

POLICY PAPER

# Deinstitutionalization of persons with intellectual and mental disabilities

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## 1. Summary

Mental disorders in Serbia is one of the biggest public health problems, caused in substantially decades of stress which our population is exposed since the nineties, while the Ministry of Health claim that mental difficulties felt close to 400,000 people. According to a survey from 2013, the presence of depressive symptoms in the adult population is connected with the material status, age and gender.

For many hospitalized patients problem arises with the exit from the institution and entering the recovery phase, because they are confronted with hostility and reluctance. In the Republic of Serbia in three of the previous government as well as in the present almost no cooperation between the Ministries of Health and Social Welfare, which together should regulate this area

High resistance to reforms in the field of mental health occurring in the professional workers employed in institutions of stationary accommodation of these beneficiaries. In addition to the funds allocated from the central level for these institutions are financed by beneficiary. The process involves the development deinstitutionalization daily services in the community and to be financed by the central level opts for each beneficiary. But the principle that money follows the beneficiary has not yet introduced such a rule but only proclaims to take the decision go by the relevant Ministry. In this way, the institution from which institutionalize beneficiaries to services in local communities, continue to be allocated to the institution for stationary care no matter what the beneficiary is no longer a resident of the institution.

In this way discourage the process of establishing services in local communities because funds that local government have in this area are not sufficient to sustainably funded support for people with mental and an Intellectual disabilities in the manner provided for regional and national strategic documents for mental health

It is necessary to influence decision makers to establish adequate legislation for the implementation of measures adopted by regional and national strategy for mental health. Advocating for the implementation of national mental health strategy. Getting to know all the actors with elements of national strategies to support active approach to local community representatives for faster implementation of strategies to efficiently services are established at the local level that effectively support deinstitutionalization people with mental and intellectual disabilities.

## 2. Background

### A) Analysis and development of services of social protection

#### The legal framework

Social protection system in Serbia is defined by the following laws:

- » Law on Social Protection, Službeni glasnik Republike Srbije br. 24/2011
- » Family Law, Službeni glasnik Republike Srbije br. 18/2005
- » Law on Financial Support for Families, Službeni glasnik Republike Srbije br. 16/2002
- » Law on Local Self-Government, Službeni glasnik Republike Srbije br. 129/2007

Law on Social Protection was adopted in March 2011. This applies to the process of social welfare reform, which began in 2001, got a new legislative framework and a firm foothold for the further development and implementation of system solutions in all areas defined as priorities: the reform of social protection systems. Legal solutions, among other things, encourage the process of de-institutionalization, is the process of inclusion and protection of vulnerable groups in the least restrictive environment, promote services in the community and changing the position of service beneficiaries. The law established a new concept of development of social protection which focussed on social services, changed the position of the beneficiary as an active participant in all processes relating to him and his best interest and the possibility of the participation of different social service providers in the provision of services.

#### Social protection services

Law on Social Protection set up a system of services that make:

- » assessment and planning services: assessment of the situation, needs, strengths and risks of beneficiaries and other significant persons in the environment of the beneficiary;
- » daily services to the community: day care; Home Assistance; shelter, and other services that support the beneficiary stays in the family and the immediate environment
- » support services for independent living: supported housing; personal assistance; training for independent living and other support necessary for active participation of beneficiaries in the community;
- » Advisory-therapy and social and educational services: intensive services to support the family in a situation of crisis; counselling and training of parents, foster parents and adoptive parents; maintenance of family relations and family reunification; counselling and support in cases of violence; family therapy; mediation; SOS phones; activation and other advisory and educational services and activities;
- » accommodation services: accommodation with relatives, foster family or foster family for adults and seniors; dormitory accommodation; include shelter and other types of accommodation

Jurisdiction in the establishment and financing of social protection is divided into the jurisdiction of the Republic of Serbia, autonomous provinces and local government.

Within this division of social services under the jurisdiction of local governments are:

1. Daily services in the community
2. Support services for independent living
3. Advisory therapy and social and educational services and
4. Accommodation services (shelter and other types of accommodation).

This is defined accountability of local government for the rights and needs of citizens in the area of social protection, through the development of community services. Social protection services for which the relevant local government is usually referred to as social services in the community. Social care services in the community to meet the beneficiaries' rights to live in a natural environment, optimal development potential and integration in the social environment, as opposed to services for the institutions belonging to the central government, mainly in the group of services that provide permanent accommodation in the institutions and a beneficiary separated from its natural environment.

Law on Social Protection made it possible to social service providers can be public, private or civil sector. Law on Social Protection provides that social protection in situations when there is a need for them and they cannot provide social protection institutions founded by the Republic of Serbia, autonomous province, or local government, procured from the providers of social services through the public procurement of social services. This has opened the possibility that civil society organizations, which are intended to provide social protection, given the status of authorized providers of social services if they have a license to provide services in the framework of public procurement conclude an agreement with the customer about providing services.

Services that may be provided by civil society organizations are:

- » Daily services in the community
- » Support services for independent living
- » Advisory therapy and social and educational services
- » Accommodation services (shelter, respite care)

## Quality System

Minimum service standards, licensing organizations and professionals and accreditation of training programs one of the most significant trends or priorities of the entire process of reforms of social protection systems is the area of quality system. Law on Social Protection as a system of quality of services in social protection normative edited and introduced minimum standards of service, an obligation of licensing professionals and service providers and define mechanisms of control. As criteria or context that will enable the functioning of the institute Licensing Law on Social Protection undertakes to determine the minimum standards of social protection, continuous professional development providers of social services and accreditation of training programs and programs providing services. Standards of social services Standards are requirements for the achievement of quality in the provision of water services and to harmonize the quality of services. Standards are generally divided into minimum (basic) and high (extraordinary). Minimum standards are the basic quality that must be provided. The Regulation on detailed conditions and standards for provision of social services standards are operationalized through functional and structural standards for each service

Licensing of civil society organizations as providers of social care is in principle the law on social protection and closer to the Regulations on licensing social protection organizations. Civil society organizations are licensed under the same conditions as all organizations that provide social services. The conditions for the issuance of the license (permit) General conditions for issuing a license defined by the Law on Social Protection. The right to a license for the provision of social services has a social protection organizations: 1. which is registered in accordance with the law, 2 which meets the standards for the provision of services for which a license is requested and concerning the location, space, equipment, organization, number and expertise of staff, assessments, and activities to provide specific social services, 3 which at least two years providing social services.

## Overview of development of social welfare services

During 2012, social services were provided in 138 of the 145 local governments. In other seven which in 2012 did not provide services in five were organized by the local self-government unit, has never provided any of the social services

Distribution, representation or daily service to the community: Home Assistance for the old 122 municipalities, Home Assistance for adults (OSI) 20 municipalities, Home Assistance for children 37, day care for children and young people with disabilities 71, DB 12 for old, living for children in Conflict with the Law 10, Shelter 4. The most common services in 2012 is home help for the elderly. The service is provided in 122 local governments out of 145, or 84% of the total number of local governments in Serbia. Next in the distribution of services is Day-care for children and young people with disabilities, provided in 71 cities and municipalities - almost half of the total number of local governments. The third representation is home help services for children with disabilities and the service is provided in a quarter of the total number of local governments. Assistance in the home for people with disabilities, as well as specific services for this target group is provided in 14% of the total number of Local Self-government. Other daily community services are significantly under-represented, and for them is a characteristic that is usually provided in the larger cities.

Number of Local Self-governments in which established support services for independent living and counselling services: personal assistance for adults 16 Housing support (OSI) 5 Housing support (young) 15, Counselling 21st.

## B) People with mental and intellectual disabilities in social care

### Staus, needs and obstacles

The highest percentage of people with mental disabilities and their families belonging to economically and socially vulnerable categories that are characterized by: marginalization, lack of representation in the centers of decision making, low level of participation in social life, low educational attainment, poverty, lack of motivation for change, lack of information, a high percentage unemployment, welfare dependency, ignorance of their rights, lack of information about available resources and social services in the local community.

Mental, physical and social health are intertwined components of life and of vital importance to all people. With the growth of our understanding of entanglement becomes increasingly clear that mental health is crucial, both for individuals and for society as a whole. The World Health Organization estimates that in the world of mental disorders suffer approximately 450 million people.

Mental disorders in Serbia is one of the biggest public health problems, caused in substantially decades of stress which our population is exposed since the nineties, while the Ministry of Health claim that mental difficulties felt close to 400,000 people. According to a survey from 2013, the presence of depressive symptoms in the adult population is connected with the material status, age and gender. Mental health policy of a country consists of measures that should encompass all aspects of mental health: from prevention, assistance to the training of personnel.

Many people with disabilities in Serbia and is incapacitated, deprives them of the possibility of self-representation and decision making that affect their future. MDRI (Initiative for the rights of people with mental disabilities) in 2012 and conducted monitoring of seven institutions and social protection and found that since 5364 adults permanently residing in these institutions, 3493 (66.4 percent) trust, ie. deprived of their legal capacity. Based on contacts with persons with disabilities and their parents, who addressed the MDRI - Serbia remains is to support the realization of rights, but also on the basis of personal experience, we have learned that the institutions of the system is usually centers for social work, in many cases misinforming parents - potential guardians to the deprivation of legal capacity necessary. Hence, many parents find that their legal obligations and best

interests of their adult children to take their business acumen, as well as to the realization of other benefits thus conditioned. In the process deinstitutionalization people with intellectual disabilities and autism, the Ministry of Labor, Employment and A social policy promotes some aspects of services in the community but there is no systematic approach and coordination of central and local level in the establishment and predictable funding of services for people with intellectual and mental disabilities.

High resistance to reforms in the field of mental health occurring in the professional workers employed in institutions of stationary accommodation of these beneficiaries. In addition to the funds allocated from the central level for these institutions are financed by beneficiary. The process involves the development deinstitutionalization daily services in the community and to be financed tool through which the central level defines for each beneficiary. But the principle that money follows the beneficiary has not been introduced in any country. In this way, the institution from which institutionalize beneficiaries to services in local communities, continue to be allocated to the institution for stationary care no matter what the beneficiary is no longer a resident of the institution. In this way discourage the process of establishing services in local communities because funds have local government in this area are not sufficient to sustainably funded support for people with mental and an Intellectual disabilities in the manner provided for regional and national strategic documents for mental health.

### **Strategic and legislative framework and the process of deinstitutionalization**

Two international documents that are relevant to people with mental disabilities. The first is the Convention on the Rights of Persons with Disabilities, and others are Single European guidelines for the transition from institutional care to care and support in the community. Law on Ratification of the Convention on the Rights of Persons with Disabilities, ratified by the Republic of Serbia in 2009. The principles on which it is based, represent the evolving standards of medical care and rehabilitation relating to persons with disabilities. Unique European guidelines for the transition from institutional care to care and support in the community is a practical guide for implementing and supporting sustainable transition from institutional care to alternative services providing care and support of family and community services for children, people with disabilities, people with mental disorders and for of the older people in Europe.

Guidelines are set out in detail “steps” to be taken in function of the process and the full deinstitutionalization. The Guidelines are talking about providing support for the process of transition from institutional care to the provision of care and support in the community at European and international level, which involves and includes human rights and values, political commitment and scientific and economic evidence that confirms the necessity and the need to establish a realistic process deinstitutionalization. In Serbia in 2013 passed a law on protection of persons with mental disabilities, who first systematically regulates issues related to this group. In addition to some positive developments, the process deinstitutionalization people with severe and chronic mental disorders in institutions for accommodation is still at the beginning of which violate human rights and dignity of patients, both formally and informally. It could be said that, after 14 years, the real process deinstitutionalization still at the very beginning. Even one might argue that in this way made only preliminary steps (apparently, some wrong) that are necessary to start deinstitutionalization, and that in fact, this process is still not indulging started. In the Republic of Serbia is, and about 8,500 adults with intellectual and psychosocial difficulties and disabilities lived in different residential institutions. These persons, in accordance with Article 19 of the Convention on the Rights of Persons with disabilities have the right to live in the community and to choose their place of residence, as well as where and with whom to live, and the introduction of such a system involves a range of services which should have at their disposal.

## Overview of social services for people with intellectual and mental disabilities

In Serbia, there are only three of the Center for Mental Health is the promotion and prevention of mental health in the community, as well as treatment, maintaining remission and rehabilitation of persons with mental disabilities. The center is located ambulance and daily accommodation, but also organized them home visits and encouraging work in the community. The significance of the Centers is to be immense for re-socialization and inclusion in all life activities of persons with mental disabilities in local communities. Recommendations to regional and national mental health strategy envisages as a priority the development of services centers for mental health in all communities, but undefined legal status of these services as well as the unpredictability of financing and lack of legislation in this area, slowing procese establishing these services and support to efeciency deinstitutionalization persons with mental disabilities.

**Supported housing services** should provide adequate support beneficiaries in their natural environment, while retaining some characteristics of institutional treatment, such as the structuring of conditions, programs and a certain degree of control. Although such a concept of supported housing service includes allocations to a special group of people, much less stigmatizing in relation to the institutional treatment. The person is still sent to restrictive social milieu, this time in the natural environment. Therefore particularly important program segments focused on organizing communities. Independent providers of supported housing was developed in 5 cities in Serbia in which the institutions for accommodation of beneficiaries relocated in the community of 54 beneficiaries. The results that have made these two services in their communities are indispensable for beneficiaries or applications of these services are almost stopped and implementation of national development strategy deinstitutionalization mental health and people with mental and intellectual disabilities for several years almost does not apply.

**Home Assistance services for persons with intellectual and mental disabilities and persons with disabilities** has been developed in 11 municipalities in Serbia with a total of 180 beneficiaries. This service should contribute to compensate for these constraints and allow beneficiaries and their families to work for their maximum capacity. The development of these services efficiently influence the prevention of institutionalized and beneficiary protection in the place of residence.

### 3. Conclusion and recommendations

To create conditions of sustainable inclusion of people with intellectual and mental disabilities, the sustainability of established services, it is necessary to broaden social support that depends primarily on the level of awareness and familiarity with the problems and needs of this target group.

The big problem is the fact that decision-makers in government, or not sufficiently expert in the field for which they are responsible, or have formal qualification, but show understanding and knowledge of the substance of the issues related to persons with intellectual and mental disabilities. The problem is in the fact that the people in charge to carry out the process deinstitutionalization, mostly educated in the spirit of the medical model and do not understand the concept of human rights and show lack of motivation to accelerate the process deinstitutionalization.

It is necessary to influence decision makers to establish adequate legislation for the implementation of measures adopted by regional and national strategy for mental health. and make a strong impact on decision makers to adopt the Mental Health Act as a basis for the implementation of the policy documents.

Introduction of professional and other public with elements of national strategies to support active approach to local community representatives for faster implementation of the strategy.

Local communities must be strengthened in order to put pressure on the central level for the faster introduction of the principle of “money follows the beneficiary” in order to more efficiently service are established at the local level that effectively support deinstitutionalization people with mental and intellectual disabilities.

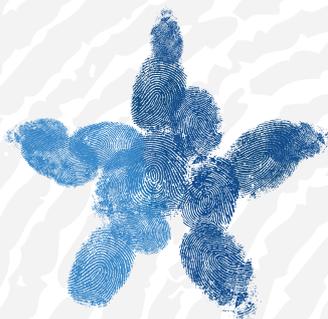
Advocacy campaigns should influence the level of decision makers at central and local levels, civil society representatives as well as experts and professionals in this field, in order to define a common platform at the level of recommendations in order to speed up the process deinstitutionalization and fulfill the obligations undertaken by the ratification of international conventions and other documents.

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