The Center must avoid unjustified delays by ensuring an efficient organizational structure, reliable personnel and sufficient funds, solid coordination mechanisms, as well as consistent cooperation with external actors who play a role in the investigative and judicial process (judicial police officers, psychologists, lawyers, prosecutors, judges, etc.).</p>

CRITERIA	INDICATORS	INSTRUCTIONS
	1.3.3 Center staff: <ul style="list-style-type: none"> - cooperate with CPW to perform the initial assessment of the child and provide the child with immediate services; - participate regularly in CSTG meetings to which they are invited; - provide without delay and within the deadlines, the services defined in the IPP to be provided by the Center or under its auspices; 	

Standard 1 consists of three main principles, which support the provision of services and decision-making in the centers providing treatment for children who are victims or witnesses of sexual abuse and severe forms of violence. These principles embody not only the provisions of the Conventions ratified by the Republic of Albania, but also the provisions of Albania's domestic legislation. The implementation of these principles is essential to prevent (re)traumatization of the child, which is also the Center's main goal.

The best interest of the child is the primary consideration in all actions and decisions regarding the child and non-offending parents/guardians. Therefore, the Centers must guarantee that the decisions and actions to be taken for the child are based on the assessment of the child's best interest. Article 3 of the Convention on the Rights of the Child (UN) has found reflection in the domestic legal framework determining the meaning of this principle and the elements that must be taken into consideration for the assessment of the child's best interest. According to Article 6 of Law No. 17/2018 "On the rights and protection of the child", the highest interest of the child means the right of the child to have a healthy physical, mental, moral, spiritual and social development, as well as to enjoy a family and social life appropriate for the child. Whereas in order to assess the best interest of the child, the child's needs for physical and psychological development, education and health, safety and stability as well as growth/belonging in a family are taken into consideration; the opinion of the child, depending on his age and ability to understand; the history of the child, taking into account the special situations of abuse, neglect, exploitation or other forms of violence against the child, as well as the possible risk that similar situations may occur in the future; the ability of the parents or persons who care for the child's well-being to respond to the child's needs as well as the continuity of personal relationships between the child and the persons with whom he has family, social and/or spiritual ties²⁵. The determination of the best interest is based on proven facts and information provided by the child and non-offending parents/guardians.

²⁵ Article 6 of Law No. 17/2018 "On the rights and protection of the child" and Article 10 of the Juvenile Justice Code;

The assessment of the child's best interests requires that the staff of the Center, before any action or decision regarding the child, carefully consider the impact of their actions on the children in order to make sure that the primary consideration is the child's best interest. The Committee on the Rights of the Child in General Comment no. 13 states that "the rights of children must be respected so that their best interest is the main consideration in all matters concerning them, especially when they are victims of violence, as well as in all preventive measures²⁶." General Comment no. 14 of this Committee emphasizes the importance of multi-disciplinary teams in assessing and determining the best interest of the child. Working together, a multi-disciplinary and interagency team is in the best position to make a comprehensive assessment and consider the best interest of the child throughout the process²⁷.

To comply with the above, the Center staff must evaluate the best interest of the child continuously and in cooperation with the local child protection structures and CSTG, notably when:

20. Assessing emergency health care services for the child who shows up at the Center in order to meet the child's needs for physical and psychological development;
21. Supporting the local child protection structures in carrying out the initial and complete assessment of the child;
22. Supporting the Child Assistant's participation in CSTG meetings called by local child protection structures and in the assessment of short-term and long-term needs of the child for health care services.

Center staff must have clear roles and responsibilities in assessing and determining the best interest of each child and must be trained on how to implement the procedures and instruments available for this purpose.

Participation, listening and respecting the child's opinion, in accordance with their age and ability to understand, is the focus of practices and processes conducted by the Center. The child is guaranteed the right to be heard in person or through their parent, guardian, or representative in all administrative and judicial processes related to him. Systematic listening to²⁸ the child will provide a deeper understanding of the child's needs, facilitate the determination of the child's best interest, and of the most appropriate services and actions to be taken, such as with regard to treatment and therapy. The child and the non-offending parent/guardian should always have access to information, tailored to their age, development, language and special needs. Also, children are given the opportunity to give feedback on their experience at the Center in order to improve the facilities and services offered at the Center. In order to ensure the full realization of these rights, the Center staff must participate in trainings enabling them to carry out their tasks. In addition, the Center staff will support and facilitate the child's participation in the CSTG meetings and will obtain

26 The Committee on the Rights of the Child, General Comment no. 13, paragraph 3/f, <https://www.refworld.org/docid/4e6da4922.html>

27 The Committee on the Rights of the Child, General Comment no. 14, paragraph 47, https://www.ohchr.org/english/bodies/crc/docs/gc/crc_c_gc_14_eng.pdf

28 Article 13 of Law No. 17/2018 "On the rights and protection of the child";

his opinion, by making available logistical means or institutional support in cases when the child is unable to physically participate in the meeting. In such cases, the Center will either ensure the necessary logistical means for the child to connect online with the CSTG from the Center's premises, or make available the necessary facilities for the CSTG to meet at the Center (meeting room).

Unjustified delays are avoided at all times by Center staff, ensuring that assessments, actions and services to the child are carried out within a reasonable period of time and that children receive timely information. Avoiding unjustified delays is a fundamental principle of child protection and juvenile criminal proceedings. The children who will be treated at the Center²⁹ are victims or witnesses of sexual abuse and serious forms of violence, that is, of a criminal offense and as such, they will be part of a criminal process. In order to avoid (re)victimization or (re)traumatization of these children, the Juvenile Justice Code foresees the obligation for every competent body to examine quickly and with priority the cases involving minor victims and witnesses. In the same way, all the institutions with a role in the protection and provision of services to the child must avoid any kind of unjustified delay that could lead to the worsening of the trauma experienced by the minor. Efficient inter-institutional interaction and cooperation requires the avoidance of unjustified delays, so that each of the institutions may perform their functions in a timely manner. To ensure compliance with this principle, the Center must admit self-referrals and referrals, 24 hours a day, 7 days a week, have an efficient organizational structure, reliable personnel and sufficient funds, solid coordination mechanisms, as well as consistent cooperation with the external actors who play a role in the investigative and judicial process (judicial police officers, psychologists, lawyers, prosecutors, judges, etc.).

STANDARD 2

The services offered at the Center respond to the individual needs of child victims or witnesses of sexual abuse and severe forms of violence.

Expected outcome:

The services offered by the Center respond to the individual and complex needs of child victims or witnesses of sexual abuse and severe forms of violence, give priority to the child's physical and psychological well-being and reflect the principles of child's safety and dignity.

²⁹ Article 17 of Juvenile Justice Code;

CRITERIA INDICATORS	INDICATORS	INSTRUCTIONS
<p>1. The center has a statement of the mission and objectives of the service, written in understandable language and posted in a visible place.</p> <p>2. The center offers the following services: - First aid and emergency care; - Support in case of crises; - Specialized medical support and counseling; - Specialized psychological counseling and therapeutic interventions; - Safe transport; - Referral and case management/follow-up in cooperation with the CPW.</p> <p>3. Services at the Center are provided free of charge and are covered by the Center's budget.</p> <p>4. For services that are not provided by the Center, it cooperates with specialized institutions or structures to provide the required service by making available, as appropriate, its facilities to ensure the provision of the service.</p> <p>5. The services provided clearly reflect the principles of human security and dignity.</p>	<p>2.1.1 The center has a written and posted document with the mission and objectives of the service;</p> <p>2.1.2 Staff is supported and guided by important internal rules such as the staff code of conduct, rules for reporting irregularities, security procedures, emergency protocol, etc.;</p> <p>2.2.1 Admission forms, psychologist's/ pediatrician's reports, specialist doctor's and forensic doctor's evaluations, reports of other services to which the child is referred, declaration of confidentiality of personal data, etc., completed and placed in the child's files ;</p> <p>2.3.1 None of the services provided by the Center and by other institutions or structures within the framework of inter-institutional cooperation are paid for by the beneficiary;</p> <p>2.4.1 The number of cases treated at the Center, the number of cases referred to other institutions, the child's referral documents to specialized institutions or structures, etc.;</p> <p>2.5.1 Procedures for security and respect for human dignity, written and posted for service users.</p>	<p>1. The children and the non-offending parent/ guardian are immediately familiarized with the mission and objectives of the service at the Center, as well as with the rights and obligations towards the Center and its staff;</p> <p>2. The center offers its services in an approach personalized for each child and on the basis of a needs assessment;</p> <p>3. The necessary services for the child are provided by the Center or through its cooperation with institutions or structures specialized in the provision of the required service.</p> <p>4. To ensure the sustainability of the Center, its funding will rely on the principles of a sound budget, based on needs and enabling the full operation of the service according to the established standards.</p> <p>5. The center has suitable facilities for medical examinations and psychological counseling of children and, when possible, makes them (environments) available for service delivery by cooperating institutions/ structures.</p> <p>6. When the child's safety is at risk, the Child Protection Unit in cooperation with the Center's Child Assistant take the protective measures provided for in Article 37 of the Juvenile Justice Code.</p>

The model of services provided by the Centers for immediate support and response to child victims and witnesses of sexual abuse and severe forms of violence ensures a framework for multi-sectoral and inter-institutional child support interventions during the process of case management and treatment of the child in civil and/or criminal proceedings.

This Model is based on the Barnahus model and standards of similar services in Europe embedded in the health system designed to promote practices that prevent (re)traumatization and are in line with children's rights for protection, assistance and justice, adapted to the child needs, as well as cooperating with justice institutions in criminal processes and the provision of evidence. **The provision of services by the Center relies on an inter-institutional and multi-sectorial approach** for assessing and fulfilling the individual and complex needs of children who are victims or witnesses of sexual abuse and severe forms of violence.

The center offers the following services:

1. First aid and emergency care;
2. Support in case of crises;
3. Specialized medical support and advice;
4. Specialized psychological counseling and therapeutic interventions;
5. Safe transport by an unidentifiable vehicle in order to guarantee anonymity and preserve privacy;
6. Referral and cooperation with CPW for case management.

For the provision of the above services, specialized centers are set up with the regional hospitals for the purpose of providing multi-sectorial care and support tailored to the needs of child victims and witnesses of sexual abuse and severe forms of violence. **The Center is embedded in the hospital**, which is the leading and responsible institution for the implementation of the Center's activities, as provided for by this order/instruction. The Minister of Health and Social Protection determines the organization, structure and operating regulations of the Center, as part of the hospital structure. The center has at least the following employees:

- c) **The coordinator** who will coordinate the inter-institutional work and ensure communication with other supporting and cooperating institutions. S/he will perform administrative and coordinating functions.
- d) **The Child Assistant**, who, in cooperation with the child protection worker, will take care of meeting the child's emergency needs and ensuring the provision of services envisaged in the Individual Protection Plan.

Services at the Center are provided free of charge and are covered by the Center's budget. In order to ensure the stability of the Center, its funding will rely on the principles of a sound budget, based on needs and that enables the full operation of the service according to the Service Model and established standards. **The center is financed from the hospital budget and has the following funding sources** :³⁰

30 Article 24 of Law No. 9106, dated 17.7.2003 "On the hospital service in the Republic of Albania", as amended

- a) Ministry of Health and Social Protection;
- b) Health insurance institutions;
- c) Local Government Units;
- d) Local and foreign donors.

Operating and personnel costs are covered by the budget allocated by the Ministry of Health and Social Protection for the hospital. The Ministry of Health and Social Protection, respecting the duties and responsibilities of the hospital, will exercise whenever deemed reasonable, economic-financial control over its budget share. The costs for services provided by other institutions or structures within the framework of inter-institutional cooperation are covered by these institutions or structures regardless of the place where the service is provided.

The center is open for admitting self-referred children or children referred by their parents/guardian, 24 hours a day, 7 days a week, as well as referrals from any natural or legal person, as well as from any employee of public or private institutions, who comes into contact with the child due to the profession or to whom the case has been reported. The center immediately admits self-referrals or referrals by the aforementioned structures, regardless of the form used for notification.

The Center has the duty to offer the child, who appears or is referred to the Center, all the services it offers and are deemed necessary to ensure the physical and psychological well-being of the child. During the exercise of its activity, the Center is supported by doctors and staff of other hospital structures, according to the needs of the case, as well as by professionals from other institutions that will provide services or perform procedural actions in the Center's premises. **For services that are not provided by the Center's own staff or hospital structures, it cooperates with specialized institutions/structures in providing the required service** by making available, as appropriate, its premises available for service provision.

Also, the services provided by the Center must reflect the principles of children's safety and dignity. Thus, when the child's safety is at risk, the Child Protection Unit in collaboration with the Center's staff take the protective measures provided for in Article 37 of the Juvenile Justice Code. Child victims or witnesses of sexual abuse and severe forms of violence are also child victims or witnesses of a criminal offense and as such they benefit from all the protective measures provided by the Juvenile Justice Code. Article 37 of this Code stipulates that "when the safety of a child victim or witness is at risk, as the case may be, the prosecutor, the judicial police or the Child Protection Unit will take protective measures such as:

- a) avoiding direct contact between the minor victim or witness and the accused, at any stage of the process;
- b) making a request to issue a "restriction order" in court;
- c) making a request for the imposition of the security measure of "prison arrest" or "house arrest" for the accused, subject to banning contact with the child;
- c) making a request to take protective measures for the child victim or witness by the police or other structures in addition to preserving the secrecy of the child's location;

- d) taking or requesting the competent authorities to take other protective measures that are considered appropriate.

From reading the provisions above, it follows that, as the child is being treated at the Center and the Center's staff become aware of a risk to the child's safety, they must notify and cooperate with the Child Protection Unit to take protective measures for the child's safety. The role of the Center staff in this case is to cooperate and support the Child Protection Unit. In the same way, when a measure to protect the child has been taken by the prosecutor, the judicial police or the Child Protection Unit, the Center staff must ensure that, during the treatment at the Center, the child enjoys the necessary protection (such as avoidance of contact with the accused or the secrecy of the child's location).

STANDARD 3

Coordinated multidisciplinary and interagency collaboration between the Centre and central and local stakeholders

Expected outcome

Guarantee service provision and case handling in a coordinated and multidisciplinary response approach and collaboration of central and local stakeholders.

The Center shall collaborate with the Prosecution Office and Courts, in the context of forensic and physical examination, providing the necessary clinical environment, equipment, and materials. It shall also collaborate with other hospital structures to ensure the participation of a certified medical doctor and nurse of the same sex as the child or of the gender chosen by the child, trained in sexual abuse and maltreatment of the child.

Every child who is self-referred or referred to the Center is provided with emergency health care that includes pediatric consultation and the provision of urgent/emergency medical aid in cooperation with other specialized hospital structures.

The Center, in cooperation with other hospital structures, provides the child with short- or long-term health care, and according to the needs of specialized personnel and in a child-friendly manner.

CRITERIA	INDICATORS	INSTRUCTIONS
<p>1. The Centre provides a full range of services provided based on a coordinated multidisciplinary and interagency collaboration between the Centre and central and local stakeholders.</p> <p>2. The Center has the necessary clinical environment, tools and materials to perform forensic and physical examination of the child, and collaborates with other hospital structures to ensure the participation of a certified medical doctor and nurse of the same sex as the child.</p> <p>3. The children referred to the Center shall receive emergency health care including pediatric visit and the provision of urgent/emergency medical aid in cooperation with other specialized hospital structures.</p> <p>4. The child shall receive a short- or long-term health care at the Center and according his/her needs by the specialized personnel and in a child-friendly manner.</p>	<p>3.1.1 The Centre has a formal mandate from the respective authorities to coordinate interagency collaboration and to provide multidisciplinary services;</p> <p>3.1.2 The Center has entered into interagency agreements with the institutions it collaborates with for the provision of services at the Center;</p> <p>3.1.3 The Center employs a Coordinator in charge of coordinating the interagency work;</p> <p>3.1.4 The Coordinator's role is defined explicitly in the job description;</p> <p>3.1.5 The employees of the Center actively participate in MDT meetings for case management;</p> <p>3.2.1 Appropriate environment, and necessary clinical equipment and materials;</p> <p>3.2.2 Assessments of the specialist doctor and the forensic doctor, i.e., the documentation evidencing the services provided to the child in the hospital; the child's personal file.</p> <p>3.3.1 The medical examination, treatment and eventual delivery to the specialized medical treatment shall be an integral part of the services provided by the Center;</p> <p>3.4.1 The medical assessments are carried out at the Center's premises;</p>	<p>Identify the institutions/ structures specializing in providing the required services outside the hospital, with which the Center will sign a Collaboration Agreement and follow multidisciplinary case management approach.</p> <p>At the request of the prosecutor or judicial police officer, in order to reduce the risk of child's re-victimization and to support the interview process, the Center shall provide, depending on the capacities, a child-friendly environment and the necessary equipment / logistics.</p> <p>If a court/prosecutor's decision sets the Center as a place for conducting an intimate and medical check-up/examination of the child and/or taking biological samples, the Center shall provide the necessary clinical environment, equipment, and materials for this purpose.</p> <p>The children and their non-abusing parent/guardian are provided with appropriate information on the medical examinations and treatment; the Center's employees shall give due regard to the child's opinions on the examination and treatment.</p>

CRITERIA	INDICATORS	INSTRUCTIONS
	<p>3.4.2 The Child Assistant attends regularly the GTN meetings to determine the child's health care needs;</p> <p>3.4.3 The Child Assistant takes care of the planning and provision of health services provided for in the IPP;</p> <p>3.4.4 The Center collaborates and is supported by other specialized hospital structures in the provision of emergency or continuous medical aid.</p>	

As emphasized above, **the service provision by the Centers relies on an interagency and multidisciplinary approach** in order to assess the needs and to meet the individual and complex needs for service of the child victims or witnesses of sexual abuse and severe forms of violence. The Center is part of the Hospital, which is the governing institution and responsible for the realization of the Center's activity.

The primary activity of the Centers is the provision of the aforementioned services (Standard no.2) for the child victims or witnesses of sexual abuse and severe forms of violence. Within the scope of providing these services, the Center is supported by the doctors and employees of other hospital structures, depending on the case's needs, as well as by the professionals of other institutions who provide services or perform procedural actions in the premises of the Center. For the services not provided by the Center's own staff or hospital facilities, it shall collaborate with institutions/structures specializing in the provision of required service (s) making available, when possible, its facilities for the service provision. To materialize this collaboration with the institutions/structures specialized in providing the required service(s) outside the hospital; the Center shall enter into an interagency (or collaboration) agreement with these structures or institutions.

The secondary activities of the Center are the collaboration with and providing support to the local child protection structures, the Prosecution Office and the Court when managing the case. In this case, the role of the Centre's staff is to collaborate, support, and facilitate some processes during the case management phase by the responsible institutions under the legislation into force (local child protection structures, Prosecution and Courts). In particular:

1. Once a case is referred or self-referred to the Center, its staff (the Coordinator) is responsible for reporting the case to the local child protection structures

and/or to State Police bodies, according to the provisions of DCM No. 578, date 3.10.2018 "On the care referral and management procedure, development and content of the Individual Protection Plan, funding of the expenses for its implementation, as well as implementation of protection measures".

2. The Center's staff shall collaborate with the local child protection structures to facilitate the child's initial assessment, the provision of emergency services at the Center or the coordination of actions for the provision of emergency services identified by the initial assessment made by structures/institutions outside the hospital.
3. The Center's staff shall collaborate with the local child protection structures to carry out a full assessment of the child by providing all available information, appropriate environment for conducting the interviews with the child, siblings and other family members, joint visits with the CPW to the place where the child is living, and cooperation in assessing the level of risk, needs for services, identifying and assigning the necessary interventions. The Center's staff (social worker) shall participate in the GTN meetings convened by the local child protection structures and at the request of these structures. If after the full assessment of the child, the IPP identifies the need for short- or long-term health care, including trauma intervention, counseling and therapy, and these services or part of them are foreseen to be provided by the Center, the Center shall provide these services itself or in collaboration with other specialized hospital structures.
4. At the request of the prosecutor or judicial police officer, in order to reduce the risk of a child's re-victimization and to support the interview process, the Center shall, depending on its capacities, provide a child-friendly environment, audio and video recording equipment during the child's interview in the premises of the Center, devices that alter the appearance and/or voice of the witness/victim during remote questioning, as well as other facilities as needed.
5. If a court/prosecutor's decision sets the Center as a place for conducting an intimate and medical check-up/examination of the child and/or taking biological samples, the Center shall provide the necessary clinical environment, equipment, and materials for this purpose. The Center shall collaborate with other hospital structures to ensure the participation of a certified medical doctor and nurse of the same sex as the child or of the gender chosen by the child, trained in sexual abuse and maltreatment of the child.

To guarantee the coordination of the interagency work, the Center shall employ a Coordinator in charge of communication with the other supporting and cooperating institutions.

Cooperation with the Prosecution Office and Courts in the context of forensic and physical examination and questioning of the child

To reduce the risk of the child's re-victimization and to support the interview process of the child, the Center shall provide, depending on the capacities, a child-friendly environment, audio and video recording equipment during the interview of the child

in the premises of the Center, devices that alter the appearance and/or voice of the witness/victim during remote questioning, as well as other facilities as needed. The Centre shall take care to avoid, in any case, any confronting of the child victim with the offender, in all the places where the interview process takes place and at all times. When, for the purpose of investigation and collection of evidence, the prosecutor and/or the court **decides to conduct a physical and medical check-up/examination of the child and/or to compulsorily take** biological samples, a detailed description of the type of biological sample to be taken or of the medical procedure to be carried out, the place, date, time and exact manner of taking the biological sample or conducting the other medical procedure is specified in the decision. If a court/prosecutor's decision sets the Center as a place for conducting an intimate and medical check-up/examination of the child and/or taking biological samples, the Center shall provide the necessary clinical environment, equipment, and materials for this purpose. The Center shall collaborate with other hospital structures to ensure the participation of a certified medical doctor and nurse of the same sex as the child or of the gender chosen by the child, trained in sexual abuse and maltreatment of the child. Any medical procedures that endanger a person's life, physical integrity, or health, that may harm the unborn child or that according to medical protocols may cause unjustified suffering cannot be performed.

Every child who is self-referred or referred to the Center **is provided with emergency health care** that includes pediatric consultation and the provision of urgent/emergency medical aid in cooperation with other specialized hospital structures. **After the forensic and physical examination and before the approval of the IPP, the Center shall, in collaboration with other specialized structures of the hospital, provide the child with health care according to the needs** in the form of consultations, medical examinations, tests and medication, including emergency contraception if needed, by specialized personnel and in a child-friendly manner. **If after the full assessment of the child, the IPP identifies the need for short- or long-term health care**, including trauma intervention, counseling and therapy, and these services or part of them are foreseen to be provided by the Center, the Center shall provide these services itself or in collaboration with other specialized hospital structures. The Child Assistant is in charge of taking care of the aforementioned planning and service provision.

STANDARD 4

The Centre shall offer a child-friendly environment

- 4.1 The location of the Centre is easily accessible** for children and parents at a known premise and on their own. The premises are accessible by public transport and for children with disabilities.
- 4.2 The indoor premises are adapted to children** and their age, especially in the waiting rooms. The premises are physically safe for children of all ages and developmental stages, even for children with disabilities.
- 4.3 Privacy:** there are separate, acoustically and privately isolated rooms to ensure privacy.

4.4 Preventing any kind of contact with the alleged offender: the premises shall provide the possibility to avoid any contact between the victim and the alleged offender at all times.

Expected outcome

The Centre’s location is easily accessible to children and their parents/guardians and its indoor facilities are child-friendly and provide the necessary privacy and security.

CRITERIA	INDICATORS	CRITERIA
<p>1. Children and parents do not face difficulties in finding the location of the Centre and can go there by public transport or via the transport service provided by the Centre.</p> <p>2. The premises are accessible for children with disabilities.</p> <p>3. Children find in the Center environments suitable for them and their age as well as physically safe environments.</p> <p>4. The Centre has separate and acoustically isolated rooms that provide privacy.</p> <p>5. The Centre shall take care to avoid, in any case, any confrontation of the child victim with the perpetrator, in all the places and at all times</p>	<p>4.1.1 The Center is located in an area known to the citizens;</p> <p>4.1.2 Public transport is close to the Center; 4.2.1 The Centre has a ramp or lifting platform at the entrance.</p> <p>4.3.1 The facilities in the waiting room, such as toys, magazines, books and furniture, are suitable for children of all ages, children with special needs and children with disabilities;</p> <p>4.3.2 Number of inspections carried out for the safety of the premises.</p> <p>4.4.1 Facilities in the Center that ensure privacy;</p> <p>4.5.1 The Centre’s premises shall provide the possibility to avoid any contact between the victim and the alleged offender if the latter enters the same building;</p>	<p>1. Inside the hospital facilities, the Centre is connected with Pediatrics Department with clear signs of accessibility and special entrances. The Centre provides safe transport for service beneficiaries;</p> <p>2. The Centre’s premises are accessible for children with special needs or disabilities.</p> <p>3. The child is welcomed by a staff member in a friendly manner to child; the Centre’s premises are physically safe for children of all ages and developmental stages; the Centre regularly conducts inspections for the safety of the premises.</p> <p>4. The Center has separate waiting rooms for cases if necessary to protect the privacy or security of the child or if required by the prosecutor/court for legal examinations. The rooms have acoustic insulation. The location and orientation signs are not visible to sight.</p> <p>5. The juveniles in conflict with the law- perpetrator against the child under treatment at the Center, cannot not be beneficiaries of services at the Center or be interrogated at the premises of the Center.</p>

For the provision of specialized services to children victims and/or witnesses of sexual abuse and severe forms of violence, **physical environments characterized by a set of key features are provided, i.e., they are accessible, safe, appropriate to the children, separated and acoustically isolated ensuring privacy and avoiding any kind of confrontation between the child victim and the offender.** The Centre's premises shall be accessible to children with special needs or disabilities. The location and creation of facilities according to the above characteristics is essential to provide all children with access to services and to ensure children's privacy and safety. Creating a safe, neutral, and adapted environment for the child is essential in lowering anxiety and preventing (re)traumatization.

As stressed above, the Center is part of the Regional Hospital's structure. Inside the hospital facilities, the Centre is connected with Pediatrics.

Department with clear signs of accessibility and special entrances. The Centre's facilities are child-friendly adapted for children of different ages. Where possible, separate, acoustically and privately isolated rooms are also created to ensure privacy. The premises provide accessibility for children with special needs or disabilities and are physically safe for children of all ages and developmental stages. The premises shall provide the possibility to avoid any contact between the victim and the alleged offender. Interviews or questioning of the child is conducted in premises designed or adapted for this purpose that enable their live monitoring. Children and non-abusing parents/guardians are provided by the Center with safe transportation through an unidentifiable vehicle to guarantee anonymity and maintain privacy.

STANDARD 5

Needs assessment and care/assistance plan

Expected outcome

The needs of the beneficiary, victim/survivor of sexual assault, fully and effectively assessed, appropriate to his/her age, gender and other specifications, as well as the individual care/assistance plan prepared based on the foregoing. The Center's staff shall collaborate with the local child protection structures to facilitate the child's initial and full assessment and ensure/coordinate the emergency health care services provision to the child as well as the health care services provided for in the IPP.

The Center accepts 24 hours a day, 7 days a week, self-referrals of the child and/or the child's parents/guardian, as well as referrals from any natural or legal person, as well as from any employee of public and private institutions, who comes into contact with the child due to the profession or to which the case was reported. Once the case referral is received, the initial information for the referral is documented in a separate register. Likewise, once the child appears in the premises of the Center, he/she is registered, a special file is opened and assigned a child identification number throughout his/her treatment process at the Center.

The Center’s staff shall collaborate with the local child protection structures to carry out the initial assessment of the child by providing all available information and appropriate facilities for conducting the initial interview of the child. **The Center’s Coordinator** supports the Child Protection Officer who is the case manager (hereinafter CPW) and facilitates the collection of necessary information from the institutions, organizations or other persons, who have knowledge of the case and/or are in contact with the child. The Center provides the child with the immediate needs for food, hygiene, and clothing and the necessary health and psychological care, in cooperation with the CPW and other specialized medical structures of the hospital. **The Child Assistant of the Center** supports the CPW, coordinates the actions or refers the case to the responsible institutions, when the initial assessment of the child identifies the emergency need to provide the child with the indispensable services not provided in the Center and/or to provide him with physical protection and/or to implement an emergency measure of protection. The social worker and the CPW shall assess, on a case-by-case basis, whether the necessary emergency services will be provided to the child in the Center’s premises by specialized staff in the context of the interagency collaboration or the child will have to be moved to the specialized institution. In addition, the Child Assistant supports the CPW to enforce the emergency protection measures and the temporary placement of the child at a child’s relative, in a foster family or in a shelter.

CRITERIA	INDICATORS	INSTRUCTIONS
<p>1. The Center’s staff shall collaborate with the local child protection structures to facilitate the child’s initial assessment and ensure/ coordinate the provision of emergency health care services.</p> <p>2. The Center’s staff shall collaborate with the local child protection structures to facilitate the child’s full assessment and ensure/ coordinate the health care services provision provided for in the IPP.</p>	<p>5.1.1 The number of cases that the Center’s staff have facilitated the collection of the necessary information in the context of the initial assessment of the child;</p> <p>5.1.2 Number of cases when emergency health care services are provided by the Center in collaboration with hospital structures;</p> <p>5.1.3 Number of cases when the provision of emergency health care services by structures/institutions outside the hospital is coordinated by the Center’s staff;</p> <p>5.1.4 The Centre has at the level of its structure an employee who facilitates interagency collaboration(the coordinator);</p>	<p>1. The Center’s staff shall collaborate with the local child protection structures to carry out the initial and full assessment of the child by providing all available information, appropriate facilities for conducting the child’s interview, and facilitate the collection of the necessary information.</p>

CRITERIA	INDICATORS	INSTRUCTIONS
	<p>5.2.1 The number of cases, where the Center’s staff have facilitated the collection of the necessary information in the context of the full assessment of the child; 5.2.2 The Center’s staff shall regularly participate in the GTN meetings, when required;</p> <p>5.2.3 Number of cases when short- or long-term health care services, according to the IPP forecasts, are provided by the Center in collaboration with hospital structures; 5.2.4 The Center’s staff are informed and trained about the procedures of civil and criminal management of the child victim or witness.</p>	<p>2. When the initial assessment of the child identifies the emergency need to provide the child with medical services, the Center’s staff shall assess, on a case-by-case basis, whether the emergency services will be provided to the child by the Center in collaboration with the hospital structures or the child will have to be moved to a specialized institution.</p> <p>3. If after the full assessment of the child, the IPP identifies the need for short- or long-term health care, and these services or part of them are foreseen to be provided by the Center, the Center shall provide these services itself or in collaboration with other specialized hospital structures.</p>

Also **during the full assessment of the child**, the Center’s staff shall collaborate with the local child protection structures by providing all available information, appropriate environment for conducting the interviews with the child, siblings and other family members, joint visits with the CPW to the place where the child is living, and cooperation in assessing the level of risk, needs for services, identifying and assigning the necessary interventions. **The Coordinator** supports the CPW and facilitates the collection of necessary information from the institutions, organizations or other persons, who have knowledge of the case and/or are in contact with the child. **The Child’s Assistant** shall participate in the GTN meetings convened by the local child protection structures and at the request of these structures. Additionally, the Center’s staff may support and facilitate the child’s participation in the GTN meetings and obtain his/her opinion, through the provision of logistical means or institutional support for cases where the child is unable to participate physically in the meeting. In these cases, the Center either provides the necessary logistical equipment ensuring the child’s online connection with GTN from the Center’s premises or makes available to GTN the necessary facilities for holding the meeting (a meeting room). The Child Assistant participating in the GTN meetings reviews the draft IPP and makes the relevant recommendations for interventions or services necessary for the case, assuming the tasks and services to be provided to the child

as well as the respective deadlines. The case referral, handling at the Center and communications or minutes of meetings with other institutions or structures are documented in separate records and retained under the rules of the hospital. The staff or professionals who come to provide services at the Center, in the context of interagency collaboration, shall comply with the rules for the administration of the Center's documentation.

STANDARD 6

Providing the child with personalized therapeutic services by professionals with specialized training and expertise

Expected outcome

Every child who is self-referred or referred to the Center receives mental health support in the form of crisis intervention and is subject to a mental health assessment that forms the basis for the appropriate treatment provided to the child without undue delay.

CRITERIA	INDICATORS	INSTRUCTIONS
<p>1. The Center, in collaboration with other hospital structures, provides support and assessments of the child's mental health by specialized personnel.</p>	<p>6.1.1 The Center has a child psychologist/therapist in its structure; 6.1.2 The Centre has a permanent staff prepared for crisis support for all children and non-abusing parents/guardians in need. 6.1.3 Psychiatrist contacted by the center: - has received specialized training in the assessment and treatment of child victims and witnesses of violence; - carries out a mental health assessment of the child that forms the basis for the appropriate treatment provided to the child; - collaborates in determining the degree of accountability of the child, when requested by the prosecutor or the Court.</p>	<p>The mental health assessments at the Center shall be structured and carried out based on approved templates. The mental health assessment forms the basis for the appropriate therapeutic treatment to be provided to the child in function of trauma;</p>

CRITERIA	INDICATORS	INSTRUCTIONS
	<p>6.1.4 The treatment is adapted to the individual characteristics of the child, such as age, development, language, social and cultural level, emotional state as well as the special needs of the child;</p> <p>6.1.5 Children and non-abusing parents/guardians are regularly provided with information on the treatments available to them;</p>	

Once the child arrives at the Center, he/she receives mental health support in the form of crisis intervention, provided by a hospital psychologist according to the needs of the case. The child's non-abusing parents/guardians are also beneficiaries of services at the Centre and are provided with constant information, counselling, and support in case of crisis. The main purpose of information, counselling, and support in cases of crisis for non-abusing parents/guardians is to enable them to provide the child with the necessary support and assistance during the child's rehabilitation and during the criminal process. The Child Assistant collaborates with other hospital structures to appoint a psychiatrist, who makes **the child's mental health assessment**. The moment is determined on the basis of the child's characteristics and situation. The mental health assessment forms the basis for the appropriate treatment provided to the child without undue delay. If the prosecutor or court has not appointed a psychologist to assess the child's level of responsibility, the psychologist of the Center determines, in his/her assessment, also the child's level of responsibility and notifies it to the prosecutor or the court.

If after the full assessment of the child, the IPP identifies the need for short- or long-term health care, including trauma intervention, counseling and therapy, and these services or part of them are foreseen to be provided by the Center, the Center shall provide these services itself or in collaboration with other specialized hospital structures.

STANDARD 7

Provision of quality services by specialized staff

Expected outcome

The Center's staff shall possess the necessary professional competencies to perform their duties in an effective, specialized, evidence-based, and child-centered manner.

- a) The Minister of Health and Social Protection shall define the organization, structure, and operating regulations of the Center, as part of the hospital structure. The Center has in its organizational structure, at least, the following staff:
- b) The Coordinator who is in charge of coordinating the interagency work and communication with the other supporting and cooperating institutions. He/she performs administrative and coordination functions;
- c) The Centre's social worker who, in cooperation with the Child Protection Officer, takes care to meet the emergency needs of the child and ensure the provision of the services provided for in the Individual Protection Plan.

CRITERIA	INDICATORS	INSTRUCTIONS
1. The Center's staff shall have: - the necessary professional competencies to perform their duties in an effective and specialized manner; - a profound understanding of all forms of violence against children, and possess clinical expertise and experience in the field of trauma, including expertise in addressing the special needs of children with disabilities; - an enhanced understanding of the system in which the Centre operates, the legal framework on the rights and protection of the child, including medical, social and economic aspects, and the role of the Centre in promoting a multidisciplinary and coordinated approach in the context of the child's rehabilitation and reintegration into social life.	7.1.1 The staff shall possess the necessary qualifications and experience according to the job description; 7.1.2 There is an explicit plan for skills development and continuing education of the Center's staff; 7.1.3 The Center's staff shall participate in joint training with the representatives of the GTN on cross-cutting issues and multidisciplinary collaboration; 7.1.4 The Centre's staff are provided with individual and group counseling for specific cases;	The Centre's staff shall have a profound understanding of all forms of violence against children, as well as possess clinical expertise and experience in the field of trauma, including expertise in addressing the special needs of children with disabilities. They shall have an enhanced understanding of the system in which the Centre operates, the legal framework on the rights and protection of the child, including medical, social and economic aspects, and the role of the Centre in promoting a multidisciplinary and coordinated approach in the context of the child's rehabilitation and reintegration into social life.

STANDARD 8

Data collection, information sharing, and awareness raising to prevent cases of sexual abuse and violence against children

Expected outcome

The Centre collects data, processes statistical information, and participates in information and awareness-raising activities in order to raise awareness about sexual abuse and violence against children and the role of multidisciplinary and interagency approach. The data/statistics are collected, processed, and shared with stakeholders, decision-makers, child protection specialists, and the public to raise awareness about sexual abuse and violence against children and the role of multidisciplinary and interagency approach.

The data concerning the child receiving services at the Center are confidential and any professional or staff-keeping data about the child has the duty to keep the confidentiality of all information-received ex-officio and/or during the performance of the duty. The obligation to keep the confidentiality survives also after the termination of the employment relationship, function, or duty. The identification or publication in whatsoever form of the personal data of the child, except as provided in the legislation on the protection of personal data, is also prohibited. The processing of the child's data is carried out in accordance with the legislation on the personal data protection.

CRITERIA	INDICATORS	INSTRUCTIONS
1. The Centre shall collect and process data/statistics and shares them with stakeholders to raise awareness about sexual abuse and violence against children and the role of multidisciplinary and interagency approach.	8.1.1 The data collection template is developed and adopted and is used systematically to collect the shared data; 8.1.2 Guidelines for appropriate, due and ethical involvement of the Center in awareness-raising, competence-building and contributions to campaigns, studies, research, and consultations are in place and constantly implemented;	The data collected should be discussed extensively with institutions, civil society, the media, etc. in order to raise awareness about sexual abuse and violence against children, improve policies, legislation, and practices, and strengthen interagency actions and interventions. The data concerning the child are confidential and the identification or publication in whatsoever form the personal data of the child is forbidden.

STANDARD 9

Monitoring and Evaluation

Expected outcome

The Centre provides quality services to children, including the monitoring and evaluation process.

At the end of each year, the hospital carries out an internal monitoring and evaluation of the quality of service provision at the Center (according to the standards and provisions of this Instruction), of the outcome, performance and type of services provided, the number of beneficiaries and their satisfaction level, and evaluates the needs for changes and/or improvements. The evaluation carried out is sent to the Agency for Quality Assurance of Health and Social Care by 31 January of the next year. The Agency for Quality Assurance of Health and Social Care, after reviewing the material, sends the hospital recommendations regarding the measures to be taken providing, where possible, the solutions to meet them.

The evaluation and monitoring of the Center's service can be a duty of the Social State Services/Medical Service, etc.

In any case, the evaluation and monitoring can be used to determine:

- How well services are provided, by surveying those using the Centre (e.g. using beneficiary satisfaction surveys).
- The outcome, performance, and type of services provided (e.g. number of beneficiaries in a month).

CRITERIA	INDICATORS	INSTRUCTIONS
1. At the end of each year, the hospital performs an internal monitoring and evaluation of the quality of service provision at the Center, taking into account the quality standards of services to be met.	9.1.1 The persons responsible for monitoring and evaluation are identified in the organization structure of the hospital and the job descriptions; 9.1.2 The quality monitoring and evaluation form is developed and approved; 9.1.3 The questionnaire measuring the level of satisfaction of the services beneficiaries at the Center is developed and approved; 9.1.4 The monitoring and evaluation reports are drafted.	The internal monitoring and evaluation of the quality of service provision at the Center is made taking into account the quality standards of services, the outcome and performance achieved, the type of services provided, the number of beneficiaries and their satisfaction level, and evaluates the needs for changes and/or improvements.

STANDARDI 10

Beneficiary rights and responsibilities, avoiding abuse and complaint process

The “Centre” provides services to child victims and witnesses of the most serious forms of violence, including sexual abuse, following the principle of respect for, without discrimination, and in accordance with domestic legal provisions and universal principles of human and child rights.

The expected outcome

The beneficiary(s) of the service of the Center is entitled to all the rights provided for in the Law, is treated with dignity and respect, and is protected from all forms of abuse and discrimination during his/her stay in the Center.

The beneficiary(s) is protected from abuse, physical, financial, material, psychological, sexual, negligence, discrimination and self-harm. A simple, clear, and transparent complaints procedure is in place and implemented in practice.

CRITERIA	INDICATORS	INSTRUCTIONS
<p>1. Informing the beneficiary about the rights and responsibilities during his/her stay in the Center.</p> <p>2. A simple and explicit complaint procedure open to all beneficiaries and their family members is in place. The procedure contains the feedback deadlines and the bodies/persons handling the complaint</p> <p>3. The Center's team shall show respect for their dignity through their conduct and how they manage with them in all interactions.</p> <p>4. The beneficiary is protected from physical, emotional maltreatment and abuse</p> <p>5. The beneficiary is treated with dignity and without discrimination, as a participant in the programme.</p> <p>6. The criteria of the right to obtain specialized services are explicitly formulated. All persons interested in the service receive information on the criteria for receiving the services.</p>	<p>10.1.1 A brochure/leaflet/poster including the rights and obligations during the stay in the Center, including the right to benefit from services without discrimination, adapted to a child-friendly language and understandable and readable to them, including children with disabilities (Braille language)</p> <p>10.2.1 A written complaint procedure, which makes the connection to an external system if the Center does not resolve the complaint, is announced and recognized by all beneficiaries and staff.</p>	<p>- It is good to keep a separate database for all complaints filed and the solution given to them.</p> <p>- The participation of beneficiaries is essential to move towards self-sufficiency and empowerment.</p>

The stay time in the Center is limited. It is 24 hours. The removal of the beneficiary from the Center is notified to the GTN members at the local level, in order to monitor the case.

The services for children at the Center are provided without discrimination based on any ground such as sex, race, color, language, religion, political or other opinion, national or social origin, affiliation to a national minority, property, birth, sexual orientation, gender identity, age, health status, disability, civil status, migrant or refugee status or other status. It is indispensable for the staff working with this social category to have sufficient knowledge of the Law no.18/2017, "On the rights and protection of the child" and the beneficiaries(s) to obtain knowledge on their rights under the legislation.

The services in the Centre are provided free of charge. The Centre should be accessible to all children and non-abusing family members regardless of their ethnic affiliation, special needs or social status and needs.

In all cases, the fact that children and non-abusing family members, depending on the situation, may not have any identification document with them should be taken into consideration.

The collaboration between the Center and the CPU/CPW, which coordinates the GTN in the respective municipality, shall enable the provision of the relevant documentation.

The Center should consider that, in special situations, an interpreter may be needed, when the child is of foreign nationality and is in Albania as a visitor, asylum seeker or for any other reason.

The list of "on call" persons should also include some professional translators.

To be accessible for children with disabilities, the Centre should have a list of sign language professionals and specialists for persons in need of this type of service.

When proved that the child is a victim or witness of sexual violence or severe forms of violence or the non-abusing family members' legal guardians have severe mental health problems, it shall collaborate with the specialized services at local or national level and the CPW/NJFM to determine the measures and the protection plan.

VII. Annexes



ANNEX 1 CONFIDENTIALITY STATEMENT

How we safeguard your private information

Agreement on access to the Center's services

Service

- The Center's staff shall assist, support, and advise you to minimize the effects and protect you from the abuse you have experienced. They are social workers, psychologists, and doctors of the Center.
- The Center provides medical, social care and psychological support services for crisis management as well as collaborates with protection services.
- The goal of the center is to provide a safe, protected place, support, and therapy at the right time.

Service agreement

The staff will work with you only with your consent and if you understand the type of information we will record about you and that we will keep this information confidential. The staff will explain the process to you and this form describes how we will do this and requires your consent to proceed with the work. **Confidentiality** Any information you share with the Center will be kept confidential, but we may need to share some of your information with other institutions such as the Police and Child Protection Officer/Unit.

We have a legal obligation to keep children and young people safe. This means that if you report us anything about yourself or another person, injured or at risk, we may need to report to someone who can help (such as Child Protection Officers).

We also have a legal duty to share information if the court orders us.

While we are supporting you, we will let the agencies know the outcome of our work and send you a copy, but we will always notify you first, unless we feel it is not safe to do so.

Fair treatment

The Centre always aims to treat all children and young people as an individual in a fair and equal manner. If at any time you feel this is not happening, please speak to any staff member you feel comfortable with or the Child Protection Unit.

If you feel unsure about doing so or are still unhappy, you can use the complaints procedure.

The Centre has a box where you can submit your complaint.

Keeping records

The Center’s staff will keep records of the work it does with you or your child and keep them in a secure electronic file. Examples of what notes and information we collect: Initial meeting;

- Crisis counselling, observations and phone calls, if made with you or caregivers or any person who has information or requests information about the child;
- Meetings where we can discuss your case.

The staff will discuss your needs from the moment you are referred for the first time and at team meetings to ensure you are getting the best help. Discussions will also be recorded in the individual file and you or the legal guardian has the right to access your file at any time.

Individual notes will only be read by the staff working directly with the child. We keep the child’s records until he turns 18 years old.

Consent

I give my consent to receive the services of the center and I understand what type of information the Center will keep about me and how it will be protected. I understand that the information will be kept confidential, but that some information about me/ my child may need to be shared with other institutions, when necessary to prevent anyone from being harmed.

I understand that the Center should speak with other professionals about my or my child’s situation and I give my consent to the Center’s staff to share this information with the following institutions:

- Child Protection Worker/ Unit
- Medical doctor
- Police officer
- Other (please specify)

Signature of children over 14 years old.

Date.....

Signature The guardian (as the case may be) or companion of the child.

Date.....

FOR THE CENTER’S STAFF

- I have read and explained this form to the child and legal guardian

Signature Date

ANNEX 2 JOURNAL SHEET

This form should be used to record ALL actions and contacts made in relation to a case and kept in the child's file.

When a notebook is used, information from the notebook is recommended to be entered in this form. Each journal sheet is stored with a code on the computer and each printed or handwritten note sheet is stored in a locked rack.

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ANNEX 3
INITIAL NEEDS ASSESSMENT FORM

This form is kept in the child's file. It is filled in by the social worker, at the Center, with information obtained through the phone or the case is presented at the Center and there is a need to support them through the services provided at the center.

Time and date of referral _____

Time and date of arrival at the Centre _____

PERSONAL DATA

Name _____

Surname _____

Fathers name _____

Gender **Male** **Female**

Date of birth _____

Place of birth _____

Education _____

ACCOMPANYING PERSON DATA

Name _____

Surname _____

Fathers name _____

Gender **Male** **Female**

Date of birth _____

Place of birth _____

Education _____

FIRST TIME RECEIVING SERVICES AT THE CENTER?
YES NO

HEALTH

Health status/disabilities that persist

TYPE OF DISEASE	How long?	Disease level
Allergic reactions		
Anemia		
Asthma		
Hypertension		
Cerebral palsy		
Rheumatoid arthritis		
Diabetes		
Drug/ alcohol addiction		
Mental illness		
Epilepsy		
Allergy		
Hearing impair		
Hepatitis		
Malnutrition		
Physical disabilities or mobility problems		
Diseases of the gastrointestinal tract		
Feeling/Speaking Disabilities		
Visual impair		

Are there other conditions that require outpatient treatments or hospitalization?

YES

NO

Specify _____

EVALUATION BY THE PERSON MAKING A COMPLAINT

A. Overall evaluation of the physical appearance of the person being interviewed (clothing, shoes ...)

1. In very bad condition

2. In average condition

3. In average condition

Notes:

B: What characteristics do you see after assessing the psychological situation of this child?

C: What characteristics do you see after assessing the psychological situation of the companion:

Staff who has filled in the form

Interviewer

Date of interview

Explanation/note: *(Once the first information is collected, the staff discusses the next steps depending on the situation judged. Next, they communicate/ inform/explain/ clarify to the child and the parent/guardian what can be done to help the child and the parent/ guardian at that moment).*

Define the Risk Level for child safety and well-being _____

Define the Risk Level for the family's safety and well-being _____

(referoju indikatorëve dhe faktorëve të rrezikut për fëmijën & familjen)

**ANNEX 4
COMPLAINT FORM**

Data of the person filing the complaint:

Filling in the data is not mandatory. Indicating your name makes it easier for us to reply to the complaint filed, but you can also complain in anonymous form

Name Surname: _____

Age: _____

Gender: _____

Beneficiary of the Center: Yes/NO Address:

Contact details: _____

Contact: _____

What is the complaint you have and want to address?

Date the complaint was submitted: _____

Place: _____

Person who took over the complaint: Name Surname/Position _____

Signature: _____

Person who handed over the Complaint: _____

Signature: _____

**ANNEX 5
OBSERVATION SHEET**

1. GENERAL DATA

Child's Name/Surname _____ **Observation date** _____

2. Type of activity: specify (*free play, psychosocial activity/counselling/other*)

3. Purpose of Observation:

4. Mode of observation (conversation, free observation, other)

5. Attitude of the child evaluated:

6. Parent-child relationship

7. Comments/ recommendations at the end of the observation:

Prepared by: _____

ANNEX 6
FORM REPORTING CHILD NEEDING PROTECTION

FORM REPORTING CHILD NEEDING PROTECTION		
Name /identity of the child:	Date of birth:	Gender:
Name and address of parent/guardian:	Child's location/address where the child is staying:	
Signs of abuse/neglect/potential violence	Type of abuse suspected/ascertained: <input type="checkbox"/> physical violence <input type="checkbox"/> sexual violence <input type="checkbox"/> psychological violence <input type="checkbox"/> economic exploitation <input type="checkbox"/> trafficking <input type="checkbox"/> child in a street situation <input type="checkbox"/> neglected	

Other information on the situation of the child and family:

Reasons for reporting: Child protection concern:

Name and contact details of the person who made the identification:	Name and contact details of the reporting person:
Signature	Name and contact details to the person/ institution to which the form is sent:
	The form is sent to:

ANNEX 8 CODE OF CONDUCT

The Code of Conduct shall be signed by all staff and volunteers PRIOR to assuming the duties

Children may be at risk of injury or abuse from various sources within the Centre because of the actions of others.

All adults (staff) of the Center have a duty to minimize the risk of harm to children and to report concerns regarding the safety, protection, and well-being of children to the Child Protection Unit/Staff.

More specifically, adults should:

- Ensure that all children feel valued and included by showing no signs of discrimination or favoritism.
- They encourage children to participate fully and to respect the different skills and preferences they have. - Evaluate children's thoughts and ideas.
- Help children participate, within safety norms, by reminding them of codes of conduct
- Facing other adults who suspect they may be abusive or inappropriate- Refer and report any concerns to (CPW/CPU)

More specifically, adults should not:

- Spend a lot of time alone with the child, distanced from others.
- Hit or physically abuse children, even as a form of discipline.
- Behave in ways that that humiliate, underestimate, disgrace, and degrade children.
- Have physical/sexual relationships with children, or relationships that can be interpreted as abusive or exploitative towards children.
- Use inappropriate, offensive, abusive, or exploitative language or actions.- Allow a child and/or adolescent to spend the night in the room of one of the adults (only if this has been accepted in advance by the parent/guardian of the child and/or adolescent) or to sleep in the same bed as the children using the services of the Center.
- Invite children and families to their homes.
- Allow children to leave with other adults, including family members, unless approval is given by parents/guardians
- Tolerate or participate in such conduct of children that are illegal, unsafe, or abusive, including mocking other children.
- Appear at the Center in a state of drunkenness or incapacity for work.- Take photos or other media representations (e.g. videos) of children or service users without their permission.
- Upload or share details of service users, including children, as photos in social networks.
-

- Share private or confidential information about children or users of services without approval, unless they are concerned with child protection, and in these cases the information will be provided initially to the Child Protection Unit.

I agree to comply with the code of conduct as above and I am aware that if I violate it, measures may be taken against me involving suspension and deprivation of the right to work within the Center.

Name

Surname:

Signature:

**ANNEX 9
CLOSING A CASE**

Date:	Registration no. (code)
--------------	--------------------------------

Closing date of the case:

Closing date of the case: _____

Coordinator(s) of the Center: _____

ANNEX 10
RECORD OF LEAVING THE CENTER

This _____ day of /__/_/_____, at _____, at the Center, the case concerning _____ (name, paternity, surname), arrived at the Center from date/time _____ to date/ time _____, and is leaving to go to:

Attached is a copy of the documents provided to the case with you (if any):

Child/Accompanying Person:

(name, surname, signature depending on age)

Representative of the Center:

(name, surname, signatures)

ANNEX 11
RECORD OF ENTRY OF MINOR BENEFICIARIES

This, ___ day of ___/___/___, at _____, at the Center, the child _____
(name, paternity, surname) born on _____ received services.

The child is accompanied by: _____

The child's relationship with the person accompanying him/her is: _____

Referral was made by: _____

The representatives of the referring institution/agencies

(name, surname, signature)

Other persons accompanying the child (if any)

(name, surname, signature)

Representative of the Center

(name, surname, signature)

**ANNEX 12
SHIFT REPORT**

____ - ____ , on ____ / ____ / ____

	Staff (name, surname, signature)	Personal data (name, surname, age)	Service provided
Shift 1 Time:			
Shift 2 Time:			
Shift 3 Time:			

**ANNEX 13
SHIFT REPORT**

Date: ____ / ____ / ____

Responsible staff: _____

Shift: _____

Case No.	Name/Surname	Age/Date of birth	Offered services during shift
1			
2			
3			
4			
5			
6			

ANNEX 15
RISK ASSESSMENT FOR VICTIMS OF SEXUAL VIOLENCE

Name of reporting person/institution:					
Reporting date:					
Relationship with the victim:					
Victim					
Name:			Surname:		
Ethnicity:	Gender:		Date of birth:		
Special needs/ disabilities/mental health problems, if any:					
Are there any visible damage?	Yes	No	Does the victim report pain?	Yes	No
Have weapons been used?	Yes	No	Do you think the victim was drugged?	Yes	No
Has the victim used alcohol?	Yes	No	Has the victim voluntarily used other substances?	Yes	No
Has the victim been continuously abused?	Yes	No	Do you suspect there are other potential victims?	Yes	No
Does the victim report health issues? Specify	Yes	No			
Does the victim feel too intimidated by the perpetrator?	Yes	No	Has he/she left home? Does he/she want to leave home?	Yes	No
Other considerations regarding the victim:					
Other considerations regarding the perpetrator:					
Observations and comments:					

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