

Deinstitutionalization of residential institutions of social protection in Serbia

- Current status and recommendations for further improvement of the process of deinstitutionalization -

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1. Introduction

The reform of social protection in Serbia begins after the change of government in 2000. Activities of Ministry of labor, employment and social policy (MLESP) were significant work aimed at formulating directions of reform in the social protection system in Serbia. The Ministry has for this purpose formed a working group composed of experts-government officials, university professors, a representative of NGOs, and both local and international experts. In the period 2001-2003 members of this working group considered all significant issues regarding further steps towards reform. These activities have resulted in "establishing a professional approach in defining the reform strategy in the field of social protection, including the achievement of professional consensus on key reform issues."¹ **One of the most important strategic goals was deinstitutionalization and transformation of institutions for accommodation.**

In the period 2001-2013 deinstitutionalization was done almost continuously with implementation of projects aimed to:

- Reducing the pressure on accommodation in social protection institutions,
- Reducing the number of beneficiaries residing in institutions,
- Development of services at the local level.

This process also had two important assumptions:

- Transformation of residential institutions,
- Development of alternative forms of social protection.

For the development of alternative forms of social protection, as well as for the development of services at the local level, it was necessary:

- To strengthen family support,
- To support young people leaving institutions for housing,
- To promote living of children and adults in the least restrictive environment, primarily family environment
- Implementation of measure of residential care only in exceptional situations,
- Involvement of the private sector and NGOs in the circle of service providers.

Parallel to this, it was necessary to *continuously improve quality of life and service for the beneficiaries for which placement in institution was still necessary.*

¹ UNICEF report on child protection, author Vera Kovačević – CLDS

This analysis will give an overview of boredom implemented activities in the process of deinstitutionalization, identify the main obstacles during implemented activities and of certain measures aimed at de-institutionalization, effects and achieved results in the process so far, lessons learned, finding examples of good practice, committed errors, and to develop the proposal of further measures for improvement and acceleration the process of deinstitutionalization in the future.

2. Scope and focus of the Report

Overall objective of the report is to achieve greater understanding of the progress and shortcomings of the process of deinstitutionalization and transformation of social protection and to analyze relevant policies (planned and undertaken measures) that will provide input for the creation of new measures for further support of reform process of social protection in Serbia.

Specific objectives of the report are:

- Examination of the process of deinstitutionalization in the context of the reform, to social protection and other relevant areas,
- Establishment of measurable parameters for the assessment and analysis of the progress of reform,
- Identification of opportunities to accelerate deinstitutionalization process.

The report should also contribute to the preparation of better communication and dialogue among stakeholders in the process of deinstitutionalization and transformation of social care institutions. Therefore, **in terms of content** attention will be focused on the following questions:

1. Reform of environment and relevant policies in which the deinstitutionalization takes place,
2. Planning of social protection and transformation of institutions,
3. Creation of conditions for deinstitutionalization (alternative services in the community, continuum of services, etc.)
4. "Gatekeeping"² of services at different levels (national/regional/local)

The above issues will be discussed through:

- **Analysis of the progress** of deinstitutionalization process and transformation of social protection institutions (question of format)

² The term gatekeeping can be defined as a decision-making system that enables effective and efficient targeting of services to ensure that services are provided only to those who meet clearly defined criteria. Primarily focuses on the needs of the child. An effective gatekeeping implies the existence of a single agency responsible for coordinating the assessment of the situation of the child. The community must be available to the entire range of services to support children and families, in order to prevent institutionalization. At the same time, there must be a set of alternative institutional forms of care replacing the family, such as foster care and adoption). Interpretation of terms taken from the English language, see section Consideration terminology and its implications UNICEF ICDC (2003) Changing Minds, Policies and Lives: Improving Protection of Children in Eastern Europe and Central Asia - Improving Standards of Child Protection Services. Florence: UNICEF ICDC, <http://www.unicef-icdc.org/publications/pdf/improving.pdf> (referred to V. Kovačević, report on child protection in Serbia, CLDS, June 2007)

- **Analysis of the deinstitutionalization** policy - planned and undertaken measures for the development of local services and transformation of institutions (question of contents)
- **Analysis of the regulatory mechanism** which consists of three structural components: (1) rules, (2) money and (3) control,
- **Recommendations for the next steps** (question of format and content).

3. Methodology

Report on deinstitutionalization of residential social protection institutions in Serbia (current status and recommendations for further improvement of the process of deinstitutionalization) is based on the analysis of documents and data from secondary sources (desk-top analysis). Conceptual frame is set with determination of deinstitutionalization process in the project.

Deinstitutionalization is defined as the process of developing alternatives for long-term accommodation in social protection institutions. Support (protection) of beneficiaries is realized in less isolated forms of social protection in the context of beneficiary care in the community and consists of three components of the process:

- Referral of persons residing in institutions of social protection to alternative homes in the community,
- Redirection (deterrence) of potential placement to alternative forms of protection and
- Development of special services for the care of the non-institutionalized beneficiaries.

The last of these processes is particularly important, because it assumes that changed life circumstances of these people will inevitably lead to a new configuration of services and a better quality of life.

According to this conception, the empirical process of deinstitutionalization can be monitored through key dimensions: (1) changes in the number and structure of the **BENEFICIARIES** of social protection (this dimension is commonly, but incorrectly, called **deinstitutionalization**), (2) changes in the number, structure and operational mode of institutions (structural and functional standards), this dimension is commonly called **transformation of institution** and (3) **the development and availability of community services** for care and support of non-institutionalized social protection beneficiaries.

Distinguishing the "deinstitutionalization" (as reducing the number of beneficiaries in institutions) and "institutional transformation" is useful to avoid simplifying of deinstitutionalization and "reduction" measures to "relocation" of beneficiaries or to "change of purpose" of institutions. If we accept the fact that "someone will be at the institution" because it is in the "best interest" (without going into the details of these reasons, the number of users), the transformation of institutions should include changes in conditions (structural standards) and operational mode (functional standards), which would allow to radically change the "position of beneficiaries" in the institution. This dimension of "institutional transformation" is particularly important for "deinstitutionalization of residential homes for the elderly."

In this case, this would mean that "the transformation of institutions" is not only a measure to reduce the number of users in institutions but also the "measures" to improve the position of

beneficiaries in them. Such an approach allows multifunctional meaning of the term "transformation institutions" in this context, the observation of "policy" in relation to this aspect of deinstitutionalization **differentiated approach** is desirable to the monitoring and evaluation process of deinstitutionalization.³

A differentiated approach to the deinstitutionalization process involves precise definition of "types of institutions," target user groups, the specification of "accommodation services" in accordance with these criteria for qualitative analysis of the process of deinstitutionalization.⁴ For a fuller understanding of the process of de-institutionalization is necessary to simultaneously monitor and process development of **COMMUNITY SERVICES** for specific types of services, i.e., according to the alternative/replacement services for individual residential services, target user groups and service purposes.

When speaking of *deinstitutionalization* is usually "implies" to content of the process and does not perform the analytical precision between "state" (objective realities) and "treatment" (targeted activities).

Therefore, the colloquial speech and, sometimes, the public debate are devoid of precision in language and reasoning. It is necessary, therefore, to precisely emphasize that is the subject of research/analysis and **policy of deinstitutionalization** (as target activity) and the **process of deinstitutionalization** as "objective fact" that the outcome (effect) of that "targeted activity".

Noticing the specificity of these two dimensions of the process of deinstitutionalization (deinstitutionalization policies as "targeted activity" and the process of deinstitutionalization as "objective givens" in time) use of adequate "Terminology" is very important for clearer and more precise definitions of the research/analysis in the analysis and interpretation of empirical data. A particular problem is the empirical structure for "monitoring" and analysis of the process as a whole (deinstitutionalization) and its key dimensions ("targeted activity" and "effects - objective realities ") especially since it cannot exclude or ignore the effects of certain circumstances and factors outside of these key dimensions (spontaneous process, impact factors "outside" targeted operation, etc.).

Difficulty in implementing consistent conceptual framework represents a hypothetical fact that the **policy of deinstitutionalization** cannot be identified immediately/directly because (a) is not explicitly spelled out, and (b) there is no document/verification of such a policy.

This, however, does not mean that there is no "targeted operation" towards deinstitutionalization. Based on the available empirical material can be identified objectives, measures and activities in the direction of deinstitutionalization. This "indirect" empirical material on the "policy of de-institutionalization" is, in fact, the basis for the assessment/evaluation to reach range of institutionalization (whether it reached targeted), but

³ This means that it will be different "value" (weight) of each indicator depending of the objectives of the policy of deinstitutionalization (e.g. In Institutions for Children goals refer to "the number of users in institutions" and in homes for the elderly or the "beneficiaries whose necessary accommodation "to" mode "and" user position "residential services).

⁴ Example: Change in the structure of the user homes for the elderly (by age and degree of "dependency") refers to the effects of the greater availability of community services (the results of development assistance services in the home and living rooms) but refers to the indicators of "institutional transformation" according to functional standards the "individualization approach" and respect the "rights and interests" of users.

also individual dimensions of this process ("targeted operation" - *what and why we want what we want* and "real process" - *where we are and whether we have achieved what we wanted*).

In this "indirect" search for "policy of deinstitutionalization," from the standpoint of the process, three important aspects are observed: (1) *input* (which we shall include the "concepts", and similar initiatives. Various "stakeholders" in the field of deinstitutionalization), (2) *regulatory mechanism* which is, of course, regardless of the degree of "explicitness" policy of deinstitutionalization, a key link in the "targeting of" process, and (3) *carriers/process agents* (change) and their "share of the contribution" to "the policy of deinstitutionalization" .

The framework for analyzing of deinstitutionalization process is defined in relations **TARGET – REALITY - POSSIBLE**,⁵ where "possible" represents the "critical" parameter for assessing both policy and its outcomes. Assessment of "possible" should be sought not only in the limits but also in resources, i.e. in our "forces" and "opportunities" whose outcomes are contained in the "good practices" of successful deinstitutionalization.

4. Reform context of deinstitutionalization

The first reform activities have started in 2003 with early implementation of reform projects that included the necessary systemic changes in social protection, taking into account the demands of the modern theoretical models of social work, as well as the European model of development services and social care services standard.

Projects included the following areas:

- Development of a model of integrated social protection at the local level,
- Standards and organizations in center for social work,
- **Transformation of residential institutions in the social protection system and development of alternative forms of protection,**
- Strategy development of adoption of family housing,
- Protecting children from abuse and neglect.

In addition, during 2002 and 2003 two separate funds were formed, primarily to support the development of local services - Social Innovation Fund (SIF) and the Fund for organizations of persons with disabilities (FOSI).

The Social Innovation Fund was actually MLESP (Ministry of Labor, Employment and Social Policy) program, which was implemented with the support of UNDP and the large number of donors.

Fund for organizations of persons with disabilities is a budget fund that still works.

During the period of reform initiatives and activities in the field of social protection in the Republic of Serbia, new knowledge was created, experience and skills, as well as the potential for wider application and transfer of the social actors who are not involved in their creation.

⁵ The third dimension (possible) is the subject of economic analysis.

The adoption of the **Poverty Reduction Strategy (PRS)** in 2003 made an important step, because this document relates largely to the development of effective social protection. The document provides framework for poverty alleviation during the transition. In addition to the treatment of issues of children in different sectors, PRS also contains a separate chapter devoted to reducing child poverty and poverty reduction among youth.

Reform projects, experience of Social Innovation Fund and other initiatives have led to the creation of a critical mass for reform of the social protection of major proportions. Drawing on the experience gained through this initiative, Ministry has developed a **Strategy of social protection reform**⁶ and *Government adopted this document in December 2005*, which provided a better use of resources and better outcomes for users of social services, creating conditions for the local government plans and approve appropriate range social care services, with greater emphasis on service to the community.

In addition to these two government strategies, **Strategy for improving the situation of persons with disabilities (2007-2015)**⁷ was adopted in 2005, including program necessary for the advancement of children with disabilities. The strategy defines a specific objective: "to all persons with disabilities will be provided social security and full and free enjoyment of this right."

During the Roma Decade (2005-2015), the National Council of the Roma minority (formed in 2003) adopted the *Strategy for Integration and Empowerment of Roma* in 2004.

Of particular importance to the process of deinstitutionalization and transformation of institutions for children and youth was the adoption of the **National Plan of Action for Children 2004-2015 (NPA)**.⁸ It is a document that defines the policy towards children in Serbia, which is based on **four principles**:

- Best interests of the child,
- Non-discrimination,
- Right to life, survival and development
- Children participation.

The plan is based on all relevant Serbian and international documents and focuses on poverty and social exclusion of children in accordance with the broadest definition of poverty and social exclusion. The adoption of the National Plan of Action for Children created the basis for improving the overall protection of children.

Changes are happening also due to political and legislative activities of the National Assembly of the Republic of Serbia.

The National Assembly of Serbia adopted *Law on financial support to families with children*⁹ in 2002, and its amendments in 2005. *Families with children with disabilities, single parents,*

⁶ Official Gazette of the Republic of Serbia, no. 108/2005.

⁷ Official Gazette of RS, no. 1/2007

⁸ Government has adopted a National Plan of Action for Children in 2004

⁹ Official Gazette of RS, no. 16/2002., 115/2006., 107/2009

foster parents and guardians are placed in this Law, in a favorable position to encourage the non-institutional protection of children without parental care.

The adoption of the **Family Law**¹⁰ enhanced the practice of adoption and the adoption of additional Unified personal registry of adoption (2008), which is particularly important for speeding up the process of adoption, which is expected to contribute to a greater number of adopted children without parental care who are placed in institutions.

In September 2005, the National Assembly of Serbia adopted the **Law on juvenile offenders and criminal protection of minors**,¹¹ which is designated a number of new alternative measures aimed at reducing the number of children in institutions.

In order to improve the situation of disabled people, the National Assembly of Serbia adopted the **Law on Prevention of Discrimination against Persons with Disabilities** in 2006.¹²

Adoption of the **Law on Vocational Rehabilitation and Employment of Persons with Disabilities** in 2009 was significant in the process of deinstitutionalization.¹³

The adoption of the Law on Foundations of Education (2009), laid the foundation for the improvement of educational inclusion of children with disabilities, since it established new more flexible admission policy. *Since September 2010, a significantly higher number of children with disabilities enrolled in regular schools.* Special ordinance is adopted on the work of municipal commissions that are supposed to define additional support needed for children/students for social inclusion (as well as social inclusion at all). UNICEF is working on the document for the evaluation of educational inclusion.

In March 2011, the National Assembly of Serbia adopted a new **Law on Social Protection**.¹⁴ The Law integrated a lot of experience and knowledge created as a result of numerous projects and initiatives. This law provides the legal framework for the setting of standards for the provision of services and licensing of providers, the transfer of earmarked funds to municipalities for the financing of services within the community, as well as monitoring/control the quality of service provision. Perhaps the most important application of provisions for further deinstitutionalization of the provisions is related to banning accommodation in institutions for children under the age of three years and provisions on special-purpose transfers to local governments. While the first provision is generally respected, the other is not yet regulated by normative rules because Rulebook for dedicated transfer has not yet been adopted by the Ministry. However, Ministry has continued the practice of awarding allocated funds through tenders to local governments and NGOs for the development of local services.

During 2011/12, Ministry has issued a package of bylaws which closer determinate certain provisions of the Law. For the full implementation of the Act it is necessary to create about 15 different Rulebooks.

¹⁰ Official Gazette of RS, no. 18/2005.

¹¹ Official Gazette of RS, no. 85/2005

¹² Official Gazette of RS, no. 33/2006

¹³ Official Gazette of RS, no. 36/2009.

¹⁴ Official Gazette of RS, no. 24/2011

In addition to the previously adopted policies and laws, the Republic of Serbia adopted (ratified) **Law on Ratification of the Convention on the Rights of Persons with Disabilities and the Law on Ratification of the Optional Protocol to the Convention on the Rights of Persons with Disabilities** in May 2009, thereby international treaty became an integral part of internal law of our country and strengthened already secured protection of persons with disabilities.

5. The process of deinstitutionalization

At the beginning of the reform process, the current social security system was based on the Law on Social Protection and Social Security of Citizens, passed on in 1991, who, meanwhile, suffered nine amendments. In that time, with policy of centralization of authority and resources, social protection funds on local and republic level were shut down. Government took over funding and control over the exercise of all rights that are legally defined as a law of general interest. At the same time Institute for Social Policy and the Institute for the study of social problems in Belgrade ceased to operate and their functions were taken over by the Ministry.

Because of the high degree of centralization, lack of funds in the budgets of municipalities and cities, and because of that lack of interest in the social protection system, **community services are not developed in accordance with the needs of citizens**. This led to the *preference of accommodation services to the institution* when it was not necessary, division of institutions by category of beneficiaries and inadequate satisfaction of the needs of a large number of beneficiaries. Namely, centralized approach in planning capacities and financing rights, with insufficient funds at the local level, has created an **irrational network of institutions** which does not correspond to the actual needs of the beneficiaries and does not provide an adequate supply of services. *Broadly defined and applied the right to placement in institution, with the underdevelopment of community services, has led to the isolation of many institutional beneficiaries, for which would other types of services better meet their needs.*

The main reasons for the reform of the social protection system were:

- Underdeveloped network of social services;
- Potential and services of non-profit sector (services provided by persons and legal entities whose founder is not the state, NGOs, socio-humanitarian organizations, associations) in social protection are not adequately developed and used;
- Public social protection institutions and services is centralized, bureaucratic, inflexible, paternalistic and not sufficiently cost-effective and efficient.
- Extremely passive position of citizens and users in the social protection system;

5.1. Identified problems

The services that were provided to children without parental care in institutions of social protection were incomplete and were not in a position to enable them to live independently. In such a situation the children remained in institutions too long, leaving them after acquiring adulthood or completion of schooling, usually without further support for independent living.

From a total of 3900 children who were placed in institutions and foster families (about 2100 settled in about 1800 institutions to foster care), **between 40 and 50% of children were found out of place of previous residence.**

Particularly disadvantaged were children with disabilities who were on the placement of the five existing institutions. They are most often remained all their life in an institutional environment, so that the institutions that were originally intended for children eventually became institution for adult accommodation too. In these institutions was placed a large number of beneficiaries (from 300 to 650), children and adults ranging from 4 to 50 years or more. In the most institutions the number of beneficiaries was much higher than the number prescribed by norms and standards. Condition of buildings was unsatisfactory, personnel structure established by norms inadequate, and the existing personnel insufficiently trained for the use of modern approaches to work. *All this has contributed to a significant disrespect of rights of beneficiaries.*

Also, a large number of adults with disabilities and senior citizens unable to satisfy their needs, because in more than 100 municipalities (60%) there was no guaranteed support services in the natural environment. At the same time, in many municipalities there are no accommodation facilities for those where the service is necessary. The capacities to accommodate beneficiaries: people with disabilities, mentally challenged, mentally ill, were insufficient, territorially and functionally inaccessible.

In the 17 residential institutions for persons with mental disability, the mentally ill and people with physical disabilities 5,574 beneficiaries were accommodated. Most were accommodated outside their places of residence (between 70-80%).

The number of citizens who need support because of their mental and physical state is larger than that, often due to lack of other services in the local community (day care, a small residential community, etc.), Located in institutions, and their rights were violated because of the failure to meet the existential needs adequately.

Lack of various forms of support in the natural environment, as well as insufficient accommodation capacity is visible with existing services for the elderly. **Around 7.800 beneficiaries are placed in nursing homes and residential institutions.** In some institutions there are waiting lists for admission, but in some communities there is no a possibility for that, because there is no built accommodation capacities. The quality of services in existing institutions was uneven, still did not ensure adequate support for the preservation of mental and physical potential of beneficiaries and improving their quality of life. These institutions accommodated a considerable number of beneficiaries with medical conditions, psychiatric problems and chronic illnesses, until the terminal stages, who were often without adequate material and personnel requirements.

Beneficiaries of accommodation were often in varying degrees of social isolation. For some groups of beneficiaries, for which no solution was found in their natural environment, service was provided with accommodation in institutions that do not have adequate programs for them. Thus, young people with disabilities were housed in homes for the elderly; children and young people with mental disorders, excluded from the education system, were placed in homes for persons with disabilities, although their needs, with appropriate support, could be met in the

natural environment in better way. Children with problems in social behavior often stay unreasonably long at the shelter.

Such system did not secure necessary conditions for the development of services that are territorially and functionally available to beneficiaries, which they can get in the least restrictive environment.

All these weaknesses of the system during the implementation of reform projects and activities were identified and solutions are governed by the Development Strategy of Social Protection.

5.2. The objectives and planned changes

The basic directions of change are defined in the Social Protection Development Strategy (2005). The final regulatory framework was given in the new Law on Social Protection, which entered into force in April 2011.

Reform of the accommodation services and thus begin the process of deinstitutionalization is focused in two directions:

- ***reviewing existing networks of all forms of accommodation***, with priority development of family housing and social services at the local level;
- ***review of the type and quality of accommodation services*** which are currently provided in the social protection system, especially at the local level.

Accommodation of children should be kept to a minimum, and direct activities to support of natural family and all forms of protection which allow life in a family environment while preserving and improving parental skills and the return of children with accommodation in the biological family.

To improve the quality of the protection of children using the foster care and adoptions, it is necessary to provide adequate choice of families and their preparation, training and support to ensure the prevention of problems and better lives of children.

Development of accommodation capacities for adults and elderly and beneficiaries with disabilities and mental disabilities in the future should go towards the development of family housing, construction of smaller accommodation capacities, close to the natural environment of the beneficiaries, as well as an increase in type, number and quality of services in institutions and quality and types of services at the local level.

Reviewing the existing network of institutions involves the transformation in the direction of developing other types of services and training of personnel for new work.

To achieve the above objectives, it is envisaged:

- Adoption of medium-term plans for the transformation of institutions and
- Special plans for each institution.

It is envisaged that part of the capacity of institutions should be directed to the development of new services that would serve to improve the quality of life of residents, while at the same time would be and measures for reducing pressure for this kind of service.

5.2.1. Transformation of institutions for children

The immediate planning framework for the process of transformation of social protection institutions contained in the Comprehensive Plan of transformation of **social protection institutions for children and youth** in the Republic of Serbia in period 2009-2013.

A comprehensive plan for the transformation of residential social care institutions for children ¹⁵ specifies an **action plan for the transformation of social protection institutions for children and youth** in the Republic of Serbia for the next five years.

Key assumptions of the Comprehensive Plan of transformation are based **on principles that include international documents**, primarily the International Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities¹⁶, as well as the relevant social policy and regulatory framework of the Republic of Serbia.

Comprehensive Plan for the transformation of special importance is **the principle of least restrictive environment i.e. family or closest family environment**, which requires that it should "provide a variety of support services primarily in the natural environment, with a choice of services for beneficiaries/children of the least restrictive."¹⁷

The plan **relies on the reform concept of social protection**, especially in view of the reduced number of children placed in institutions for children without parental care, increased number of foster families and continued work on the development of social services at community level.

The central themes (target group) of the Comprehensive Plan transformations are children living in residential institutions of social protection.¹⁸ It includes the following target groups:

- Children accommodated in institutions for children with disabilities,
- Children in institutions for children without parental care and
- Children in institutions for the education of children and youth.

The plan aims to reduce the number of children who are on long-term accommodation through acceleration of exit and deceleration (or stopping) of admission.

¹⁵ Hereinafter referred to as the Comprehensive Plan of transformation

¹⁶ The Republic of Serbia is a signatory to the Convention, adopted by the National Assembly of the Republic of Serbia, ratified by mid-2009

¹⁷ The Government of the Republic of Serbia. Strategy for Social Protection. Belgrade, 2005

¹⁸ The Law on Social Protection and Social Security of Citizens, residential institutions are called social welfare institutions established by the Republic. A decision on the network of social welfare institutions established by the Republic prescribes in detail the number, type and capacity of institutions. The Comprehensive Plan of transformation will use the term residential facility.

The main directions of the transformation of institutions

Plan established criteria for the ranking of residential institutions based on data, individual operational plans for institutions and consultative processes, and they are divided into three groups:

- Residential institutions that are planned for **closure** (with defined term that is realistically estimated)
- Residential institutions which are foreseen for the **reduction of capacity** (defined in new capacity and deadlines for the reduction of capacity - based on projections should be amended Decision on the network),
- Residential institutions that need to be transformed into a **multifunctional center** of the modern type, within which will be provided services for beneficiaries from various groups have the right to social security.

In addition to the third group of residential institutions which **will be transformed into centers with flexible, combined services for the beneficiaries**,¹⁹ there will also be evenly distributed regional facilities for children awaiting placement in foster care or adoption, as well as for children that cannot be temporarily or permanently placed in a foster family (older age, multiple returns from a foster family).

In order to transform residential institutions supported by the growing number of non-institutional social care services and to improve the availability of these services, **Comprehensive transformation plan aims to involve various modalities of providing services in the process of transformation of institutions.**

Modalities for the provision of social care services include:

- Open type services provided by social protection institutions,
- Open type services provided by NGOs, with the use of facilities in the transformed residential institution,
- Services provided by NGOs (which includes the local branches of the Red Cross).

All residential institutions for children without parental care **would be transformed into centers that have little capacity for temporary/extended residential accommodation, respite**²⁰, as well as day care services, supported housing, group housing, etc. (services that were later incorporated into the new Law on Social Protection and which are consistent with the needs of the local community). The exception is the Children's Village in Kamenica, which would continue to receive children without parental care, but with the opening of facilities and the creation of personnel working with children who have moderate to serious difficulties in developing countries.

The comprehensive plan also addresses the optimal **reallocation of resources**, both human and material.

¹⁹ Noting that the users of residential facilities, how are put in place alternative forms of care, more children will be with the multiple problems that cannot be solved in non-institutional forms, therefore, difficult and hard to disabled children, children with multiple disabilities and children with neuropsychiatric problems.

²⁰ Service that provides respite to family that has a child with a disability.

- **Employees** in residential institutions for children will be covered by individual plans that will predict training and support for career planning, with particular emphasis on the support of deficient professional staff.²¹
- **Objects (buildings)**, as an important part of the material resources, will be renovated or replaced with adequate space after expert evaluation and preparation of detailed price list for sale in accordance with accessibility standards.
- **The ultimate goal** is that the building can respond to the needs of small dormitory community, to which there will be accompanying services for children with moderate, severe and profound disabilities, as well as services at the local level.

Outcomes of comprehensive plan

Outcomes of the Comprehensive Plan are established mainly in relation to the two types of residential institutions (institutions for children with disabilities and institutions for children without parental care) and are referred to the:

- Number of beneficiaries, who reside in them,
- Expert resources (employees),
- Buildings in which institutions are located.

Expected outcomes for beneficiaries

A prerequisite for the success of the Plan is the development of alternative forms of social protection at the local community level. This also applies to the local communities in which the residential facility located at the municipality from which the children were directed to accommodation.²² The regional distribution of residential institutions and local services took into account the needs and more municipalities (county) are taken as the unit of planning because of economy scale.

In the next five years (2009-2013) it is expected that **all the institutions** which accommodate children without parental care, children with disabilities and children and young people in conflict with the law, **will enter into a process of transformation** or this process will completely change some of them at the end of the five-year period of implementation of the Comprehensive plan for the transformation, the expected relationship between the number of **children without parental care** placed in foster families and the number of children in residential institutions is shown in the following table.

²¹ The Comprehensive Plan provides goals of transformation taking into account the need for access to services at local and regional level. Operational plans for each of the institutions will identify infrastructure and personnel maladjustment in relation to the objectives of transformation and will suggest the best ways and financially appropriate adjustments, based primarily on the interests of users.

²² E.g. expect that the South Banat and South Bačka district feel a greater impact transformation of institutions than other districts because they have the largest number of children who are sent to institutions.

*Children without parental care in institutions and foster families
- The current state of the five-year projection –*

Accommodation in institutions		Foster family	
Current situation	Five-year projection	Current situation	Five-year projection
800	190	4200	4810

Incentives for the establishment of day care would be designed with the support of SIF or the Fund for Financing Associations of Persons with Disabilities (complementary grants).

Expected outcomes for skilled resources

It should make maximum use of existing professional resources. ***Priority represents the redeployment of the social protection system.***

By the end of the implementation of the 2013 Comprehensive Plan for the transformation it was expected from employed in all residential institutions to take advantage of some of the proposed solutions:²³

- Staying in transformed institution with the possibility of professional training,
- Staying in transformed institution with re-training,
- Employment in the nonprofit sector (service delivery), with the security standards of service, quality control and regular financing,
- Starting their own businesses with the help of which, in the framework of the active employment measures, provided by the National Employment Service (this primarily relates to the support staff and the services that do not fall within the scope of social protection, for example. Bakeries),
- Retirement.

Expected outcomes for facilities

For facilities/buildings, which are an important ***resource, Plan provides for them to be preserved through transformation.*** Possible solutions such as:

- Adaptation of buildings to become accessible in accordance with the standards for PWD and could accommodate moderate, severe and difficult handicapped children,
- Replacement of building with another space (e.g., in agreement with the Ministry of Education, where homes for children without parental care share space with students' dormitory)
- Replacement or sale of the building while providing new space in agreement with the municipality in which the residential facility is located.

²³ Based on operational plans, all employees in residential institutions should get a clear picture about the options, and employees need to provide support to the selected option and use

The plan predicts only one group habitation in 25% of municipalities (regional distribution taken into account, the priority districts according to the number of children in referral centers - Belgrade, South Backa District (Novi Sad), South Banat (Pančevo), Šumadija district (Kragujevac), Srem (Sremska Mitrovica).

Plan of steps and process results by the end of 2013

For the institution for children without parental care plan predicts that four residential institutions for children without parental care start transformation in 2010. These are Sremska Kamenica, Kragujevac, Niš and Čuprija. Ministry should develop a detailed operational plan²⁴ for the activities to be undertaken in these institutions during 2010, which includes the financial plan to set aside funds for the necessary reconstruction and expert workers.

For other institutions, at the end of 2009 operational framework plans should have been agreed.

By the end of 2010 should have been a detailed plan for the next group of institutions, those that will enter in transformation in 2011, with developed financial plan until the end of June 2010, which is necessary to carry out reconstruction during 2011.

When it comes to residential facilities to accommodate children with disabilities, Kulina is an absolute priority, as follows:

- Detailed operational plan and completion of individual plans for children and employees (end of 2009),
- Relocation of 50 children by 2010, and then continued dislocation with pace of 50 children per year.

For all other institutions, detailed operational plans need to be developed for the next group of institutions with the same model and dynamics, where the last group will enter the transformation in 2012. The order of entry in the transformation of institutions is compiled by the Ministry of Labor and Social Policy.

- Beginning of transformation in Veternik, Sremčica, Stamnica, Zvečanska and Kolevka (individual plans for children and employees) - 2010
- Starting the process of planning for closure Knjazevac- by the end of 2010.
- Operational planning completed in all three offices - by the end of 2010.
- Relocation of children who don't have imposed judicial measure from institute to other institutions - by the end of 2010

To make the process of transformation to take predicted pace, the following essential activities was supposed to complete by the end of 2010:

- Classification of all residential institutions in groups and determination of priorities for transformation (transformation completion in three years, transformation completion in five years, closure);²⁵

²⁴ For all residential institutions for children without parental care (12 plus Beograd) were prepared operational plans which will be aligned and further developed in line with the dynamics of the process and priorities.

²⁵ Not Completed

- Suspension²⁶ of the admission of new beneficiaries (children with disabilities in institutions slated for closure and for reducing capacity; if more than three children from a personal commitment center awaiting placement in an institution, consider the option of group housing with assistance when it comes to children older children),²⁷
- providing capacity for group housing in cities that can accommodate 5-6 children per dwelling unit, in the districts where regional planning is completed (Nis and South Banat) to, among other things, prevent further placement in large institutions,²⁸
- providing at least 50 specialized foster cares (for children moderate difficulties) through a partnership of regional services for foster care and transformed children's homes who placed children with disabilities, in order to be closer to 1:10 ratio between foster and institutional accommodation.²⁹

Decision on the network of institutions was meant to be changed by the end of 2009, but was made 2010, a new Law on Social Protection and Social Security of Citizens should have been passed on schedule³⁰ (planned introduction of new services in the system).

5.2.2. Transformation of residential institutions for the elderly and adults with disabilities

Adults with developmental disabilities and mental disabilities

To encourage investment **in the construction of residential buildings for supported** housing for adults with developmental disabilities and mental disorders, which are dependent on the use of services to help and care at home, and similar social service and health care.

In the implementation of the National Investment Plan 2006 and 2007, it was planned that in 130 municipalities will be provided with such facilities but because of the change of government, economic crisis, and the other circumstances and priorities, the NIP was soon stopped functioning.

The development of social-health services at the local level in order to reduce the pressure on accommodation in institution. Recognizing the fact that the protection of persons with disabilities and people with mental health problems is not only a problem of health, new Law on Social Protection envisages the provision of socio-health services and the establishment of socio-medical institutions.³¹

²⁶ When making the decision to suspend the admission of children in residential institutions should bear in mind that at the time of an overall transformation plan, a total of 200 children waiting for admission to the institution. It was important to avoid making decisions do not lead to temporary and multiple moving from institution to institution. Moving from one institution to another is justified only if it cannot find an alternative solution if it is a permanent solution for the placement of the child or solution for a longer period.

²⁷ Ministry has adopted measures to eliminate irregularities in residential institutions, act No. 560-03-619 / 2006-14, dated 3 November 2006

²⁸ Not Completed

²⁹ The relationship is not reached nor are provided specialized foster families, foster families, although there are about 400 children with different types of relatively minor health problems or psychological nature

³⁰ The law was adopted in April 2011

³¹ At the time of writing this analysis have not yet made an act that could provide enforcement of these provisions

Elderly

When it comes to institutions for accommodation of the elderly, **Strategy on aging** predicted the following activities:

- Overcoming uneven access to services for accommodation in social protection institutions, deficiency of these capacities and their uneven territorial distribution;
- Ensuring the formation of gerontology center type capacity dormitory in larger urban municipalities, which is next to the dormitory services provided care and other social services;
- Priority in the development of accommodation services should have the territory of the Republic where there is no dormitory capacity and large cities (Belgrade, Novi Sad and others.) Where the existing capacities do not meet the requirements;
- Securing the establishment and smaller dormitory services accommodation facilities in municipalities, in cooperation with non-governmental organizations and the private sector, (centers of small capacity) and the introduction of other forms of care for elderly (pensions for retirees and the elderly, community housing, rural house for pensioners and the elderly, etc.);
- Securing the organization and operation of the seasonal reception centers for temporary housing of elderly farming households during the winter months in remote rural and hard to access areas of the Republic, , when they are cut off from the world;
- Encourage investment in the construction of residential buildings sheltered housing older people and pensioners who live alone and who are dependent on the use of services to help and care at home, and similar social service and health care;
- Take appropriate incentives and benefits to the national level and local government level to encourage, support and stimulate the private sector and donors to invest in the development and operation capacity for the provision of care and assistance to the elderly, as well as various foundations, bequests and endowments whose aim is to care for older people;

5.3. Expected effects

Based on the exposed guidelines, objectives and planned activities on deinstitutionalization and transformation of institutions, expected effects of this process are formulated.

5.3.1. Reducing the pressure on accommodation facilities

The development of network of services in the local community will provide favorable conditions for the exercise of the right of citizens to support family life and the natural environment. In this way it will enable the remaining of larger number of children, adults and the elderly in their biological, kinship or foster family, which will reduce the pressure on placement in a more restrictive and expensive form of support for the beneficiary.

5.3.2. Reducing the number of beneficiaries residing in institutions

The development of a network of services in the community, meeting the needs of the family and the natural environment, should lead to a reduction in the number of accommodated users, especially children without parental care and children with difficulties in development, but also the elderly and adults with disabilities. In this way conditions for providing more and better services to beneficiaries who needed housing are created, as well as development of new, missing services in the local community.

5.3.3. Providing small accommodation capacities at local level

For the number of beneficiaries of social protection system, accommodation services are necessary. The construction of smaller accommodation capacities or service transformation of existing institutions, will provide the necessary services to a variety of amenities to meet beneficiary needs, at local and regional level, and allow satisfying the needs of users in the natural environment.

For beneficiaries whose multiple needs cannot be adequately met in small establishments of accommodation facilities, will develop highly specialized, professional services, which are under the jurisdiction of the Republic of Serbia. This will ensure the continuity of service, consistent to needs of beneficiary.

5.4. Current status and trends of change in the process of deinstitutionalization

Summary statistics on the number and structure of beneficiaries in social protection institutions provides the first level of information on the effects of plans on deinstitutionalization and transformation of social protection institutions.

According to the decision (2010) on the network of social welfare³², state is the founder of the 21 institutions for children and youth, 43 institutions for adults and elderly, 17 residential institutions for disabled adults. In the Decision on the network state assumed the obligation and envisaged the establishment of eight regional centers for foster care and adoption and five on the territory of Central Serbia (Belgrade, Kragujevac, Čuprija, Velika Plana-Miloševac and Niš) and three in Vojvodina (Novi Sad, Subotica and Bela Crkva). However, while the five centers in Central Serbia began work in Vojvodina has not started any.

The decision separately defined capacity to accommodate and the capacity to provide other services.

5.4.1. Current situation in institutions for children

In accordance with 2013 Regulation on the network of social protection, 22 (21) institutions are foreseen for children and young people. For children and young people without parental care and children with disabilities³³ are scheduled 17 institutions, accommodation for children with behavioral problems three institutions and 2 institutions for children and young people with communication difficulties (deaf-mute-Belgrade and autism-Sabac). In addition, institutions in Sremcica, Stamnica and Veternik, will have specific working units for children with disabilities.

Within the Department for Children and Youth in Belgrade and Nis special working unit for accommodation children of asylum seekers and unaccompanied children is provided.

Total number of children and youth placed in institutions for children and young people on the 31.12.2013 is 1617. In institutions for children without parental care are placed 580 or 35.87%,

³² In the Meantime, Government adopted Regulation, Official Gazette of RS, no. 12/2013

³³ Unlike the earlier provisions of the Regulation (Decision) provides that the same institution can be housed orphans with disabilities

in institutions for children and youth with developmental³⁴ disabilities 963 or 59.55% in the Institute for Children and Youth.74, or 4.58%.

Number of children without parental care who are placed in institutions has decreased by more than 70% of the number at the beginning of the reform. In 2001 2,100 children were in institutions for children without parental care were. In December 2013, only 580 children and young people were accommodated.

In 2013 is recorded a **decrease in the number of new beneficiaries** placed in institution for children and young people by 30% compared to 2009, while the number of children age under 2³⁵ that are accommodated in institution is 60% less. Currently, all institutions have 38 children under the age of 2 yr.

Smaller number of children and young people in institutions is due to the development of foster care. Number of children in foster care has tripled since the beginning of the process of deinstitutionalization. In 2001 in foster care was around 1,800 children, and in December 2013, there were about 5,400 children. Total number of children and youth in foster care in 2013 was 20% higher compared to 2009.

19% of the total number of children in foster care is placed in kinship foster care.

83% of the total number of children who have been removed from an institution for placement in a foster family in the period 2009 - 2013, were moved from the institution for children without parental care, and 17% from institutions for children with disabilities.

In 2013, 482 requests for placement in foster care are not realized, of which 83% of the demands for children with disabilities. For children with disabilities reason is mainly unwillingness or lack of training of foster families to accept these children.

5.4.2. Current situation in institutions for persons with disabilities

According to Regulation (Decision) on the network of social protection institutions, number of residential institutions for adults with disabilities established by the state is 17. Total number of residents in these facilities is 4226 users on 31.12.2013. Among them were 273 children and young people up to 18 years or 26 years.

To this number should be also added 1440 beneficiaries accommodated in four institutions who accommodates both adults and children - 690 children and young, and 750 adults users.

In the past 5 years there was no significant difference in the number of residents in institutions for adults with disabilities. Only in Kulina the number of children who have been in this institution was reduced. In the begging of 2001 there were 130 children. 38 children were relocated in small residential community.

As for the kind of disability, mental difficulties are present in 52% of cases, intellectual disability in 24%, and multiple interference in 17%, 10% of users are completely immobile, and 10% semi-mobile.

³⁴ A number of children and young people and is located in institutions for adults with disabilities

³⁵ This is practically the ages of 3 years because, for precision, this fact implies to a child aged 2 years, 11 months and 29/30 days

Number of users in 2013 was almost identical to the number accommodated in these facilities in 2001. Significant changes occurred only in those institutions where both children and adults were placed. Specifically, significantly reduced the number of accommodated children was primarily in Kulina,³⁶ but also in Veternik and Stannica.

However, it continued to be a serious problem of a large number of users in most of these institutions, particularly in the following institutions: Kragujevac (Male Pčelice) 898, Stari Lec 563, 556 Veternik and Novi Bečej 428 users.³⁷

5.4.3. Current situation in institutions accommodating elderly

Number of gerontology centers and homes for the elderly in the Republic of Serbia, founded by the state is 40, and the total number of residents on the 31.12.2013 is 8053. The capacity of these institutions is slightly higher of 9000 places.

The number of private homes for the elderly housing is 125, of which 24 in Vojvodina. The total capacity of these homes is around 3500 places.³⁸

In the past 5 years there are no significant differences in the number of residents in nursing homes and homes for the elderly established by the state.

Establishment of private homes, currently there are over 120 of them, reduce the pressure on the government homes, so there are no waiting lists as in the past. If we consider only the institutions for the elderly established by the state, then the number of elderly residing in institutions has no significant aberrations of the number in 2001. However, if we add accommodated in private homes, then this number is higher by over 1500 users.

The dominant reason for placing beneficiaries at homes are difficulties in everyday functioning due to disease and old age (44%), followed by the inability of families to take care of them (17%).

6. Measures and activities for deinstitutionalization and transformation of institutions

Measures are activities that are regulated by a legal norm of any kind (law, regulation, ordinance, etc.) or decision of state authorities. Measures can be direct or indirect. Direct measures are direct targets of deinstitutionalization and transformation of institutions and are necessary, but not always sufficient condition for achieving the proclaimed goals. Indirect measures have objectives that are not related to deinstitutionalization and transformation of institutions, but contribute to their achievement.

³⁶ The new Regulation on the network of social care home in Kulina is designed for reception only maintain with disabilities

³⁷ Data RISP on 31 12 2013

³⁸ Data MLESP

Activities are projects and other forms of meaningful action in the direction of deinstitutionalization and transformation of institutions that have no foundation in the legal norms but rather are result of a contractual relationship.

6.1. Plans and projects for the development and transformation of social protection institutions

In the past decade great effort was invested for recognizing the importance of planning.³⁹ This has resulted in numerous and various projects at the national and local levels, which led to the formulation and adoption of a number of planning and strategic documents and action plans.

The Social Protection Development Strategy defined following measures, activities and mechanisms for the transformation of residential institutions:⁴⁰

- Adoption of a medium-term plan for the transformation of institutions;
- Adoption of specific plans for each transformation institutions;
- Adaptation of existing network transformation of the institution;
- Adoption of special programs for the training and development of all participants in the protection of residents

Projects that have a direct function of de-institutionalization and transformation of social protection institutions have been realized.

"Comprehensive plan for the transformation of residential social care institutions for children 2009-2013" was produced within the project "Transformation of residential institutions for children and develop viable alternatives.". The project was implemented by Ministry and UNICEF.

The objectives of the transformation of institutions:

1. Reduction of the number of beneficiaries residing in social care
2. The institutions are providing alternative services, such as day care services for people with developmental disabilities, the creation of regional centers for foster care, shelters, halfway houses,
3. The provision of small accommodation capacities at the local level

The goal was also not to lose funds that are earmarked in the central budget for residential institutions, but to use these funds to encourage the transformation of these institutions and the development of forms of protection that are in the best interests of children.⁴¹ The funds that were intended for institutional care should be diverted to fund new modalities for accommodation outside the family, such as foster care, supported housing, group housing for 5-6 beneficiaries outside institutions, etc., as well as other services that are funded from the central level.

³⁹ This was contributed financial and technical assistance support from international organizations and agencies.

⁴⁰ Deadline for implementation of the activities listed in the Strategy was 2006

⁴¹ Transformation of institutions will decrease costs alone residential institutions, but it is important that these funds remain available to fund foster care or, for example. Co-financing of minimum services required to support the family in municipalities such services cannot be financed from local budgets.

The planning process in the field of social protection was also implemented at the municipal level and therefore the majority of municipalities in Serbia have done plans for the development of social protection. "Regional development plans of social services for children and young people" are also made.⁴² In addition, the planning process has gathered a number of important stakeholders in the process. However, **there is still need for serious improvement of planning.**

From the Instrument for Pre-Accession Assistance (IPA) in the field of social and child protection began work on the project "**Support to deinstitutionalization and social inclusion of people with mental disabilities and mental health problems**" (IPA 2011), value of 5.17 million euros and "**Support for the social inclusion of vulnerable groups including Rome, through diverse social services in the community**" (IPA 2012), value of 6.5 million euros.

Within the project "**Delivery of Improved Local Services**"⁴³, which is implemented by the World Bank in the amount of 32 million euros, were carried out activities related to the development of IT system of social protection, including those related to equipping and IT connecting of centers for social work (140) and residential institutions. The implementation of part of the project that supported the promotion of ways for financing associations of persons with disabilities was completed.

In mid-2011 three-year EU-funded project of Ministry and UNICEF, "**Transformation of residential institutions for children and developing sustainable alternatives**", that contributed significantly to accelerating the process of deinstitutionalization in the Republic of Serbia, was completed.

In late 2013, a three-year project of the Ministry and UNICEF "**The development of community services for children with disabilities and their families**" was completed, which allowed a significant increase in the quality and availability of services in the community. The project was funded by the EU (IPA 2008), from which they were awarded grants for support of services for children with disabilities in 41 municipalities.

6.2. Guidelines/decisions/regulations for the implementation of the program

Direct measures as a function of deinstitutionalization and transformation of institutions of social protection are:

- avoiding of irregularities in performing accommodation of children and youth in institutions of social protection,
- Rules of Procedure for selecting and changing the type of protection;
- Decision on the network of social protection institutions

Indirect measures that contribute to the transformation of institutions and deinstitutionalisation process are:

- Ordinance on standards and procedures for conducting affairs of social work centers
- Regulation on closer conditions and standards for the provision of social services

⁴² Report CLDS, June, 2009.

⁴³ For more information see www.dils.gov.rs

Decisions on the network of social protection institutions - Designed intention and capacity of institutions-

Within amendments to the Decision on the network of social protection institutions in the period from 2004 to 2008⁴⁴, Ministry verified abolition of residential institutions for children without parental care in Zrenjanin, Vranje and Valjevo and anticipated the possibility of establishing centers for foster care and adoption.

With the adoption of the **Decisions about the network of social protection institutions** in 2010⁴⁵, Ministry has verified the **Comprehensive Plan transformation of institutions for children and youth master plan (2009-2013)** which was made as a project activity and MLSP accepted it as a document for the development of deinstitutionalization plan of institutions for provision of accommodation for children and youth. The objectives of the five-year Master Plan for the transformation of institutions for children are integrated into this decision on the network of social protection institutions for accommodation of beneficiaries, and the most important principles are included in the relevant provisions of the new Law on Social Protection.

In accordance with the Decisions on the network of social protection institutions from 2011, in the period from 2008 to 2013, five regional centers for family accommodation are established, in: Belgrade (2008), Nis, Kragujevac, Čuprija and Milosevac. Although it was planned to open these centers in Novi Sad, Sombor and Bela Crkva, for now have only taken a decision on their establishment (in Novi Sad appointed Acting Director), but not provided funds for their functioning at this time.

With the adoption of amendments on Decision on the network of social protection institutions in 2012 and 2013⁴⁶, resulting changes were verified in terms of transferring and renaming of individual institutions for children without categorization of children without parental care and children with disabilities, creating conditions for small residential community (there are in Nis, Negotin, Belgrade and Banja Koviljaca), conversion of institution in the center for family shelter and adoption-Čuprija or service for the provision of social protection at the local level, it Kragujevac.

Thanks to these changes, in particular by creating conditions for small residential community, all children from the institution in Kulina are deployed in other institutions in far better conditions. With these changes, Kulina is included in institutions that accommodate only adults but not children, like it was before these changes in the decisions.

With Decision on the network of institutions, **capacities were reduced in all former homes for children without parental care** and complied with standards, **but not for institutions for children and adults with developmental disabilities.**

⁴⁴ Official Gazette of RS, no. 51.2008

⁴⁵ Official Gazette of RS, no. 98/2010.

⁴⁶ Official Gazette of RS, no. 16/2012 and 12/2013

6.3. Support for families and breadwinners

The Law on Financial Support to Families with children was adopted in 2002, and amended in 2005. *It defines child allowances as a measure of social policy*, determines its amount equally to all children who are entitled to it and provides better targeting of the poor.

Families with children with disabilities, single parents, foster parents and guardians are placed in a favorable position in this Act, to encourage the non-institutional protection of children without parental care.

This law provided better targeting of the poor with more precise definition of income and assets which are taken into account in determining eligibility. Regional differences in the criteria for the exercise of rights in this area were abolished, establishing a uniform threshold for the whole territory of Serbia. The real value of benefits is provided and maintained through indexing benefits and means-testing with the cost of living and continuous access to this right is enabled.

Amendments to the Law on Social Protection and Social Security of citizens were prepared in late 2002, but due to a change of government, were adopted in 2004. Their adoption also eliminated differences among municipalities for awarding the benefits (social assistance, or material support), introduced a unique line of absolute poverty at the level of the republic, and provided maintaining of the real value of benefits with indexing the cost of living and continuous access rights. **The remuneration for the care and aid significantly increased for people (children) with disabilities.** Some legal criteria for foster families were also precisely defined, **and the concept of professional foster care was introduced**, although it is limited only to persons employed who eventually become jobless in the process of deinstitutionalization.

As an initial step for the different treatment of the beneficiaries, their representatives are involved in the governing boards of institutions for social protection.

In order to support the process of deinstitutionalization, the Law on Social Protection (2011) has introduced **a special allowance for parents who have not earned the right to retire, and directly fostered child with the highest level of disability for at least 15 years.** Special benefits paid upon reaching retirement age, in the form of a lifelong monthly income in the amount of the lowest pension. This compensation benefits approximately 400 persons.

In order to protect the newborn with a high degree of disability one parent may, upon expiry of maternity leave and absence from work for child care, *use paid leave from work for special care of the child.*

Fees are significantly consolidated and the system is restored, after the collapse in the late nineties.

However, amounts, targeting and coverage of material security have yet to be assessed to ensure that at least the basic needs of children and families are actually satisfied.

6.4. Restrictive measures for placement in institutions

To limit referral of people to social care institutions, some measures are applied to prohibit or significantly limit previous common practice.

Prohibition of accommodation of children belows 3 years of age

Comprehensive Plan of the transformation **proposes ban for the entrance of children from 0 to 3 years in residential institutions.** This applies to children without parental care and children who are easily mentally distracted and do not have parents or parents cannot take care of them. These children should be taken care of through the urgent foster care in order to prepare for adoption or for going into foster care.

The adoption of the Law on Social Protection, this has become a legal norm and this is certainly one of the most important disposition for further deinstitutionalization.

Supervision of institutional accommodation decisions:

The Ministry has adopted ***Measures to eliminate irregularities in performing accommodation of children and youth in institutions of social protection.***

The objective of this measure is to strengthen the procedures provided by the Family Law (enacted in February 2005) in terms of respecting the basic rights of a child to live with his parents.

In the first paragraph Measures states that the social work centers are obliged to request a formal opinion from the Ministry before determining about accommodation of the child under the age of 18 years in any of social protection institution.

6.5. Development of local services

One of the key assumptions on deinstitutionalization processes and transformation of social protection institutions is the development of local services. One can distinguish two types of services:

- Support services to families ("family support services")
- Services of providing substitutes for the family ("family substitute services»)

According to the Law on Social Protection, social services in the Republic of Serbia include assessment and planning services, day services in the community, support services for independent living, advisory-therapeutic and socio-educational services, and accommodation services.⁴⁷ Services are partly under the jurisdiction of the republic level (assessment and planning services, residential and foster care), and partly by local governments (daily community services, support services for independent living, advisory and therapeutic and social and educational services).

Local centers for social work refer potential beneficiaries on rights and social protection services, and they are performing the role of the guardianship in accordance to Family Law.⁴⁸

According to reports on the work of CSW from 2012, the total number of registered beneficiaries of social care services was approximately three hundred thousand (4% of the total population).

⁴⁷ Law on Social Protection (Official Gazette of RS, No.24 / 2011.)

⁴⁸ "Official Gazette of RS", no. 18/05 and 72/11

Bearing in mind the age structure of the total population, among beneficiaries dominate children and young people.⁴⁹

It should be noted that the service providers at the local level are not yet included in the reporting system and that this data from the Centers for Social Work. **Regular reporting obligation exists only for licensed providers.**

In assessing the development of local services rely on the second report on social inclusion⁵⁰ and research results about the mapping of local services.⁵¹

6.5.1. Services to support families ("family support services")

This type of service corresponds to the services designated as "daily services in the community" according to the Law on Social Protection. It is a group of services that are organized in a way that can be used on a daily basis. This group of services includes day care, help at home, personal escort of the child, drop in and other services that aim to support that beneficiary stays in the family and immediate environment. Thanks to these services, beneficiaries remain in their natural environment and institutional accommodation of beneficiaries is prevented. They are designed for user groups of all ages (children, youth, adults and the elderly). The specification defines the services and target group of beneficiaries, purpose and activities of the service.

Daily services in community are in the mandate of local governments and, despite the development of the last decade, are still not sufficiently available.⁵² Among the most frequent services from this group stand out help at home for the elderly and care for children with disabilities.⁵³

Help at home

According to data from 2012, help at home for the elderly is provided in 122 from 145 local governments, to over 15.5 thousand users (1.2% over 65 years). Coverage of elderly service is low compared to the developed European countries.⁵⁴

Table: Number of beneficiaries and the number of local governments that provide help at home service

Social care services	Number of beneficiaries	Number of local governments
Help at home for the elderly	15.563	122
Help at home for adults	441	20
Help at home for children with difficulties	611	37

Source: CLDS and Social Inclusion and Reduction of Poverty (2013): Mapping of social services by local governments

⁴⁹ Republic Institute for Social Protection (2013); Synthesis report on the work of social work centers in Serbia in 2012, Belgrade.

⁵⁰ Second National Report on Social Inclusion in reducing poverty in the Republic of Serbia, October 2014.

⁵¹ Center for Liberal-Democratic Studies, Social Inclusion and Poverty Reduction and UNICEF (2013): Mapping of social services by local governments, Belgrade.

⁵² Second National Report on Social Inclusion in reducing poverty in the Republic of Serbia, October 2014.

⁵³ Second National Report on Social Inclusion in reducing poverty in the Republic of Serbia, October 2014.

⁵⁴ Second National Report on Social Inclusion in reducing poverty in the Republic of Serbia, October 2014.

During the last two years, the project "Development of community services for children with disabilities and their families" (IPA 2008), which was conducted in partnership between the Ministry of Labor, Employment and Social Affairs and UNICEF in the period 2010-2013, established help at home service for children with disabilities in 37 local governments.

Day care

In order to support deinstitutionalization and improvement of care for children with disabilities, stakeholders in the field of social and child protection achieved professional consensus at the beginning of reforms **on the need for the development of day care centers at the local level**, in order to enable parents to keep their children at home. This form of protection, along with other forms of support (mainly various types of activities organized for children with disabilities), are mainly financed and developed through the Fund for the financing of organizations of persons with disabilities (FOSI).

Table: Number of beneficiaries and the number of local governments that provide day care service

Social care services	Number of beneficiaries	Number of local governments
Day care for children with difficulties	2.519	71
Day care for the elderly	1.022	12
Day care for children in conflict with the law	359	10
Drop in	601	4

Source: CLDS and Social Inclusion and Reduction of Poverty (2013): Mapping of social services by local governments

Day care service for children and young people is present in 71 Local Government, and there are slightly less than 2,000 children and youth with disabilities using it. Almost half of the providers of these services are from the NGO sector.

Majority of local governments still had not opened the day care centers for children with disabilities, which can be partly explained by the lack of funds in local budgets, as this form of services under the jurisdiction of local authorities. Total public expenditure on daily services in the community in 2012 amounted 1.5 billion dinars (0.04% of GDP)⁵⁵. It should be noted that a number of donor funded startup of day care centers for the disabled at the local level.

Support Services for Independent Living and advisory-therapeutic and social and educational services are also within the mandate of local governments and are available in a small number of local governments, usually only in larger cities. An extremely small number of support services for people with disabilities, with less than 200 users of personal assistance and approximately fifty users of supported housing, reduce their opportunities for social inclusion and to accelerate the process of deinstitutionalization. Except in the most developed local governments, funding for supported housing for people with intellectual and mental disabilities

⁵⁵ Center for Liberal-Democratic Studies, Social Inclusion and Poverty Reduction and UNICEF (2013): Mapping of social services by local governments, Belgrade.

was raised at a national level, but nevertheless was established in only five local governments, with the largest number of users in Belgrade and Novi Sad.⁵⁶

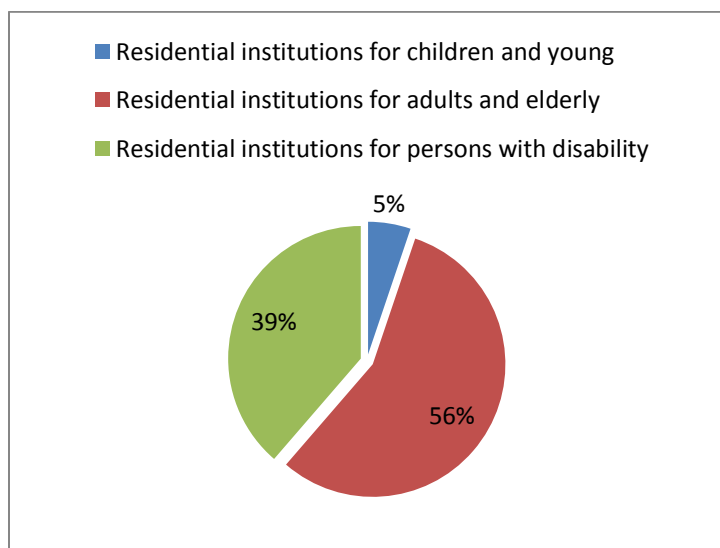
The role of civil society organizations as providers of social services has increased significantly over the past decade.⁵⁷ In this direction should act and legislative changes that, among other things, predicted that the service provider will be selected through a public call. However, analysis shows that local governments often do not implement these procedures properly, and even to the services provided within the non-state sector are failing and then later awarded to public institutions.⁵⁸ Civil society organizations encounter with difficulties in the licensing process as well.⁵⁹

6.5.2. Services providing substitutes for the family ("family substitute services»)

Accommodation service is one of the most present social care services, which in 2013 used more than 20 thousand beneficiaries. Over 5.7 billion dinars was allocated for family and institutional accommodation service from the national budget in 2013 (0.15% of GDP).⁶⁰

Among the beneficiaries of institutional accommodation in the public sector, elderly are dominating group (about 7800 users), while the proportion and number of children continued to decrease. Accommodation services for the elderly in the private sector have been developed in last decade and, with over 5,000 capacitive places in the 186 homes in Belgrade and other parts of Central Serbia. Private homes do not have access to budget funds, but they subject to the regulation and control of the republic and provincial authorities.

Chart: Number and Structure of residents in public social welfare institutions, by type of institution, 2013



Source: MLEVSA

⁵⁶ Second National Report on Social Inclusion in reducing poverty in the Republic of Serbia, October 2014

⁵⁷ Second National Report on Social Inclusion in reducing poverty in the Republic of Serbia, October 2014

⁵⁸ Autonomous Women's Center (2013): Contributions to the Second National Report on Social Inclusion and Poverty Reduction in the Republic of Serbia, Belgrade. CLDS (2013): Lessons learned and recommendations for improving the status, visibility and capacity of civil society organizations as providers of social protection, Belgrade

⁵⁹ CLDS (2013): Lessons learned and recommendations for improving the status, visibility and capacity of civil society organizations as providers of social protection, Belgrade.

⁶⁰ Second National Report on Social Inclusion in reducing poverty in the Republic of Serbia, October 2014

The conditions for the accommodation of adults with intellectual and mental disabilities (approximately 5,400 beneficiaries) are still unsatisfactory in most state institutions.⁶¹

Foster care is a measure for protection of child without parental care or children under parental care that has difficulties in physical development or conduct disorder, which is temporarily unable to live with their parents. A child in foster care, is provided, in accordance with the law, an adequate form of foster care and foster families according to their specific needs in aim of achieving child's best interest.

Starting from the specific needs of the child and the conditions necessary to meet them, some of the following forms of foster care can be applied: (1) standard foster care, (2) specialized foster care, (3) urgent foster care and (4) occasional foster care.⁶²

Over 90% of children and adolescents without parental care are on accommodation in the Republic of Serbia, almost six thousand is protected through kinship and non-kinship foster care to approximately 4,300 families. Despite the strong growth of this form of protection, children with disabilities, especially combined, heavier and more complex types, are still mostly accommodated in institutions (approximately 500 children or 54.6% of the total number of children with disabilities are in accommodation) in which conditions are unsatisfactory, with a modest offering of rehabilitation and support programs.⁶³

A number of children is accommodated in large institutions where the quality of care is the most unacceptable.⁶⁴

Placing children with the most severe disabilities in small residential community in the home in Kulina is considered as a positive step forward, with great effects.⁶⁵

Law on Social Protection of 2011 prohibited the accommodation of children under the age of three years in institutions, whose number fell to 44 at the end of 2013.

However, the fact that there is increase in the total number of children dislodged from biological families who use the accommodation service is concerning. The analyzes show that support for the family before taking the child for a prolonged period was provided in the course of the 15% of cases, and in 19% were not taken steps to strengthen families.⁶⁶

Support for young people to leave residential care and foster care is also insufficient.

Foster care has existed in Serbia before the beginning of the reform. As a form of child protection, were equally represented, as well as institutional care. At the beginning of the reform process, 2200 children were accommodated in institutions for children without parental care,

⁶¹ Republic Institute for Social Protection (2013): Synthesis report on the work of social welfare institutions for adults and elderly with mental, intellectual, physical or sensory disabilities in 2012, Belgrade.

⁶² Regulations on foster care ("Official Gazette of RS", No.36 / 2008)

⁶³ UNICEF (2014) Situational Analysis (in preparation). Quoted from "Second National Report on Social Inclusion in reducing poverty in the Republic of Serbia, October 2014

⁶⁴ Ibid.

⁶⁵ Familia, Faculty of Belgrade, Faculty of Philosophy, Niš (2013): Monitoring the outcomes of small dormitory communities on children with disabilities.

⁶⁶ UNICEF (2014), Situation Analysis (in preparation). Quoted from "Second National Report on Social Inclusion in reducing poverty in the Republic of Serbia", October 2014

while 2,100 were in foster care.⁶⁷ Since the deinstitutionalization was a very important reform agenda from the beginning of reform, there was a clear need was to continue, especially as a precondition for meeting the targets, the development of this form of alternative care for children in Serbia, who already had a solid foundation - especially bearing in mind that was funded from the central budget.

Comparative analysis for Belgrade shows that compared to 2012 the number of children who are in foster care come from health institutions/maternity wards was increased by 3%, and 4% compared to 2011. Number of children who came from the biological family of was reduced by 2 % compared to 2012 and 5% in compared to 2011. Compared to 2012, 1% fewer children are coming from institutions, compared to 2011, the number is 1% higher.

Increase the percentage of children who come into foster care at birth is in line with national policy and legislation. Experiences of advisors are evidence of the positive effects of providing stimulating, family environment for babies, in the age which is the critical periods for the development of sensory, speech, motor function and the establishment of early affective ties of which depends not only on the overall physical and mental development of the child care but also understanding of self, others and the world around them.

Specialized foster care was introduced amendments to the Law on Social Protection (2005). However, this type of foster care has not yet been defined in the bylaws. The Ministry is currently preparing a normative act that will define specialized foster care for children with developmental and health problems. However, the Ministry estimates that about 25% of the breadwinners already take care of children with development and health problems. The Social Innovation Fund also gave priority to projects for the development of specialized foster care and to strengthen the competence of foster parents to care for children with this type of disability.

Since its inception, through regular activities and many project activities, **Center for family accommodation seeks to increase the resource of foster families and to improve the practice of family accommodation for children with disabilities**, as a particularly vulnerable group. The practice of family placement of children/children with disabilities is guided by the following principles:

- The child is worth by itself and has the rights that are the same for all children.
- Diversity is respected.
- All children have a need to be loved and to love, the need for warmth, safety and incentives.
- A good place for a child's life is one that allows optimal satisfaction of the child's needs, above all child's involvement in community life.
- Continuous improvement of knowledge and skills of professionals and foster families provides quality support for the child in foster care.

⁶⁷ Ministry of Labor, Employment and Social Affairs of the Republic of Serbia, Annual Report (internal document) Belgrade: MLESP, available in printed form

**Number of children with developmental or health disabilities residing
in foster homes, in 2013.**

Type developmental disabilities	Number	%
A child with mild intellectual disabilities	52	11,74%
A child with moderate intellectual disabilities	18	4,06%
A child with severe and profound intellectual disabilities	4	0,90%
A child with autism	1	0,23%
There is a suspicion of interference in the development	42	9,48%
Children with impaired eyesight – blind	2	0,45%
Children with impaired eyesight - visually impaired	41	9,26%
Children with hearing impairments – deaf	2	0,45%
Children with hearing impairments - hard of hearing	5	1,13%
Children with disabilities voice and speech	30	6,77%
Children with partial physical disabilities	7	1,58%
Children with a complete physical disability – immobile	1	0,23%
Children with multiple disabilities	20	4,51%
Chronic diseases	169	38,15%
With conduct disorders or severe emotional problems	44	9,93%
Others	5	1,13%
Total	443	100%

The number of children with developmental or health problems in foster care, grouped according to the table below, amounts to 41.47% of the total number of children in foster placement. If we look children with health problems (chronic diseases) and children with developmental disabilities separately, there were 25.6% of children with disabilities and 15.8% of children with health problems in foster accommodation in 2013.

In group of children with disabilities, the majority of children are children with mild intellectual disabilities (5%) and children with behavioral disorders or severe emotional problems (4%). In younger children, babies often burdened with risks in pregnancy, for now there is only a suspicion of developmental disabilities (4%). At the foster care there were 2% of children with moderate intellectual disabilities and children with multiple disabilities also 2%. Four children are children with severe intellectual disabilities, and one child, in standard foster family, has a problem of autism. Damage voice and speech is present in 3% of children.

Health problems, such as chronic diseases, have 16% of the children. With impaired eyesight-amblyopic is 4% of children, 1% are children with partial physical disabilities. Five children are with hearing impairments - hard of hearing, two are blind, two children have problem of deafness, a one child is with a complete physical disabilities.

Children with disabilities and health problems are mostly, but not exclusively, placed in kinship foster homes. With their commitment and dedication to children in foster care stands out more unrelated families, such as families caring for a child with autism problem, the problem of deafness, intellectual disability, the child with Down syndrome and the child with the problem of cerebral palsy. These examples confirm the professional attitude that if it is provided a stimulating family environment in an environment that has the necessary resources for children with disabilities at an early age, child's progress will be visible. This also confirmation of our experience that if there is established solid emotional connection between foster parents and the child at an early age, foster parents do not give up caring about child regardless of the difficulties that the child has.

Children under three years of age and children with disabilities will have priority in foster care placement, but it should be borne in mind that the realization of accommodation depends not only on the number of foster families who are current available for accommodation, but also the characteristics of the families, their strengths and needs, or switching characteristics of families with the needs of the child.

Number of children with developmental or health problems whose accommodation is not implemented in a foster home during 2013.

Type developmental disabilities	Number	%
A child with mild intellectual disabilities	12	12,12%
A child with moderate intellectual disabilities	4	4,04%
A child with severe and profound intellectual disabilities	3	3,03%
A child with autism		
There is a suspicion of interference in the development	9	9,09%
Children with impaired eyesight – blind		
Children with impaired eyesight - visually impaired	1	1,01%
Children with hearing impairments – deaf		
Children with hearing impairments - hard of hearing		
Children with disabilities voice and speech	2	2,02%
Children with partial physical disabilities		
Children with a complete physical disability – immobile		
Children with multiple disabilities	14	14,14%
Chronic diseases		
With conduct disorders or severe emotional problems	47	47,47%
Others		
	3	3,03%
Total	99	100%

In the group of children with developmental or health problems for which it was provided accommodation, the largest number of children are with behavioral disorders or severe emotional problems. In relation to the total number of children with developmental or health problems, this group of children account for almost half of all claims. Children with behavioral disorders are

usually at the same time older children. Still a small number of foster families are ready to cope with the challenges of such accommodation.

Adoption is regulated by the Family Law (2005) and in line with international conventions in the field of adoption and children's rights. Family Law introduced a mandatory preparation for adoption. Employees in centers for social work, which are specially trained for this purpose, are implementing a program of preparation for adoption.

It is necessary to implement the concept of child rights in a more systematic way and to change its position according to which the adoption is seen as a mean of meeting the needs of parents without children. Instead, emphasis should be placed on the right of the child to live in a family environment.

Guardianship is regulated by the Family Law. Guardianship is provided for children without parental care and children under parental custody in cases where the interest of the child is contrary to the interests of parents. For the full and proper implementation of the Family Law, the Ministry is obliged to adopt appropriate bylaws and regulations for the effective implementation of adopted legislation.

6.6. Support of the development of local services

The reform of local services is encouraged through two mechanisms: the **Social Innovation Fund (SIF)** and the **Fund for organizations of persons with disabilities (FOSI)**. During 2002 and 2003 these funds were formed primarily to support the development of services at the local level.

The Social Innovation Fund was established in 2003 as a reform tool and mechanism for:

- Decentralization
- Covering transition costs
- Transformation of social care institutions/deinstitutionalization
- Transfer of good practices
- Support for reform at the local level

Reform of the social and child protection in Serbia requires the development of services in the local community. Both funds have the following tasks:

- To finance projects/initiatives at the local level
- To ensure the sustainability and/or co-financing by local governments
- To give priority to partnerships between government and non-government sector
- To establish the system of qualitative and budgetary revisions

With the support of the Government of Serbia, the Government of Norway, UNDP, the European Agency for Reconstruction (EAR) and the Government of the United Kingdom, SIF has supported the development of services in the field of social protection within the local community, i.e. municipalities, as well as the establishment of partnerships between government and non-government service providers and local governments.

The third contest of Social Innovation Fund (SIF) in September 2006, had, as a first priority, "linking the third contest with a program of transformation of institutions supervised by the Ministry, i.e. **development of services in the sphere of social protection that support the transformation of residential institutions**". In the competition the priority **target groups** of children referred to was: children without parental care, children with disabilities and children with behavioral disorders. SIF commission for the selection of projects for funding selected 35 projects, 13 of which are directly related to the transformation of institutions, either through the development of alternative services (foster care, day care centers, centers for children in foster care) or through the customer support people leaving institutions. Another 17 projects for targeting services for children and youth was approved.

Since its founding in 2002, the *Fund for the financing of organizations of persons with disabilities (FOSI)* has supported approximately 100 projects.⁶⁸ Otherwise, the Ministry has established a fund to support local initiatives to improve the position of persons with disabilities, because in one of the provisions of the Law on Games of Chance provides that the funds from games of chance, which is transferred to the Budget of the Republic of Serbia, can be used to finance the organization of persons with disability. Therefore, Fund is funded exclusively from the state budget, i.e. from the funds of the lottery.

Budget Fund for programs to protect and improve the status of persons with disabilities⁶⁹ of Ministry of Labor, Employment and Veterans and Social Affairs, is financing, through public tenders projects, social and humanitarian organizations and 33 national and provincial associations of people with disabilities who gather 526 local associations. Through these projects the development of community services for people with disabilities (supported housing, living rooms, personal assistance⁷⁰) and various program activities are supported (development of stimulating and inclusive programs, office services for a sign language interpreter, helpline, providing legal assistance and strengthening the capacity of organizations of persons with disabilities). Additionally, through a permanent open competition projects are funded in order to improve the accessibility of the physical environment, improving spatial and technical conditions of work of organizations of persons with disabilities, as humanitarian and other programs. Over a billion dinars was earmarked from the Budget Fund for specified projects and activities in the period from 2011 to 2013.

Law on Social Protection established the possibility for transfer of funds from the national budget to underdeveloped municipalities for the development of community services. A prerequisite for the establishment and expansion of these services in the most underdeveloped municipalities is adoption of the act for **earmarked transfers** that would regulate additional funding from the national level in a transparent manner and in compliance with the reform priorities.

⁶⁸ Ministry of Labor, Employment and Social Affairs of the Republic of Serbia, Annual Report (internal document) Belgrade: MLESP, available in printed form

⁶⁹ Regulations on the allocation of funds for budget fund programs to protect and improve the status of persons with disabilities to finance social protection institutions.

⁷⁰ Ministry of Labor, Employment and Social Affairs, Veterans provides financial support to projects that are implemented corset training programs for potential personal assistants, while the local government unit in accordance with available resources funded work engagement very personal assistants or this service in community.

6.7. Service Standards

Service standards can be understood as a regulatory mechanism for improvement of service quality.

With Regulation on detailed conditions and standards for the provision of social protection⁷¹ is defined to whom and in what manner certain social care service is provided to suit their purpose. Prescribed standards apply to all providers of social services in the territory of the Republic of Serbia and represent a means of guaranteeing the quality of social services.

Only organizations that prove that service is implemented in accordance with the standards will be able to obtain a license for the provision of social services.

Licensing is a process which examines whether a provider of social services meets the requirements and standards for the provision of services in the field of social protection. The license is an official document confirming that social protection organization (service provider), or professional employee meets the established requirements and standards for the provision of certain services in the field of social protection. Owning a license is a formal requirement for the provision of social services. After the deadline for licensing services⁷² only licensed organizations will be able to be providers of social services.

The standards of social care services include two sets of standards:

- Structural standards** are responsible for the infrastructure, organizational and staff requirements for the provision of services. These standards relate to the facilities, object, location, and suitable equipment, the availability of other services, training of personnel and organization of services.
- Functional standards** are related to professional process service. They describe how to implement service activities, an estimated effect of providing services, which are obligatory procedures - reception, assessment, planning, evaluation and re-examination of users.

Regulations on detailed conditions and standards for the provision of social services laid down common minimum standards and specific minimum standards of social services.

- Common minimum of standards** are requirements that all providers must meet, regardless of which service they provide and beneficiary groups to which the service is intended.
- Specific minimum of standards** are specific and are referred to any specific service or group of services of social protection. Specific minimum standards are mainly determined by the needs of the user group.

⁷¹ "Official Gazette of the Republic of Serbia", No. 42 of 14 May 2013

⁷² Regulations on licensing organization of social protection (Official Gazette of RS, no. 42/2013.) Came into force on 22 May 2013. The deadline for submitting applications for a license is May 14 2016

6.8. Targeting (gatekeeping) - Assessment of needs

The term gatekeeping can be defined as a decision-making system that enables effective and efficient targeting of services to ensure that services are provided only to those who meet clearly defined criteria.

An effective gatekeeping implies the existence of the agency responsible for coordinating the assessment of user's needs. Since there is agreement that the Centers for Social Work (CSW) should become the main gatekeepers⁷³ of the social and child protection in Serbia, their gatekeeper function is progressively built through various mechanisms, such as training and education for employees CSW on the reform subject, guidelines for the implementation of the program (such as foster care), rules for guardianship, adoption, foster care and adopted measures to eliminate irregularities in performing placement of children and youth in institutions of social protection.

The community must be available to the entire range of services to support children and families, in order to prevent institutionalization. At the same time, there must be a set of alternative institutional forms of care replacing the family, such as foster care and adoption.

6.9. Case management

Significant changes in the function of family support and prevention of institutionalization represent an innovation in the organization and standards of centers for social work. One of them is certainly the "case management" and the role of "case manager" and "supervisor".

Case management means a systematic approach in social work, which includes assessment of activities, arranging access to services, planning, coordination, monitoring and evaluation of services that need to respond to the needs of specific users.⁷⁴

The management and organization of the work process in the center for social work are being introduced to enhance levels of responsibility, so that in addition to the traditional role of the director and manager of the department, there is the role of case manager and supervisor. This new role emphasizes the responsibility for assessing user needs, monitor the process and effects of provided services and the quality of professional work.

Case manager is an expert in charge of a particular case which evaluates and coordinates the process of needs assessment particular user, take measures and coordinate the taking of measures to protect and support the user, using the potential of the center and other services and resources in the local community.⁷⁵

In addition to these jobs Case Manager is responsible for the organization and management of the work on the case, and for the following tasks:

⁷³ For more information, see the section Reorganization of services regulated by law

⁷⁴ Article 2 of the Ordinance on the organization, norms and standards of centers for social work ("Official Gazette of RS", no.59 / 2008, 37/2010, 39/2011 and 1/2012.)

⁷⁵ Article 2 of the Ordinance on the organization, norms and standards of centers for social work ("Official Gazette of RS", no.59 / 2008, 37/2010, 39/2011 and 1/2012.)

- ensures that at all stages of service delivery to the user is provided in the best interests of the beneficiaries, in accordance with professional standards and ethics;
- introduces the beneficiary with services and their rights to participate actively in the process of protection at all stages of procedure, especially in decision-making involving him;
- respect users' privacy and maintain the confidentiality of beneficiary information;
- organizes and implements the provision of services and provision of legal protection measure to a particular user at all stages of professional work at admission, initial evaluation, assessment, planning, implementation, evaluation and re-evaluation;
- coordinates the work of the particular case within the sectors in center and with services in local community;
- decides together with the supervisor on the opening work on the case and is planning an initial assessment;
- decides together with the supervisor the need to work on directed assessment of situation and needs of users, explains the need for focused assessment and planning its implementation;
- draws up a draft plan of services and, together with the supervisor, decides on its content, the implementation schedule and deadlines for evaluation;
- regulates and coordinates the provision of support and provides direct support to the user under the current plan monitors the implementation of applied service,
- perceives, together with the supervisor, evaluations results and makes a decision about the need for re-evaluation;
- Keeps the records and documentation of user and work with users required by law and regulations based on laws;
- makes special reports-opinions of the user and provides the necessary information to other agencies that provide assistance and support to beneficiaries;
- advocates that beneficiaries who are unable to care for their own rights and interests, due to their condition or circumstances, have easy access to the classification committee, disability committees, school disciplinary commissions, courts, administrative and other bodies that make decisions about their rights and interests;
- explains the findings and expert opinion on the needs, rights and interests of individual users to other administrative and judicial authorities.

Supervisor *provides respect of the standards of professional work and contributes to the quality of services*, so that she/he coordinates, directs, trains, supports and evaluates the development of professional competencies of case in order to achieve optimal effects in meeting the needs of users.

Supervisor supports professional workers - case managers, organizing supervision process in all phases of the work as authentic, confidential, professional, neutral, objective, and referring to the case manager with respect.

6.10. Targeted training programs and staff training

The participation of employees in training was particularly important for employees in institutions. In the framework of the reform project that was initiated by the Ministry of Social Affairs in 2002, special attention was paid to transformation of institutions. For employees in them, within the framework of the project, was organized **training in strategic and action planning for integrated social protection**. Representatives of all institutions (along with

employees of CSW and representatives of local governments in municipalities in which the homes are located) participated in seminars on two topics: 1) the preparation of children for changing the type of protection⁷⁶, and 2) the improvement of the work program for the children who remain in institutions.

This seminar was based on the proposed framework for the development of Rulebook for work plan with children in social care institutions. Local experts performed education and training.

Training for employees in institutions for children is also organized in the framework of the protection of children from abuse, neglect and violence. It was attended by representatives of other sectors - education, health care, police, justice, etc.

In addition, 850 employees of institutions of social protection and CSW were trained to implement measures to eliminate irregularities in performing placement of children and youth in institutions of social protection.

After training and education, plans for the transformation of each institution are made. Plans include personnel issues, such as planning educational programs for employees who will have different roles in the new, transformed institutions.

There are, however, opinions⁷⁷ that the question of staff in social care must be defined in specific programs in the transformation of institutions.

6.11. The control mechanism

The functionality of the system depends on the efficiency of the control mechanism. The process of deinstitutionalization and transformation of social care institutions, other than plans and activities, the measures undertaken and the development of alternative services in the community, implies a clear and effective control. The mechanism of control should be a guarantee that all elements/actors of the system to behave in accordance with the rules/norms which is a key prerequisite for the realization of the proclaimed goals and achieving desired effects.

The control mechanism is especially significant considering that the system operates at several levels (national, regional and local). The actors in the system are in different positions in relation to the decision makers (national and local level). It is therefore of utmost importance of decision-makers responsibility to establish a regulatory mechanism that will be clear, precise and transparent in order to allow the control mechanism to be efficient.

Elements of the control mechanism are:

- Social protection inspection
- Appeal system
- Supervision of professional work
- Ombudsman

⁷⁶ This seminar was based on a draft document that was later adopted and printed as Rules of Procedure for the selection and change of type of protection

⁷⁷ Program Council for making the report on child protection, UNICEF, author Vera Kovačević, CLDS

7. Evaluation of the process of deinstitutionalization and transformation of social protection institutions

7.1. Strengths of the process of deinstitutionalization

1.1. A good orientation towards policy of deinstitutionalization is expressed by early 2000s, in civil society organizations advocating and projects that have affirmed the principles, possible measures and practices in the process of deinstitutionalization.⁷⁸

- Principles related to the rights of the child to live in the least restrictive environment,
- Principles of the philosophy of independent living of PWD and personal assistance as support for equal opportunities,

1.2. The favorable development of the institutional framework.⁷⁹

1.2.1. The main directions of the reform of the social protection (which started in 2001 and 2005 confirmed that the Social Welfare Development Strategy in 2011, the new Law on Social Protection) include the development of social services for individuals and families in the local community, the development of services which are alternative institutional care and planning and intensification of activities aimed at deinstitutionalization and transformation of institutions of social protection.

1.2.2. Reform of the Education System provides normative assumptions for inclusive education.

1.2.3. In the area of employment, practice of active employment policy with incentives for employment of vulnerable groups is affirmed. The Law on Vocational Training and Employment OSI provides the prerequisites for their greater involvement in the world of work.

1.3. Completion of Comprehensive plan of transformation of social care institutions.⁸⁰ Key assumptions of Comprehensive Plan for the transformation of social care institutions are based on principles that include international documents, primarily the international Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities⁸¹, as well as the relevant social policy and regulatory framework of the Republic of Serbia. The plan is based on the empirical analysis and defines the measures for change and operationalization of the outcome measures.

Ministry verified the Comprehensive plan of transformation of institutions for children and youth (2010) with adoption of **Decision on the network of social protection.**

⁷⁸ A major contribution came from the civil sector, which has implemented projects and initiated innovative measures for full participation in society of people with disabilities (Child Rights Center, Center for Independent Living of Persons with Disabilities, Youth with disabilities, Veliki Mali from Pančevo, the Center for Inclusion and many local organizations)

⁷⁹ External evaluation of UNICEF noted that the Ministry of Labor and Social Affairs and the Ministry of Education made significant steps towards the introduction of new regulations, which are crucial for children with disabilities

⁸⁰ Comprehensive plan foresees a further reduction in the number of children without parental care placed in institutions at about 400 by the end of 2013

⁸¹ The Republic of Serbia is a signatory to the Convention, adopted by the National Assembly of the Republic of Serbia ratified by mid-2009.

1.4. Efforts by the Government of the Republic of Serbia in the past seven years invested in the reform of child care have contributed significantly to the development of foster care systems and services in the local community. Many of the current reform efforts are related to children with disabilities, which is necessary in order to ensure access to adequate services in the community in order to create the conditions to remain in the family shelter.⁸²

1.5. The most significant achievements of the Ministry of Labor and Social Policy with respect to changes in policy⁸³ towards deinstitutionalization and social inclusion of children with disabilities are related to some of the new provisions in the Law on Social Protection:

- Law expressly requires that children under three years of age shall not be placed in institution (except in exceptional circumstances)
- Introduces mechanisms through which stakeholders (providers) who do not belong to the state bodies (such as NGOs) are introduced into the system through the standardization of services and licensing, respectively, issuing licenses
- Important element is the introduction of earmarked transfers for less developed municipalities to help them develop services in the community.

1.5. There has been great progress in terms of deinstitutionalization of children.⁸⁴ The greatest achievement is reflected in a considerable reduction in the number of children without parental care in residential institutions.⁸⁵ Some of the homes for children without parental care are closed.⁸⁶

1.6. Plans are made for each institution for children and individual plans for each child in placement.

1.7. Proposed Master Plan for the regional distribution of residential institutions and local services took into account the needs and planning for the unit, due to economies of scale, it takes more than one municipality, i.e. county.

1.8. "Tougher conditions" for the placement of children in institutions are regulated. Social Protection Law introduced a limit for accommodation of children up to 3 years old.

1.9. Intensified training of the employees for 'non-institutional protection'. Ministry intensively works on training of personnel in institutions, which aims to build capacities of employees to work in non-institutional forms of care.

7.2. Weaknesses of the process of deinstitutionalization

2.1. Selective approach in planning of deinstitutionalization. Comprehensive Plan (Master Plan) is designed only to institutions for children, or for children in social care institutions.

⁸² UNICEF: External Evaluation

⁸³ UNICEF: External Evaluation

⁸⁴ Basic, Office for Human and Minority Rights, the UN Committee for Human Rights and external evaluation of UNICEF

⁸⁵ In late 2001, in homes for children without parental care was placed on the 1900 children in July 2007, 790 children and less for children in 1100, primarily due to the development of foster care. On the other hand, at the end of 2001 to foster care - foster care, there were about 1,800 children while in July there were approximately 5100 children in foster care.

⁸⁶ Residential institutions in Vranje, Valjevo and Čuprija

2.2. There is no clear concept of the state to improve the living conditions of people with mental difficulties, in order to include them in the community, which is in accordance with all the rules that the state under international conventions.⁸⁷ The processes of deinstitutionalization of adults have begun relatively late. Lesser attention is paid to the issues of deinstitutionalization of the elderly.

2.3. Uncoordinated relationship (the gap) between the principles which underlie social protection based on respect and indivisibility of human rights and operationalization of strategic objectives at the national and local level

2.4. Key assumption in planning the transformation of social protection is not achieved: "The comprehensive transformation plan should provide *operational changes to the system of institutional placement of children*,⁸⁸ bridging the space between the levels of policy-making and level of practice that support is in, addition to policies at the central level, *the municipal development plans of social services* and in operational plans of individual transformation of social care institutions.⁸⁹

2.5. Absence of decisions for which the Master Plan provided the basis: It was expected that the Comprehensive Plan of transformation of social care institutions (Master Plan) will be the *basis for concrete decisions at the central and local levels, as well as on the level of residential institutions*. Also, it should be the bases to other relevant decisions are in line with the objectives which are provided by Comprehensive Plan transformation (Decision on the network of institutions, funding decisions, etc.).

2.6. "Financial framework" of transformation of institutions is neglected⁹⁰ and is based on *unrealistic expectation* in terms of structural changes in the budget for social protection: It was expected: "... ..Transformation of institutions *will reduce costs of residential institutions*,⁹¹ but it is important that these funds remain available for funding foster care or, for example, co-financing of minimum services required to support the family in municipalities such services cannot be financed from local budgets. "

2.7. Disparity in time periods that are required for the new normative solutions, for establishing the price of services, to complete the regional and local plans and their impact on individual plans of institutions, leading to delays in meeting deadlines for achieving the objectives of deinstitutionalization and at the same time allows the appearance in the short term, since which some endanger the medium and long term objectives set out in the Master plan.

⁸⁷ The statement pronounced by the Ombudsman at Conference in October 2013.

⁸⁸ This means that the Comprehensive Plan of transformation should be the basis for concrete decisions at the central and local levels, as well as on the level of residential institutions. Also, the decision on the network of institutions, funding decisions, investments, should be in accordance with the objectives envisaged by the Comprehensive Plan of transformation.

⁸⁹ With operational plans for residential institutions for children without parental care have been completed and two regional plan that gives a detailed overview of social care services for children and young people in South Banat and Nis district (CLDS. Regional development plans of social services for children and young people - a framework. Belgrade, 2009).

⁹⁰ "All the residential institutions for children without parental care will be transformed into centers that have little capacity for temporary / extended residential accommodation, respite, as well as day care services, supported housing, group housing, etc. (services that will be incorporated into the new Law on Social Protection and which are consistent with the needs of the local community)."

⁹¹ Master plan

2.8. Inadequate development of program activities in the community. One of the crucial preconditions for deinstitutionalization *is the existence of alternative (substitutes) community services for customers with specific needs*. In practice, the development of community services (primarily day care centers) is more in function of the increased availability of services for "out of the house" than to "return to home" (out of the institution).

2.9. Activities on the development of community services are not always coordinated⁹² and are not based on projections of future state of institutional capacities.⁹³ Also, the creation of new services in the municipalities and regions and districts are not clearly (operational) associated with the process of deinstitutionalization.⁹⁴

2.10. The network of foster families is geographically unevenly and specialized foster care as one of the key prerequisites for the "deinstitutionalization" of children with disabilities is insufficiently developed.⁹⁵

2.11. No system of monitoring and reporting on the implementation of the Master Plan, or "transformation of institutions" as this plan was provided.⁹⁶

2.12. There was no evaluation of the process of deinstitutionalization and, in particular, its individual elements. Thus, for example, there is no evaluation of "new measures" as a special foster care, as well as the effects of training and human resource development needs assessment and the provision of services in the community.

2.13. Unrealistic assessment of the sustainability of services. Local initiatives and projects for financial support for the development of services provide a statement on the sustainability of projects and the selection is based on acceptance of the declaration without relevant assessment.

2.14. Expectations from the Master Plan are without defined mechanisms for achieving the results. "By the end of the implementation of the Comprehensive Plan for the transformation is expected from *employed in all residential institutions to take advantage of some of the proposed solutions*"⁹⁷:

- Staying in transformed institution with the possibility of professional training,
- Staying in transformed institution with re-training,
- Employment in the nonprofit sector (service delivery), with the security standards of service, quality control and regular financing,
- Starting their own businesses with the help of which, in the framework of the active employment measures, provided by the National Employment Service (this primarily relates to

⁹² The rating is taken from the document "The foundations for a planned approach to deinstitutionalization."

⁹³ During the harmonization of the Comprehensive Plan for the transformation were ongoing activities funded from the National Investment Plan (NIP), a competition was announced and the Social Innovation Fund (SIF).

⁹⁴ Due to the lack of coordination, often there is no adequate alternative solution for users who leave the institution.

⁹⁵ A clear definition of specialized foster care does not exist yet, so they are conflicting figures or reliable to assume that at the moment there are no trained for specialized foster family. About 22% of children with disabilities is in foster care.

⁹⁶ By the end of 2009, the MLSP will establish a system for monitoring the activities and results achieved on the basis of the Comprehensive Plan for the transformation. Regular monitoring is necessary for successful operation and the necessary changes if circumstances change. Annual reports on the progress of the Comprehensive Plan for the transformation will be entered into the process of submission of annual reports of residential institutions for children and centers for social work.

⁹⁷ Based on operational plans, all employees in residential institutions should get a clear picture about the options, and employees need to provide support to the selected option and use.

the support staff and the services that do not fall within the scope of social protection, for example. Bakeries),

Retirement.

2.15. Solutions in the Master Plan for facilities/buildings and other material and technical resources are optional and not operational and do not contain a financial calculation.

"Units/buildings represent important resource that will be preserved through the transformation, taking into account the cost of the proposed intervention. Possible solutions such as:

Adaptation of buildings to become accessible in accordance with the standards for PWD and could accommodate moderate, severe and difficult handicapped children,

Replacement of building with another space (e.g., in agreement with the Ministry of Education, where homes for children without parental care share space with students' dormitory)

Replacement or sale of the building while providing new space in agreement with the municipality in which the residential facility is located.

2.16. Not fulfilled all the relevant requirements in the Comprehensive Plan of transformation of social care institutions for support to families with children who have developmental disabilities.

7.3. Barriers for deinstitutionalization

3.1. Not established comprehensive policy and strategy of deinstitutionalization and special plan for deinstitutionalization and transformation of social protection institutions and other entities of social support providers.

3.2. Country lacks strong and clearly defined inter-sector policies under the leadership of the Government with respect to the prevention of institutionalization and providing a continuum of services to support a family.

3.3. Financial constraints to delay the adoption and implementation of the new policy: The global economic crisis has led to the freezing of public spending, which had a negative impact on the availability of resources for any development initiative that is beyond the scope of current services. Specifically, any significant reforms cannot be funded from additional sources obtained from economic growth, but require reducing spending elsewhere in the system. This has slowed down the adoption of the new Law on Social Protection, for which they deploy additional resources (e.g., funding earmarked transfers for improving services in the less developed areas).⁹⁸

3.4. Unfinished reform of social protection, i.e., unregulated issue of "cash flows" in the process of providing services (assessment of needs - referral service - choice of service provider - fee for the service) is an obstacle for intensifying the process of deinstitutionalization and transformation of social care institutions.

3.5. Not established funding system that allows equal status of all potential service providers, i.e., the transformation from the system that is financed inputs in state institutions to the system who finances specific services per user and thus provides transparency regarding the cost of services, as well as competition among potential providers.

⁹⁸ From the external evaluation of the UNICEF project

3.6. Difficult inter-sector cooperation for an integrated approach to meeting the needs of children with disabilities. MLESP and ME are in the process of reform, which (among other things) is essential for the social inclusion of children with disabilities. As in the case of any other serious reform, these sectors are faced with numerous challenges by unions, institutions whose staff should pre-qualify, lack of resources and so on. In context of this "high pressure", it has become extremely demanding to act as intermediaries, and provide an integrated approach to improving the process of social inclusion of children with disabilities. These difficulties have existed before, because each sector has its own laws and appropriate bylaws, **which makes a unique approach to the regulatory level difficult.** Extremely centralized Government is yet another obstacle, since it is proved that the decentralized Government, i.e. actors at the local level who work in the field, see the need for a coordinated and unified action. Some of the initiatives of the Government are directed to this question, but it is too early to assess the amounts of success. Regarding the work of UNICEF and the use of Children's Rights Council, as the body that plays a key role in the cooperation between sectors and ministries, there has been little progress. Therefore, the achievements at the policy level in the framework of this project greatly vary from sector to sector.⁹⁹

3.7. Truancy of coordinated actions at the local level in achieving deinstitutionalization: it is necessary to support resources in the local community (e.g., special education, inclusive preschool, day care, or the excellent cooperation with the health centers, counseling centers,, service development ", and pediatrician). The fact that in this process many actors are involved can be considered as an advantage that enables the exchange of experiences and better developed approach to the problem. On the other hand, „transfer" of responsibility from one to the other actor is an additional risk.¹⁰⁰

3.8. Truancy of financing the implementation of the Plan for transformation of institutions through the National Investment Plan (NIP) is great obstacle in securing resources for structural changes in the network of social protection.

3.9. The normative framework is not favorable for private and non-governmental sector (period of contracting services is too short; service standards are undifferentiated and "raise" the costs, unequal position of "public" and "private sector and others.)

3.10. The dynamics of the regulatory process is uneven and has not been finalized in some key components, and the process of decentralization depends on the further reform of state administration. The possibility of strategic and planning documents greatly depends on other regulatory processes, such as legislation, with who are laying down the conditions for entitlement to services, content of services and organizational and structural issues that require legal persons who decide on the rights of social protection and providing these services.

3.11. The worsening conditions for the sustainability of services provided on local level (unstable decision-making structure, discontinuities in the implementation of plans, unstable financing services, etc.) is destabilizing efforts for deinstitutionalization, i.e., providing favorable conditions for the prevention of institutionalization.

⁹⁹ From the external evaluation of the UNICEF project

¹⁰⁰ From the external evaluation of the UNICEF project

3.12. Inertia of professionals and "the silent resistance" of managers of institutions due to the uncertain and insecure perspective is also a barrier to deinstitutionalization and transformation of residential institutions. There is an evident awareness that the legal basis and traditions of institutionalization of children is difficult to change, because this tradition is still entrenched in the attitudes of ordinary people, but also many professionals and decision makers.

3.13. Services in the community are generally at an early stage of development, especially in the less developed parts of the country.

3.14. Slow development of "special foster care" and "supported housing" services, especially for adult beneficiaries, is an obstacle to a more intense and faster process of deinstitutionalization and transformation of institutions.

3.15. Ineffective innovation transition (proposal of new solutions based on pilot projects and good practice) in "regulatory mechanism" for managing change processes and achieving the objectives of deinstitutionalization and transformation of social protection.

7.4. Opportunities for deinstitutionalization

4.1. Progress has been made in increasing of policy makers' awareness,¹⁰¹ key stakeholders and the general population about human rights, rights to social inclusion of people with disabilities.

4.2. Media campaign sparked increased interest of citizens, the corporate sector and media.¹⁰²

4.3. Campaign and political consensus for "complete reform" and financial consolidation of budget is opportunity to clear "position" as the cost of de-institutionalization and the effects of the transformation of social protection.

4.4. The continuity of incentives for the development of services is provided and support to community projects for the development of "substitutes" (alternative) services for institutional accommodation at the local level (conceived and launched with the support of a SIF, the Fund for the financing of the associations of persons with disabilities, NIP and international donors) through earmarked transfers to help underdeveloped municipalities and for social innovation.

4.5. International support for the process of social protection reform and, in particular, the process of deinstitutionalization, can be expected to continue in the future if guarantees for greater efficiency and effectiveness of investments are provided.

4.6. Service providers, i.e., established network services, the organizational and human resources as well as the expectations of the users at the local level, developed through the supported local projects, are structures who are emerging and that mobilize and combine all available resources, with the potential for self-preservation in the process of decentralization of public administration and social protection systems.

¹⁰¹ UNICEF developed a guide for members of the Parliament

¹⁰² External evaluation of UNICEF

4.7. Expectation of favorable trends in the development of inclusive education, affirmative measures for vocational training and employment of persons with disabilities and intensive preventive activities of promoting and protecting the health of vulnerable population groups.

8. Conclusions and recommendations

Presented report of the deinstitutionalization of residential institutions of social protection in Serbia, on the basis of desk-top analysis of a number of key strategic documents, including strategies for social protection, the Law on Social Protection, UNICEF's project on the transformation of institutions and other relevant projects, gives the possibility of drawing conclusions about implemented policies.

Given that the conclusions and guidelines should be based on a comprehensive analysis and suggest integrated and coordinated action, it is necessary to its connection with the results of:

- Analysis of the economic aspects of institutionalization,
- Projects dealing with the deinstitutionalization of institutions for adults with mental and intellectual disabilities.

After that it will be possible to formulate, based on our knowledge and experience, **starting point for a dialogue** with international consultants.

After a comparative overview of the process of deinstitutionalization in developed countries and exchange of experiences with the example of good practice in Austria, "final document" will be formulated, that will contain: (a) conclusions and (b) recommendations for courses of action - guidelines for improving the process of deinstitutionalization.