

RESIDENTIAL CARE FOR CHILDREN WITH INTELLECTUAL DISABILITIES IN THE SOCIAL PROTECTION SYSTEM IN SERBIA

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This paper presents and discusses the characteristics of the social protection of children with intellectual disabilities who are placed in children's homes in Serbia. It draws on a survey that covered the entire population – 586 users in all five institutions for children with intellectual disabilities who resided there in 2009. The analysis shows the heterogeneity of users in relation to age and degree of intellectual disability, their long-term stay in homes, the inadequate structural and functional standards, and insufficient health care. Residential care becomes the most common form of permanent rather than temporary care. These findings suggest the need for a number of strategies to be adopted, and the paper concludes by outlining potential ways forward.

Keywords: transitional society; social protection; intellectual disability; children's homes

U radu se prezentovane i analizirane karakteristike socijalne zaštite dece sa intelektualnom ometenošću koja se nalaze na domskom smeštaju u Srbiji. Izvršen je pregled kompletne populacije od 586 korisnika, smeštenih u svih pet ustanova za decu sa intelektualnom ometenošću, koji su u njima boravili 2009. godine. Rezultati analize pokazuju da korisnici ovih ustanova čine heterogenu populaciju u odnosu na uzrast i stepen intelektualne ometenosti, kao i da su deca u dužem vremenskom periodu smeštena u domovima, bez adekvatnih strukturalnih i funkcionalnih standarda i bez dovoljne zdravstvene zaštite. Umesto da bude privremeni oblik socijalne zaštite, rezidencijalni smeštaj je postao najčešći oblik trajnog zbrinjavanja ove dece. Dobijeni nalazi ukazuju na neophodnost usvajanja različitih strategija, a u zaključku su istaknute potencijalne mogućnosti za prevazilaženje opisane situacije.

Ključne reči: tranziciono društvo; socijalna zaštita; intelektualna ometenost; domski smeštaj

Introduction

Unlike other socialist countries, Serbia and other countries of former Yugoslavia had a relatively developed social protection system. The first local services were established after the Second World War. Afterwards they developed into the social work centers which are still the main providers of the social security system in all countries of former Yugoslavia.

Compared to other countries of the „Eastern bloc“, Yugoslavia recognized the existence of social inequality and the necessity of establishing a system of social protection. However, the social protection of particularly vulnerable populations was mainly based on residential institutions. Community services were almost non-existent. Users who due to various circumstances (e.g., children without parents, people with severe disability, elderly, etc.) could not live in their own families were usually placed in different types of homes.

People with intellectual disabilities (ID) were particularly in unpleasant situations. The institutions in which they resided were often built outside towns and villages. A large number of residents were in limited space with no privacy. Residential social care institutions represented a form of "asylum" for those who, due to ID and the inability of their families to care for them, were excluded from everyday life. Entering the residential care home to many was a "home for life". Isolated from the local community, sometimes hundreds of miles from the place of birth, with no or rare contacts with closer family members, without adequate professional support to encourage the development of their potentials, they were forced to live, most of their life, in an institution with a very superficial relation with the outside world.

Many entered the home as children, got older and never moved from the institution. For these reasons, most of the homes for children and young people with ID changed the age structure of the residents. Former children became adults. Death of the resident was the most common reason for cessation of services. It was rare after entering the home, for individual residents to in some way get involved in the community life. In Serbia, as in many other

societies, children and adolescents with ID have historically gone through various stages from being neglected, to being placed in care, to being rehabilitated or educated and today with efforts to maintain as normal a life as possible in spite of their disability (Merrick, Merrick, & Kandel, 2006).

The Medical model of disability has a long-standing tradition in Serbia. The basic presumption of this model is that disability should be seen as a condition inherent to the individual with ID. According to the biomedical approach, special educators should make an effort to “cure” or to “repair” an individual with ID as much as possible. Hence, special educators in residential institutions were obliged to train children and adults with ID in order to improve their self-care abilities. Education of children with ID was based on special curricula, which was divided into four levels, according to their mental and chronological age. Children with ID were educated in the very same institution in which they lived and many of them, as adults, were included in sheltered workshops within an institution. The situation was even worse in institutions for persons with more severe ID. These large facilities with hundreds of children used to employ just one or two special educators, due to widely accepted beliefs that these children were uneducable.

Today, Serbia is striving to build a modern approach towards people with ID, especially to children and young people with this form of disability. Inclusive education has begun in which the provision of various forms of family support and development of services in the community is encouraged. The concept supports people with ID to remain in their normal environment. For the last four years Serbia has adopted laws that prohibit discrimination against persons with disabilities, their employment, rehabilitation and social security. The International Convention of the Rights of Persons with Disabilities was signed and the Strategy for the advancement of their position was adopted (2007). Within the strategy, the treatment of persons with disabilities was established as a human rights issue,

rather than a segment of social policy. The strategic goal is “the improvement of the position of persons with disabilities to the position of equal citizens who enjoy all rights and responsibilities”. The objectives of the Strategy cover the period of 2007 to 2015.

However, the negative legacy of the past and many prejudices still significantly impede the social inclusion of people with ID. Although in recent years a lot has been done on the development of community services, the humanization of the living conditions in residential homes and staff training, the realities of residential institutions are not in accordance with the desired principles of social inclusion. Facilities are still largely isolated from the community. They receive a large number of users of different age, many of whom rarely leave the homes. Although certain progress toward community-based services has been made, persons with ID continue to be segregated. For example, children with ID who live in an institution started to attend schools, instead of being educated within residential homes. Yet, they are mainly included in so called special schools for children with ID, replacing one model of segregated education by another. Community-based services are sparse and poorly-developed, so for many people with ID real alternatives to residential institutions still do not exist.

Former Yugoslavian republics face similar issues to Serbia, due to a common system of social protection originating in former Yugoslavia. Although trends towards deinstitutionalization can be observed in all of them (ratification of the Convention on the Rights of Persons with Disabilities, adaptation of national laws promoted deinstitutionalization etc.), the great majority of the persons with ID have to be placed in institutions, due to lack of community-based alternatives (Table 1).

Table 1. Total population and number of minors aged 3-18 (Euro stat data) and estimated numbers of children with ID within social welfare institutions.

Country	Serbia	Croatia	Slovenia	FYR Macedonia	Montenegro
Population in 2010	7,306,677	4,425,747	2,046,976	2,052,722	616,411
Population of children 3-18	1,231,464	693,527	304,748	385,818	110,980
Provisional number of minors with ID in residential institutions	993	1168	300	68	40-50

In spite of intensive efforts to gain exact data, a number of children with ID, aged 3 to 18, living within institutions in former Yugoslavian countries remains provisional. Unfortunately, there are no reliable statistics for Bosnia and Herzegovina.

In Croatia, one in three persons with moderate and severe ID still lives in residential institutions (Phillips, 2012). According to government figures, by the end of 2008, approximately 5000 persons with ID still lived in Croatian institutions. In 2010 there were 1752 minors who lived in social welfare homes for physically or mentally disabled persons (Croatian bureau of statistics, 2010). Available statistics indicate that approximately two-thirds of the residents of social welfare homes have primarily ID (Human Rights Watch, 2010). Thus, we concluded that approximately 1100 minors with ID live in Croatian institutions. Despite many attempts to develop community-based facilities, governmental organizations continue to invest in residential institutions (Human Rights Watch, 2010).

Slovenia is the most developed and only ex-Yugoslavian country which became a member of the European Union. Governmental policies strongly support processes of deinstitutionalization. Yet, children with more severe forms of ID are still referred to residential institutions for educational purposes. There are five public institutions for children and adolescents with ID in Slovenia. Provisional number of minors with ID within Slovenian institutions is determined indirectly, keeping in mind that there are slightly more than 3,000

children with ID in Slovenia and that about 10% of them lived in social welfare institutions. It is worth mentioning that persons with ID who attend social institutions enjoy significantly higher level of social security, than those under domestic care (Frindt, 2007).

The former Yugoslav Republic of Macedonia adopted a national strategy to deinstitutionalize the system of social care for persons with ID. Despite the efforts of civil society groups, limited progress in the implementation of the strategy has been made (Phillips, 2012). There are 4,871 children with ID and 836 children with multiple disabilities, registered in the FYR Macedonia. Most of these children live with their parents. 39 minors with ID are placed in Institution for Rehabilitation of Children and Youth – Skopje and 29 children with ID are accommodated in Special Institution – Demir Kapija. This institution is in the process of transformation towards a community-based facility (Lazova-Zdravkovska, 2007).

Epidemiology of ID in the population of children in Serbia

Intellectual disability or mental retardation, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; APA, 2000), is defined as "significantly subaverage general intellectual functioning accompanied by significant limitations in adaptive functioning with an onset before age of 18". According to the International Statistical Classification of Diseases and Related Health Problems (ICD-10, WHO, 1992) "mental retardation is a condition of arrested or incomplete development of mind characterized by impairment of skills manifested during the developmental period, which contribute to the overall level of intelligence, i.e. cognitive, language, motor, and social abilities".

Unlike DSM-IV-TR and ICD-10 classification systems, which are based on the degree of ID, the American Association on Intellectual and Developmental Disabilities (AAIDD) used IQ criterion only for diagnostic purposes. According to the AAIDD, ID refers to "significant limitations both in intellectual functioning and adaptive behavior as expressed in

conceptual, social and practical adaptive skills, which are apparent prior to the age of 18” (Schalock et al., 2010). Starting from this definition the AAIDD classifies people with ID according to estimated intensity of required support. In regard to the intensity there are four different types of support: intermittent, limited, extensive and pervasive.

In Serbia there is no systematic record of the number of children with various forms of disabilities. Depending on the source, the data are very different, which makes it difficult to determine the precise number. By some indicators, 7-10% of the total population of children in Serbia has some form of disability (National Plan of Action for Children, 2004). The study on standard of living in Serbia 2002-2007 (Statistical Office, 2007) was conducted on a representative sample and showed that the total percentage of children with all forms of disability (aged 0-18 years) is about 2%. The estimated prevalence of ID in Serbia is between 1% and 3%, although evidence-based studies on the epidemiology of ID are still lacking (Išpanović-Radojković, Stancheva-Popkostadinova, 2011). This estimate is identical to the global world's estimates on the prevalence of ID in general populations (Beirne-Smith, Ittenbach, & Patton, 2002).

Considering these data and the total number of children (0-18 years), it can be said that in Serbia there are between 30,000 and 45,000 children with different forms of ID. Apart from the absence of the systematic record of people with disabilities, the problem of determining the number of children with ID is the high concealment of the target group. Due to societal prejudice and traditional patterns of behavior, some parents hide such children. They are not in official records and are excluded from the education system. This is one of the reasons why research conducted on the general population always shows a smaller percentage of the projected values. According to the data from the Ministry for Labour and Social Policy, over 86,000 children with disabilities have been outside the education system since 2006 (Lazarus, Johnston, Lazetić, 2012). Most children with ID live in their own families, using benefits of

health and education services, and just some of them use the benefits of the social care system.

Social protection of children with ID in Serbia

According to the Law of social protection various forms of services and material benefits are available to children with an ID. Services are divided into (Republic of Serbia, 2011):

1) assessment and planning services – assessment of beneficiaries condition, needs, strength and risk and other significant persons in their environment; making the individual or family plan to provide services and legal protection measures and other assessments and plans;

2) daily services in the community – day care, home help, shelters and other services that support users residing in the family and in the natural environment;

3) support services for independent living – housing with support, personal assistance, and other support necessary for the users' active participation in society;

4) advisory-therapeutic and socio-educational services and different types of advisory and therapeutic services to support individuals and families in order to overcome critical situations;

5) the services of accommodation – accommodation in kinship, foster or other family for adults and elderly; homes for children or the elderly, a shelter and other types of accommodation.

Unlike the previous legislation, the new Law on Social Protection (2011) defines the entitlement to supported housing and personal assistance. Daily services in the community are provided by local government, as well as support services for independent living, except for supported housing for people with disabilities which is under the jurisdiction of the Republic. Other services are provided by the Republic, an autonomous province or local government. In

practice, most accommodation services are funded by the Republic, except for homes for the elderly where participation of the private sector is more common. Service providers may be from the government, nonprofit and private sector, provided they have obtained the appropriate license. In Serbia, minimal standards for all social services are being made. Meeting these standards will be a basic requirement for service providers' licensing.

In addition, various forms of material-monetary benefits are available to users. These are: financial-social assistance, allowance for care and assistance of another person, increased allowance for aid and care of other person, support for vocational training, financial assistance, assistance in kind. The right to the money-material compensation belongs to the poorest individuals and families if the incomes they have on various grounds are less than the amount of social assistance established by the law. The right to obtain the assistance and care of another person is available to persons with disabilities if it is estimated that they need help and care of another person in order to meet their own basic needs. In 2009 this right was established by 5876 children and young people under the age of 26. 3854 children and young people have established their right to higher levels of support due to the severity of their particular disabilities (Republic Institute for Social Welfare, 2009). Serbia has recently developed community services. There is a day care for people with disabilities in 41 out of 123 municipalities in Serbia. This service was used by 600 children with disabilities, mostly with ID in 2009 (Matkovic, 2009).

Home help is available in most municipalities in Serbia, but it is primarily directed to the elderly. Personal assistance and housing with support are the services that are being developed. They have mainly functioned as projects, so the number of users is very small. Apart from different kinds of material benefits, children and young people with ID are often users of children's homes. According to available data in the overall structure of children and

adolescents with ID in the social protection services, children's homes are used by about 16.6% of this population.

Methodology and data sources

The analysis of the social protection system has shown that children with ID live in three types of homes in Serbia: homes for children and youth without parental care, homes for adults with ID and specialized homes for children and young adults with intellectual and multiple disabilities. There are:

- 18 homes for children and youth without parental care in Serbia, accommodating 846 residents;
- Seven homes for adults with ID, accommodating 1636 residents;
- Five homes for children and young people with intellectual and multiple disabilities, accommodating 1529 residents.

The overall aim of this paper is to explain the characteristics of homes for children with ID. However, since this user group is located in two other residential institutions (for children without parents and for adults), the article presents the basic statistical data related to their number and structure. The official data of the Ministry of Labor and Social Affairs and the Department of Social Protection of the Republic of Serbia have been used for this analysis. Quantitative or „frequency“ content analysis is used to examine the content of written documents of social workers in homes for children and young people with ID. A qualitative analysis is applied to interpret research results and to come to the conclusion. Six variables are examined: 1) the number and structure of residents by age and sex, 2) reasons for the housing, 3) structure of the residents by the degree of ID, 4) contact with family, 5) length of stay in the institution, and 6) reasons for the housing termination.

Research data was collected from September to December 2010. The sample consisted of 586 children with ID, aged from 3 to 18, who lived in children's homes in 2009. When it

comes to the length of stay in the institution, the sample covered the entire population (1529) of all five institutions for children with ID who stayed there in 2009 in order to provide data on life-long social exclusion of these persons.

Children with ID in institutions for children without parental care

In the past homes for children without parental care were mainly built for typically developing “social orphans”. This term is frequently used in former Soviet Union and East Europe's countries. It refers to children who have living parents, but who do not currently live under parental care and support. Their parents and families are unable to provide for them due to various reasons: extreme poverty, mental health issues, alcoholism and drug abuse, serving their time in penitentiary etc. Some authors claim that more than 90% of children in “orphanages” have at least one living parent (Browne et al., 2006; Carter, 2005; Tobis, 2000). Over the past few years these children were gradually transferred to foster families. The number of children in foster care increased from 2363 in 2000 to 5053 in 2009 (Republic Institute for Social Welfare, 2010) and the number of residents is constantly decreasing from 912 (2008) to 846 (2009). At the same time, some children with ID were directed to institutions for children without parental care, rather than to overcrowded children's homes. Since there are not many foster families willing to adopt children with ID, their proportion within institutions for children without parental care gradually increased. In 2009 more than 1/4 (226 children out of 846) of the residents had some form of ID (Žegarac, 2011). In 2011 about 30% of residents of the institutions for children without parental care had ID (Republic Institute for Social Protection, 2012).

Based on these facts a comprehensive plan for the transformation of residential institutions for social protection for children was made (Ministry of Labour and Social Affairs and UNICEF, 2009), and the majority of existing homes for children without parental care were transformed into smaller capacity accommodation for children and youth with ID. At the

same time, some of the infrastructural and human resources were directed to the development of community services (day care, respite care) in order to assist and support families and prevent institutionalization.

Children with ID in adult homes

One of the features of social protection of children with ID in Serbia is that such children are placed in homes for adults with ID. The general characteristic of residential accommodation is that different age groups are mixed. There are 205 children with ID who live in institutions for adults with ID, accommodating 1636 residents in 2009. There is a high percentage of children aged 7-14 (6.8% of all residents) who live in these homes.

Children with ID in children's and young people's homes

Fifty-eight percent of the resident populations are boys. In relation to children up to 18 years (586), the most common age group is 7-14 (20.14% of all residents). Bearing this in mind it is expected that in the next few years, depending on the outcomes of the process of deinstitutionalization, the number of young adult residents in these homes is likely to increase. 6.8% of all residents are children aged 3 to 6. According to the Law of Social Protection in Serbia a child under three cannot be placed in children's home, unless there are particularly justified grounds and with the agreement of the Ministry responsible for social protection (Table 2).

Table 2. Distribution of minors resident in children and young person's homes by age and gender in 2009

Age	Female	Male	Total
From 3 to 6	49	55	104
From 7 to 14	119	189	308
From 15 to 18	77	97	174
Total	245	341	586

Children's homes are available for users who cannot be supported by their family and community services and their best interest is not to stay in the family (Republic of Serbia, 2011). So, ID is not the primary reason for placement, but the inability of families to take care of their children. After examining the documents it can be concluded that the absolute reason for residential' accommodation is parents' inability to care for children's needs. Only about 5% of parents have died or are unknown. It is hard to determine from the existing documentation the reasons for parents' inability to care for their children. It is known that about 11% of parents are fully or partially deprived of parental rights by legal proceedings. Other reasons are unclear, but it can be assumed that poverty, illness of a family member and the absence of adequate support in the community are the main reasons why they are unable to care adequately for their children.

Although homes for children and young people are primarily intended for those with moderate ID, there are a significant number of users with lower levels of ID. Children with severe and profound ID (57.2%), followed by mild and moderate (31.4%) dominate in the population of users; the rest are users with multiple and physical disability. The evidence suggests that even children with mild forms of ID live in children's' homes due to lack of appropriate services in the community. Most of them could be integrated into the local community with appropriate support.

An additional problem in users' integration is the fact that 77.7% of them are from other municipalities in relation to the location of their family homes. Some of them are hundreds of miles away from the place of birth and residence of their parents or close relatives due to uneven geographical distribution of homes and lack of accommodation facilities. This is the reason why the link with the natural family and the primary social environment breaks down and the possibilities for integration into the local community are small (Table 3).

Table 3. Keeping in contact with family and other close persons

Type of contact	N	%
Without contact	158	27.0
Rare contacts, without continuity	128	21.8
Contacts from time to time, less than once a month, there is continuity in contacts	90	15.4
Regular contacts in children's home (at least once a month)	72	12.3
Regular contacts, make contact and spend weekends and holidays in family	114	19.4
Unknown	24	4.1
Total	586	100.0

The reasons why 51.8% of children do not have or keep in extremely superficial contact with family and loved ones are as follows:

- 1) a significant number of users come from municipalities that are distant from the place of accommodation – the physical distance is a problem because of material costs and emotional distance made due to rare contacts,
- 2) work with the family in terms of motivating, empowering its members to accept the user is insufficient and without continuity,
- 3) further expert work with the family usually stops once the user is placed in a children's home,
- 4) many families are extremely poor, which can be an obstacle in maintaining regular contacts, particularly when it comes to the user's return to their family.

Taking all this into account it is evident that if the conditions of accommodation are not changed, from the point of proximity to the family, professional work and appropriate forms of support, most users will not establish good relationships with their families and other close persons, which further complicates the existing possibilities for their re-integration into the community.

Length of stay in the institution is the best indicator of the extent to which existing children's homes provide temporary or permanent accommodation and whether they contribute to the re-integration of users in the local community (Figure 1).

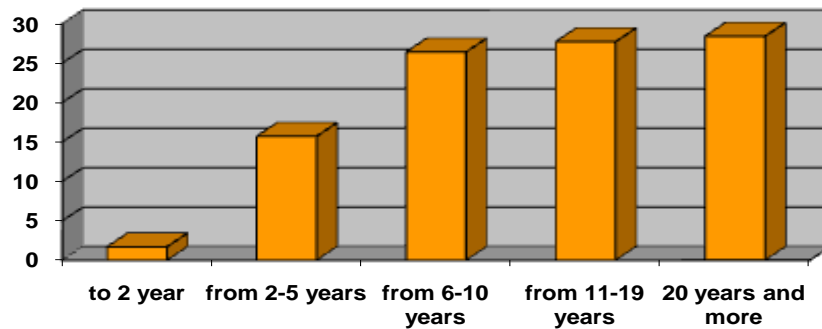


Figure 1. Structure of users according to their stay in the institution in % (x-axis – time spent in institution in years; y-axis – percentage of the residents)

Aproximatelly 27.6% of users reside between 11 and 20 years, in homes for the children and young adults with ID, while 28.4% reside for over 20 years. The evidence from this study indicates that most people over 26 years of age arrive intially in the institutions as children, and remain resident into adulthood and older age. These results suggest that both residential accommodation and the system of social protection are ineffective in relation to either maintaining or reintegrating children and young people with ID into their families/communities of origin.

According to the Law of Social Security (2011) the main goal of social protection is to strengthen individuals' and families' independent and productive life in the society, as well as the prevention and elimination of the consequences of social exclusion, while the purpose of residential accommodation is the users' preparation to return into their families of origin, other families or the preparation for independent living, according to family resources, needs and best interests (Republic of Serbia, 2011). When users spend decades in an institution without

any contact with the family and social environment, resources that support life in the community are not available and the proclaimed policy goals are impossible to achieve. For most of these disabled people the residential home may be the place they will never leave. During 2009, 49 users ceased living in the different residential homes. The most common reason for leaving residential accommodation is a user's death (54%); only 5 users (10%) returned to their biological families in 2009. Eighteen percent transferred to another family or institution. These data clearly show that the desired outcomes are not being achieved. At present children's homes do not usually enable integration into the community as in 72% of cases the reasons of housing cessation were death or moving to another institution for adults with developmental disabilities.

Homes for children and young people with ID in Serbia have several characteristics such as: a large number of users, heterogeneity in relation to age and degree of ID (residents with mild, moderate, severe and profound ID of different ages are mixed together), long-term stay in the home, inadequate structural and functional homes' standards and insufficient health care. These features contribute to a tendency for a residential home placement to become permanent rather than temporary accommodation.

The very fact that large numbers of children are mixed together in the same place results in inadequate standards of care. Although the current capacity of the network of institutions has slightly decreased, the number of users during the year exceeds the levels of occupancy set in most homes, which is caused by lack of community services and lack of alternative capacity. In some residential institutions there are 14 or more children in one bedroom and residents are unable to exercise a basic right to privacy. Sometimes a bath is shared used by 20 or more users; toilets are often traditional and not always adapted to persons with disabilities (the Helsinki Committee for Human Rights, 2009). Significant funds have been invested recently by the relevant ministries and donors in order to improve

conditions. However, allocated funds are insufficient for more important infrastructure improvements due to significant maintenance costs caused by the neglect of these institutions in the past.

Facilities for children and youth with disabilities are mostly outside the immediate city center, which is an aggravating factor for integration into the community. The problem is particularly pronounced during the winter period, when communications are already difficult. As a result, most users spend this period isolated from the outside world.

Education is not available to most children with ID who are placed in children's homes. It is estimated that 86,000 children with disabilities in Serbia have been outside the educational system since 2006 (Lazarus, Johnston, & Lazetić, 2012). In 2011 there were 797 children and youth accommodated in residential institutions and only 154 (19.3%) of them were included in education process. Most of them (119) attended special schools (Republic Institute for Social Protection, 2012). The lack of adequate education and the fact that many users are deprived of employment opportunities seems to make them spend the most of their life in an institution with no real opportunities to integrate into the community.

Inadequate health care is a particular problem. Although a significant number of users have co-morbid psychiatric disorders, outpatient mental health service for people with ID are underdeveloped. Mental health needs could be met in a few specialized psychiatric hospitals, located in big university centers (Išpanović-Radojković, Stancheva-Popkostadinova, 2011). Mental healthcare in childrens' homes is delivered by insufficient numbers of medical doctors, some of whom do not have an adequate specialization in mental health needs of children with ID. For example, in „Veternik“, home for children and youth with disabilities, there are 405 out of 593 users who receive psychiatric or neurological treatment, and 169 users suffer from epilepsy. There is no psychiatrist employed in the institution. The Republic Health Insurance Fund pays only a base salary, and funds for night work and holidays, bonus

earnings, and a hot meal are not included. As a result doctors stay there for a short period of time. Although The Republic Health Insurance Fund annually allocates funds for medicines and medical supplies, they do not meet the actual costs. For example, in „Sremčica“ home about 10,000 euros annually is spent for this purpose, while the Fund provides only around 1,100 euros (Helsinki Committee for Human Rights, 2009). In order to provide minimal healthcare, home's management is forced to redirect funds from other spending and basically make budget changes which are officially tolerated. Institutions that are outside the major health centers are in a particularly difficult position, as professional services are not always available, which further raises the cost of health care.

Independent research emphasize that one of the main problem is insufficient number of employees working directly with users (Helsinki Committee for Human Rights, UNICEF, 2009), which is why the relevant ministry seeks to increase the number of employees. The draft of minimum standards for social services, whose adoption is expected to be adopted in late 2012.

Apart from the insufficient number of employees such as social workers, psychologists, psychiatrists and special educators, a particular problem remains the model of professional work. It was based on a medical approach, which stresses the limitations and impairments of the individual. Individual plans were formalized and represented the most general statements about future activities for children's protection, without determining the desired outcomes, specific activities, responsible persons and deadlines (Ministry of Labour and Social Affairs, 2007). In order to eliminate deficiencies, the relevant ministry launched continuous education the aim of which was to improve the competence of employees in relation to users' capacity assessment and to make plans according to their individual needs and characteristics. Also, the plan is to introduce more rigorous regulatory mechanisms in

social protection based on stronger inspection of staff and organizations and professional licensing to improve the quality of professional work.

Conclusion

To fulfill the conditions of reform of social protection of children and young people with ID in the transitional society of Serbia and improve conditions in children's and young people's homes with ID, it is necessary for professional work to be based on the preservation and promotion of potential, not on the diagnoses of limitations, and the development of services in the community. The social model of disability is based on the principle that disability is one aspect of social diversity and not a deficiency (Moreno, 2001). Social workers, psychologists, special educators and other professionals who work with this population should be trained to overcome social prejudices about disability, to know how to understand the specific needs of this population, to identify individual strengths and capacities and to integrate them in accordance with their opportunities, as active participants in social life.

The strategic orientation of Serbia should be the integration of persons with disabilities into the community. In order to promote the achievement of these goals, the laws and strategy documents described above have been adopted and International Conventions signed. However, the path leading from formal decisions to their practical implementation is still far away. The development of services in the community, including home care, day centres, personal assistance, respite care and supported housing which support families and encourage users to remain in their natural environment is a top priority.

Home care has previously been available in Serbia but was intended only for older people. This service provides practical assistance and support in meeting basic needs (food); maintaining personal hygiene and housing; mediation in providing health, community, vocational and other services in the community. Recently, as part of many project activities it

has been accessible to people with ID and their families. The aim of this service is to support the family in housekeeping, care of the person with disabilities and teaching basic life skills for persons with ID as ways to enable them to live independently.

The aim of the daily center is to enable users to develop life skills and independence. This service aims to provide parents space for paid employment; currently a significant portion of these parents are outside the labor market because of the need to take care of their family member with the ID. In recent years, these services have been established in major cities in Serbia, but are still not available in about 70% of municipalities (Matković, 2009).

For the first time the new Law on Social Welfare (Republic of Serbia, 2011) defines:

- personal assistance services, which aim is to provide appropriate individual and practical support that is necessary to meet the personal and social needs in the community and establishment the highest possible level of individual independence. At this time, personal assistance remains a project funded by international organisations in Serbia (UNICEF).
- respite care services which, provide temporary and time-limited accommodation for users. In this way, the family that nurtures its members with ID, provides a space for rest and continuous performance of the personal obligation of parents.
- Supported housing is a service that should allow exit or prevent entry into institutions. However, according to available data, currently only about 40 people with ID use this service.

If the trend of greater entry rather than exit continues, it is clear that Serbia will be faced with a shortage of residential accommodation in the next few years. If the situation does not change significantly, from the point of reform goals two unwanted processes outcomes

can be expected. The first is the construction of new residential homes, which will require additional funding. Secondly, the overcrowding in existing facilities would further jeopardize the already unsatisfactory standards.

A significant step towards full social inclusion of people with ID can be made by permanently promoting the social model of disability, as well as by informing the citizens of Serbia on the Rights of Persons with ID. The Government of the Republic of Serbia should stop or significantly reduce investing money in large residential facilities, within the framework of the future national strategy for deinstitutionalization. Along with the transformation of residential facilities, community-based alternatives such as supportive living homes, generic or specialized foster care homes and independent community living should be constantly developed. The employees in residential institutions might sabotage the process of deinstitutionalization in fear of job loss. They should be re-trained to adopt new professional roles in supporting people with ID within the local community, which is the best way for reducing current resistance and fears.

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