



**Helsinki Committee for Human Rights in Serbia**

## **PEOPLE ON THE MARGINS (part 3)**

Social care institutions catering for children and youth without parental care, and for children and youth with social behavior disorders



**Belgrade, September 2009**

**Helsinki Committee for Human Rights in Serbia**  
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Social care institutions catering for children  
and youth without parental care, and for children  
and youth with social behavior disorders

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Findings of the project „Social Care Institutions in Serbia: Support to a Reform-Oriented Strategy“ the Helsinki Committee for Human Rights in Serbia has realized with the assistance of the Open Society Institute and the Royal Netherlands Embassy, Belgrade.

 **OPEN SOCIETY INSTITUTE**  
& Soros Foundations Network

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## INTRODUCTION

The report on the situation of social care institutions catering for children and youth without parental care and those with social behavior disorders occupies, for many reasons, a central place of the Helsinki Committee's project "Social Care Institutions in Serbia: Support to a Reform-Oriented Strategy" that is realized with the assistance of the Open Society Institute, Budapest, and the Royal Netherlands Embassy in Belgrade.

The project seeks to gain objective insights into the overall situation of institutionalized persons and, on the grounds of collected findings, offer relevant recommendations to each individual institution under inspection, as well as point at system problems at national level. Further, the project aims at raising public awareness about the problems plaguing institutionalized persons and mobilizing people and relevant opinion-makers to raise a powerful voice of moral conscience and solidarity with vulnerable groups of the society, as well as counteract stigmatization and discrimination to which they are subjected.

Striving after this overall objective, the Helsinki Committee's team of experts especially focused the institutions catering for children and young people without parental care, as the young with behavioral disorders. The entire domain of social protection of to the population that is highly vulnerable – due to age and unfavorable socioeconomic circumstances in which those young persons have been growing up – is presently undergoing considerable reforms. These reformist policies are expected to ensure different attitudes towards beneficiaries, which will surely have great impact on their lives and prospects for future. In addition to moral responsibility, the state needs to manifest high sensibility in the process of developing overall approach to those young persons. The role of the institutions in the process is the more so important and needs to be under constant inspection since

young people in this group are often multiply handicapped and without any support from their natural parents or families.

Therefore, apart from inspecting in detail the situation of the institutions under monitoring and the treatment they provide to beneficiaries, we have focused on the problems that are beyond institutions' jurisdiction and even beyond that of the Ministry of Labor and Social Policy. A range of open questions and incomplete or arbitrary solutions we have witnessed unfortunately indicate gross system flaws and the state's irresponsible attitude towards younger generations.

At the legislative level in the past months Serbia has made some fresh advances that are not to be underestimated. This primarily includes signing of the Revised European Social Charter, Convention on the Rights of Persons with Disabilities and its Optional Protocol, as well as enactment of the Anti-discrimination Law. Regrettably, a law on social protection is still pending and the Draft Law on Children's Ombudsman has not been placed on the parliamentary agenda yet. For its part, the Ministry of Labor and Social Policy has passed a number of regulations for various types on institutions catering for social care beneficiaries, and laid down minimal standards for ten types of social care services that need to be further developed and detailed. This, in addition to other major legislation and international conventions dealing with this population (National Action Plan for Children, Law on Juvenile Delinquents, General and

Special Protocol on Protection of Children from Ill-Treatment and Neglect, UN Convention on the Rights of Child, etc.), the social care system could be by far more efficient and humane. Unfortunately, the reality is far from the endorsed domestic and international standards.

In addition to the aforementioned standards our monitoring took into account the principles of the European Convention for the Protection of Human Rights and Fundamental Freedoms, the European Convention for Prevention of Torture and Inhuman or Degrading Treatment or Punishment, equivalent UN documents, the International Covenant on Civil and Political Freedoms and the International Covenant on Economic, Social and Cultural Rights. Further, we have been particularly concerned with implementation of UN Standard Minimal Rules for Juvenile Judiciary (Beijing Rules), UN Rules for Protection of Juveniles Deprived of their Liberty, UN Guidelines for Prevention of Juvenile Delinquency (Riyadh Guidelines), UN Standard Minimal Rules for Measures of Alternative Institutional Treatment (Tokyo Rules) and CPT Standards dealing with juveniles, as well as with numerous recommendations by the Council of

Europe and the UN Sub-Committee for Children and Youth.

As noted in the first report in the series, the Helsinki Committee has monitored social care institutions from the angle of an NGO concerned with human rights. We have monitored overall conditions determining lives and functioning of beneficiaries and the personnel, as well as institutions' operation, along with major departures from domestic and international human rights standards. Objective and rounded-off overviews implied compilation of information from a variety of sources: records and files, managements, institutional personnel and beneficiaries. In addition, inspection of each institution provided insight into its organizational arrangements. The recommendations presented relate to the existing conditions and noted problems, and are meant to assist relevant authorities to find more efficient and sustainable solutions to the noted problems. As for institutions and their personnel, these overviews are supposed to provide them pictures as seen from someone "from outside" – i.e. observations real professionals should see as welcome for reconsideration of their work and adoption of the models of good practice some of the institutions have developed.

The Helsinki Committee for Human Rights in Serbia thanks the Ministry of Labor and Social Policy, managers of the inspected institutions, personnel and beneficiaries for their cooperativeness and assistance that made its monitoring possible in the first place.

## SUMMARY

As laid down by the governmental decision on the network of institutions catering for beneficiaries, there are 12 homes for children and youth without parental care and children from dysfunctional families and 3 corrective-educational institutions for juveniles in the territory of the Republic of Serbia. There is also the eight-department Center for Protection of Babies, Children and Youth in Belgrade. Eighteen social care centers are dealing with adoption and children's accommodation in foster homes. In accordance with the policy for community-based models of protection, accommodation capacities of these homes and institutions have been considerably reduced.

The Helsinki Committee decided to pay fact-finding missions to three homes for children without parental care ("Petar Radovanovic" in Uzice, "Dusko Radovic" in Nis and SOS Children's Village "Dr. Milorad Pavlovic" in Sremska Kamenica) and to all the 3 corrective-educational institutions (in Nis, Knjazevac and Belgrade). These institutions have been selected by the criteria of location, size, economic situation of outside communities, structure of beneficiaries, etc.

The team of experts included a psychologist, a special pedagogue, a pathologist, a sociologist and a lawyer. The fact-finding missions were realized in the period February-April 2009, and the findings are presented in reports on each individual institution. The team's observations are systematized under six chapters identical for all institutions. These chapters deal with: living conditions, institutional personnel, medical care, treatment provided to beneficiaries, contacts with families and outside community, and guarantees for rights and freedoms of beneficiaries. The team's impressions and predominant observations stemming from all fact-finding

missions, interviews and individual reports are presented in the paragraphs below. They do not necessarily apply to each individual institution and are not characteristic of each to a same extent.

Living conditions in the monitored institutions relate to architectural conditions, general hygiene and equipment. Except for the Children's Village, all the institutions were constructed more than 20 years ago. No investment has been made in them for decades – and that's obvious at the first glance. It has been in the past couple of years only that some funds for reconstruction were secured by the Ministry of Labor and Social Policy and the National Investment Fund and, partially, for donations. Those funds are now gradually used for renovation of accommodation areas and replacement of old equipment, as well as for most urgent repairs (roofs, water supply and sewers, heating, etc.). Sanitary installations in all the institutions are old – however, there are no funds for their replacement with new ones. Institutions are doing their best to keep vital systems going and are more or less successful in that. Inadequate windows, furnishing and laundries are the biggest problems for most institutions. Unlike accommodation capacity lighting is insufficient (both natural and artificial). Generally speaking, hygiene is appropriate despite the fact that appearance and equipment of kitchens and dinning rooms differ from place to place.

The overall conditions in the institutions in smaller communities are obviously worse than in those located in urban areas. Regardless of many reasons that might be used to justify such state of affairs, discrimination among institutions is impermissible as it actually discriminates a number of beneficiaries as well, and leads to their neglect. The only institution that fully meets the standards of catering for children and the

young is the Children's Village in Sremska Kamenica. The rest call either for more or less funds to be investment in the improvement of living conditions of beneficiaries. The situation is the worst in the Corrective-Educational Institution in Knjazevac and needs to be urgently coped with in every sense.

Most institutions are providing "new" types of services in addition to their basic function – shelters, safe houses, day-care centers under intensified surveillance, etc. Given that these services are funded by local self-governments, huge differences in both equipment and professional approach to "new" beneficiaries are more than visible. A managerial approach has been practically imposed on institutions' administrations – and some of them are either incapacitated for it or have wrongly set their priorities. Namely, being primarily concerned with securing salaries for their employees and enlarging the scope of their activities, such institutions are prone to placing their primary function in back seat. Bearing in mind the vulnerability of the population necessitating social protection, the state should start developing a comprehensive, multi-sectorial approach to the reform of social care institutions. Such an approach implies compatible and well-thought-out activities to be carried out by various segments of the government with a view of taking the load of existential problems off institutional personnel's minds on the one hand, and ensuring adequate and modern social protection for beneficiaries on the other. Unless the state and managements of institutions ensure additional funds and professionals to uphold proper functioning of institutions, and support to and protection of all beneficiaries of their services, the entire social care system will turn unsustainable in almost no time. It goes without saying that serious system flaws can leave lasting and irrevocable consequences on children and juveniles.

As it seems, local self-governments are not yet capable of ensuring adequate care and protection for those needing them. This means not that the concept of community-based living has to be given up – on the contrary, it has to be permanently worked on, developed and

upgraded. Various ministries (Ministry of Labor and Social Policy, Ministry of State Administration and Local Self-Government, ministries of justice, economy and regional development, education, youth and sports, etc.) should be cooperating more closely to develop the rules and modalities for treatment of beneficiaries, and a system of support for different categories of population that is in the so-called state of social need. Under present circumstances, it is both irrational and inopportune to leave the burden of social protection on the shoulders of towns and municipalities. Local self-governments are still incapable – in terms of finances and professional capacity – to cope with the community-based system independently and without control. Such a solution is not only unsustainable for the time being but also opens the door to financial manipulation and human rights violations that also imply citizens being unequal before the law and state bodies.

The situation of the professionals engaged for the treatment of children and youth needs to be seriously analyzed and they need support for overcoming many problems they are faced with in their everyday work. It seems that the ongoing process of deinstitutionalization has considerably fueled their anxieties (actually, this is what the personnel themselves said over interviews) about losing their jobs – the feeling additionally deepened by their sense of incompetence for new professional challenges. Such feeling of "double threat" among the personnel impairs their capability for rational perception of the overall situation and search for constructive solutions, which cannot but affect the quality of the treatment they provide to beneficiaries. While interviewed about the methods they use in their work with children, most of them went for the phrase, "Relations of mutual trust and professional competence top the list of our priorities." It's only logical that commitment to their work with children is something commendable, but even more logical is the fact that such commitment preconditions their vocation in the first place. Moreover, the phrase meant to suggest that they are using modern methods in their work with children usually winds up as mere verbalism. Children usually do not have close relations with the personnel and

many among them feel lonely and abandoned. Some employees' attitude towards beneficiaries insists too much on buddy-buddy relations. On the other hand, protectiveness and respect adults should nourish in their relations with children are hard to observe. In other words, one would hardly say that the atmosphere in the monitored institutions is the one of mutual trust and closeness, enthusiasm and optimism characteristic of the youth, but also of the necessary distance between the personnel and beneficiaries that fosters development of their personal integrity.

Almost all the interviewed personnel perceive their work as inadequately appreciated by the society as a whole, the more so since they take themselves constantly challenged by the ever-changing structure of beneficiaries they are catering for. The facts indicate, however, that the financial situation of the personnel has rather improved over the past years, the same as their working conditions (even more than in some other professions with equally high degree of responsibility). Of course, all this can always be better and should be. The civil society's insistence on human rights and responsibility in the work with vulnerable groups of population, and emphasis laid on overall marginalization of both the personnel and beneficiaries of social care institutions have contributed to public awareness about the significance of the social care domain – and that is a favorable development for sure. Unfortunately, fresh advances as such are usually not followed by the personnel's need for upgrading their professional competence, obtaining new knowledge and skills, and changed approaches that would improve the position of social care beneficiaries. Even if they are deeply committed to their work and well-intentioned, the personnel of the social care institutions catering for children and youth are still not professionally capacitated to perceive beneficiaries' conducts in the wider context of intertwined influences of their families, institutions, peers, etc. The distorted value system in the society as a whole inevitably led to a changed structure of social care beneficiaries. Despite the fact that numerous courses of in-service training have been organized so

far, the state has failed to adequately encourage the personnel to constantly improve their knowledge and skills so as to provide the best possible protection to the vulnerable category of the population they are dealing with and to face new challenges. Expert counseling could help to overcome the mistakes that are presently made in the treatment of beneficiaries – and should last as long as the personnel masters necessary knowledge and skills. In the meantime, courses of in-service training need to be continued, and also specialized programs developed to meet the requirements arising from delicate situations in everyday practice. The personnel themselves should demonstrate more initiativeness too. Various sectors of the society also do not provide support to social care institutions so as to help children compensate the absence of their natural families, which is their crucial problem. Support to the personnel that would improve their professional capacity for proper understanding of the scope of their responsibilities, defining areas of their work, team work and more efficient cooperation with the institutions in other sectors (healthcare, education, labor, etc.) would be most welcome. They also need to be encouraged to diversify activities within institutions and outside them – the activities that would foster beneficiaries' sense of being accepted by the outside community. All those accumulated problems cannot be solved within one sector (social care) only, the same as only one institution cannot cope with them on its own. The state, therefore, needs to start developing more efficient modes of care for this category of children and young.

Symptoms of apathy and depression observed among institutional personnel are most indicative of burnouts and are more present in smaller communities and institutions – as it seems, most of enthusiasts and optimists have tired out. Despite a variety of factors causing such condition the problem should not be neglected – primarily because of beneficiaries who are not receiving adequate assistance and care, but also because of younger colleagues who might easily lose their enthusiasm against such backgrounds and left deprived of proper professional experience and advancement.

Medical care for children and youth is provided by regular medical centers in outside communities, and the quality of medical services is generally considered appropriate. However, all the institutions do not pay equal attention to this major aspect of children's development. Some have established mechanisms for continued control of their beneficiaries' state of health, whereas others react only when necessary. For instance, apart from regular, the Corrective-Educational Center in Belgrade organizes extra medical examinations for all children without exception several times a year. On the other hand, beneficiaries of the similar institution in Knjazevac have never been included in this form of preventive medical examination. As for other institutions, school children are included in the system of organized medical protection together with their peers from the outside community. However, medical protection for those not attending schools differs from institution to institution. This aspect calls for urgent reconsideration and adequate solution, the more so since the state of health of those beneficiaries is rather bad because of overall neglect for them before admittance to institutions.

Children diagnosed with mild mental disabilities, as well as those with social behavior disorders, pose a special problem. Unable to provide them adequate treatment, the personnel often go for "additional categorization" – this means that such children are sent either to mental health institutes or to see psychiatrists. Unfortunately, instead of seriously dealing with root causes of "anti-social behavior" and its elimination, psychiatrists prefer prescribing large doses of medicaments. Such treatment can be hardly effective with children that have gone through emotional or other traumas. At the same time, such approach by the personnel and medical officers stands for intolerable voluntarism with unforeseeable consequences on beneficiaries' health and development.

According to the personnel, there are cases when social care centers deliberately omit detailed descriptions of disorders and other health problems out of fear that such children might be turned down by institutions. "The society takes a prob-

lem solved once a child is housed in an institution. Then they don't know what to do with such children so that beneficiaries often stay here longer than truly necessary," noted many employees of the monitored institutions. We also learned that some children were being sent from one institution to another until some would finally have it. This is an intolerable practice the relevant ministry must put an end to. It indicates corruption – not the one based on money but on "friendly services," political ties, pressure, etc. Community-based care will certainly abate such phenomena but may, on the other hand, create opportunities for other forms of misuse – for instance, in the process of selection of foster families. Enactment of precise regulations and introduction of the system of responsibility with clear-cut sanctions, intensified supervision and independent control mechanisms has been an urgent need for long. Until such system is in place, the relevant ministry and other state bodies must put an end to the practice that dangerously borders on inhuman and degrading treatment.

Misuse of psychoactive substances among the young is one of the biggest problems challenging institutions the more so since treatment in relevant medical centers necessitates patients' consent. Each institution tries to cope with the problem in its own way and inasmuch as it can. Therefore, this is yet another serious flaw in the system to be overcome only through cooperation between the Ministry of Healthcare and the Ministry of Labor and Social Policy. The Law on Juveniles does provide the measure of mandatory treatment but fails to detail its implementer. Obviously, that is yet another example of discrepancy between legal provisions and functioning of different ministries. Competent medical institutions should, therefore, firstly treat children and the young at risk, and only then have social centers accommodate them in nearest institutions so as to be able to have them under constant supervision. The ongoing practice is absolutely intolerable and only opens the door to an at-risk child to become a serious drug addict.

Treatments provided to beneficiaries in all the institutions are either group or individual, and follow the instructions by the Ministry of Labor and Social Policy.

And yet, differences in treatment between institutions are huge and stem from the number and structure of beneficiaries, overall capacities (financial, spatial, professional, etc.) but, above all, the personnel's professional competences and commitment to work. So, all the monitored aspects are closely interrelated and can be separately presented for analytical reasons only. Treatment provided to beneficiaries can be assessed only after careful scrutiny of all the circumstances in which an individual institution operates. In this context, the Children's Village has developed, beyond doubt, a model for catering for children that is by far more progressive than in the rest of institutions and produces by far best results. Simulation of family communities – that makes the foundation of the personnel's attitude towards children and that is well-balanced in all the activities – proves to be the most effective for resolution of many developmental problems of young beneficiaries. Though – as already mentioned – institutions operate under different conditions, many models of good practice developed in this specific institution can be adopted in other places too. True, there are good programs and creative, ambitious and dedicated individuals in other institutions as well. Unfortunately, they seem to be in minority. Different practices and approaches, therefore, must be leveled and adjusted to children's true needs and changed social circumstances.

Overall functioning of corrective-educational institutions necessitates a by far more complex approach. Their main function calls for engagement of various segments of the system. Despite renovations, the situation in the three monitored institutions of the type clearly indicates the society's total neglect for the children and young with social behavior disorders. The fact that most of them have been institutionalized for long reveals serious system flaws. On the other hand, the fact that most of those beneficiaries usually end up in reformatories and, later on, in prisons indicates that the state has failed to meet its responsibility. If Serbia is really intent to reform its judiciary and promote alternative sanctions, it should firstly ensure conditions for the reform of the existing corrective-educational institutions. The

actual situation in those in Nis and Belgrade can best be described as the personnel's arbitrary maneuvering in the search of solutions to complex situations and troublesome beneficiaries. That is in strike opposition to the standards for treatment of juvenile offenders, as well as to the obligations to which Serbia is duty-bound under domestic and international legislation. As for the Corrective-Educational Institution in Knjazevac, it presently fails to meet minimal requirements for the treatment of young people under corrective measures.

Particular attention was paid to the methods used for awarding and punishing beneficiaries. Not a single institution goes for physical punishment – a fact confirmed by beneficiaries themselves. However, it seems that punishment is more used in corrective-educational institutions than in those catering for children without parental care. Though some might take it only logical when comparing the types of behavioral disorders the two categories of institutions are coping with, the fact remains that by punishing a child one teaches it what is should not rather than what it should do. All the interviewed educators said they more often went for awards than punishment. However, the range of such awards differs from institution to institution, the same as conducts deserving them. Apart from objective circumstances that make the reality of each individual institution, subjective professional assessment is most important as it speaks of the personnel's competence and commitment to work, their understanding of beneficiaries' overt or covert needs, etc. Some institutions are giving awards for good grades in school and commendable conduct, some for every small progress a child makes, some award children with books or longer outings and the like, whereas in some awards are given in the form of public praise, a fulfilled wish, or just a smile and hug.

Speaking of awards one should always bear in mind that social motivation is easy to handle and often leads to desired changes in behavior (many researches confirm the impact social motivation produces on a range of personal and inter-personal behaviors). Also, an educator needs to be aware about what motivates one child does not necessarily motivate another. Therefore,

they should always carefully assess what can stand for social motivation (an event or something else) for a specific child, who's the one to award it or recommend it for award, as well as how something becomes social motivation. No doubt that most professionals have mastered all this at their university courses – but some seem to have clear forgotten everything or fail to implement their knowledge and skills.

The team was left under the impression that the awarding system was somewhat “tougher” in corrective-educational institutions than in the rest. As already pointed out, these institutions need to be seriously analyzed and reformed though a process involving a variety of governmental institutions and agencies. The state of affairs allows for voluntarism and inappropriate treatment, which can be degrading for beneficiaries. For instance, the award-punishment system based on the number of contacts with families cannot be used as motivation since it violates the rights of children and juvenile offenders. The fact that those methods are used in everyday practice indicates the personnel's helplessness but also total disinterestedness on the part of the state and the society. Under such circumstances the anyway rejected and stigmatized beneficiaries of corrective-educational institutions stand poor chance for improving their conduct.

Speaking of the treatment provided to children and youth, the state is solely to blame for bad functioning of a major aspect – schooling and professional training. There is a huge discrepancy between most beneficiaries' actual ages and the grades they are attending. This raises the question about relevant authorities' failure to react duly and appropriately. Besides, all children do not have equal access to education. Some are still outside the school system, some go to special or experimental schools, some attend regular classes and few are even at universities. It is to be assumed that situation is about the same in other homes for children throughout Serbia. Obviously, ministries of social care and education need to coordinate their activities so as to make it possible for all children to get proper schooling. That is one of fundamental rights of child and, at the same time, a state's major obligation.

The “schooling” situation is even more problematic in corrective-educational institutions. Many beneficiaries are lagging behind their peers in the outside community and many are either not included in educational system at all or had to leave schools when corrective measures were ruled to them. Moreover, the Law on Juveniles provides that corrective measures shall last between 6 months and 2 years – and a provision as such additionally hampers access to education. Despite the fact that lawmakers must have taken this into consideration, they failed to lay down clear-cut and mandatory provisions vis-à-vis education. This is why the practice is so chaotic. The problem needs to be solved through close cooperation of several ministries (justice, education and social policy). The juveniles punished with corrective measures must have access to professional training not only during institutionalization but also after release. As for institutions, they must find appropriate solutions so as to enable access to schooling or some form of professional training to all juveniles.

Contact with families and outside communities is also an Achilles' heel of all the monitored institutions. Though many families are dysfunctional to the extent that jeopardizes children's' interest – on the grounds of which social care centers ban mutual contacts – the personnel's experience indicates that all institutions that take care of children's' benefit need to be more active in this problematic. Non-existence of adequate cooperation between institutions and relevant social care centers in the treatment of families and other persons beneficiaries might care about is disputable in many ways and generates negative consequences. Though it is to be assumed that decision-makers have had different intentions, the years-long practice has left beneficiaries' contacts with their natural environments solely in charge of social care centers. Faced with heavy workload, insufficient cadres and meager financing, social care centers have made this major aspect utterly formal and senseless as time went by. On the other hand, social care institutions seem to have deliberately ignored this major aspect of beneficiaries' lives and thus deprived them of the most significant social and emotional motivation. While working on this project,

we have witnessed just a few examples of good cooperation between institutions and social care centers, and institutions encouraging their beneficiaries' contacts with natural environments and outside communities.

Given the significance contact with families has for children's' development, system measures need to be taken to provide more assistance primarily to the families capable of overcoming their difficulties and looking after their children again. Should that be impossible for some reason or inopportune for a child, finding an appropriate foster family for the child would be a good alternative solution. Over the fact-finding missions we have met children who either had run away from their foster parents or had been with several foster families but had been unable to adapt themselves anywhere. The deinstitutionalization policy – for children without parental care in the first place – pressurized, in a way, social care centers to find foster families for as many children as possible. Working under such pressure many have bypassed the proscribed procedure, turning a blind eye to a family's competence for looking after a child, its financial status, conditions it can provide for the child's education and development, etc.

Assessment and selection of proper foster families obviously needs to be placed at a higher level of social concern. It is intolerable – and even most dangerous – to ignore quality preparation, analysis and selection of the most appropriate foster family for each and every child just for the sake of speedier reforms and movement towards European standards. This is the more so relevant since against the backdrop of economic crisis and unemployment many opt for fostering as a source of steady financial income. Therefore, the trend of deinstitutionalization needs to be slowed down, social care centers freed from the pressure to find foster families for children at any cost, and the criteria for their responsibility for the selection and supervision over a child's interests sharpened. Bearing in mind present circumstances and problems, it is obvious that institutions are by far better places for some children than foster

homes, or are at least acceptable alternative solutions.

Beneficiaries' contacts with social care centers are generally superficial and useless to children, notably in the cases when social care centers figure as their legal guardians. Except in the admission phase and on release, representatives of social care centers rarely show up in institutions and inquire about children mostly by phone. Such attitude towards the children who see their social care centers as their only families can be characterized as brutal, inhuman and degrading treatment. In addition, such attitude violates the rights of other beneficiaries as it deprives them of many information and contacts social care centers could provide them. The explanation about understaffed centers struggling with finances is only partially acceptable. Funds for at least several visits a year can be set aside, whereas other forms of communication with children - via phone, letters or postcards – are not that expensive not to be more frequent. Strangely enough, no one has ever tried to establish communication between social care centers and beneficiaries via Internet (Skype, email, FaceBook, etc.) particularly if they are far away one from another. This could mean a world to children and juveniles, who are always interested in new technologies, while social care centers would be receiving daily information directly from children without the expenses implied in conventional visits. Children and their parents or families could also communicate this way, the more so since many families cannot afford travel costs. Each and every institution, the same as social care center, has several PCs and some have tens of them. So the problem is not in funds but in the absence of good will.

Communication between corrective-educational institutions and the courts ruling corrective measures is inexplicably faulty. Judges and prosecutors dealing with juveniles are obliged to visit a juvenile accommodated in such institution at least twice a year and evaluate the legality of his/her treatment and progress made in personal development over the meetings with the juvenile and professional staff. However, such visits never take place. Besides, according to the interviewed personnel they sometimes have to wait 5-6 months for courts to re-

spond to their appeals for amendments of corrective measures against some juveniles – all of which turn the purpose of punishment senseless and drastically violate juveniles' rights by very courts of law. It needs to be noted that courts do not cover the expenses of juveniles' accommodation, whereby they considerably jeopardize functioning of institutions – and indirectly juveniles themselves.

Children's and young persons' contacts with local communities (municipalities, educational, sports, cultural and other institutions, companies, etc.) are insufficient and usually superficial. This aspect is somewhat better in the homes for children without parental care, which cooperate with non-governmental organizations, sports clubs and the like. Unlike them, beneficiaries of corrective-educational institutions are mostly seen as unwelcome friends. Companies and other business organizations rarely assist them and, if they do, their assistance is insufficient. Juveniles under corrective measures are obviously marginalized, sometimes totally isolated from and stigmatized by outside communities. The state is duty-bound to make this population and its problems visible but also to take all necessary measures to raise public awareness against such discriminatory attitudes.

The aforementioned testifies that the level of the guarantees for rights and freedoms of beneficiaries of social care institutions is rather low. Beneficiaries cannot exercise many rights and are, in many cases, subjected to inhuman and degrading treatment. They can make no choice in the process of their accommodation in a certain institution. Institutions are the more so responsible to cater for children in the best possible way but also to ensure the respect for their rights. The same responsibility rests on social care centers, which need to thoroughly consider every alternative solution before deciding to institutionalize a child. Under the law, almost the entire legal protection of beneficiaries has been placed into the hands of social care centers. They have accepted this responsibility and have been behaving in accordance to it for decades. However, at the time they took upon them the obligation no documents guaranteeing benefi-

ciaries' rights were in place. This is why their everyday practice has been and still is inadequate and probably illegal in many cases.

Unfortunately, children's homes and institutions are often also disinterested in taking more active approach to beneficiaries' rights. Only one of the monitored institutions has developed a serious and active approach to beneficiaries, implying a whole range of protective measures, including reconsideration of the decisions that are beyond their jurisdiction. Such rare examples of good practice remain, unfortunately, far from the public eye. To start with, the relevant ministry should pay more attention to their endeavor and support it and thus encourage other institutions and segments of the society to get involved in the transformation of the system that is presently unacceptable from the angle of human rights. For instance, institutions could be those to initiate more frequent contacts with families whenever possible and to seek "weekend" foster families in local communities. This would not exclude social care centers from the process but only help their functioning and benefit children the most. In addition, institutions should file proceedings for "de-categorization" of children as they have first-hand knowledge of their capacities. The obsolete and highly bureaucratized procedure for categorization of children (involving commissions for children with developmental disabilities, social care centers and other institutions) absolutely calls for urgent reconsideration and adjustment to modern medical, legal and educational standards.

No cases of explicit torture of beneficiaries by the personnel have been registered over fact-finding missions. The interviewed children confirmed that they were never tortured. In the past, there were cases of juveniles molested by their educators, all of which had their epilogues in courtrooms. Punishments, however, were too mild. On the other hand, there are cases of intra-beneficiaries sexual abuse in some institutions – and the personnel respond to them differently. Sexual abuse against institutionalized persons is always possible and hard to detect. The personnel, therefore, needs to be always on the guard. The state is duty-bound to reduce such impermissible conduct to minimum and appropriately punish abusers.

Institutional personnel are duty-bound to recognize such cases and report them, as well as to take preventive measures against any practice leading to ill-treatment. Moreover, institutional personnel should be taken responsible for failing to register such practices and stand trial for it. The state should place the problematic on the list of priorities and do its utmost to prevent any attempt at having the cases of abuse hushed up. This calls for transparent functioning of social care institutions, as well as for an independent control agency.

Appropriate treatments of abused or neglected children, the children who have not developed basic skills of communication, adaptation, recognition of and reaction to their environment make the foundation of professional and competent social protection. Knowledge and skills necessary for assisting children to overcome their sadness or anger at being abandoned or separated for their families should be mastered through elementary training but also upgraded through courses of in-service training. This implies that professionals dealing with such children

undergo continued education and receive all the necessary support from expert consultants. Obviously, they have never had such support or it has been insufficient and inappropriate. In addition, inspection has never been thorough and adequate – so it happened that the solution institutions and social care centers have found boils down to senseless transfer of children from one institution to another and from one foster family to another. Of course, many children who are more adaptive, have less traumatic experience or are stronger personalities, receive sufficient support and protection in institutions, which makes them capable of growing into independent and capacitated persons. Considerable changes made in the past couple of years produce positive results in some places and will surely, as time goes by, contribute to firm establishment of better standards and practices. Unfortunately, the ongoing practices and overall conditions of life in institutions still seriously threaten proper development of children and their rights.

# HOME FOR CHILDREN AND YOUTH “PETAR RADOVIC” - UZICE

## 1. Introductory remarks

The Home for Children and Youth “Petar Radovic” is located in the old, urban core of the town. It is composed of three period town houses and a complex of facilities constructed in more modern times. Architecturally, it makes up an entire quarter with a yard in its midst. Two of the period houses have been renovated and rented out (to a music school and a regional center for in-service education of teachers), whereas the third is out of use and waits for renovation. The facility housing children and youth has three wings, two of which belong to the boarding house for the youth (at the time of the team’s visit those wings housed a total of 230 students from various parts of the country) and one is allocated to children and youth without parental care. The very location of the Home has its good and bad

sides. On the one hand, beneficiaries have access to educational, medical, cultural and other institutions. On the other, the heavily populated and housed town’s core allows not any enlargement or adaptation of the existing facility.

According to the latest classification of social care institutions, the Home caters for children and youth without parental care and children, ages 7-18, with mental disabilities due to their dysfunctional families. The Home can cater for 48 beneficiaries.

At the time of the team’s visit, there were 39 children and young people of all ages (23 boys and 16 girls), as well as one youth who has finished a special school and is presently undergoing classes of professional training but is still not capable of living independently outside the institutions.

## 2. Living conditions

The Home in Uzice has an administrative building, housing facilities for beneficiaries and a separate facility with kitchen, dining room and recreational areas. There are also facilities used as a warehouse and laundry. The areas surrounding the facilities are kept as tidily as possible: they are covered with grass and flowers, and have benches. The overall atmosphere is pleasant. As referred in the paragraph above, the site on which the Home has been erected cannot be enlarged so that the entire exterior, unfortunately, cannot be adapted to suit all the needs of young beneficiaries. Apart from rather well furnished offices, the administrative building houses a dentist office that is adequately equipped.

Children without parental care are housed in four identical units. Though some parts of the Home have been adapted and renovated over the past years, living conditions in the housing units are worse than in the rest. Each unit has a living

room with a TV set, more or less old furniture and a kitchenette available to children. Rooms have three or four beds. Since the Home is not fully housed, some rooms are occupied only by two children. Rooms themselves are not large enough to satisfy the needs of school age children. Poorly furnished rooms call for renovation and new furniture. Besides, all the housing units lack elements of personal touch. Such environment can hardly stimulate children to decorate their rooms and living areas, let alone encourages them to develop the sense of nice and cozy – actually, it makes them feel alienated. Bearing in mind that children at the age of 7-18 usually do want to give personal touch to their living quarters, educators and other professionals should pay more attention to children’s motivation in this context. Despite the fact that the areas housing children and youth are, as a rule, more exposed to damage and deterioration, one cannot but leave with the impression that other quarters have been on the manage-

ment's priority list. The management, therefore, should try its best to ensure funds for renovation and maintenance of the units housing beneficiaries. Adequate living space influences, in many ways, children's personality formation as they grow up. This aspect is the more so important since many of them have come from the families with poor socioeconomic status (bad living conditions, poverty, health problems, etc.) that has surely marred their development.

Sanitary facilities also need additional equipment and renovation. Two rooms in each of the housing units share one bathroom and one separate toilet. Bearing in mind the space that is not large enough and the number of beneficiaries, it would be more rational to replace old and dilapidated bathtubs with showers.

Educators' rooms are also small and inadequate for the groups of 2-3 children. Windows do not allow sufficient entrance of daylight. To solve the problem adequate artificial lighting has to be installed in rooms, living quarters and halls. Particular attention needs to be paid to table lamps children could use individually and in accordance with their needs.

The Home has its own central heating system, which is about to be connected with the town's system. However, the management decided to retain the boiler room for additional heating – a sound decision for sure.

Unlike the housing units, the facility for recreational activities – including a reading room, a library and an internet club – is freshly furnished and well-equipped, has more light and space, and is more pleasant. However, according to the personnel, children without parental care prefer studying in their rooms and usually use PCs in their educators' offices. When

asked why not doing their homework and study, and, generally, spending more time in the recreational facility that are better suited to their needs, all of them, without exception, replied they feel cozier in their own rooms.

Since the space set aside for sport activities (basketball, table tennis, gym, etc.) are rented out to third persons and all facilities are available to the boarding house students, the children without parental care obviously need to segregate themselves. They engage in some sports together with their peers coming from the town, say the personnel, but that seems not to be enough. Their urge to withdraw to their "own ground" and be among "their equals" (without parents) is not unusual. On the other hand, it is indicative of serious failures by grown-ups, parents, social environment, social workers, educational system, etc. The fact that they are stigmatized should be a problem to be coped with by the whole society. And the people taking care of them and working with them should initiate removal of the barriers based on prejudice and promote their equal treatment. This is why the generally good idea about housing together children without parental care and those attending the boarding school has turned out ineffective. As it seems, the two groups just live side by side, rather than together.

After the tour and careful inspection of all premises and facilities, one can say that living, technical, sanitary and other conditions are adequate.

Besides, the management plans to open a daycare center for children and youth with developmental difficulties. The plan is most reasonable under present circumstances. On the other hand, the existing, overall capacities – spatial and professional – already show signs of weakness.

### Recommendations

- Living and other conditions should be made the same for all the categories of beneficiaries in accordance to their needs;
- Joint activities by children without parental care and those in the boarding school, as well as the children from the outside community should be encouraged;
- Living conditions in housing units should be improved in consultation with and active participation of children;
- Children need to be motivated to decorate and give personal touch to the areas in which they spend most of their time.

### 3. Institutional personnel

Out of 29 employees, 17 are technicians and administrative workers. The so-called professional service is composed of two professionals – a pedagogue and a psychologist – and ten educators. The 10-member staff of educators includes subject teachers (2), teacher (1), defectologist (1), social worker (1) and the rest are pedagogues. Though all the employees are in function of the protection of children without parental care, only 6 educators (plus two working night shift) communicate directly with them, whereas the others work with the children in the boarding school. The ratio between educators and children is 1: 5-8, with children making 6 “educational groups.” The coordinator of the expert team is a pedagogue and she used to be the manager of the Home. The incumbent manager is an economist by profession and has been managing the Home for two and a half years now. As a former businessman, he is explicit about the “practice of appointing managers from the ranks of social care professionals” being inappropriate because “those people are not managers.” It goes without saying that a managerial approach is necessary and most welcome but under the condition that it takes into account professional needs and promotes basic activities.

The number of educators is adequate to the institution’s capacity. However, having only one pedagogue and one psychologist on the staff is not enough the more so since they also work with the children in the boarding school. It is hardly possible for a single person to properly channel development of 270 children. Though employees had no complaints and emphasized that not every child needed assistance and that most sensitive situations were being solved by educators, the interviews conducted with children indicated that they were not close with the pedagogue and the psychologist, and felt no need to turn to them. Moreover, some children perceive them as “higher authorities” they almost dread (or, rather feel embarrassed with) and would, therefore, rather solve their problems on their own or with the help from educators (their problems are typical for young peo-

ple, such as studying, coming late to classes, pranks, etc.). Besides, the pedagogue’s and the psychologist’s offices are in the administrative building – which surely contributes to the feeling of their alienation. The practice of sending a child to see the pedagogue or the psychologist when he or she has some problem only additionally stigmatizes and embarrasses him/her on the one hand, and, on the other, inhibits those who are not explicitly “sent” but might have a need to talk to them. Therefore, more efforts should be exerted to create a climate of permanent communication with all children whether or not they need professional assistance.

The interviewed personnel felt the need to elaborate answer to the question about whether, now that there were fewer children in the Home, the work with them was easier than before. Speaking from experience, they take that children’s removal from the institution to foster homes ensured better conditions for their professional work and individual approaches. However, from the angle of “a child’s best interest” entrusting him or her to a foster family “at all costs, is not always the best solution for a specific child.”

Some negative effects of the practice have been already manifested in everyday life, they say. From time to time, a child leaves his or her foster family and returns to the Home because being unable to adapt himself/herself to new conditions. A couple of months later, the child is sent to another foster family. Similar opinions have been voiced by the personnel of other institutions. Educators and other professionals usually agree that foster families are a better solution for younger children than institutions. But, they say, unlike in foster families, institutions provide professional work with children and professionals can by far better than foster parents identify their problems and react timely and properly. Some foster families, they say, do not really care about children’s well-being but are primarily motivated by moneys they are receiving – and children are well-aware of that. Institutional personnel say that they remain in contact with “their” children once they leave social care homes and start their independent lives – they go to their weddings and other cele-

brations, and practically support them all the way. Obviously, the role of educators and the entire personnel is interpreted from their specific angles – however, as usual, the truth lies somewhere in-between.

The employees of the Home in Uzice have longstanding careers and experience in the work with children (20-30 years on average). Asked whether they would look for another job, almost all of them replied negatively – they liked their jobs, they said. On the other hand, they take their work is underestimated and their social status bad, and that they are inadequately paid for the responsible work of raising a vulnerable population. But, no matter how well-argued their impression might be, it is not justified by outcomes. Children are generally not close to them, many feel lonely and left to their own devices. Employees' attitude towards children seems too much buddy-buddy and by far less reliable and protective as a grown-up should have towards the young. The climate of peer-to-peer comradeship and belonging, youth enthusiasm and optimism

seems to be lacking. The same refers to close relations with employees followed by a necessary distance necessary for the development of a child's integrity.

The employees of the Home in Uzice have attended a number of different courses of in-service training. Here are just some trainings that seem useful for the work with children without parental care from the list of 30 courses: development of the plan of individual protection; children's release from institution; methods and techniques of workshop approaches; application of the guide of children's rights in spreading the messages of the UN Convention; supporting natural parents in keeping their children; health education through life skills; school without drugs; prevention of trafficking in human beings, etc.

Inspection of the Home's documentation leads to the conclusions that all the files are kept regularly and with precision. On the other hand, the team was told that too much administrative work hardly left enough time for qualitative and direct work with children.

#### **Recommendations**

- Personnel should be encouraged to attend courses of in-service training in the skills that would facilitate their everyday work with children;
- Personnel should be paid better for their work and should be granted benefits for creative ideas and approaches to beneficiaries;
- Administrative tasks should be simplified so as to ensure more time for qualitative and direct work with children;
- Communication between the psychologist and the pedagogue on the one hand, and children on the other should be improved and turned into everyday practice;
- Workshops and other creative activities contributing to children's more open attitude and mutual communication should be organized;
- Adequate professionals should be consulted in included in the process of decision-making about a child's reallocation to some other environment; criteria for deciding whether foster families are the only and/or the best solution for children or their stay in the institution should be developed; often change in children's housing should be avoided except in the cases when it is really necessary;
- Exchange of experience between the persons working directly with children and relevant institutions on all reform moves should be encouraged.

#### **4. Medical care**

All medical care for the beneficiaries of the Home for Children and Youth "Petar Radovanovic" in Uzice is provided through local medical centers with the sole

exception of dental services that are available in the Home.

Unlike some 10 years ago when one nurse used to be on the staff, the Home presently employs no medical officer.

Nowadays, educators are in charge of taking a child with any health problem to the nearest medical center. Cooperation with those centers is deemed good by the personnel. Appointments for medical examinations at a “pre-selected” doctor are made by phone. The personnel are satisfied with the services provided by the Ambulance Service, as well as with examinations by specialists, which are usually scheduled promptly even when they are “waiting lists.” Such cooperation between the medical sector and medical officers’ sensibility to the social care institutions needs to be singled out as a most positive example to be followed by other communities.

Medical files are duly opened for each beneficiary upon admission, regularly kept and transferred, *ex officio*, to a nearest medical center of a child’s new abode, or to the most appropriate one depending whether it is about a pre-school or a school age child. As for medical documentation kept in the Home, it includes only the findings of specialist examinations, which are also placed in every child’s file.

Most newly admitted children have never been inoculated and, therefore, have to get all necessary vaccines while at the Home. Many of them, notably girls with long hair, come with lice. All this testifies of the shortcoming of general medical treatment provided to children before their admission.

At the time of the team’s visit the Home catered for five children with enuresis, who are taken to nephrologists for control on bimonthly basis. None of them has been diagnosed organic enuresis. They are given medicaments the effects of which are assessed as inadequate. No other methods such as waking up or psychotherapy have been applied to any of them. To encourage their continence educators give them calendars of “wetting” to keep – so children draw either small clouds or suns indicating how they went through the night. It goes without saying that an approach as such is insufficient and additionally justifies the need for closer ties between children and the psychologist.

No children are with hepatitis B and all of them are inoculated against it. According to the personnel, there has never been a case of hepatitis C or HIV

positive child. Only one child in the boarding school is with diabetes. Two aged 15 and 18 have disorders in social behavior, and are taken to the Institute of Mental Health for regular control examinations. Both receive pharmacological therapy. One 13-year-old boy is also under heavy medication therapy. Asked why he was given so many drugs, members of the staff replied that the boy “swears, spits and throws objects without any visible reason.” The said boy attends a special school. According to the psychologist, he is capable of proceeding with secondary education. Given that the Home caters for 10 children classified as mentally disabled, the pharmacological treatment provided to these children seems unnecessarily rigid. Instead of dealing with the causes of their socially inappropriate behavior, psychiatrists still prefer large doses of medication. Such approach in this particular case – when children are with serious emotional problems and experience – this treatment will hardly produce any positive effect. Unfortunately, this practice is present in other institutions as well.

There is a girl with multiple sclerosis in the Home. A physiotherapist comes to the Home specially to treat her. The Home also engages a logopedist who simultaneously works with four children, the youngest being 8 and the oldest 17. None of them stammers, which would have justified logopedic treatment at their age when vocal development is already rounded off, while all other aspects of speech are developed through natural, notably peer communication, rather than in artificial therapeutic situations with logopedists.

Medicaments are distributed by educators who keep them locked in their offices. When a child refuses medication – particularly in the form of capsules or tablets – he or she is given the same medication as syrup whenever possible. When a child refuses medication for some other reason, educators try to persuade him or her by talking. Should this turn ineffective too, the case is appropriately noted down and other solutions are sought.

Regular medical examinations are conducted within the Home. There is no inpatient ward. A section for sick children is set aside. However, there have been no epi-

demics so far and no reason for the use of this section.

Gynecologic examinations are organized with a private practitioner and educators are those who make appointments. Cases of pregnancy are rare and usually end with abortion. Several years ago, a girl wanted to keep her baby – she gave birth to it and got married. Lectures on sexual protection are organized occasionally.

Hunger strikes have never taken place. The same refers to the cases of natural deaths. In 1997 there was one suicide and in 1999 one girl drowned. Children with signs of suicidal behavior are intensively supervised and sent to the psychiatrist. The personnel have not attended any course of in-service training in recognizing signs of suicidal behavior or in treating agitated or aggressive children. Therefore, all they can do is use their skills for pacifying a child, separating it from the others and then consult the psychiatrist.

Dental services have been significantly improved since a dental office was opened and equipped thanks to grants in the autumn of 2008. According to the dentist, children's teeth were in rather poor condition at the time the office opened. One girl, who had been badly injured by her father, had to undergo prosthodontic treatment. There have been no cases of prosthodontic traumas resulting from violence. The dental office provides services to the Home beneficiaries, children from a kindergarten, a secondary school and children with disabilities – all in all, there are some 1,200 patients. It is well-equipped and run by a stomatologists and his assis-

tant. They keep daily records of examinations and submit both monthly and biannual reports to the management. All methods of protection for both patients and dental officers are used, and the office has a set for anti-shock therapy.

Menus are composed on Fridays by a team made of a cook, a social worker and one beneficiary. The Hygienic Institute is being consulted in the process occasionally. Special diets can be prepared for children with diabetes or obesity, but also for religious reasons (the Home caters for children from Sandzak, who profess Islam). Fresh fruits are on menu 2-3 times a week. Snacks such as fruits and cakes are being delivered to the children from first to the fourth grade of elementary school. The interviewed children said their meals were varied, the food available to them at all times and its quality was good.

Samples of food are kept in a fridge for 48 hours, whereas relevant healthcare service inspects the food and kitchen one a week. All persons working in the kitchen regularly undergo medical and sanitary examinations. It should be noted that the management has decided to follow the policy of SRPS ISO 9001 I HCCP food security system. At the time of the team's visit the relevant documents (procedure, guides, reports, etc.) were about to be finalized. A brand new kitchen and a brand new dining room have already been in place thanks to the funds provided by the Ministry of Social Policy and the Ministry of Education. Such positive example of effective cooperation between ministries should be followed as a model of good practice.

#### **Recommendations**

- New methods of treating enuresis should be developed in cooperation with medical services;
- Awareness raising among the young about health protection – with special focus on risks and prevention – should be improved;
- The cases of all children under psychiatric treatment with medicaments should be re-examined by independent experts.

### 5. Treatment provided to beneficiaries

At the time of the team's visit the Home catered for 10 children ages 7-14, 24 ages 14-18 and 5 more than 18. There were more boys (23) than girls (16). Except for two children institutionalized for less than a year, the rest have undergone the period of adaptation – 18 children have been there for 1-5 years, 16 for 5-10 years and 3 for more than 10 years. Interestingly, almost one-fourth of total number of children, actually 10 of them, are classified as slightly mentally disabled, and one as physically disabled. Nine beneficiaries attend the special school (8 go to the elementary and 1 to the secondary school), one beneficiary attend a school for adult education, whereas the rest to regular schools. Most children have been admitted to the Home because of social and financial problems in their primary families (18), as well as due to total or partial denial of parental rights (15).

The interview with a boy with mental disability and his educator showed that the class he attends in the special school consists only of children from the Home. These children are triply segregated: they live in the Home, they go to a special school and are grouped in a separate class. They cannot socialize with children from the outside community even if the later are also with mental disabilities. One cannot but wonder why these children go to a special school at all. Regardless whether they are mentally disabled or have been deprived of social motivation in the course of development, attending a special school can only aggravate their problems. Their prospects for community integration are poor due to inadequate treatment and flaws in the educational system and the system of social protection.

As referred to in the paragraphs above, each educator is in charge of 5-8 beneficiaries. The groups are heterogeneous except by gender. Each child is assigned to a group and to an educator upon admission. The criteria for classification are derived from documentation from social care centers and educators' assessments. According to some educators, sometimes assignments to groups depend on the number of children in each. Inter-

estingly, a male educator is in charge of a girls group. One can assume that such situations can hardly be avoided in social care institutions of the type and that possible shortcoming could be overcome through cooperation among educators. The period of adaptation takes 3-6 months. Asked about most frequent problems they are facing during this period, most educators replied they are facing no problems at all. Only one of them referred to a child's separation from his/her natural family, a problem usually manifested through various forms of behavioral disorders.

Educators work shifts. Beneficiaries and personnel alike said such arrangement suits the needs of the groups. It is impossible to make an ideal working arrangement given that children attend school at different times of the day. In this context, one educator said, "The problem is not in working hours or shifts but in quality of the work with children. We don't have many children here. However, when an educator is not at work, the rest of us always know what's going on among the children in his charge." This indicates collegiality and cooperation among educators, which surely contributes to the protection of interests of children.

A group educator on his/her own or in cooperation with the pedagogue and the psychologist develops the program of work with his/her group and the programs of individual work. Inspection of the program of work with one of the groups showed it includes the following activities: studying, socialization and personality development, habituation, free time and health-related activities. Besides, methods and forms of work have been detailed for every child. The documentation on program and activities planned for children indicate diversity and comprehensiveness: social skills, pre-release activities, fight against human trafficking, learning assistance, PC literacy, educational and creative workshops (painting, carpentry, etc.), gym and sports, etc. By analyzing the contents of the program – apart from reports an educator is obliged to submit – one cannot but wonder who possibly they manage to realize that many activities and perform so many tasks. Replies to concrete questions about methods and procedures applied in

various situations arising from the work with children were not exactly detailed. The interviews with children indicated that their everyday life usually boils down to distribution of routine tasks, study with assistance, taking care of personal hygiene and development of hygienic habits. The interviewed children pointed out that they were spending their free time with their peers from the Home, watching TV or playing some social game. Organized activities do take place but rarely, they said. The personnel seem unaware of the possibilities for application of what they learned at the courses in everyday practice. They pay more attention to individual work than to group. Bearing in mind that the groups are anyway small and as such allow individual work adjusted to the needs of every child, as well as that interviewed children said they were spending most of time on learning and those “deserving” were allowed to play video-games in educators’ offices, the team concludes that the quality of the work with beneficiaries is not exactly adequate. Asked about some specific problems or situations that are difficult to cope with, the personnel replied there were none. The interviewed children knew nothing about child’s rights, let alone the Convention on Rights of the Child. It goes without saying that they were quite unaware of any issue related to the Special Protocol on the Protection of Children in Social Care Institutions against Ill-treatment and Neglect. A notice with a phone number of a person children can turn to when in need of assistance is placed in the administrative building beneficiaries rarely go in. And the same information was nowhere to be seen in the housing units in which they spend most of their time. According to the personnel, copies of the notice used to be placed in those areas but children usually tore or blacken them with drawings. Be it as it may, educators and other professionals seem to have failed to develop and implement adequate programs for upgrading children’s knowledge and skills in understandable and attractive way. The Convention on Rights of the Child, communication skills, prevention and solution of conflict situations, etc. are just some of the

topics the children could learn about through capturing workshops, competitions, creative work, etc. Younger professionals who would be unavoidably recruited will surely contribute to the introduction of new methods and approaches in the work with children. Notwithstanding, the existing personnel should manifest more readiness and enthusiasm in their work with children the more so since the effects would benefit them and children alike.

The Regulation on Stimulating and Educational-Disciplinary Measures provides both awards and punishment. Measures of punishment are usually used against the children in the boarding schools, said the management. Educational-disciplinary measures imply warning, reprimand and notice of possible break of a contract. As for awards, children usually get books, notebooks, pencils, etc., and rarely money. Interviews with children indicated that awards are rarely ever bestowed upon them. One little boy said, “There may be many awards but we know nothing about them.” It goes without saying that all children like presents – and it is quite understandable that they might envy their friends getting them or turn disinterested. Perhaps educators should pay more attention to this aspect of their work – and award children more frequently with diverse gifts (which need not be expensive except on some specific occasion), and include all children in the process of deciding “winners” so as to make them feel they participate in major events.

Education of each child is monitored and supervised by his/her main educator. In this aspect educators and the Home as a whole are most active: educators convene meetings with parents, maintain communication with school teachers and psychologists, coordinate homework and activity within the Home so as to adjust them to children’s needs, etc. That is surely a positive approach. However, longstanding service may lead to emotional and physical exhaustion, and thus lessen their engagement. That is why it is most important that relevant authorities develop – in this area like in many other – diverse motivational programs for employees, for improvement of their working conditions and maintenance of personal and professional capacities.

**Recommendations**

- The personnel should be encouraged to improve their knowledge and skills, and apply them in everyday practice, particularly when it comes to pre-release programs;
- More space should be given to educators to enhance quality work with children, adequate number of PCs should be secured and children should be encouraged to go to reading rooms and the Internet club together with those from the boarding school;
- Participation principle should be taken more into account in the process of developing the plans and programs for protection of children;
- Educators and other professionals should develop a more active approach to awards for children; there are many possibilities for children’s motivation such as games, interesting workshops, seminars, etc.; the awarding procedure should be clear-cut and known to all children;
- Integrative situations should be created (sports, recreation, culture, etc.) and children encouraged to partake in those events and well as the events in the outside community.

**6. Contacts with families and outside community**

Bearing in mind the type of beneficiaries, contact with families should be the most important segment of the contact with the outside world. Asked about the frequency of their contacts with families, most members of the personnel made no bones about it, saying, “Families are not our duty, that’s a job of the social care center” or “With upcoming holidays, we contact the social care center to explore a child’s situation and then we evaluate in tandem whether the child should be sent home for a holiday.” If return to a natural family is in the best interest of a child, it is only logical that frequent contacts with the family, coordination with the social care center and involvement of the child in the process should be on the priority list. Some employees explained the overall poor cooperation with families by the fact that parents have been either totally or partially deprived of parental rights, and that contacts would only disturb children’s functioning. No doubt that there are situations when a child should better not be in contact or near his/her family. On the other hand, many children have been accommodated in the Home due to their parents’ poor socioeconomic states, while their parents have not been deprived parental rights. Be it as it may, the personnel see contact with families as social care centers’ duty, which is a wrong attitude. Only one educator said they should be more engaged in this form of cooperation.

The personnel did not complain about any other aspect of cooperation with

social care centers. They cooperate most closely in the process of admission and during adaptation period, as well as in developing programs of work, they said. Contacts are less frequent later on and are mostly realized by phone (representatives of social care centers visit the Home twice a year on average). Mutual cooperation is sometimes intensified on the eve of a child’s release. Such “cooperation” is no cooperation at all and only additionally testifies of the need for the reform of the existent system and practice. Strangely enough, no one has ever tried to establish communication between relevant social care centers and beneficiaries via Internet (emails, Skype, FaceBook, etc.), which would be particularly useful when the two groups are far away from one another. Such communication would perfectly suit young people who are by their nature interested in new technologies, and would mean a lot to the. On the other hand, social care centers would be able to obtain daily information directly from children and bear no expenses such as those implied in on situ monitoring. In this way, children might also communicate with their parents and families.

The personnel were not exactly eager to elaborate their relationship with other institutions. They say they have no problems either with schools, the Ministry or other colleagues in the Home. However, their attitude changed when it came to decrease of the number of beneficiaries and efficiency of foster home system. They seemed to be primarily motivated by personal anxieties –

and this is why they tried to be politically correct when referring to mutual cooperation and that with other institutions.

With the state policy of gradual deinstitutionalization of children without parental care – but without a clear-cut strategy for social care homes as this one – the Home stands for yet another example of an institution renting out its extra space or extending its activity to other sectors, to education in this concrete case (the boarding school for secondary school students, the regional center for in-service training of teachers, the secondary arts school, etc.). Unless the state and the Home secure additional funds and professionals for proper functioning, support and protection of all beneficiaries, the system will soon become unsustainable, i.e. it will manifest its grave failures. And any failure in the work with children and the young can leave lasting and irrevocable consequences on their lives.

As for children's contacts with outside community, the personnel say visits to theater, movies, exhibitions, various manifestations (Christmas, Easter, Festival of Songs for Children, Day of Planet Earth, etc.) are often organized. In addition, the Home often hosts other people on various occasions such as the Police Day, Christmas, NGO activists who stage shows for children, etc.

On the other hand, the interviewed children take contacts with the outside world infrequent. Some of the see summer and winter vacations as awards certain children get as a rule. Besides, only talented among them are included in sport activities in the town and are members of some sport clubs. The list of program the Home organized throughout 2008 shows that a considerable number of children went to excursions, on winter or summer vacations, but never all of them. Given that many programs were organized thanks to donor organization, one can only assume that there were certain limits to the number and age of children. Despite the fact that financial aspect is probably the crucial one, the management could have

found means to include all the children without exception. When programs are organized just for a certain group of beneficiaries (competitions, participation at invitation only and the like) and the others cannot attend, educators need to offer the rest a proper explanation and organize some other activity for them instead. The feeling of being unequal is in itself dangerous. Therefore, all the professionals and the management should pay more attention to this problem.

The personnel take that the "neighborhood's" attitude towards children is adequate, whereas children say some would play with them, while others would not. Evidently, educator and other professionals are incapable of changing the society's or the local community's attitude towards their beneficiaries, but could influence non-bias. Helping to develop a child's character and personal identity is their duty. Therefore, activities that would include children from the outside community and encouragement of beneficiaries to join the activities in the local community would significantly help improve their communication skills and strengthen their self-confidence. The team noticed that socializing between children without parental care and those from the boarding schools is not being encouraged. Despite the age difference between the two groups, a number of programs that would bring them closer and benefit them all could be organized.

Up to now, the Home has not developed a program for community-based living. Despite a number of grants obtained in the past years, the program could not be launched, said the manager. The situation has somewhat changed lately when the Home got one two-bedroom apartment that will be adapted to accommodate four beneficiaries. The personnel hope the municipality and companies would meet their promise and ensure jobs for the young that will be undergoing the program for independent living. This new form of social protection is most important as it opens the door to real independence and self-sustained life in a local community.

**Recommendations**

- The practice of cooperating with the non-governmental sector and other institutions in the local community should be encouraged;
- Pre-release programs should be developed in cooperation with relevant institutions and local community,
- All steps should be taken to ensure contacts between children and their natural parents, wherever such contacts are beneficial, and other factors should be included in the process; clear-cut criteria for the approach to the parents who are deemed inappropriate to be in frequent or any contact with their children should be developed so as to avoid arbitrary decisions;
- Communication via Internet should be established between beneficiaries and social care centers, and with parent and other persons through the latter;
- New programs that involve children from the outside community should be created;
- Particular attention should be paid to equal treatment of all children, and to programs and activities available to all without exception;
- The personnel should focus on alleviating children's traumas and strengthening their self-confidence by promoting each child's values;
- A data base with social care centers and potential employers in Uzice, as well as with the communities children come from should be formed to help ensure conditions for their community-based living.

**7. Guarantees for the rights and freedoms of beneficiaries**

The section above already stressed the need for the personnel's stronger engagement in monitoring and encouraging the communication between children and their parents, friends, earlier school friends, etc.

No problematic attitudes, suppression of feeling, sense of insecurity or signs indicating ill-treatment or neglect were noticed in the course of monitoring and interviewing children. And yet, the personnel should pay more attention to expressing respect for each and every child without exception and take measures against any case of unequal or "privileged" treatment. Otherwise, some children may see themselves as neglected.

The Home has established a children's parliament and developed rules of procedure for it. However, educators and children alike note that most problems are being solved within educational groups. No one was able to explain what the parliament stands for and what its function is. Generalized and unclear answers to the question indicate that the grown-ups perceive the institution as a child's game, whereas children are unaware of the significance of their involvement in decision-making. Everyone spoke only of children's representative in the team compos-

ing menus, discussions and meetings dealing with excursions, solution of possible conflicts between different groups, etc. The children's parliament is yet another example of ineffectively used opportunity for children's participation and motivation for responsibility, but also for the protection of their rights. It needs to be underlined again that the personnel have a number of courses of in-service training, but the effects of that training is not visible among children population. The personnel obviously needs to change their perspective and include children in all stages of decision-making that concern them – from planning of an activity, detailing it, selecting methods for its realization to time of its realization and realization itself.

Boards carrying major information for beneficiaries are few. Boards as such need not be anything showy, just simple pieces of cardboard hung at places children spend most of their time – that suffices for them to always keep in mind house rules, child's rights, useful advice or two, etc. Moreover, with educators' assistance they could themselves write and illustrate such notice boards, and place them appropriately.

The lady-jurist usually never communicates with children. Like in most social care institutions, a jurist deals with em-

ployment issues, rules and legal documentation, public procurements, etc. Together with the psychologist and the social workers she checks every child's documentation on admission. Judging by majority of documentation, parents are deprived of parental rights – a procedure initiated by social care centers – on the grounds of alcoholism, child abuse or neglect. Legal problems children may have in the local community are usually dealt by educators. However, if such problem has to do with the community a child has come from

(property rights, appearance before a court of law, etc.) is it primarily dealt by the child's local social care center. According to the jurist, no child has ever been subject – or could be subject – of legal, financial or other manipulation by adults. And yet, one cannot but conclude that the jurist and the social worker (along with educators, the psychologist and the pedagogue) should be better informed about legal status of each beneficiary so as to better protect his/her interests in tandem with relevant social care centers.

**Recommendations**

- Children should be encouraged to get self-organized for implementing projects and ideas of their own; the children's parliament and/or some other form of informal association (by educational groups, age, etc.) could greatly help improve their social skills they will be needing in later life in the outside community;
- Information of key importance to children – e.g. the person they could turn to in the event of ill-treatment or neglect – should be posted for everyone to see; besides, children need to be better informed about the significance of their rights;
- The institution should be informed about all developments that might affect children's rights; the Home is fully authorized to protect children's rights and interests in tandem with social care centers.

# HOME FOR CHILDREN AND YOUTH “DUSKO RADOVIC” – NIS

## 1. Introductory remarks

In keeping with the policy of deinstitutionalization, the capacity of the Home for Children and Youth “Dusko Radovic” in Nis has been decreased from 96 to 36 residents, as planned under the newly adopted Decision on the Network of Social Care Institutions Accommodating Beneficiaries. At the time of the team’s visit the Home catered for 31 beneficiaries, ages 14-26. Nine of them were of age. The Decision provides that the Home shall accommodate children and youth from 7 to 26 years of age. So far, the Home has managed to keep the lower limit at 14 years.

The Home is located in downtown, urban part of Nis, occupying a facility that is by far larger than envisaged by the strategy for social care reform. Therefore, in 2005 the management signed a contract with a town municipality (with the consent of relevant ministries and

agencies), whereby it rented it out 1,057 square meters, while the municipality took upon itself to renovate living quarters for children, co-finance central heating and cover the expenses of round the clock security surveillance. They also signed a partnership document on realization of two major projects: “A Step towards Independence” and “Safe House for Women and Children.” As of lately, the Home has a shelter – as a separate unit – where the team saw two children. The shelter was being renovated at the time of its visit so as to temporarily accommodate 10 children. Under the partnership agreement, the town shall pay for stay of 6 children in the shelter, and for 7 persons in the safe house.

The home was monitored primarily from the angle of the needs of children without parental care, while other forms of children’s protection were only partially inspected.

## 2. Living conditions

Children are generally accommodated in three-bed rooms and some in four-bed. The rooms occupy two floors – four on each – and along with a living room, sanitary areas (bathrooms for girls and boys) and educator’s office make up a housing whole. A library, a workshop area, a gym and an Internet club with nine PCs are also situated on the first floor. Each of the two floors has a studio called “Halfway Home.” The studios consist of one room, a bathroom and a kitchenette each, are furnished and equipped with just necessary utilities. One of them is occupied by three boys and the other by three girls. Living conditions in studios accommodating young persons in the pre-release process are by far better than in other rooms, the more so since the studios have been completely renovated.

The rooms accommodating other children have dirty walls and old floors

hidden by carpeting. They are poorly furnished – mostly with old and new pieces of furniture – and give somber impression. According to the personnel, they were painted two years ago, and might be painted again this year if windows are replaced by new ones. Windows do not allow sufficient entrance of sunlight and there are no lamps or other sources of artificial lighting. What strikes one’s notice are many plush toys arranged on shelves, which seems rather inappropriate for their age but speaks of their psychological profiles and emotional status. Bathrooms were mostly renovated, though sanitary installations have not been replaced. Heating is the most serious problem of all. The Home depends on heating oil, which is often deficient and particularly so in cold and long winters. Windows and doors are such bad shape that temperature in rooms, halls and other areas is often unbearably low. Electric radiators and other heaters are

in place in some offices but children's rooms have no alternative sources of heat. Supply of hot water is restricted because electricity is economized, say some interviewed children. According to the manager, no major investment has been made in the Home in the past four years, whereas partial renovation – the team witnesses – was enabled thanks to the funds from the National Investment Program. Therefore, one cannot but wonder what happened with the promises binding for the municipality under the contract. So far, it has only subsidized installation of video surveillance covering the entrance, and, partially, the yard and the playground. The team has no reason to question authenticity of the said contract as it has studied it at the municipality's website. There is no telling, however, whether the contract underwent some change in the meantime so as to direct funds for some other purposes. Be it as it may, this form of cooperation between institutions and relevant ministries seemed not to positively change living conditions of children without parental care.

The kitchen and dining room have been partially renovated but are small

and with bad furnishing and equipment. Kitchen utensils date back in 1984. The Home managed to buy a new stove with its own funds, as well as a microwave oven to secure minimal conditions for preparation of meals. The entire area calls for urgent reconstruction and new utilities. The situation in the laundry is about the same – there is only one washing machine granted by Care. It goes without saying that the institution's small staff has inappropriate working conditions. At the time of the team's visit, an area to serve as a daycare for children with disabilities was under reconstruction. When asked why the investment in beneficiaries' rooms and equipment for them is not on the priority list, the people from the management replied that the funds had not been obtained for those purposes. Though spending approved funds for some other purposes is logically not allowed, one cannot but leave under the impression that the institution is being transformed at the expense of its beneficiaries – the children incapable of taking care about their own interests. The state is, therefore, responsible for the deplorable living conditions of those children.

#### **Recommendations**

- Funds for improving overall living conditions of beneficiaries – including comprehensive renovation of rooms and central heating system, as well as new furniture and equipment – should be secured imperatively;
- The Home's primary function needs to be synchronized with the programs of community-based care and thus ensure equal accommodation for all beneficiaries without exception.
- Funds need to be secured and directed in accordance to set priorities; appropriate living conditions must be in place in the existing institutions as long as quality deinstitutionalization and transformation of the entire social system (social care, education, economic, administrative, etc.) are not attained.

### **3. Institutional personnel**

From various sources among the personnel the team obtained contradictory information about the staff's structure, size and functioning. As it seems, more services that are now been provided added to the workload and led to overlapping – the personnel, therefore, actually did not have a clear picture about the number and type of professionals presently working with children without parental care. Judging by

statistics that are regularly submitted to the Ministry, out of 24 employees six are professionals and educators, three make the administrative staff and nine are technicians. According to the employees, 11 work as educators (10 are employed on regular basis, while 1 person has been allocated to the institution from Kosovo) and are by profession a pedagogue, a sociologist, two are psychologists, one is a qualified trainer, one

is arts historian, one politicologist and four have finished High School of Pedagogy. Two educators (psychologist and trainer), a social worker and a jurist make up the institution's expert team.

However, their replies about working hours indicated that a total of six educators are in direct contact with children. They work shifts – three educators do daily shifts, and two night shifts. None of the psychologists was on premises at the time of the team's visit. The team was told that one of them is permanently engaged in the safe house. The managers said she and the rest of the staff were constantly seeking alternative forms of protection, as well as the daycare center and the safe house were the outcomes of their deals with city authorities that were partially financing them – the Home provides the rest of the funds for the two centers either from its own pocket or from grants. The team left under the impression that the Home was coping with numerous problems – with its own transformation, but also with the relations with city authorities. And this cannot but negatively affect inter-personnel relations and their work with children without parental care.

Be it as it may, the ratio between educators and children is adequate the more so since the Home caters for a small number of children. Each educator is in charge of 4-5 children and each is formally capacitated for his/her job. At first glance such situation seems to enable quality, individualized work with children and satisfy the needs of individual children. However, most educators do not consider themselves sufficiently qualified for the work with the children who are presently accommodated in the Home. More and more children foster families would not have are coming to the Home, the children with diagnoses of slight mental disabilities and multiple disorders in social and emotional behavior, they say. According to them, such situation questions the efficiency of the ongoing practice and methods. The courses of in-service training they have attended (systematic approach in the work with children with behavioral problems, hyperactive children, children under custody, health prevention, institutionalization of women – victims of family violence,

etc.) are insufficient and most of educators take they are not fully capacitated to deal with children's specific needs. Adequate courses that would capacitate them for the work with such children might solve the problem, they say. The reasons why such courses have not been organized so far are of financial nature. Consequently, the interviewed members of the staff take their work is not sufficiently appreciated. On the other hand, none of them would look for another job.

The ongoing transformation of all the social care homes included in monitoring seems to make people anxious about losing their jobs. They feel unsafe and work under stress, all of which negatively affects their motivation and quality work. The management, instead of staying focused on the institution's basic activity, seeks ways for keeping the employees and the institution going. In this context, the inter-personnel climate and overall atmosphere in the Home seem somewhat somber. Employees leave the impression of apathetic and dissatisfied people. And yet, the team believes that's an unavoidable phase in the process of accepting and adapting to new realities. The wish for additional courses of in-service training that could help them better cope with children's specific problems the personnel expressed testifies that their motivation is not dead.

As referred to in the paragraphs above, a daycare center for children with developmental disabilities is about to be opened. This calls for well-thought-out courses of training and support for the existing staff who are, as they put it themselves, incapacitated for such work. Orientation towards community-based models of social protection implies knowledge and a variety of skills the employees need to acquire, but also stands for an opportunity for them to keep their jobs and earn more. Therefore, apart from the programs licensed by the Ministry, employees should themselves manifest more initiative and apply the models of positive practice already developed in some other institutions. That would not only improve their everyday work but also encourage them to develop projects for better protection of children without parental care and other beneficiaries the Home will be housing soon.

**Recommendations**

- The concept for the institution’s transformation must be clear-cut – both about the methods of accommodating children without parental care and other forms of social protection; internal working arrangements should be adjusted to such concept.
- Funds need to be secured to make it possible for the employees to attend courses of in-service training in the problems they have to cope with in everyday life;
- Working conditions need to be improved and measures for better social recognition of the work with children without parental care;
- Cooperation and exchange of experience on the reform issues between practitioners and relevant institutions need to be encouraged; that would alleviate the stress under which the employees are working and contribute to their self-confidence.

**4. Medical care**

Medical care of the beneficiaries is fully provided by local medical centers. The Home mostly uses the services of a nearby dispensary where a pediatrician is available even of older children. Children of school age are regularly medically examined in school dispensaries. An ambulance service is being called in the cases of emergency, and the cooperation with the service is smooth. Specialist examinations and possible hospitalization of beneficiaries stands for no problem since there is a large clinical center in Nis.

One of the educators is a qualified nurse who used to work as such at the time the institution had a nurse on its staff. Being competent, she is often tasked with duties dealing with healthcare and protection. At the time of the team’s visit, an inspector from the Ministry of Health was touring the Home. She came for a double-check because, during her earlier inspection, she had requested that a pediatrician and a neuro-psychiatrist should be engaged in regular intervals. The problem the Home faced (the same as other social care institutions) stemmed from contradictory legal provisions. Namely, until recently social care institutions have been engaging doctors on contractual basis – a new regulation on “additional engagement of a doctor,” therefore, created confusion. Though adequate solutions have been found in the meantime, the two relevant ministries should try to better synchronize their work, particularly when in the domain of legal provisions affecting most vulnerable categories of population.

As provided under law, a child’s medical documentation is forwarded to the

institution upon its admission. The documentation includes a medical file and a proper Medicare card. The medical file is then sent either to a relevant medical center or a school dispensary. The Home only keeps the records of a child’s hospital release forms and finding of specialist examinations. Except for a 17-year-old girl with arthritis, no other child is with a chronic disease. Medicaments are kept in educators’ offices. Educators are in charge of distributing them and keeping records on it. As suggested by the inspector, the procedure for keeping records will be changed so as to be more detailed, comprehensive and individualized. There is no telling whether the Ministry of Health inspects the general state of health of all children. Many of them complained of bad quality food – statements that should be taken with a grain of salt because children in general usually do not like certain food. A bigger problem is that some said they were often hungry and are rarely served fruits. Though they participate in making menus, they take their breakfasts and dinners thin and unvarying. Some children, therefore, used to break in storage and then distribute the stolen food to others. The personnel confirmed that there had been break-ins but never touched on the possibility that children were stealing food because they were hungry. On the contrary, they used break-ins to justify their thesis about “problematic” children they had to cope with.

According to the employees, in some cases social care centers deliberately omit to detail a disorder a child suffers from and its other characteristics in fear the Home would turn the child down. The team was

given such comment in other institutions as well. It was also told that some children were being sent from one institution to another until some of them would admit it. This could not be tolerated and the Ministry must put an end to such practice that dangerously borders on inhuman and degrading treatment.

Further, one cannot but be troubled by the fact that the management and employees have assessed that a large number of beneficiaries needed psychiatric support twice a month at least. Ten children are under regular psychiatric treatment, see a psychiatrist once a week or once a month, and are prescribed medications, said the social worker. About five children, she added, see a psychiatrist from time to time, whereas “some refuse it.” Judging by official statistics finalized about a month before the team’s visit (on December 31, 2008) out of 27 beneficiaries living in the Home only four were categorized as children with slight mental disabilities by professional commissions,

whereas 23 had no developmental disorders at all. In addition, out of this total number of children, only two were disorders in social behavior. One cannot but wonder how come that so many children are under psychiatric treatment. The answers to the question the team obtained were most indicative – “That’s an event for some children, they simply like going to see a doctor for they feel someone is paying attention to them;” “A boy is coming in all the time – he looks for some sharp object to hurt himself, he threatens with suicide, takes things... For us, that’s torture.” Statements as such indicate gross failures in the treatment of children – for “solving” any problem the personnel sends a child to see a psychiatrist. This also raises the question of their professional competence. As the “cases” are exceptional in no way, one cannot but wonder with what kind of child disorder the personnel are competent to cope with. At the same time, such practice raises the question of psychiatrists’ competence and responsibility, the more so since they are dealing with children.

#### Recommendations

- Quality of the food served to children should be analyzed vis-à-vis the standards recommended for children of different age;
- General state of health of all children would be monitored regularly in cooperation with school dispensaries and other medical institutions;
- The Ministry of Labor and Social Policy should develop procedures ensuring detailed and comprehensive medical files that would include all information significant for children’s proper protection and treatment;
- The Ministry should have detailed insights into potentials of each and every institution catering for children and youth, and approve institutionalization solely on the grounds of every child’s specific needs and optimal conditions an institution is capable of providing it;
- Medical files of all children undergoing psychiatric treatment should be urgently inspected by professionals;
- The personnel should be capacitated for the treatment of children with disorders in social behavior.

### 5. Treatment provided to beneficiaries

Presently, the Home’s youngest beneficiary is 13. The ratio between boys and girls is 3:1. When compared with the aforementioned statistics dating back in late 2008, the situation has dramatically changed – the number of children with slight mental disabilities grew from 4 to 9. In late 2008 two children were diagnosed with disorders in social behavior. Now, the personnel claim that, except for boys and

girls undergoing the program of community-based living, all children are with behavioral disorders or mixed behavioral-emotional disorders. As it seems, employees are totally incapable of coping with a change in the structure of their beneficiaries and, therefore, label them arbitrarily, which is contrary to their professional duty. In addition, such attitude cannot but indicate inappropriate treatment of beneficiaries.

A child's treatment begins on admission and allocation to one of educational groups. The decision is made on the grounds of the documentation forwarded by a relevant social care center and an expert team's opinion. The period of adaptation takes from 3 to 6 months. According to the interviewed personnel, adjustment to communal living and lack of privacy were the most frequent problems children faced during the adaptation period. The children said they were mostly bothered by their peers' non-acceptance and frequent, exhausting talks with the personnel. "They wanted me to tell them thousand times thing I would rather not talk about. You would say at first they are really eager to help you, everyone is so kind and talks sweet. And then they distance themselves from you. You get involved and they tell you that's not professional," said a girl. Asked who helped her the most to adjust herself, she replied, "Now I know – no one." A boy said talking with another boy from his group helped him a lot at the beginning, and they became best friends in the meantime. According to educators, their work in the adaptation period includes preparation of a group for a new member and, if some problems arise, talks with the newly admitted child or its allocation to another group.

In the process of development treatment programs, most educators take into account every child's documentation. Only one of them said he made programs suited to specific children. "I just listen to them," he said. Like in other institutions, treatment activities aim to enhance learning, habituation, recreation and health protection. The documentation the team inspected did not provide sufficient insight into methods and forms of work with every child. However, interviews with both children and personnel indicated the biggest attention was paid to school and learning. The personnel underline children's disinterestedness in learning and inappropriate behavior are the biggest challenges for them. Some of them said that the children classified as slightly intellectually disabled and attending special schools manifested adequate social-emotional functioning. They take those children could easily follow classes in

regular schools. An educator said he didn't know what to tell a child asking him, "Why do I go to a special school?" The fact is that children are sent to institutions with documentation that is already rounded off – meaning that they are already categorized – and that institutions must take that documentation into account. However, one cannot but draw attention to many negative effects such practice has on children's rights (the right to have its best interest taken into account, the right to education aimed at capacitating it inasmuch as possible for independent life in the outside community, etc.). In three or four institutions only the team more serious and active approaches to beneficiaries' treatment, implying more forms of protection and reconsideration of the decisions made outside the institution. Unfortunately, such examples of good practice are rare and usually produce no effect on the entire system. To start with, at least the relevant ministry should pay due attention to those endeavors and support them. That would additionally encourage few dedicated individuals working with institutionalized children, like an educator who said, "A small administrative step would be less harmful to us than beneficial to children."

The personnel are not satisfied with the number and type of courses of in-service training they attended. This, in a way, also explains absence of or just few meaningful activities developed for children. These activities are mostly in the function of making children obey rules, that is adjustment of a child's behavior to house rules. The personnel's responses to the questions dealing with awards and punishment as possible methods of motivation, indicate that such application of such methods is limited by regulations and lack of funds. On the other hand, the situation as it is surely does not free the personnel from the responsibility for depriving children of many rights. The interviewed children said they knew nothing about any document on child's rights or who was the one they could turn to in the event of ill-treatment. A child asked shyly, "Is it about my right to life or something like that?" To some more concrete questions they gave the following answers: "No matter how many arguments I present, they are always right because they are older," "I usually speak up, but they don't like it," "They never come to

our rooms, sometimes I wonder whether they are present at all,” “They always go through the motions when some delegations, like you, come to visit us. They make everything up, put in flowers, bring in DVDs from their offices and order us to clean up our rooms,” “We are not equal. They have their informers. Even now I have a feeling someone is eavesdropping,” “I wanted to go to a secondary school but they said I could not,” “We had to wait for a month to be taken to a swimming pool,” “All educators are not the same. There is one who really cares,” “They wouldn’t let us have keys to our rooms. And things keep disappearing nevertheless,” etc.

Several beneficiaries said proudly they had attended workshops on health they had found most interesting. “To motivate us, they were bringing in candies and juice. But we liked it be there candies or not,” a girl said. Though the team could not have interviewed all the children, the answers provided by those interviewed leads to the conclusion that they hardly think highly about the Home. Everyday life in it does not secure privacy, safety, children’s participation in activities, all children are not treated equally, there are thefts and conflicts, etc.

As indicated in the paragraphs above educators work shifts. The management presently deliberates the possibility to engage yet another educator for

night shifts. The personnel take they know at all times what goes on among children. Such statements were in strike opposition to an incident that took place on the very eve of the team’s visit: a child attempted to commit suicide during the night but it was only the following day that the personnel learned about it. Actually, his peers informed no one, while the educator working night shift noticed nothing unusual. The said child had been informed that he would be moved to another institution because of his inadequate behavior. Though his educator insisted that the solution was inadequate and that the child opposed it, others did not support his view. “Unfortunately, this will be a sufficient argument against his removal,” he says. Though the event itself is alarming, the team would like to believe it’s more about an exception than a rule. The personnel and children alike said suicides and attempted suicides had never taken place before. But they did not deny frequent fights, verbal conflicts and escapes.

If such wrong evaluations are something usual, if opinions expressed by a child’s educator are not duly considered and if all that results in “incidents” as this one, it’s reason enough to raise a series of questions, primarily about responsibility and competence of the staff. Bearing in mind other aspects described above, the team takes that the Home badly needs assistance in overcoming its numerous problems.

### **Recommendations**

- The personnel need to be encouraged to develop relations of mutual respect and trust, and to foster dialogue and tolerance at all levels and in all activities by the principle of a child’s best interest and full participation;
- More heed needs to be paid to children’s individual needs, more flexible approaches and less insistence on hierarchy and formal discipline;
- Paper work should be reduced to allow for more time for quality work with children;
- The funds necessary for adequate living quarters for young people undergoing pre-release programs should be secured in cooperation with relevant authorities;
- Measures aimed at securing best interest of a child whose needs are not appropriately met through institutionalization should be taken in tandem with relevant social care centers;
- Beneficiaries need to obtain support in the realization of their rights. Information dealing with possible ill-treatment should be available to children at all times, and the children should be informed about the goals and purpose of the Convention on the Rights of Child;
- The relevant ministry and other ministries and governmental agencies, particularly the Ministry of Education, should cooperate more closely.

## 6. Contact with families and outside community

Children's contacts with their families are almost non-existent. The personnel either argue that parents have been deprived of parental rights or hold relevant social care centers responsible. "We are nothing but a center's service," they say. No wonder, therefore, that the Home cooperates with a relevant social care center only in the admission process and program development. Later on, just unavoidable contacts are kept (usually twice a year) and are usually realized by phone. They are again intensified when a child is about to leave the Home. Speaking about the subject, the personnel said there were centers they perfectly cooperated with and some they did not. Bearing in mind the significance of a proper and smooth cooperation between social care centers and such institutions there should be no place for voluntarism on either side.

The personnel take the Home's cooperation with schools problematic. The team has reason to believe that both sides are to blame for that. Unfortunately, neither schools nor the Home are aware of the fact. Cooperation with the relevant ministry and inter-staff relations are also deemed problematic.

Despite the fact that not a single child from a foster family was admitted in the past year (or, for that matter, sent to a foster home), the personnel seem to be most suspicious about the concept of guardianship. True, there are some well-grounded reasons for their doubts. On the other hand, however, some of their stands seem to stem from quite personal attitudes.

Speaking of children's contacts with the outside world, the personnel

quotes frequent visits to theater, movies, concerts, exhibitions, manifestations, etc. As usual for this type of institutions, various non-governmental organizations and companies visit the Home during holidays or come to bring donations. For their part, the interviewed children say cultural and recreational activities are rare and "reserved just for those who are obedient or notably talented." When they refer to socializing with the children in the outside community, one cannot but leave under impression that they are rejected, a fact they try to compensate with a dose of humor ("Look at us, I myself would never make friends with someone like myself.") Just few of them said they had a couple of friends outside the institution – however, they never go to their friend's homes to play. "We will be the guilty ones if something bad happens," they say. Children were rather reluctant to speak about this subject – and that only added to the team's impression about their isolation, stigmatization and, even worse than that, about their sense of guilt. However, despite all their reluctance, they manifested readiness to open up, sincerity and lucid thinking in their communication with the team. Not wishing to undermine the significance of the problems the personnel are coping with, the team takes that those problems should not be solved at children's expense. It is evident that contacts with the outside world are inadequate. The Home needs to organize by far more activities for the children that would encourage their social skills and lessen the effects of the traumas they have gone through.

### Recommendations

- More creative approaches to the cooperation between the Home and social care centers, as well as with other factors of influence on children's development, need to be developed;
- Efforts aimed at maximal care and protection of beneficiaries, notably in the context of their contacts with their families, should be exerted through implementation of both direct and indirect treatments;
- All children need to be encouraged to join various activities in the local community, and all children, without exception, should be treated equally;
- Children need to be encouraged to participate in development of the programs fostering communication with the outside community.

## 7. Guarantees for the rights and freedoms of beneficiaries

The management and employees are visibly anxious about the upcoming transformation of the institution. Some overtly manifest opposition to new forms of social protection without recognizing them as their duty and responsibility. They hardly display any flexibility when it comes to adjustment to new rules and working conditions. For many, everyday situations seem like a novelty – as if they have never ever coped with problems. “Shall we be dealing with children without parental care, who have or have not disorders in social behavior?” is among their crucial questions. Despite the personnel’s longstanding experience with children without parental care, the problems in the Home’s functioning seem to be neglected for long. Children without parental care are accommodated in institutions because their families are dysfunctional and because they are multiply vulnerable. Even under most favorable circumstances, their traumas stand in the way of their smooth socialization and often cause multiple disorders. Therefore, the personnel’s claim that now they have to deal with children with disorders for which they have not been properly trained, but used to cope with them successfully before, sounds rather unusual - to put it mildly.

*“We had a girl who was four when admitted to the Home together with her three sisters. When she was eight a foster family took her in. Then she went to another institution, and then to another foster family. Now she is 13 and is again in the Home. She was unable to adapt herself anywhere and her behavior was getting worse and worse...She longed for her mother all the time but never forgave her for having abandoned her...All we manage to accomplish during a week goes down the drain on weekends when she goes to see her mother and grandmother. She and some other children need more treatment in the Institute of Mental Health.”*

This and similar explanations reveal huge shortcomings in the system of children’s institutionalization. Separated siblings, children transferred from one institution to another, from one foster family to another testify of the system’s ineffi-

ciency and of gross failures with unforeseeable outcomes (and, unfortunately, usually irreparable).

The “Dusko Radovic” Home in Nis has not developed a sufficient system of protection of beneficiaries and their rights. The Home’s secretary – in her capacity of a team member and the only jurist on the staff – checks a child’s documentation forwarded by a social care center. Usually a child’s educator goes to the police or a court of law in the event of any incidental situation (thefts, fights, etc.) involving the child. According to the jurist, petty thefts, up to 16,000 RSD worth of stolen commodity, committed in the Home are not reported to the police. More serious thefts have to be reported though the Home never applies against a child. On several occasions she has represented a child in a court of law to protect its interests (e.g. the cases dealing with real estate and movables) despite the fact that relevant social care centers are primarily in charge of initiating proceedings.

Two cases of sexual harassment of girl-beneficiaries by educators have been brought before courts of law. The first took place in 1986 and the jurist reported it to the public prosecutor though the child molester had quit his job in the meantime. The second case happened in 2002 and was also brought before a court of law. Though the personnel would rather not speak about those cases it is obvious that some of them have been exposed to considerable pressure both from outside and within the institution. It should be noted that in both cases the Home took proper steps despite all the pressure. The feeling of embarrassment among the personnel indicates not only their inadequate professional competence when it comes to such cases but also the absence of unambiguous support from the Ministry and local community. The problem as such must be an absolute priority, meaning that the state is duty bound to prevent any attempt to have it swept under the carpet and hidden from the public eye. Therefore, the state should ensure that social care institutions function transparently – transparency is a major mechanism of ensuring quality work with and protection of beneficiaries, as well as independent monitoring.

Though other forms of social protection institutions have been gradually introducing were not in the focus of the team's interest, the team took the occasion to tour a safe house for abused women and children, and interview its beneficiaries. The safe house can accommodate 13 persons on average, but the team found 19 on its premises (5 women and 14 small children). Though freshly renovated and furnished, their living quarters were too small for so many people. The team cannot but draw attention to the intolerable treatment of accommodated women. The town authorities and the institution seem to be unaware of the purpose of this form of protection – and all sides are, therefore, dissatisfied with all its aspects. The management of the Home bears a grudge against co-financing accommodation of those beneficiaries (the town authorities are paying for 7 persons) and insists that such services “do not pay.” For their part, the town authorities seem to consider the problem of family violence and protection of its victims as something that has been imposed on them as “trendy.” Mothers and their children can stay at the house for short periods and nothing is done to ensure their safety once they leave. The interviewed women are traumatized and under stress – they have been ill-treated both by social care centers and the institution. The personnel see them as “bad wives and

mothers” who have probably well deserved their fate. The fact that husbands managed to get into the safe house without being stopped by anyone only fuels their fears and distrust. One woman said that her ex-husband – a local political activist – had won over the people working for the social care center with small gifts such as bunches of flowers, candy boxes and the like. Ever since social workers have been treating her with disrespect despite all the injuries her ex-husband had inflicted her and which had been documented in court proceedings. All the professional assistance and support they are getting comes from a psychologist the Home transferred to the safe house to look after them. They have no money to pay lawyers, they cannot find jobs or apartments to live in, their children are not going to kindergartens, and they are not getting psychological support to overcome their traumatic experience.

The services provided by an open social protection system cannot be left just to institutions that provide accommodation. Apart from guardianship, this is yet another segment in the transformation of the social care system that manifests serious signs of unsustainability and reveals too many shortcomings. This fact, however, does not free institutions from responsibility for providing maximal protection to those extremely vulnerable categories of population.

### Recommendations

- The personnel's professional capacities should be upgraded through courses of training in international documents and standards they are obliged to follow;
- A special protocol on protection of children from ill-treatment and neglect should be developed and applied, and existing documents adjusted to its provisions;
- Beneficiaries should be kept informed about their rights, as well as about the Convention on the Rights of Child, the Special Protocol and other major instruments guaranteeing their rights;
- Children should be included in development and implementation of all activities through a children's parliament or some other form of assemblage;
- The personnel should be always aware of the facts and circumstances influencing beneficiaries' lives; in this context, best interest of each child should be seen as a major goal to be attained together with social care centers and with the support from all relevant institutions;
- Newly introduced services within the open social protection system, as well as beneficiaries of those services, necessitate highly professional approaches; the personnel should undergo courses of in-service training that would render them fit for treating these beneficiaries.

# HOME FO CHILDREN AND YOUTH SOS CHILDREN'S VILLAGE "DR. MILORAD PAVLOVIC" - SREMSKA KAMENICA

## 1. Introductory remarks

The Children's Village is the only institution in Serbia built in keeping with the concept developed by SOS Kinderdoft International, a major international institution established in 1949 in Austria where the first village of the kind was constructed. For ten years (1975-1985) the Sremska Kamenica Children's Village has functioned by SOS Kinderdoft principles, which, among other things, implied a family environment simulated through communal living of personnel and children in several separate houses. The concept was abandoned after two "mommies" won in the proceedings whereby they had requested 8-hour working time. Since 1986 the Children's Village has been operating as a social care institution.

The institution can cater for 120 beneficiaries and is primarily meant to

accommodate children and youth without parental care, ages 7-18, and up to the age of 26. At the time of the team's visit the institution housed 115 beneficiaries.

Another specificity of the Children's village that differentiates it from other institutions of the type is that it owns several real estates in the function of social care. Presently, eight houses accommodate 27 beneficiaries undergoing pre-release programs.

The Children's Village is located at the banks of the Danube River and spreads on some 3.5 hectares of nicely kept national park. Though the original concept was abandoned long ago, the institution has developed a unique approach to catering for its beneficiaries, in many segments corresponding to the primary idea.

## 2. Living conditions

The Children's Village has 15 houses, 12 of which accommodate children and the young (each of the houses is planned for 10 occupants). The houses – of 182 square meters each – are fully comfortable and equipped modernly. Each has four bedrooms, a large living room and kitchen, two toilets and a bathroom with two showers. Everything is clean and well-kept, recently renovated and properly furnished. Living rooms have sofas and armchairs, bookshelves, TVs, DVDs, etc. Kitchens have all the necessary utilities. Apart from beds, bedrooms are furnished with desks and wardrobes, and have large windows allowing sufficient entrance of daily light. Each house has a washing machine, storage and a boiler room of its own. The Children's Village concept implies functionally furnished homes in which children can feel at home. Therefore, all the facilities, furniture and other equipment are kept in almost perfect state,

which implies planned and regular investment on annual basis. Living conditions in all the houses, therefore, are the same and are of high quality. Situation is about the same in personnel's offices – everyone, from the manager to the janitor, has a small but fully equipped and functional office.

Meals are prepared in a central kitchen and distributed to houses by personnel and children. A modern dining room for guests is adjacent to the kitchen. The main building houses offices and a large, multidisciplinary hall with music instruments and other utilities for recreational activities, in addition to a pottery workshop in the basement. The facility called guesthouse also serves as storage wherefrom toiletries, some foodstuff, learning aids, etc. are distributed to houses. Apart from an institution-owned condo, the facility also consists of three nicely furnished apartments for the Village's guest and friends. The entire complex is surrounded by greenery and flowers

tended by children and the personnel with the assistance of the town's horticultural department. There is also a sports terrain with tiered seating that is also at the disposal to the children from the neighborhood. A nice amphitheater has been constructed near the stadium to host various performances for the children. The entire complex is heated by gas and has a generator that can satisfy its needs in the event of blackouts.

The Village owns 6 apartments and a house with two apartments, all of which are in downtown Novi Sad. The apartments have been completely reno-

vated and equipped, and have central heating. Tenants of those apartments are provided with PCs and Internet access.

In addition to beautiful scenery surrounding the complex, one cannot but be impressed by high quality maintenance – something that has nothing to do either with scenery, nice view or size. Obviously, it was impossible to have everything “made up” in a couple of days just because of the team's visit. All in all, the Children's Village is quite different from all other institutions of the kind. And what makes it that specific are people. No other explanation would be rational or justified.

#### **Recommendations**

- Small lamps need to be placed by beds or desks so that children could read in evening or at night without disturbing the others;
- High quality living conditions should be maintained and developed in accordance with the needs of the beneficiaries.

### **3. Institutional personnel**

The Village has a staff of 55 – professionals total 21 persons (15 educators, 2 experts, 3 heads of departments and a manager). All the professionals are qualified for their jobs: educators have mostly finished teacher colleges, whereas the team of experts is made of one social worker and one psychologist. The staff is well-balanced in terms of gender, as well as in terms of working experience (12 employees have over 10-year careers, 6 are with careers of 5-10 years and 3 under 5 years). Nurses (20) make up a considerable percentage of the personnel – actually, they are educators' right-hand women. Almost all of them have finished secondary schools with appropriate courses. Some 14 volunteers have been working for the Village for years. Educators work shifts, including two night shifts per month. The same refers to nurses. A night watch works as a security guard. According to the interviewed personnel, more people should work night shifts. Interestingly, the expert team and nurses exchange views within several bodies (expert collegium, expert team, pedagogical council and nurses' committee). A purposeful and well-planned communication between these bodies enables optimal functioning

and planning meaningful activities for children.

Records are kept properly and in detail. The experts are fully informed about each and every child, particularly about his/her traumatic experience before admission. Particular attention is paid to such experience not only during a child's stay in the institution but also once he/she starts living in the outside community. According to the experts, too much paper work they have to do (annual reports, individualized dailies, monthly schedule, medical files, statistics of all kinds, etc.) weights upon them and prevents them from engaging in more quality work with children. Some said they often worked overtime, others said just occasionally. Some members of the personnel are regularly paid for overtime, some just from time to time. Interestingly, all educators – those taking their work was appreciated and those thinking the opposite – are satisfied with their jobs and would not look for some other. This indicates that they are all committed professionals, an indication additionally justified by their stands about in-service courses of training. Namely, though they have so far attended a number of courses and are capacitated in skills they maximally apply to their everyday work (growing up

skills, communication skills, Maria Montessori program, good-will workshop, children with hyperkinetic syndrome, stress, mobbing and burnout, team work, etc.) most of them pinpointed the need for continued professional education in keeping with modern trends and methods in the domain of social care, as well as with the changing structure of beneficiaries (work with children with developmental disabilities and problems in social behavior). The plan for 2009 envisages courses of training for all employees, notably for the work with abused children and youth, children with disorders in social behavior, with combined mental disabilities, as well as with the youth undergoing adolescent crises, all of which corresponds to actual needs, said the manager. In addition, she said, the institution plans to organize courses of training in the domain of emotional disorders with manifested psychiatric symptoms, as well as in coping with drug addiction (prevention and recognition). She points out that the reform of the social care system has contributed to more programs of community-based support, which is why the institution set up a department for alternative programs. According to her, the department will be developing employment programs, monitoring and prequalification programs, community-based living (such as the "The Halfway House" program for some 90 young peo-

ple in 12 years), establishment of a capacity-building center to promote healthy lifestyles and family values, etc.

By far more attention is being paid to pre-release programs than in other institutions. The personnel seem to be fully aware of the crucial role of that stage in the process of integration of children and youth without parental care, and their capacitating for independent life. No doubt that the institution as a whole if fully capacitated for the services rendered and manages to ensure finances that make its approaches possible.

The team was notably impressed by a positive climate and harmonious inter- and intra-personnel relations, as well as relations between the staff and children. It is to be assumed that such a climate was attained not only through good living conditions but also through permanent encouragement of the spirit of mutual respect and trust, promotion of dialogue at all levels and within all the activities, and respect for the principle of the best interest of children and their participation. In this context, this is probably the only institution the personnel of which did not so much elaborate negative aspects of fostering and the need for further institutionalized protection. On the contrary, most interviewed members of the personnel feel themselves capacitated enough to adjust to overall situation, to rationally analyze problems and find constructive solutions to them.

#### Recommendations

- The practice of continued professional education of the personnel should be pursued;
- Employees should be given better salaries and other benefits, which would improve their living and working conditions;
- The climate of mutual respect, dialogue and tolerance at all levels should be maintained and cherished as an exceptional attainment;
- The personnel should be tasked with less paper work so as to be able to spend more time with children;
- Contacts with similar institutions and exchange of views and models of good practice should be encouraged.

#### 4. Medical care

The same as in other institutions, medical care of the beneficiaries is provided by regular medical centers, dependent on children's age. Medical files of pre-school children are kept within their groups, whereas school children have their

medical records kept in their respective dispensaries. Students are provided healthcare in Novi Sad, like their peers in the outside community.

Usually nurses and educators take children to be examined in the nearest medi-

cal center. Such a center is quite close to the Village and the personnel of the two institutions have developed smooth cooperation. The center provides services to children round the clock. All situations calling for first aid have been successfully solved so far – the institution has an ambulance of its own or uses the town's Ambulance Service.

Pre-school children are medically examined at regular intervals (nurses in charge of individual children take care of that), whereas school children are regularly examined in school dispensaries.

Nurses and educators administer therapies to children and keep detailed records about medication that are kept by houses.

Nurses and educators also take care that children with chronic diseases see specialists at regular intervals. At the time of the team's visit, one girl had some liver problems (she was tested on hepatitis B or C). No child is HIV positive. One girl whose parents are HIV positive underwent a series of tests and turned uninfected. None of the children is with diabetes, while one child suffers from epilepsy and is under medicament treatment. Some time ago, five children were under some anti-epileptic treatment. After additional specialist examinations and tests, it turned out that four of them needed such treatment any longer. Children with bed-wetting are treated with medicaments and wake-up methods, which usually produces positive results. The medical records and interviews with personnel clearly indicate that due attention is paid to each and every child's health.

Twice a month, a volunteer child neuro-psychiatrist visits the institution. Her presence at the premises is deemed most beneficial both for children and educators and nurses. Her advices on treatment of some children with social or emotional disorders, adolescent crises, but also of those with symptoms of some psychiatric problem (which are really rare) are most appreciated. A child seeing the doctor is always accompanied with a nurse and an educator, who are being informed about the child's state of health, possible therapies, administration, but also about the best way the life in the house should be

organized for the child's benefit. It should be noted that medicaments are rarely prescribed and, if so, administered for as short periods of time as possible.

The institution engages two psychologists, one of which has been working for four years under a project of psychotherapy financed by Italian families. Psychotherapy is administered in the presence of the neuro-psychiatrist and the expert team. Group psychotherapy used to be organized in children's houses but is now organized for heterogeneous groups. Namely, findings of the research conducted by the institutions showed that resocialization was rather dependent on personal relations and that a proper balance between group and individual approaches was best for children. Aggressiveness and fits of hysteria are the most frequent problems to cope with, while apathies are only occasional. As for disorders of social behavior, professionals had to cope with cases of anti-social delicts (thefts, lies, prostitution, drugs, etc.).

The procedure for treatment of excessively agitated or aggressive children implies obligatory presence of two adults – one to restrain such child and the other to tranquilize the others – group meetings and consultations with the doctor. The personnel have not been specifically trained in coping with such situations. However, the doctor – neuro-psychiatrist is always there for them to consult, as well as a guide titled "Restrictive Methods and Measures for Restraint" the institution developed last year. Instructions from the guide are applied only exceptionally, i.e. "when all other educational measures and treatments failed to produce result."

Some ten year ago, two children attempted to commit suicide – one with overdose of tablets (because of separation from its mother to whom it was given back later on) and another by slashing its wrists. Recently, there has been only one case of attempted suicide (overdose) during the adaptation period. The girl in question is now stable but under constant supervision. Two children died natural deaths in the past – at the very beginning of the institution's functioning one boy died of heart failure and, in 1984, one girl of a chronic disease. Interestingly, in the institution – with best living conditions the team has ever seen – the per-

sonnel was by far more outspoken about attempted suicides than in the rest. The phenomenon may be ascribed to different levels of self-confidence in professional competence.

Speaking of abuse of psychoactive substances, presently one child is under supervision for having combined alcohol and drugs. The child is presently in the state of abstinence. If a nurse or an educator suspect a child might be using prohibited substances, they test it on drugs next morning without any prior notice, inform a social care center about it and initiate consultative meetings. Such meetings include an employee the child sees as an authority, the psychotherapist and the neuro-psychiatrist – they develop a work plan with step-by-step goals the attainment of which implies awards.

Gynecological protection is provided in cooperation with a private practitioner. Girls went to see a gynecologist when necessary and in consultation with educators and nurses. Contraceptives are not distributed in some organized way but can be obtained either from an educator or from a child's pocket money. The institu-

tion has organized lectures on sexual behaviors. More importantly, children always readily turn to their educators, nurses and the psychologist for information or advice.

Dental services are smoothly provided by a local medical center. Services of dental prosthetics have to be paid for and the expenditure is covered by local social care centers. A girl once covered a part of the expenses for her dental ceramics – and stopped seeing her psychiatrist since, said the personnel.

The interviewed beneficiaries said they liked their meals and were satisfied with food quality. Distribution of snacks has been ended at children's request – each house has enough food in fridge for children to take at will. Supervised by nurses, children learn how to cook and make cookies within their houses – a part of the pre-release program. Children participate in composition of their daily menus. General hygiene is controlled in the kitchen but in houses as well. Controls are conducted by the Bureau of Hygiene from Novi Sad. No major problems in this domain have been registered so far.

#### Recommendations

- The level of healthcare and protection of beneficiaries should be maintained;
- The personnel need to undergo courses of training in recognizing signs of illnesses and drug dependence;
- Appropriate approaches to children's education about the significance of disease preventive and protective measures (informal talks, films, workshops, performances, competitions, etc.) need to be developed.

### 5. Treatment provided to beneficiaries

Out of total number of beneficiaries (115 plus 27) most are of 8-15 years of age (about 60), 42 are older than 18 and the rest are between 16 and 18. The youngest among them are two boys and two girls, ages 4-7. Presently, there are more girls in the Village than boys. Most of them have been there for over 3 years, including those accommodated for over 10 years (39). Children are usually admitted on the grounds of inadequate parental care (70) and parents unable to carry out their parental duties (32) and in by far less cases because their parents have been – partially or completely - deprived of parental right

(13). Out of total number of children with special needs (29), 25 are with slight mental disabilities, one with impaired vision, one with physical disability and two with chronic deceases. Presently, 24 children attend special schools (elementary and secondary), whereas the others are incorporated into regular educational system. As many as 22 beneficiaries are university students, 6 are employed and 6 qualified are now looking for jobs. Only one child has abandoned schooling.

Beneficiaries' treatment starts on admission and categorization into educational groups. Decisions are made by the

Pedagogic Council on the grounds of the expert team's suggestion. A group to which a child will be allocated is usually decided by the criteria of its structure: number of girls and boys, stability, etc. A child's interests are also taken into account, though "a vacancy" in a group is sometimes decisive. The period of adaptation takes from 3 to 6 months. In that period, children are challenged with various problems – from acceptance of the house rules and communal living to anxieties caused by separation, emotional disorders and conflicts with other children. "It was hard for me in the beginning, I knew no one," "They all teased me as a spoiled darling and kept provoking me," said some of the interviewed children. Almost all of them said educators and "aunties" (nurses) were the people helping them the most at the beginning. According to the educators, their assistance during adaptation period includes talking to a child and encouraging it, preparing an educational group to accept it, as well as a helping hand from other experts. "Personal relations between employees and beneficiaries make the sum and substance of our work. Everything depends on personal relationship. A child can well develop within its educational groups. Individual approach makes sense only if a child is properly incorporated into its group."

Overall treatment mostly focuses learning and school. Thanks to volunteers, the institution realizes the program of assistance in learning for all courses. In 2008, volunteers held 1,338 classes for beneficiaries to help them master their curricula. A math professor is engaged throughout a year (had over 250 classes in 2008). Learning problems particularly relate to young people about to finish secondary schools, said the personnel. They take those young people are thus trying to prolong their stay in the Village. University students also receive due attention – one of longstanding employees takes care of their progress and provides the expert team all the information necessary for possible additional support. And yet, the personnel point out that more competence in outer and inner motivation of children would greatly improve their work.

Apart of school-related problems, the employees speak of the cases of disrespect for authority of adults, adaptation difficulties, peer conflicts, socializing with children with disorders in social behavior, etc. Speaking of mutual relations, the interviewed children said they were mostly bothered by insults, fights and occasional thefts. Group meetings discussing inter-group relations, attitude towards authorities in the Village and school, child's rights and responsibilities, the Special Protocol against Ill-Treatment and Neglect, etc. are being organized, said the personnel. The interviewed children confirmed that they were well-informed about their rights and duties. "They are reading us our rights all the time, and telling us we must learn. And we have our rights, too. We have the right to say what we like or don't like. And we have rules – if someone asks you for something, you should give it to him, we should not swear, we should keep our houses clean and tidy, and so on," said a child.

In addition to direct assistance in learning, other forms are also not being neglected. Beneficiaries' creativity is encouraged through a pottery workshop, a literary circle, ballet troupe, recreational activities, etc.

All the programs for children have multidisciplinary approaches and are realized either individually or in a group. The need for special, individual work is manifested with all the children because they all face some problem: intellectual inefficiency, adolescent crisis, disorders in social behavior, emotional troubles, etc. A number of children are with multiple disorders. Depending on the nature of their disorders, they undergo individual-pedagogic, diagnostic, counseling, therapeutic or creative treatment. Group work is realized at several levels – educational groups led by educators, nurses, the expert team and a department manager; discussion groups moderated by the psychologist; recreational activities and workshops involving educators, the expert team and the psychotherapist. Nurses have entrusted children with many tasks stemming from the integrative program. Each house functions as a family whole. All activities – ranging from maintenance and cleaning, cooking, free time and learning to contacts with families and friends – take

place within a house and a group. The programs aimed at motivating children and encouraging them to partake in a variety of projects and project activities such as “the skill of harmonious living,” “integration of educational groups,” “fund for the future,” “distant godparents,” “weekends with families,” etc., are most significant. Children themselves are most interested in sports though they actively partake in other activities as well. Cooking and baking seem to be attractive to the great majority of them.

Children are always awarded for their successes and good behavior at school, in institution and in the outside community. All forms of acceptable behavior, as assessed by groups, are also awarded. The awards are mostly given in the form of doubled pocket money, new pieces of clothing, music instruments, etc. Then, there are the so-called social awards such as public praise, hugs, smiles, etc.,

and, finally, “activity” awards that include excursions, tickets for movies, theater, football games, etc. The institution obviously pays a lot of attention to awarding children and adjusting awards to each child. When it comes to punishment, some said there were none, while others quoted reprimands in the event of breaches of house rules, and a “pre-dismissal notice” in the cases of repeated unacceptable behavior. For punishment, children are also deprived of their pocket money or grounded. The same as awards, punishment can be effective only if applied adequately. The Village’s professionals seem to keep this in mind in using their methods for modifying children’s behavior. “I’ve been punished only once when I went to the playground without asking for permission. I was grounded for one day. Had it been longer, I would have run away. However, I’ve been always asking for permission since,” said a little boy.

#### Recommendations

- In coordination with a relevant social care center, more attention needs to be paid to a child’s preparation for separation from its family and admission to the institution;
- The good practice of educational-corrective work with the children, variety of activities, team approach and children’s participation in all segments of life should be pursued.

### 6. Contacts with families and outside community

According to the personnel, children’s contacts with their families depend on each family’s situation and are decided on by relevant social care centers. The records show that one-fourth of total children rarely see their parents. Only 24 of them are in regular contact with their families and spend weekends and holidays with them. Ten children receive family visits in the Village only, while the rest are in contact with families by phones only. The personnel insisted that a child’s contact with its family might disturb it – particularly when the child was abused or neglected, if its parents are drug addicts or would not cooperate with the institution. The personnel see themselves capacitated enough to properly evaluate whether or not a child wants to be in contact with its family and to support it in whatever decision it makes. They generally accept that natural or foster families are best for chil-

dren and, therefore, seriously prepare children for all forms of new circumstances that may arise. For this purpose, they promote the so-called weekend-foster parenting, which might grow into permanent guardianship. And yet, they admit they could play more significant roles in children’s contacts with their families.

The same as in other institutions, cooperation with social care centers differs from case to case. For instance, when both their parents died three girls were firstly admitted to the Village. Then a relevant social care center decided to separate them so that one remained in the Village while the other two were sent to two different foster families. Since one of the two kept running away from her new foster home, the management of the Village insisted on her return and housed her together with her sister. As for the third sister, they are all in permanent touch with her. As already mentioned, in

many cases family members are being separated and accommodated in different institutions or under different forms of guardianship. Unfortunately, neither institutions nor social care centers for anything to bring them together or, at least, help them be in touch. In this context, the aforementioned example is an exception to the rule and proves that social care centers' formal competences need not always stand in the way of a child's best interests. Generally speaking, the Village's cooperation with relevant social care centers is considered not that good when compared with other segments of the system. Cooperation with schools and the Ministry could be even better, said the personnel.

The overall attitude of the outside community is good, said children and the personnel alike. It should be noted that young people living in downtown apartments behave responsibly vis-à-vis maintenance of hygiene, mutual relations and other tenants. The process of their independent living implies coping with everyday situations but also keeping neighborly relations. The young people the team visited in one of these apartments say people are being nice to them and treat them as their equals though they know that they are coming from the Children's Village. Obviously, the program of independent living has been developed with much care and in detail. The personnel provide logistic support to "impudent children" but take care not to be too lenient to them.

Contacts with the outside world are realized through visits to the Village and various activities for children in the outside community. Visits to theater, movies, concerts, exhibitions, sports competitions, etc. are often organized. The personnel take care that all the children go somewhere for their summer and winter holidays. Recently, they have been vacationing in Italy, Greece, in Ada, Begečka Jama, Petrovaradinska Jama, etc. Ten children spent the last winter vacation in Ivanjica. The personnel take that the cooperation established with other institutions ca-

tering for children without parental care is most welcome and significant for their work.

In addition, the institution cooperates with humanitarian organizations, civil society organizations and NGOs, companies and individuals, many donors and children's "godparents" from home and abroad. It has established very good relations with certain companies (Delta Holding and OMV), embassies and consulates. The project "Fund for the Future" realized with the assistance of Delta Holding Co. and meant to assist young people about to complete their secondary school education produced very good results. Apart from scholarships, the project includes continued care and assistance professional and personal development. In the past period, 40 young people have obtained scholarships from the Fund and another 17 are now getting them. Eight young people under scholarships have continued their education at Novi Sad high schools and faculties up to now. Delta Holding Co. also assists in employment of young people who underwent the program and those who used to be the Village's beneficiaries. This is yet another good example of constructive support to children without parental care.

The concept of "distant godparents" – deriving from the original idea – implies a specific relationship between a child and a family or an individual (mostly from abroad): not only are "godparents" regularly paying a sum to the child's saving account but are in constant communication with it via letters, emails, visits, weekends spent together, vacations, etc. Presently, 62 beneficiaries have their "distant godparents" and the institution is trying hard to secure some other forms of support (regular stipends, scholarships from the Delta Holding Fund, etc.) for the rest. It is most important that all children feel they are equally treated but also that each of them has someone to support and give him/her a chance for further schooling. The more so is such an approach stimulative since it is being combined with other activities.

**Recommendations**

- Clear standards and criteria vis-à-vis the parents the contact with whom is assumed unwelcome for a child should be developed through coordination with relevant institutions so as to avoid arbitrariness;
- The good practice of cooperation with non-governmental sector, domestic and foreign foundations, “godparents,” etc., should be pursued;
- The projects supporting young people in developing skills for independent living should be further encouraged;
- Continued efforts need to be exerted to overcome some system weaknesses, particularly in communication with some social care centers.

**7. Guarantees for the rights and freedoms of beneficiaries**

What marks the institutions and sets it apart from the rest is a “symbiosis” between all employees and beneficiaries, in all the aspects of care and protection. In other institutions the team has also met individuals obviously fully committed to their work with children and trying their best – in by far more modest circumstances than those in the Village – to encourage their development. However, the Village’s concept of family community wherein the role of “authority” and “protection” is well-balanced secures best guarantees for children’s growing into independent, socially conscious and capable persons. While touring the offices, for example, the team met small children who came in to show their drawings, two girls who came to fetch a book for their friend in the downtown apartment, some girls who came just for some small talk, etc. All those situations seemed spontaneous and a part of everyday practice. The jurist is fully informed about situation and status of each and every beneficiary. She secures IDs for them, writes appeals when necessary, helps them to find jobs or apartments to live in upon release, etc. All the employees are available to children at all times and ready to help them. It is not unusual, therefore, that they all participate in the activities for beneficiaries and those who have become independent and left the Village long ago. Such an approach by far exceeds usual practices in other institutions.

In accordance with such overall approach, protection of children’s rights is more than satisfactory. Apart from obligatory documents dealing with statuses, labor relations, finances, security, etc., the

institution has adopted a number of rules and guides regulating in detail all the aspects of its work with children. All the beneficiaries are kept informed about those rules channeling their behavior and providing stability to this small community. Inspection of some documents dealing with children’s rights (rules for reporting ill-treatment, professional code, community rules, etc.) testified of huge differences between this and other institutions. Not only are there more such documents with clear-cut provisions but also their purpose by far better serves of children and their harmonious development. All the documents are mutually compatible and obviously derive from a well-thought-out concept that proved its efficiency in everyday practice. Moreover, they are not written in a legal language but in the one brimming with emotion and understandable to children. That is most evident is the Rules on Awards and Disciplinary Measures, as well as in the unique document titled “Restrictive treatment and measures of restriction in the institution Children’s Village.”

It should be underlined that the institution has developed a number of models for securing funds for children’s schooling and professional education, along with mechanisms guaranteeing proper use of those funds and protecting beneficiaries’ interests. Children from the institution enjoy its protection even once they leave it and start their lives in other communities. The funds secured for children are paid to saving accounts of relevant social care centers, which, in tandem with the institution, take care of spending as long as necessary. Personal communication is being maintained with all the beneficiaries who continue their lives in Novi Sad. Moreover, the institution

and those beneficiaries sign agreements regulating mutual rights and duties. All those mechanisms secure, indeed, the

highest possible protection of beneficiaries' rights and interests.

**Recommendations**

- The system of beneficiaries' protection, including prompt reaction to any new phenomenon and circumstance, should be maintained and further developed;
- Cooperation with social care centers should be encouraged so that the latter also undergo transformation and adopt approaches that proved to be functional and sustainable;
- Due attention needs to be paid to promotion of the institution and its attainments in the domain of social care; the Ministry of Labor and Social Policy should make the best use of the concept of the Children's Village to develop a new approach to institutionalization of children and young people, and of other categories of social care beneficiaries as well.

# JUVENILE CORRECTIVE-EDUCATIONAL INSTITUTION – NIS

## 1. Introductory remarks

Founded in 1961, the Juvenile Corrective-Educational Institution in Nis has long experience in the work with young people with social behavior disorders. Enactment of the Law on Juvenile Offenders and establishment of a new network of social care institutions for juvenile delinquents considerably influenced functioning of the institution. Its accommodation capacity has been reduced from 72 to 36 beneficiaries, which corresponds to the governmental policy for development of alternative sanctions against juvenile delinquents and decrease institutionalization of children and youth. Ever since the Law was enacted, the institution has been admitting young persons sent to it by social care centers on the grounds of punishments ruled to them.

At the time of the team's visit the institution catered for 27 beneficiaries, ages 15-21 (underage juveniles and young adults). Out of the total number of beneficiaries, 24 were sentenced to corrections by courts of law, and only 3 were under "social-corrective measures" taken by their relevant social care centers. Unlike other institutions of the type, this one caters for male juveniles only.

The institution is presently developing two new services – a shelter and a day-care for the young under "corrective measure of intensified supervision."

At the time it was constructed the institution was probably outside the urban part of the town. As Nis grew in the meantime, its facilities are now practically located in the very center of the town.

## 2. Living conditions

Though categorized as an open corrective institution, the Nis institution resembles prisons in many aspects. Some windows still have bars and some doors are still made of metal, whereas some employees behave almost like prison guards. There are no women educators and the facilities housing beneficiaries associate prison pavilions.

The total of 27 boys is divided into 4 educational groups (5-8 per a group). Each group is accommodated in a separate housing unit. All the facilities are in bad shape and have obviously not been reconstructed for decades. With more investment, the entire complex might get transformed into a functional and modern corrective-educational institution. Some funds for reconstruction that have been secured lately sufficed just for partial renovation of rooms.

The rooms with three or four beds each meet just minimal standards of hygiene. Namely, despite being spacious enough and freshly painted, they have old

and dilapidated floors, and windows and doors that are almost falling apart. Therefore, temperature in the rooms is inadequate despite heating. The very construction of the facilities does not allow sufficient entrance of natural light. Artificial lighting is either poor or inoperative. Though the management tried to breathe life into premises with curtains, carpets and hangings the beneficiaries have picked up themselves (posters, photos, drawings, etc.) the whole ambience looks bleak and neglected. All youngsters in an educational groups share a bathroom with showers and toilets that have been renovated unlike plumbing and sewers, which are in very bad state indeed. Some investment was also made in living rooms and kitchenettes (some TV sets and some shelves were placed, and old furniture refurbished) – unfortunately, that was not enough to turn the ambience into a stimulating environment.

A gym is located in a separate facility. Recently it has been furnished with a new floor of parquetry and new exercise equipment, including table tennis. Recrea-

tional activities are most important for beneficiaries as they can help abate their aggressiveness and impulsive reactions – therefore, the attention the management has paid to this aspect is most commendable. On the other hand, the interviewed employees said they could not afford to organize other recreational, cultural or entertainment activities for beneficiaries or ensure support from local community or relevant institutions. According to the director, he has been trying to secure funds for a library from various addresses but in vain. The institution has no PCs, video recorders, workshops for creative activities, etc. The school beneficiaries attend probably best illustrates the society's atti-

tude towards juvenile offenders – it looks as if no one ever enters its premises. The administration building, laundry, kitchen and dining room give the same impression. Speaking of living conditions, beneficiaries and employees are almost equal. A large yard is unkempt and thus cannot serve any function, let alone the one it should have. Generally speaking, living conditions and all the premises associate penal rather than educational-preventive approaches that should be predominant.

Living conditions in the premises set aside for the shelter and daycare center are by far better. Those premises have been completely renovated, newly furnished and equipped with PCs.

#### Recommendations

- Funds for total renovation of the entire institutions need to be secured; roofs, pipes, façade, installations and central heating system need to be reconstructed, and equipment in the kitchen, laundry, etc., replaced;
- The exterior of the institution needs to be trimmed so as to meet the needs of recreational and therapeutic activities;
- The entire atmosphere needs to be made “softer” and less formal inasmuch as possible so as to associate conditions prevalent in the outside community.

### 3. Institutional personnel

Seven educators (4 special pedagogues, 1 psychologist, 1 sociologist and 1 coach) are engaged for treating beneficiaries. They all have long careers and only one among them is a woman. Given the number of beneficiaries, educators work shifts and can be present on premises round the clock. According to educators, reduction in the number of beneficiaries has made group treatment easier to provide, though they jobs are “nowadays” more demanding because the beneficiaries have been admitted already as structured criminals with long records of grave crimes. In the past, they had to deal with more children but with fewer problems in social behavior. Despite the fact that the change in the structure of beneficiaries stems from a number of factors, educators see courts' sluggishness as key problem – in other words, they take that prolonged proceedings diminish the prospects for efficient and timely treatment. The problem is the more so complex since the number of children with combined behav-

ioral disorders, classified as slightly mentally disabled, with psychiatric problems, with addition to psychoactive substances, etc. has been growing. The personnel used such and similar argumentation to justify their highly demanding and complicated work despite the fact that were dealing with fewer children than before. They seemed not to be exactly interested in attending additional courses of in-service training, saying they have already attended a number of them (such as “A Classroom of Good Will,” “Guardians of Smile,” “Peer Mediation,” non-violent communication, etc.). Asked about the extent to which they were applying their skills in everyday work with juveniles, some said those skills were of great help to them and assisted them in considerable fresh advances, whereas others take that such courses of in-service trainings were impossible to apply in the treatment of present beneficiaries. One cannot but leave under the impression that the personnel are not willing enough to change their long-standing practice and adjust new skills and

knowledge to actual circumstances and needs. It seems, however, that their adverse experience – the one of cooperation with other major links in the chain – rather influences their disinterestedness. Without adequate engagement and dedication on the part of other responsible players of the system, no actual progress is viable, they say. The more so they see less prospects of resocialization for the present structure of juvenile delinquents, which is by far more demanding than the earlier one. Their positions can be easily qualified as pessimistic and they themselves labeled unmotivated and unenthusiastic. However, the fact is that in this, like in other institutions, the personnel have many arguments to support their stands. The society's long-standing neglect and marginalization of juvenile delinquency – and thus beneficiaries and the professional treating them – has reached alarming proportions today. Overall situations in juvenile corrective institutions dramatically reveal the ineffi-

ciency of the state and its many institutions and mechanisms.

The personnel overtly speak of their feeling of being neglected and marginalized, the same as the children accommodated in the institution. In their view, social concern over the rise in juvenile delinquency – and particularly over the fact that delinquents are younger and younger – is not followed by adequate response to the problem. Nothing is being done in the domain of prevention of risk behaviors. They all agree that their jobs are not sufficiently appreciated, but say they like them and would not look for some other jobs. They also agree that privileged pension rights would make sense in their case bearing in mind their stressful, delicate and complex jobs.

The files are kept tidily. However, the personnel take that too much paper work often stands in the way of quality work with children. Whenever necessary they work overtime but are usually not paid for it.

#### **Recommendations**

- The personnel need to be encouraged to attend courses of in-service trainings in coping with most frequent problems challenging them in everyday work;
- Living and working conditions for the personnel need to be improved through better salaries and other benefits;
- Paperwork needs to be simplified so as to leave more time to the personnel for quality work with beneficiaries;
- Adequate measures and strategies for preventing symptoms of burnouts need to be developed;
- More frequent contact and exchanges of views with same or similar institutions need to be encouraged.

#### **4. Medical care**

Until two-three years ago, a doctor and a nurse used to pay regular visits to the institution every Thursday, and take children to medical centers on other work-days. Presently, the entire medical care is provided by medical centers to which children go in the company of their educators.

Medical documentation – consisting of a medical file and medicare card – is forwarded to the institution on every juvenile's admission. Juveniles are medically examined on admission and then sent to a nearby medical center for testing on Hepatitis B and C or AIDS. Quite often

those tests reveal some disease that has not been registered in medical files. All juveniles are inoculated against Hepatitis B and tetanus.

At the time of the team's visit not a single child was receiving psychiatric therapy. One beneficiary was with Hepatitis B and one with Hepatitis C. There were no HIV positive juveniles, the same as diabetes. One girl accommodated in the shelter is with diabetes and on insulin therapy. No child has been diagnosed with epilepsy in the past 7-8 years. The institution catered for epileptic children in the past and they had been adequately treated. The interviews with

the personnel showed that they have more experience in coping with psychiatric problems than their colleagues in the institutions for children without parental care. Unlike their colleagues, they are capable of promptly recognizing signs of behavioral disorders, the same as they are capable of identifying causes of those disorders in the overall social environment rather than in beneficiaries' mental deficits or diseases.

A room has been set aside to serve as an in-patient ward with 6-7 beds. The room was used for isolation of two infected beneficiaries at the time of epidemic outbreak of jaundice in Nis. The institution has no problems to secure necessary medicaments, which are distributed by educators. Educators are also in charge of keeping records of the medicaments administered to beneficiaries. Occasionally, some beneficiaries refuse their prescribed therapies. The personnel in such cases try to persuade them and call in a neuropsychiatrist if necessary.

A neuropsychiatrist used to come to the institution once a week. Nowadays, children with problems are taken to the Institute of Mental Health with which the institution has developed good cooperation. The most frequent problem with children is drug addiction that is being successfully treated in early stages. However, the beneficiaries who have already been admitted as structured drug addicts or alcoholics are the Hospital for Addiction Diseases in Belgrade where they also undergo support treatments. Whenever measures of restraint are necessary for agitated or aggressive beneficiaries, the institution calls in the local first aid service and, occasionally police officers. Other beneficiaries often help, too. The personnel have not attended courses of training in the treatment of extremely agitated and aggressive persons. This is a rather serious system flaw since juvenile offenders are

often prone to such behavior. Involvement of other children in tense situations when their peers need to be calmed down is not exactly appropriate – they should only be involved in subsequent therapeutic or group treatments.

From time to time, the institution organizes preventive treatment programs for beneficiaries, which usually include lectures and documentaries dealing with narcotism, sexual education and infective diseases.

No beneficiary has ever committed suicide or died a natural death. One case of attempted suicide took place some 7-8 years ago. Whenever they recognize signs of suicidal behavior among beneficiaries, the personnel call in a neuropsychiatrist and inform relevant social care centers. In such case, educators and other professionals closely supervise such risky beneficiaries at the premises of the institution.

According to the personnel, juveniles were on hunger strike was on some 10 or more years ago and never since. Beneficiaries are served three main meals prepared by calorie chart. Fresh fruits or deserts are on daily menus. Special diets can be prepared if necessary. Monthly menus are drafted in consultation with a nutritionist and then finally decided together with juveniles. Despite the fact that kitchen and dining room call for renovation, all sanitary requirements for the preparation of food are met. The kitchen staff (two cooks and one assistant) undergoes regular sanitary examinations. Representatives of the Institute of Hygienics inspect the food and kitchen utensils on monthly basis. Samples of food are kept as prescribed by regulations. Some interviewed juveniles were satisfied with the food served to them, whereas others said their meals were unvarying. However, they all agreed that some grilled meat would be welcome from time to time and that they should not be served the same juice all the time.

### Recommendations

- Psychotherapeutic treatment needs to be fostered through programs that are attractive and capturing for juveniles (psychodrama, workshops, group therapy, etc.);
- Beneficiaries need to be kept informed about prevention and healthcare, notably about negative effects of psychoactive substances, alcohol, overdose of tablets, artificial proteins, promiscuity, etc.);

- Professional capacity of the personnel needs to be upgraded through new approaches to treatment of socially unacceptable behavior; they also need to be better instructed on anti-stress mechanisms;
- Quality of the food needs to be improved, including preparation of more diversified meals in consultation with beneficiaries.

### 5. Treatment provided to beneficiaries

Most beneficiaries have been institutionalized for more than two years. Those sentenced to corrections have usually committed crimes such as thefts, robberies, rapes and acts of violence. In the past the institution ever catered for the juveniles who had committed murders. Out of three juveniles under “social-corrective measures” two are “just social cases,” as the personnel put it, as they are not delinquents but their social behavior disorders stems solely from their socio-economic settings. The third stays in the institution because he has nowhere to go – he goes to school and has turned 19. Interestingly, though only logically, all the juveniles are coming from the homes for children without parental care or have been in the Belgrade-seated corrective institution at younger age. All in all, the great majority of them are “veterans.” The personnel are, therefore, constantly challenged with preventing conflicts among beneficiaries.

On admission beneficiaries are categorized by the types of offenses for which they have been sentenced to corrections. A juvenile’s documentation is considered by all the members of admission team and representatives of a relevant social care center, who then decide the group in which he will be treated. Educators take that their roles are not that significant in 1-3 month periods of adaptation. Generally, they do not perceive adaptation as potentially problematic. “If those stronger would not accept him, he would go with weaker ones” or “If an arrival already knows some of the kids, if they are coming from the same town, things are much easier,” they say. Such statements would be logical had they come from beneficiaries but are not when uttered by professionals – for, they are disputable from the angle of juveniles’ right to adequate protection and professional assistance in adjustment to a group and institutional regime.

A newly admitted juvenile participates in the development of his “individual protection plan” and then gets it in writing. Except for information deemed harmful for him (such as, say, sensitive data about his parents) the plan includes all other data relevant for the juvenile. The personnel were right when deciding that juveniles’ participation in creation of these plans meant a lot to them. “Everything they participate in produces by far better results,” they say. Nevertheless, some older educators are still reserved about this novel approach.

The personnel mostly opt for individual approaches and, whenever necessary, organize group meetings to discuss the problems challenging juveniles within and outside the institution. For three years now, the institution has been cooperating with the Society for Protection and Development of Mental Health of Children and Juveniles, a Nis-seated NGO the volunteers of which stage biweekly workshops (model boats construction, painting, jewelry craft, etc.) the juveniles gladly attend.

Educational level of the great majority of juveniles is rather low – that is, their actual ages hardly correspond to their school age. Some of them (8) attend classes of adult education but most are secondary school students (15) and students of the school for “fashion and beauty” (2). The secondary technical school most of them go to capacitates them for metalworkers. Classes are organized only in morning hours and teachers come from the central school in Nis. The offer for professional training is not only modest but totally inadequate. Namely, this is about three-year schooling, whereas corrections take maximum of 2 years. So one cannot but wonder about the point of such education. No one from the personnel knew whether or not juveniles were continuing their schooling once in the outside community, i.e. do they finish the school at all. This is yet another example of

unprofessional and irresponsible attitude towards social reforms. As it seems, in adopting the Law on Juveniles the Ministry of Justice has not paid heed to all the crucial aspects of alternative sanctions. The Ministry of Education has obviously not developed a plan for this category of juveniles and the Ministry of Labor and Social Policies has been faced with a fait accompli: institutions are obliged to admit juveniles, they are obliged to provide them schooling, as well as to release them if a court of law decides so. So no one is practically concerned with juveniles' interests. This is a serious breach of child's rights Serbia is duty bound to respect. What is it the society actually gets with such chaotic reforms is another story.

After school and homework, said the interviewed juveniles, they usually spend their free time on recreational activities (gym, football, basket ball, etc.), watching TV and movies, playing chess and on the Internet. The same as in other institutions of the type, they complain about frequent thefts and conflicts. Though the personnel are informed about the provision of the Special Protocol against Ill-treatment and Neglect, it turned up over interviews that they were often, for security reasons, giving positive grades to the juveniles harassed by their peers and sending them back home in cooperation with social care centers. Would that be the most efficient measure against peer harassment? Even if this makes sense in everyday life, who and how continues the treatment both of torturers and their victims? Is anyone dealing with traumatic consequences of ill-treatment? These are just some major questions that remain unanswered.

The problems that are most difficult for them to cope with, said the personnel, have to do with misuse of alcohol combined with medicaments. According to them, no juvenile is a typical drug addict, though some of them inhale glue, run away from the institution, etc. One juvenile showing signs of suicidal behavior was hospitalized for three days and placed under "professional surveillance." This is why the personnel take a neuropsychiatrist should be engaged without delay.

The interviewed juveniles said they were not given a name or a phone number of a person they could turn to if they are exposed to harassment and ill-treatment. They seemed perplexed when asked whether they knew anything about the UN Convention on the Rights of Child and their rights. Most of them are satisfied with their educators. Having to get up early is the only problem, they said.

Conflicts and other incidental situations could be explained as juveniles' response to their living conditions and possible fear and sense of insecurity that overwhelms them in institutional setting. In adolescent population depression is often manifested through violent behavior and aggressiveness – the responses meant to relieve, at least temporarily, suffering that is often unbearable. In addition, mental depression and fear led to the loss of self-confidence and sense of self-importance that are necessary for their age. Therefore, they would go any lengths to restore the feeling of self-satisfaction: and, from a point of view of some adolescents it matters not whether that feeling will be restored through socially acceptable or socially unacceptable means and activities.

### **Recommendations**

- Circumstances that determine major traits of a juveniles and his needs rather than the facts from his criminal record need to be taken into consideration in decision-making on his accommodation and treatment plan;
- Juveniles need to be given the opportunity to participate in laying down house rules;
- More attention should be paid to juveniles' individual needs; approaches need to be more flexible than based on formal discipline;
- The personnel need to attend course of in-service training in treatment of special categories of juveniles or relevant experts engaged for the purpose; special treatment programs need to be developed for these categories;

- Information about the address juveniles can turn to in the event of ill-treatment and neglect should be visibly posted in every room; juveniles need to be informed in detail about the contents and purpose of the Special Protocol and the UN Convention;
- Cooperation with the non-governmental sector needs to be maintained and furthered, and the personnel included in joint activities;
- The personnel need to be encouraged to use the skills they have been trained in, notably in the domains of mediation, non-violent communication, etc.
- Ministries of justice, education and social policies need to urgently find an adequate solution to the problem of educations of the juveniles sentenced to corrections; they also need to cooperate with other ministries with a view to developing a sensible and efficient model of corrective-educational work with juvenile offenders and creating conditions for their lasting social rehabilitation.

## 6. Contacts with families and the outside community

Given the structure of their beneficiaries, the personnel's comments mostly dealt with significance and quality of the cooperation with courts of law. "Legal proceedings often take more than a year so that a juvenile commits several other offenses while they are on... And when finally comes here much precious time has been lost... In the case of juvenile delinquents proceedings should be prompt if we want their treatment to be efficient," said the personnel. They also take that social response to juvenile delinquency and asocial behavior of the young calls for a far better action and cooperation between all the factors in the system (families, schools, courts, social care centers and institutions).

The personnel seem to be aware of their significant role in the process of reconsideration of corrections ruled to juveniles, which is only logical since they are in everyday contact with them and are most competent to follow the progress they make in social rehabilitation. Under the Law on Juvenile Offenders the institution is obliged to submit biannual reports to courts of law on juveniles' behavior. And it is a relevant court of law – i.e. its Chamber for Juveniles - that eventually decides whether or not to suspend or amend corrections to which a juvenile has been sentenced. If the purpose of corrections has been attained the punishment shall be suspended. In this context, the personnel state with good reason that the cooperation with courts of law should be regulated in more detail, meaning that courts should be obliged to consider, on six-month basis, the grounds for suspen-

sion or amendment of each corrective measure. Unfortunately, this is not what courts of law do presently. They usually never revise cases and if they do, they forward their decisions only after 5-6 months when circumstances have considerably changed. Such practice questions many rights of juveniles. Be it due to courts' sluggishness or inefficiency of educational-corrective treatments, the fact remains that corrections usually last as long as they have been ruled in the first place.

Speaking of cooperation with social care centers, the personnel point out that it varies from center to center. In the course of a juvenile's institutionalization, information is mostly exchanged by phone, whereas regular contacts and joint activities only take place on admission and development of treatment plans. Some educators take that situation would not be that alarming had social care centers, from the very beginning and though other measures (that are less restrictive and precede institutionalization), taken adequate steps and applied appropriate methods of work with juveniles and their families. "As things stand now, much precious time is being lost," they say. According to the personnel, pre-release cooperation with social care centers is also inadequate so that all the efforts towards a juvenile's rehabilitation often turn in vain once he returns to community that has not been properly prepared to take him back.

Similar explanations were given about juveniles' contacts with their families. They usually communicate with families by phone, said the personnel. Long distances between juveniles' hometowns and the institution hamper more frequent family visits.

However, all the juveniles with families and relatives go to visit them during vacations. The personnel admit that they should be more engaged in encouraging juveniles' contacts with their families but mostly blame relevant social care centers for failing to properly evaluate families' capacities for visiting their children.

The personnel had no complaints about the cooperation with the schools juveniles are attending – the cooperation is correct, they said. Though they do not like going to school, the interviewed juveniles say they have classmates with whom they often spend their free time.

Juveniles also communicate with the outside community when they go for organized visits to movies, theater, exhibitions, etc. They are mostly interested in watching sports competitions. And yet, their answers indicate that they are deprived of many activities. They rarely go for excursions (“Every day is the same as the other. In 15 months, say, we went for only one excursion.”) and summer or winter vacations are never organized for them. Obviously the institution has no funds for such activities. On the other hand, no one expects the local community, companies or individuals to sponsor for “juvenile criminals having good time” – and this additionally emphasizes the society's overall problematic attitude towards those young people. It is the more so important to organize activities that connect juveniles with the local community. According to the director, ongoing reforms have fostered such programs of activities some of which have already proved to be effective. By socializing with their peers in the local community in well-organized and purposeful activities juveniles are given the opportunity to develop the skills that render them fit for better social reintegration and socially acceptable living. Apart from good will, such undoubtedly useful and efficient programs necessitate finances that should be secured through cooperation

between various ministries and the local community.

The personnel say the institution has good relations with its “neighborhood” – juveniles often socialize or play football with their “friends next door.” However, the town of Nis as a whole has an adverse attitude towards the institution. Whenever some incidental situation takes place the police immediately show up in the institution to look for perpetrators. The following information is telling about the local community's bias about the institution: young people from the outside community reluctantly go to the institution's daycare center, as they would not “go to prison.” Since intensified supervision in a daycare center within a juvenile corrective-educational institution is among corrective measures ruled by courts of law, one cannot but wonder who supervises the implementation of that measure. The system is either planned topsy-turvy or has flaws that must be overcome. Otherwise, this alternative sanction will be producing no effects whatsoever.

According to the monitoring conducted by the director and his expert staff, about 50 percent of juveniles manage to get socially rehabilitated. This progress can be called neither big nor small when one takes into account the living conditions in the institution and the society's attitude towards it. In this context, it would be most welcome should the institution secure support and assistance to launch the project “Halfway House.” A program as such would surely mean a lot to juveniles and their independent living in their natural environments. Judging by the interviews conducted with both the personnel and juveniles, a number of the later would welcome such an opportunity. For, some juveniles are prone to clinging to the institution because they either have no place to return to or would not go back to their hometowns. With the program's support their prospects for social integration would be by far better.

### **Recommendations**

➤ Cooperation with various factors in the outside world needs to be encouraged; both direct and indirect treatment programs should be focused on maximal concern for and protection of beneficiaries, particularly when it comes to their contacts with their families, other individuals and relevant institutions;

- Alternative solutions for juveniles' gradual reintegration need to be considered in tandem with relevant institutions, and specialized pre-release programs developed;
- Courts of law, social care centers and institutions should be engaged in serious debate aimed at defining and reconsidering legal provisions and institutions' jurisdiction in the process of supervising and revising duration and type of corrections;
- Relations between courts of law and the institution need to be improved through direct exchange of information and regular meetings;
- Stereotypes about juvenile offenders need to be overcome through media and other public campaigns that would provide deeper insights into the roots of delinquency and promote the means for supporting such children.

### 7. Guarantees for the rights and freedoms of beneficiaries

Apart from the afore-mentioned violation of juveniles' rights to proper living conditions and treatment aimed at their successful social reintegration, the right to education and protection from any attitude leading to neglect or ill-treatment, as well as the right to just and timely court decision on possible suspension or revision of corrections, the institution is faced with yet another serious problem. Since beneficiaries are coming from the entire territory of Serbia, the institution has to maintain cooperation with many social care centers ever since the Law on Juvenile Offenders was enforced. The Law provides that the expenses of admission to an institution and those of intensified supervision in daycare centers shall be covered by the courts that have ruled these measures. However, many courts of law, said the personnel, refuse to pay anything under the pretext that the Ministry of Justice has not allocated them the funds for that purpose. True, some courts duly pay all the expenses they are duty bound under the Law. At the time of the team's visit, the institution's claims were so large that they threatened its very functioning. The lawyer on the staff provided documentation testifying of such cases, which obviously stem from yet another system flaw.

Neither does the shelter operate properly. Namely, roles of certain authorities in the process of juveniles' accommodation in a shelter is precisely regulated and known to all. And yet, police officers often fail to inform a relevant social care center that a juvenile is being sent to a shelter and take him directly to it – they make promises that “the paperwork and documentation” will be forwarded later on. Such practice unjustifiably prolongs a

juvenile's stay in a shelter and delays implementation of appropriate protection program for him. It is surely contrary to best interest of a juvenile, as well as contrary to domestic and international provisions. For the sake of precaution, the director insists that police officers search a juvenile they are leaving in the institution (some of them had knives and arms with them) and that a social care center conducts medical examination – all this with a view to at least reducing security and medical risks. It is only logical to assume that other institutions are challenged with similar situations deriving from the state bodies' irresponsible and unprofessional attitude.

The institution has only one lawyer on the staff – she is also tasked with secretarial jobs. The lawyer is a member of the Commission for Admission and Release of Beneficiaries and communicates with social care centers and courts of law. She points out to yet another absurd situation the institution is unable to solve. Namely, out of five members of the Management Board, one is supposed to come from the ranks of beneficiaries. However, the institution caters for juveniles who, apart from being under age, are not allowed by law to participate in the work of governmental bodies as offenders. The problem is the more so complex since it is impossible for their parents or guardians to take their place (due to mental disorders, distanced towns they live in, because they are unknown or disinterested, etc.). And all this often stands in the way of decision-making by the Management Board and the institution itself.

Beneficiaries' participation is surely welcome and necessary whenever there is a rational reason for it and concerns their interests. “Institutional community” is, for

instance, a mode of purposeful engagement and participation of juveniles, and has been in place in the institution. For juveniles, genuine attention from the society and opportunities for getting out of the vicious circle of social vulnerability and delinquency are by far more important than participation in any management board. As it seems, the entire system of

juvenile protection suffers from serious flaws that call for detailed analysis and urgent adoption of measures for overcoming all the noted problems. Simulated democracy and farcical respect for the rights of juvenile offenders nothing but strongly imply the society's indifference for this vulnerable population.

**Recommendations**

- A multi-sectorial analysis of all the problems related to juvenile delinquency needs to be performed and its findings implemented through a well-thought-out and complementary approach;
- Bylaws detailing all undefined situations need to be adopted; the strict division of competences between institutions and social care centers needs to be overcome, and solutions beneficial for juveniles' interests encouraged.

# YOUTH TREATMENT CENTER IN KNJAŽEVAC

## 1. Introductory remarks

The Youth treatment center in Knjaževac has a long history in providing foster care for children and young people. It evolved from the War orphans' home, which was founded in Knjaževac immediately after the end of World War Two, in 1945. During the following decades, the Home was subject to several transformations, but its primary purpose and function remained the same. Since 1965, it has been operating as the Youth treatment center.

The building currently housing the Center was built in 1979, and covers an area of as much as 3500 square meters. It is located outside of the city, atop a small hill, in gorgeous surroundings, with clean air and an extremely beautiful view. Although the city has spread in the meantime to the border of the property housing the Center, the Center itself remained isolated and far from the residential zone due to the

spacious lot that surrounds it. The location and the size of the facility are of the highest quality (along with the Children's village in Sremska Kamenica) among all social security institutions that we have visited.

According to the new network of social facilities that provide housing, the capacity of the Center is 32 places, which is a significant reduction from the former 129 places. At the time of our visit, there were 37 residents in the Center. However, as far as the housing is concerned, the overstepping of the prescribed capacity does not present a problem, as the building has excess space.

The Center is planning to open various types of Reception centers, as a new form of service for municipalities of the entire district. At this moment, it is only carrying out its primary activity.

## 2. Living conditions

Although the facility is larger than necessary, the quality of the accommodation is, mildly put, below the level of tolerable and dignified standard of living. Employees can hardly remember the last investment in the Center: "... we are last on the list, and we used to have the largest number of children". The only significant investment was seven years ago, when the roof was partially repaired. The water and sanitation facilities are at the verge of disintegration; pipes are bursting almost every day, seriously endangering not only the daily operation of the center, but also the health of residents and employees. Electrical installations are also in a very poor state, although for security reasons circuit breakers have been installed all over the place to protect against possible fire incidents. The facility has its own oil heating system, but the installations and radiators are also old and in bad shape. A part of the building has not been in use

since 2002, when the last group of refugees, who were housed there since mid-nineties, left. Out of the 11 existing housing units, 6 are currently being used.

Between two and five children are accommodated in one room. Most of the rooms are spacious, with large windows, but half-empty. According to the employees, the rooms are repainted every two or three years (mostly from their own modest funds), which is not enough to maintain a satisfactory level of hygiene. Floors and woodwork are old and worn out, while the furniture either does not exist, or is in such a bad shape that it should be thrown away. The situation with sheets, blankets and mattresses is similar - they are very old and in insufficient quantities. In addition to this, most rooms do not have closets, night tables and curtains, which only adds to the feeling of alienation. The Center has put aside part of its own funds and started a partial renovation (laminated flooring has been installed in

some rooms and living rooms, while the employees and children painted windows and radiators). However, this is not even close to adequate. Bathrooms and toilets are in a terrible shape – ceilings are on the verge of falling off, tiles and equipment are rusty or broken, floors have been demolished in several places in order to repair sanitation pipe bursts... Children shower two times a week, many showers do not work, and the heating is inadequate for such a large facility. Living rooms on all levels are also empty, without adequate and functional equipment. For this reason, children mostly use the common living room on the ground floor, which has only one TV set and padded benches. Adjacent to this living room is a large hallway with two table tennis tables.

Offices of educators do not differ much from the general picture, although it is obvious that they have attempted to breathe a little life into their workspace, as much as it was possible under current circumstances. Employees have no equipment, not even computers, and the furni-

ture is also old and worn out. The kitchen and the dining room are well kept in terms of hygiene, but are poorly equipped. The laundry and the storage room where children's clothes are kept are in the basement with very low ceiling and insufficient light and air.

The general impression of the living conditions of children is grayness, deterioration and coldness.

As we have mentioned before, the building is surrounded by a large property which has unfortunately not been organized and equipped to serve the needs of the residents. Employees remark with resentment that, as opposed to the Center, some other institutions received significant funds to renovate their facilities and purchase equipment on several occasions. It is clear that institutions in smaller communities are in a considerably worse condition compared to those in larger cities. Setting aside the reasons for this condition, we believe that it is unacceptable to differentiate between institutions, as this clearly leads towards discrimination and neglect of the residents.

#### Recommendations

- As soon as possible, repair and renovate the entire facility and supply the appropriate furniture, equipment and appliances, in order to provide children and young people with housing conditions adequate for their physical, mental, spiritual and social development;
- Formulate, in cooperation with the Ministry of Social Policy, a program to transform the Center (beyond its current function), bearing in mind the good location and the space occupied by the facility.

### 3. Institutional Personnel

The Center has a total of 29 employees. Four counselors and nine educators, all with a university degree, work directly with children. Most of the educators are special pedagogues, while the expert team consists of a pedagogue, psychologist, social worker and legal counselor. Most of them have been working a long time, which is typical for the majority of institutions of this type. It would be most desirable to hire younger people, especially for jobs involving constant and direct communication with the children. Young employees bring new knowledge, greater energy and better understanding and knowledge of psychological and social needs of young residents, while older em-

ployees contribute with their experience and calmness. This is why we believe that the principle of permanent and gradual hiring of younger personnel should be systematically implemented in institutions of this type.

Educators work with groups of five to six children. Although this number opens the possibility of a quality and individual approach, the employees pointed out that the needs and problems of children are multi-fold, and that working with each of them requires a high degree of dedication. Namely, the Center previously dealt with residents having behavioral problems, whereas currently, besides a large number of children that can be classified as having minor mental disabilities, there is a growing

number of children that can be classified as having psychiatric problems, combined developmental problems or adolescent crisis. Due to this situation, employees have recognized a need for further education, namely, for gaining new knowledge and skills required to deal with the specific needs of these children. The employees claim they are rarely invited to participate in organized and expert training, although several educators participated in workshops such as Classroom of goodwill, Guardians of smile, Being different... One of the employees is a licensed instructor for the accredited Supporting pro-social and preventing aggressive youth behavior program, while two educators are licensed instructors for the Reeducation of psychomotorics program. They believe that what they need the most is knowledge of psychiatry and social pathology, as well as skills for working with children with minor mental disabilities. Since employees in the entire department face serious problems due to insufficient knowledge and undeveloped skills needed to deal with specific situations, it would be very useful if the state would get engaged in developing supporting services. Expert advice would significantly reduce major oversights and poor treatment, until competency is brought to a satisfactory level. In the meantime, education should be continued, as well as the creation of specialized programs, when a need for them arises. We believe that employees themselves should show more initiative, since expert training need not always be "organized", but also depends on the desire of individuals to work on their self-improvement.

Like their colleagues elsewhere, people employed in this Center believe that they have too many administrative obligations, which sometimes prevent them from directly working with children in a better way. Overtime work is also unregulated, both in terms of clearly defined obligations for all employees and in terms of reimbursement. All employees believe that they are exposed to a large number of stressful situations and a high level of stress, and that the state and the society insufficiently value their work. They believe that "higher instances" do not care about the children housed in the Center: "We are not working with animals and apes, we are working with children! Their rights are the same both in Belgrade and in Knjaževac". The staff claims that the conditions have been extremely bad for over 15 years, that there were no investments in the Center, and that other priorities always turned up... Apathy and depression are very common amongst people employed in social care. Furthermore, it is obvious that the "burnout syndrome" is far more present in small communities and institutions, where even the greatest optimists and fighters have gotten tired. Regardless of the numerous factors which contributed to this state of affairs, this is a problem to which appropriate attention has to be given. First of all because of the residents, who are not receiving adequate help and protection, but also because of the young employees, who quickly lose their beginner's enthusiasm after coming to institutions like this one, and thus remain permanently deprived of professional experience and improvement.

#### **Recommendations**

- First of all, encourage employees to engage in professional training;
- Develop training programs which meet the current needs of practice and secure continuous cooperation with consulting teams;
- Improve living and working conditions of the staff;
- Simplify administrative obligations and provide computers and other equipment which will improve communication and contribute to a more efficient work of the staff;
- Take adequate measures for the prevention of the employee "burnout syndrome";
- Encourage expert communication and experience sharing between people who work in practice, as well as between these people and relevant institutions, regarding issues and dilemmas related to reform processes.

#### 4. Medical care

Medical care for Center residents is provided by the Knjaževac Healthcare Center, while specialist examinations are performed in Knjaževac and Niš. Cooperation with healthcare institutions is acceptable in general, but the employees have the impression that children face reluctance when in need of hospitalization – they are often released before time or sent to other healthcare institutions. For psychiatric problems, the Center turns to the Institutes for mental health in Niš and Belgrade. However, the cooperation of both institutes is assessed as poor. Until a year ago, the Center hired a neuropsychiatrist who visited the institution once a week. Since he is the only one in town, he could only spend three hours with the residents, which in his opinion was an inadequate amount of time to properly monitor every child. Namely, the employees assess that a third of the children have a need “for some sort of psychological-psychiatric help”.

According to the official record, the health profile of children in the Center at the time of the visit was as follows: fourteen with minor mental disabilities, eight hyperactive, three with bedwetting problems, one with uncontrolled bowel movements, one with a chronic skin disease, one with epilepsy, two with behavioral and emotional problems and one with asthma and using an inhaler. Nine children are receiving psychopharmacological therapy, five of them on a permanent basis (epilepsy, behavioral problems, obsessive-compulsive disorder, and compulsive behavior). During 2008 as much as three residents had to be hospitalized at the Institute for mental health. The three enuretic children also receive drug treatments, but the Center does not even have wet bed protection mats for them. During October, an outbreak of hepatitis A was identified, probably as a result of using the swimming pool, and the children were isolated in a separate bedroom for three weeks, under constant supervision of the Infectious diseases service of Zaječar. Incidentally, the use of the isolation room must be noted in the daily activity book. There are no children infected with hepatitis B or C, or HIV positive within the insti-

tution. However, our impressions based on interviews with the residents differed from the way the state of affairs had been presented: children were willing to engage in conversations, they were composed, their behavior was appropriate, and the answers and comments related to their life in the Center were given with a lot of appreciation and understanding for the situation and the staff; almost all of them appeared neglected and uncared for, which was not surprising bearing in mind the general living conditions. We were also under the impression that psychopharmaceuticals were prescribed to a large number of residents with the aim of alleviating their behavioral problems with more certainty. However, the causes of their inappropriate behavior can not be eliminated in this manner. This is feasible, at least to a certain extent, by changing their living conditions. In order to change their approach to children, the employees need support in gaining and improving knowledge and skills in the area of team work and development of personalized approach. Different types of support are also needed for residents to promote their self-realization and better socialization within the community.

Gynecological screenings are performed every few months, and always after an escape, when there is suspicion of prostitution and the like. Four years ago, one of the girls became pregnant and the pregnancy ended with an abortion. Earlier, one girl married and gave birth to a child, with the consent of the Center for social care. A lecture on HIV infection was organized in December, and there is good cooperation with a pediatrician on the organization of lectures on prevention, including subjects such as sexual education, narcotics, etc. Incidentally, the Center refuses to house a child if he or she tests positive for narcotics during the entry procedure, and narcotics tests are obligatory after a child runs away. Although beneficiaries are aware of tests they have to go through after an escape, sometimes they test positive both for cannabis and for heroin. There is no doubt that, by any criteria, the Center does not have the means to take care of such children. Living conditions are very poor, the staff is unprepared for adequate treatment, there is no appropriate

medical support in the city... Although none of the institutions for children and young people are specialized to take in children at risk, we believe that such children should first be placed in an appropriate medical facility, and after that, in a Center which is the closest, so they can be constantly monitored. It is necessary that the Ministries of Health and Social Policy have a clear and detailed strategy as to the treatment and housing of such children. The existing practice is absolutely unacceptable, and only creates an environment where a child with a proclivity for drugs will really become an addict.

Children are most often accompanied to medical examinations by soldiers in the civil service, which is also a bad and unprofessional practice. Since the Center does not own a vehicle, private vehicles of the employees are being used in emergency cases, as well as when taking children to Niš or Belgrade. This presents a big problem and we believe that, at least to some degree, it affects the speed and efficiency of reaction. There are no systematic health screenings in the Center, as they should be organized by the schools children attend. However, school staff informed us that the school was not included in any type of systematic screenings. Hence, the physical education teacher measures the height and weight of children and their lung capacity twice a year. Dental care is provided by local institutions, but only when children complain of problems. There are no regular, control-systematic screenings. These are very serious flaws, both of the healthcare system

ous flaws, both of the healthcare system which is under obligation to secure regular systematic screenings for the children, as well as of the school and the Center, which did nothing to remedy this situation.

The Center is archiving only copies of discharge lists and specialists' findings, while all other medical documentation goes with the child. Drug treatment is provided without problems, and the educators and the psychologist are in charge of administering it. In cases where residents refuse to take the medication, the attempt is first made to talk them into it, and if this fails, this fact is noted, and the neuropsychiatrist is asked for advice if appropriate.

There were no hunger strikes. Furthermore, none of the residents died of natural causes nor committed suicide. However, employees told us there were children with suicidal ideas, and several suicide attempts were registered. In such cases, an expert team is called in, which organizes a meeting with the child, while the originating Center for social care is informed, as well.

In regard to nutrition, the menu includes all types of nutritious food, and is formed with the help of the children. Food and work surface hygiene is checked regularly, and the staff undergoes regular sanitary controls. Children had different and ambivalent opinions about the food; some believed this to be unimportant compared to other flaws in the Center, while for some of them the sole possibility of having regular meals was sufficient. We believe that this aspect should also be looked at with more attention.

#### **Preporuke**

- Neophodno je podizanje kompetencija zaposlenih kako bi odgovarajućim radom i pristupom deci umanjili zdravstvene poremećaje sa psihološkom pozadinom;
- stručni tim (pedagog, psiholog, socijalni radnik) mora da ima značajniju ulogu u definisanju pravih uzroka poremećaja i njihovom tretmanu;
- pojačati preventivni rad i sadržaje koji se tiču rizičnih ponašanja i podsticati decu da se uključe u različite aktivnosti;
- ustanoviti kontinuiranu podršku zdravstvenih stručnjaka u tretmanu dece u riziku, uz maksimalno izbegavanje farmakološke terapije;
- zaposleni moraju biti uključeni u praćenje zdravstvenog stanja svakog štićenika i u saradnji sa lekarima obezbediti adekvatnu brigu o deci;
- hitno preduzeti mere da se svim štićenicima uradi sistematski pregled, i da ubuduće deca budu obuhvaćena ovim obaveznim vidom preventivne zdravstvene zaštite;
- uvesti redovnu stomatološku kontrolu dece;

➤ raditi sa decom na podizanju nivoa znanja o značaju ishrane, motivisati ih da budu aktivni učesnici u stvaranju kulture ishrane.

### 5. Activities and organization of work with residents

According to the existing Statute, the Center is housing educationally neglected children (primarily with behavior problems) aged 11 to 16. However, in the future, the Center will be receiving children who are subject to court-based reformatory measures, and the age limit will thus move to 18, that is, 21 years. At the time, the majority of residents are children who are subject to social-protective measures issued by the originating Center for social care. Gender-wise, there are 28 boys and 9 girls. As we have already mentioned, according to the official register of the Center, the majority of children suffer from complex, combined developmental problems, and most of them have already been housed in similar institutions. Most of them have already been subject to different forms of social care (foster families, special intensive treatment - PIT in the Center for children and youth in Belgrade, or come from homes for children without parental care).

With the presence of all team members and representatives of the originating Center, and on the basis of documentation and an interview with the child, a decision is made as to the housing of the child, and a general care plan is prepared. Educators create individual work plans and programs. According to the educators, the adaptation period runs more or less smoothly, that is, the educators claim that the problems encountered mostly pertain to the usual difficulties of getting used to house rules and adhering to them. When asked how they help a child and facilitate his/her integration within the group and the regime of life within the Center, educators explained that the group is always being prepared for the arrival of a new member, and if problems occur, group meetings or individual interviews with the child are organized, in order to strengthen the child and help him/her adapt as soon as possible. The staff told us that a program of the so-called intensified treatment (similar to PIT) was used in the admission and observation ward for some time, and

that it yielded good results. However, a request was made, without any argumentation, to cancel this program. We did not discuss in detail the reasons for this "order" (the whole issue seemed too personal and internal), but we have noticed that the staff was unsatisfied with this decision, which they perceived as unsuitable.

Upon reviewing the documentation on the implementation of the plan of work with residents, our opinion is that it should be more substantial in many aspects. However, given the general conditions, we believe that the majority of the staff does their best, trying to organize and implement educational and corrective activities through different types of individual and team work. Following the interests of the children, and in accordance with the conditions and available funds, certain workshops are also functioning: biology, fishing, photo lab, chess, and table tennis. We have already pointed out that the staff did not attend many educational seminars, but they use the knowledge gained from the ones they did attend in their work with children. In accordance with the structure of the children, the staff has the need for knowledge and skills related to specific problems of children with intellectual impediments and psychiatric problems. Furthermore, they point out that in their work with children they emphasize positive behavior, that is, resort to rewards rather than punishments and prohibitions. The social worker claims that "it is punishment enough for these children that they are here", and adds that the children look forward even to small things, such as candy, juice, etc. Unfortunately, although even the smallest display of attention means a lot to these children, the Center does not have the money, and no one is interested in providing help. This is why some members of the staff resort to their own income to purchase small gifts which they use in their work to motivate children.

Children are attending a primary school located in the immediate vicinity of the Center. The school is using an experimental program, and is attended only by the

residents of the Center. Although it covers all grade levels, two classes are combined (first-second and third-fourth) with a total of eleven students, while other classes have between five and nine students. First grade is attended by students between 14 and 15 years, second grade by students between 11 and 14, third grade currently has one child aged 16, fifth grade is attended by students aged 13 to 17... The delay in education is considerable, and only two students are just one year behind. After graduation, children receive diplomas of a regular primary school, and are enrolled in one of the three-year high schools in the city, with their wishes being taken into account. The teachers claim that the number of children who continue their schooling is much higher amongst those who remain in the Center, as compared to those who leave this institution. The approach to work with children is personalized, since they are not many and "are very specific". School employees claim that they have a lot of difficulties getting the children used to attending school, and subsequently also to studying. As for the afterschool activities, children have literature and painting workshops, sports activities, a choir, "I cut, I paste" workshop, and maintenance of the school yard. There is a large physical education room, which the teachers believe to be very important: "This room is very important to us, since children who harbor aggression need to run a lot. This sport activity can psychologically stabilize a child." One-day fieldtrips are also organized for the children, as well as graduation parties in the city. Although we have been told that they maintain contacts with other schools, the children are segregated, which is something they strongly feel and manifest. In addition to this, despite the fact that the school is attended only by children from the Center, and that, in general, all employees know each other well, we got the impression that both sides did not use all the possibilities available to them to improve the position of children through a richer program and joint activities. "None of the teachers tried to contact me in my capacity as the Center's psychologist", the young psychologist from the Center told us. The division of authority (between the Ministry of so-

cial policy and the Ministry of education) is obviously not synchronized in a way that serves the best interest of the children.

Employees of the Center pointed out another general problem. Namely, the competent Ministry has advised the Center to improve its handling of the preparation of children for discharge and the follow-up after the discharge. However, the staff believes that this issue does not depend solely on them and the Center, but that it requires a broader cooperation and participation of all competent bodies in the creation of a support network (through opening of "halfway houses", expert training, employment, etc.). Employees of the Center do not believe that such support exists, nor were they ever able to obtain it.

By way of a group interview and comments by certain children, we found out that the major problems lay within mutual relationships among children. More precisely, fights and conflicts happen, as well as verbal violence and a lot of thefts. The staff drew our attention to the fact that informal groups existed amongst the residents. The staff also noted that some of the problems were aggressive and destructive behavior (both towards inventory and objects, and between each other), drug abuse, and frequent escapes. From a formal point of view, existing procedures and work plans should, if implemented properly, improve the quality of life of residents, increase their social competencies, empower them to become more independent and to take responsibility for their own plans and actions. However, our impression is that the method employees use to alleviate these problems is not effective. Namely, they focus solely on the causes related to the family, which they have no influence on, and devote less attention to the circumstances related to the current life in the Center, which most certainly act as triggers for such behavior. When asked what their reaction is when such incidents occur, as for example a suicide attempt or an aggressive outburst, the staff offered the following explanation: "We inform the Center for social care and organize a meeting. First we talk without the child, and then we bring in the child and warn him that he or she will have to leave the Center. This comes from the family. She (a certain girl) fought with her mother, who if deaf,

and her two brothers are in Stamnica”. Threats of being forced to leave the Center, and generally, any kind of blackmail of a child who is psychologically and emotionally unstable, only deepens his or her personal crisis and strengthens the feeling of abandonment, which leads to further rebellion and aggression.

Although the staff is informed about the Special protocol on abuse and neglect of children, we did not see the names and telephone numbers of the internal team in rooms where children live and spend their time.

#### **Recommendations**

- Provide funds necessary to equip and renovate the facilities in order to enrich the activities and the contents of the work with children and create conditions for high-quality expert work, which are currently lacking;
- Encourage staff to engage in continuous education and apply different programs and activities in their work with residents;
- In cooperation with competent institutions on all levels, discuss possibilities and alternatives for gradual re-socialization of residents, through special programs and activities which will precede their discharge from the institution, both within the Center and through efficient social support;
- Prompt all competent authorities to undertake necessary measures in order to ensure the best interest of the residents who (based on the type of need for social care) are not adequately housed in the Center, and at the same time, work on undertaking adequate measures and providing aid and support to these residents in exercising their rights;
- Improve cooperation between the employees of the Center and the school, and articulate new activities that would motivate children to get involved more actively;
- Develop a model to include residents into the regular educational system.

### **6. Contact with families and the outside community**

We have already mentioned several times the dissatisfaction of staff by the cooperation with competent institutions, as well as the feeling of marginalization compared to other institutions which provide same or similar social care, and hence of marginalization of children as well. Through a more in-depth conversation, we realized that the staff not only believed that the competent Ministry always favored and invested in the same institutions, but that there was also a disparity with regard to the quality and quantity of involvement and interest in cooperation through support and funding of specific programs, educations, etc.

As to the cooperation with Centers for social care (CSC), the staff points out that it is not always of the same quality, but their general opinion is that the cooperation with the majority of CSCs is satisfactory. While the child is in the institution, contacts and information exchange goes mainly by telephone, with joint work performed during admission, namely,

while the general care plan is drafted, as well as in the phase of discharge preparation, the latter being assessed as the least efficient. By talking to the children, we found out that the originating CSC rarely contacts or visits them, and that they cannot remember the last time someone from the CSC paid them a visit, although they continuously promise to do so, often stating that the obstacle is the distance between the CSC and the Center they now lived in... The social worker points out that the children have a need to bond, and that they look forward to the visit from “their Center”. Unfortunately, some CSCs never show up, while some come to pick the child up and organize a weekend or vacation within a foster family. We have noticed this feeling of abandonment ourselves – some of the children asked us “to put pressure on the Center to visit them”. We also witnessed an incredible and moving eruption of happiness, when one child ran through the corridors, yelling “The Center is coming to see me”, sharing

the recent announcement of a visit with the whole institution.

We have received similar explanations regarding the contacts between the children and their families. Although there are special visitation and guest rooms in the Center, contacts with families are very rare. The staff believes that their role in the cooperation with families could and should be greater, but they did not offer more elaborate opinions on this issue. We presume that, as is the case with other institutions, the issue in question is the division of authority between the Center and the CSCs. However, the staff is aware of the importance of these contacts, and they show interest and participate within the limits of their capabilities. We have pointed out several times that the cooperation with CSCs, at least on this issue, should be better and more efficient. We don't see any obstacle for the institutions to become initiators of better and more frequent contacts with the family whenever this is possible, as well as to look for weekend foster homes within the local community. This in no way excludes the role of the CSCs, but only alleviates it, while it benefits the children greatly.

We found out from informal talks that a certain level of rivalry and vanity exists within the team, as well as totally different orientations and work results, which partially explains the fact that the relationships among the employees have been assessed as not so good.

A part of the staff assessed the cooperation with the school as very good, pointing out that the employees of the school and the Center have been working together for years and that they know the specific characteristics and problems of the children. Others believe that school employees work under far better conditions, do not spend enough time with the

children and devote insufficient amount of attention to them.

Since the Center is located outside the city, contacts with the "neighborhood" do not exist. Residents get in contact with the outside world through organized visits to the movies, theatre, exhibitions, the pool... As for individual visits to the city, some of the kids told us: "We are not going out! Who can we go out with? Where?" They don't know anyone in town and have no money to spend, so they choose to stay in the Center.

Due to the favorable geographical setting, one of the occasional activities is skiing. We were told that a winter camp was recently organized, which proved to be very useful for the children. The educators noticed that a change of environment and the organization of life in the camp in general (preparing meals together, participation of children in setting the rules of behavior, etc.) contributed to a better group cohesion, higher motivation, development of personal responsibility and self-confidence amongst the children. Although being very useful and efficient, these camps are more an exception than a rule, since they depend on equipment and funds. However, something that does not require considerable investment, and that is useful to the children in many ways, is the continuous and good practice of cooperation with students studying for degrees in help-giving professions (community work). Namely, students – future special pedagogues and social workers - spend longer periods in the Center, and under the mentorship of an educator, carry out different activities with the children. In this way, students gain practical experience, while children have the possibility of spending time and establishing contact with young people (older brother - older sister model) from the broader local community, through structured and organized activities.

### Recommendations

- Encourage cooperation with outside actors, and work, through cooperative activities and implementation of not only direct, but also indirect treatment, on providing the best possible care and protection for the residents, especially in maintaining and improving their relationships with their families, other individuals and social organizations;
- Intensify programs with the local community, schools and sports associations, NGOs and humanitarian organizations, business associations etc., in order to obtain the highest possible level of participation of children in everyday life of the community, and enable them to gain experience from real social situations;

- Improve the quality of relations between competent institutions (Ministry, other Youth centers, CSCs) by sharing information and organizing regular meetings;
- Define priorities and establish precise criteria for obtaining help and support from higher authorities, in order to prevent favoritism of certain institutions, that is, discrimination of both the staff and the children housed in this institution;
- Work on combating prejudices about children and young people with behavioral problems through media and campaigns, and engage in explaining the causes of their asocial behavior and promoting methods for providing help and support to these children.

### 7. Guarantees of rights and liberties of residents

In addition to performing secretarial tasks and serving on the committee for admission, transfer and discharge of residents, the legal counselor of the Center is also involved in cases when children commit an offence or misdemeanor. These are mostly petty theft, such as breaking into newspaper and tobacconists' kiosks and the like. In these cases, the injured party is offered compensation, and asked not to file charges. According to the legal counselor, the Center's residents are sometimes blamed for things they haven't done, although the police records show that they commit less offenses and misdemeanors than the children from the city. If a child is detained in the police station, an educator would usually come to pick him or her up. The Center has a serious problem with children running away, and since the police are not allowed to detain minors, staff members often must hire a taxi to travel by night, sometimes even to other cities, in order to pick up a child, which is also a significant financial burden.

Apart from the above-mentioned situations, other types of legal protection of children are not common. The legal counselor told us that for some time she had the instructions to initiate the solution of various problems of residents (such as paternity establishment proceedings, protection of a child's interests in property proceedings, etc.), and that on those occasions she turned to CSCs for help. However, the reaction of CSCs was extremely negative, which forced her to abandon such attempts.

All children are introduced to the Regulations for the functioning of the Center's community and House rules. However, there were no attempts to introduce the children to the Convention on the rights of the child, the Protocol on the pro-

tection from abuse and neglect, or other documents pertaining to protection of children. According to the employees, "no one instructed them to do so". After talking to the children, our impression is that they are highly uninformed, not only with regard to these documents, but also when general knowledge on the functioning of the society is concerned, as well as rules and value systems, dangerous behavior, etc. A lot of attention must be given to this aspect, as children are in general subject to easy manipulation, especially if they have no family and are prone to risky behavior.

In 2002, one of the Center's educators sexually abused a fourteen year old girl. The educator was fired, and following a trial, sentenced with a fine! This example shows the necessity for a more strict control over the work of these institutions, but also for monitoring by independent bodies. Adequate reaction of state institutions and the public is also one of the conditions for eliminating all types of abuse of social care beneficiaries. After observing the behavior of the residents, we found no basis to believe that they were subject to any type of abuse. The children approached us spontaneously, and established contact easily; they constantly interrupted our conversations with the staff and asked questions, without fear of being reprimanded or punished. They demonstrated special trust and affection for the psychologist.

Due to inadequate protection and objective flaws within the Center, there is an issue of relations among the children that contain elements of abuse. We were told "that older children do happen to assault the younger", while fights were mentioned on several occasions, as well as other types of violent behavior. In addition to everything we said above, this additionally supports the recommendation to devote full attention to

the rights of the children and their overall protection, as the system of guarantees is

insufficient and inadequate, and appropriate reaction mechanisms do not exist.

**Recommendations**

- Introduce the children, in a way acceptable to them, to their rights and to ways of recognizing situations that can be dangerous and harmful to them;
- Educate children about the importance of the existence of rules by organizing workshops, lectures, movies, etc, with the aim of increasing their general level of knowledge, making them adopt acceptable value systems and facilitating their socialization;
- Explain to the children the essence of the Special protocol on the protection of children against abuse and neglect, and encourage them to address the appropriate person from the Internal team in case of even the slightest doubt; all children should have the phone number and the possibility to get in touch with a trustworthy person at any given time;
- Develop and improve the participation of children through all types of contents and activities; articulate the functioning of the Center's community, initiate a Children's parliament or some other type of joint activity which enables the residents to gain pro-social skills, learn about their rights and responsibilities, and strengthen their dignity and identity.

# YOUTH TREATMENT CENTER IN BELGRADE

## 1. Introductory remarks

The Youth Treatment Center, known by the name “Vasa Stajić” it carried for years, is located in an urban part of Belgrade. We should also mention that, in addition to the Center itself, other independent work units also function within this facility. The following forms of social care are provided for a targeted group of beneficiaries: Center for accommodation of minors not accompanied by parents or legal guardians; Service for the coordination of human trafficking victims’ protection and the Reception Center. These insti-

tutions are under the jurisdiction of the city administration, so we only paid them a short visit and cursorily looked into the care options they offer to their beneficiaries.

The Youth Treatment Center itself has a capacity of 36 places. At the time of our visit, the total number of children and juveniles who were under court-ordered educational or social-protective measures of being placed in an educational institution was 28. Out of this number, three were on the run and three boys were in police custody.

## 2. Living conditions

The housing of children with behavior problems is organized on basis of gender and age of beneficiaries. The female group (9 girls over 14 years of age) is accommodated on the first floor in rooms with two or three beds. The first floor also houses the office of the master educator, the living room and a shared bathroom with two showers, two toilets and sinks. The conditions are the same on the ground floor, which accommodates the male group of beneficiaries (7 boys over 14 years of age). Some rooms have bars on the windows, but we do not know whether they are only a remainder of the earlier period, or have been kept for a reason. In any case, we believe that the bars should be removed, and that the safety of the facility and the beneficiaries should be solved in a different way. Children between the age of 7 and 14, who are part of the Intensive Treatment Program (PIT), are accommodated in a separate area. The area has appropriately equipped rooms with three beds, a living room, educator’s office and a common room-storage where various items can be set aside. There is a plan to equip a separate room to serve as a computer workshop. All rooms are spacious, have good lighting and have recently been equipped with new furniture (beds, mattresses, night tables...). By the

end of this year, old woodwork should be replaced and the rooms and equipment further renovated. The institution has obviously invested a lot of effort into improving the living conditions and the results are visible. Funds permitting, renovation of all rooms will be finalized, the missing artificial lighting purchased and worn-out pieces of furniture replaced. There is a common dining room with a kitchen for all beneficiaries; the space is clean and well lighted, and like other rooms, it has been recently renovated and equipped with new chairs and tables. However, the dishware in the kitchen is insufficient, some technical apparel is not working, and parts of the food preparation equipment are also lacking. The area that has not been renovated due to a lack of funds, and where the conditions are somewhat poorer, are the rooms intended for educative and creative workshops (Internet club, carpenter’s workshop, tailor’s workshop...), the admissions-discharge section area and the hall which was completely destroyed in a fire. After the renovation, the housing conditions have become adequate, and will certainly improve further if the whole process is finalized. Attention should be paid to interior design, since some rooms currently have only a few pieces of furniture, corridors are large and empty, while certain areas of the facility appear poor and

without warmth. A number of pretty details and personal touches would contribute to a more pleasant atmosphere.

The Reception Center area has been totally renovated and better equipped.

The Center has its own yard and a sports playground, which are also in need of investment in order to be better utilized and in the service of the work with the beneficiaries.

#### **Recommendations**

- Finalize the renovation of the entire facility, develop and maintain the acquired level of accommodation;
- Pay attention to the necessity of equipping more rooms for work, educative and creative functions;
- As much as possible, include children into the process of articulation and realization of the environment.

### **3. Institutional personnel**

Out of the total of 48 employees, 29 hold a university degree, eight have a high school degree and 11 have lesser qualifications (all those working in the maintenance service and the kitchen). As much as 23 employees have been working less than five years, four have between 5-10 years of service, while 21 people have over 20 years of service. This qualification structure and the combination of younger and older staff are very advantageous. We found out from our interviews that the younger staff has been hired recently, namely, that some of the employees with over 20 years of service who did not have an adequate level of education have left, while some others were “moved” to other positions.

The Expert service consists of nine educators, four expert associates and two employees in charge of running the workshops. The expert team consists of a pedagogue, psychologist, social worker and head of education service. The present number of employees allows for each group to have two educators who work in shifts. This means that two educators are in charge of the female and two of the male group of those undergoing the general treatment. Two educators also work in intensive treatment, one is in charge of admission and discharge, and two educators work during the night. The staff told us that the night shifts, as well as the timetable for the educators in general, are scheduled by the head of education service. From a short conversation on this

topic, we understood that there is no rotation among the night shift educators, namely, that the two night shift educators are always the same. All educators are certified special pedagogues, and both genders are equally represented. In addition to the officially employed expert staff, volunteers also help in the work of the Center. Currently, there are four of them working in the Center. There is a long tradition of volunteer work in this institution, and there are volunteers working in the Center for 4-5 years. However, we were surprised by the fact that the younger staff was not recruited from the volunteers’ group, since they not only have the appropriate knowledge, but also significant experience in the work with this population.

According to the staff, the Center always had some children with minor mental disabilities, as well as isolated cases of children with combined developmental problems; however, recently this population has become predominant. This situation stresses the need for mastering new knowledge and skills necessary for the work with these children. Educational seminars that are organized from time to time are not sufficient, and only one educator told us that his work was significantly improved by the Maria Montessori program he attended. Another educator has attended a seminar on inclusion, as well as one on counseling. The staff attended a seminar on cognitive-behavioral therapy with two-year supervision, “the theatre of the oppressed”... The employees claimed that they needed specific

knowledge from the areas of psychiatry, pedagogy and social pathology.

Work and resident documentation is meticulously kept. The staff told us that their administrative obligations rarely impede the quality of their direct work with children. As in other institutions of this type, overtime work is neither regulated, nor adequately paid. Everyone agrees that the job they do is not sufficiently appreciated by the society. At the same time everyone is happy with their jobs. The staff believes that the state always pushed the care for children with mental disabilities to the very end of its list of priorities, and that funds are rarely or not at all awarded to Youth centers: "... we are last on the list... and they claim they are worried about the increase of juvenile delinquency and drastic violence amongst the youth!". In general, we agree with this viewpoint, but we have to add that, out of the three Centers which exist in Serbia (which is another indicator of the "care" the state shows for this population), this Center, from the aspect of living conditions for children, the number of staff in comparison to the number of children, and even the structure of beneficiaries, is in a far better situation than the two other Centers (Knjaževac, Niš). Whether the reason is

the proximity of the sources of funding, personal competence or something else is not the essence of this problem. The point is that children in all three Centers should have at least similar living conditions.

Although the atmosphere and relations among the staff were assessed as satisfactory, we noticed a certain amount of rivalry and vanity amongst the educators, as well as opposite orientations and results in the work with beneficiaries. Even during our visit, we could sense the passive resistance and indifference of certain educators towards getting engaged in conversation. This is supported by the fact that the relations which were assessed as the poorest were precisely the ones between the educators. We suppose that the potential disagreements and tension are the consequence of a stressful job, but also of significant changes which resulted from the hiring of younger employees and a reorganization of the staff. We encountered a similar situation in some other institutions, which indicates that more attention should be given to the problem of relationships between the employees. All things considered, it is illogical to expect changes in the behavior of children and young people if the staff does not serve as a role model for something it wants to bring about.

#### **Recommendations**

- Constantly encourage the staff to improve their knowledge and expert skills by attending new trainings and educational seminars, through counseling and examples of good management;
- During the selection and employment of the staff, pay special attention to social and emotional competence of candidates;
- Work on increasing the motivation of the employees.

#### **4. Medical care**

The Youth Treatment Center "Vasa Stajić" is the only one amongst the institutions that we visited which provides ambulatory care with two permanently employed nurses. One of them is in charge of caring for Center residents, while the other takes care of the children in the Reception center. They work in shifts from Monday to Friday as well as on Saturday mornings. During their shifts, nurses are available to all the children in the institution, while each of them looks after the

children from her own department. The nurse who takes care of the Center's residents has been working in this institution for as much as nine years.

When children enter the institution, they are accompanied by their medical documentation which includes health certificate, medical ID card, as well as their medical and inoculation history. On admission, nurses conduct a sanitary examination of children's skin and hair. According to them, many children used to arrive to the

Center without inoculation, while nowadays this happens only occasionally. In such cases, children are given at least a tetanus protection shot. The medical history is filed in the competent Children's dispensary, with which the Center cooperates well. In case of emergency the Emergency help service is called, although there were occasional problems with this service, due to their tardiness. Two doctors in the Children's dispensary are in charge of the beneficiaries, and they monitor the children during their entire time in the Center, which is a good thing. Systematic (health) screenings of all children are being done every month. When children go for their screenings, either to the Children's dispensary or to a specialist, they are accompanied by a nurse and a driver, and when an escape is suspected, by an educator as well. The ambulatory care at the Center provides first aid for minor injuries. The ambulatory care is located in a separate, well maintained and arranged room with basic first-aid equipment. However, as a kit for anti-shock treatment is not provided, intramuscular injection therapy cannot be administered. Nurses keep a daily log of activities, while data on the children are fed into a pretty old computer, and subsequently used for writing annual reports, as well as reports in shorter time-intervals, if needed. Such an approach to the treatment residents is very responsible, and certainly increases the quality of their healthcare.

There is also an adjacent room designed for isolation, but at the time of our visit it was not in use, since renovation was planned. According to the staff, the isolation room is rarely used. However, the institution has a certain quantity of bottled water in case of an outbreak of hepatitis.

Drug treatment is administered by the nurses, most often by having the children come to the ambulatory care to take their medication, and if a child has to remain in bed, the nurses take the medication to his or her room. During the night, on Saturday afternoon and on Sunday, the medication is administered by the educators, who are supplied with the appropriate doses of medicine by the nurses. The administering of medication, as well as the

exact time, are recorded in the treatment book, and also entered into the daily log of the medical service. If a child refuses the treatment, and if the attempt to persuade him or her fails, a note is made on this issue and the educator in charge and the manager are informed. As some sort of psychiatric treatment is the one that is most often refused, the nurse consults a doctor over the telephone to plan further action.

At the moment of our visit, the Center housed one girl with asthma who used an inhaler, and one girl with hepatitis B who was going to regular screenings and whose condition was good. During the previous year, the biggest health problem was the outbreak of hepatitis A, when three persons became infected. During four weeks, the epidemiological and sanitary services monitored both the children and the staff, and took samples on a regular basis. Those infected were isolated, and the Institution was disinfected. In 2008, two children were diagnosed with hepatitis C. There are no HIV positive children, nor have there been any. At the moment, there are no children with bedwetting problems in the Center, but there are some in the Reception center, and due to the fact that the children spend a short time in the Reception center, wet bed protection mats and increased hygiene measures are used to treat them. Previously, children with bedwetting problems had consultations with a neuropsychiatrist, without drug treatments. The most common specialists' screenings are surgical (100 during the last year), gynecological (20), neuropsychiatric (17), neurological (15) and dental (15).

The institution houses four children up to the age of 14 with psychiatric problems who are receiving drug therapy, and they go for regular checks to the Institute for Mental Health; one child goes each 15-30 days or more often if needed, and others go each 2 to 3 months.

A serious problem is the abuse of psychoactive substances, especially since there are no adequate mechanisms to deal with such cases, as the treatment is on a voluntary basis. It is very common for children to quit the detoxification therapy at the Hospital for drug addicts after a few days, or to be released because they committed an offense. Even in situations when an educator suspects a child is using psychoactive sub-

stances and suggests testing, the beneficiary is allowed to refuse, which entails a long-term and comprehensive work on motivation. This practice is somewhat different than in other institutions, where a drug test is mandatory when drug use is suspected as well as after an escape. We believe that this problem could be solved in cooperation with the Ministry of health. In addition to numerous cases of psychoactive substance abuse amongst the young people in institutions, one should bear in mind that the Law on minors prescribes a compulsory treatment measure. We have no information as to which health institution implements this measure, but it looks like another case of disharmonized laws and ministries. Most certainly, social institutions are neither in charge, nor able to solve this problem.

About 11-12 years ago, one beneficiary of the Center drowned in the Ada Lake, and another one committed suicide 10 years ago. Suicide attempts are rare, but a significant number of injuries are self-inflicted (40 during the last year), and 10 cases of poisoning were recorded.

Gynecological care is provided at the Youth Counseling Center. Lectures on

this subject are organized two times a year, while everyday healthcare protection and talks are used for continuous education of residents. At the time of our visit, there was one pregnant girl in the institution who wanted to give birth. All medical and legal documentation necessary for her transfer and accommodation at the Mother and Child Dispensary has been completed. The average number of abortions is one per year.

Dental care is provided in the following way: older children go by themselves, while younger are taken by educators once a year, in groups. We believe that the importance of dental screenings has been somewhat neglected, since the number of these screenings in 2008 was only 15.

The Center serves three main meals and an afternoon snack, all according to established standards of nutrition. The menu committee consists of a cook, educator, nurse and representative of children. Children are mostly satisfied with the quality of food and have not voiced serious complaints. Children have the possibility of preparing coffee or tea in common rooms, but do not have the facilities to prepare smaller meals. Sanitary and hygienic monitoring is done on a regular basis.

#### **Recommendations**

- Use the advantage of the existence of healthcare protection within the Center, as well as the proximity of the largest medical institutions, in order to organize and develop stronger prevention and systematic monitoring of beneficiaries' health;
- Organize educative activities for the children, especially regarding different types of risk behavior, and include the children in the activities of NGOs and associations which work on healthcare and prevention;
- On the level of ministries, solve the problem of mandatory addiction treatment; for its part, the Ministry of Social Policy should pass binding instructions for institutions how to proceed in these situations.

### **5. Activities and organization of work with beneficiaries**

As we have mentioned before, at the time of our visit, 22 children and young people with behavioral problems were housed in the Center (three boys were in police custody and three were on the run). The Center houses 9 girls and 19 boys, among them 8 boys between the age of 7 and 14, while the others are between the age of 14 and 18. Most of the children and young people housed in the Center have multiple problems and have been in

the system of social care for many years. As we were told, their adaptation capacity is very low. Their behavioral problems range from proclivity towards vagrancy and a disorganized way of living, to the abuse of psychoactive substances, criminal acts and destructive behavior (verbal and physical aggression towards the environment and auto-aggression). Most of them are not within the school system or are lagging in their education, namely their age does not

correspond to their grade level. In regard to intellectual capacity, they vary from children with minor mental disabilities to children with average intelligence. Children between the age of 7 and 14 are under a measure of the foster care authority, while among the minors (between 14 and 18), apart from the seven girls, all the rest (13 of them) are under a court-ordered educational measure, mostly for criminal acts of theft and violent behavior.

Children (between the age of 7 and 14) are housed in a separate section of the facility. The content of the work with these children is implemented in accordance with the above-mentioned Intensive Treatment Program (further referred to as PIT). PIT was created to help children with pronounced psycho-physical, emotional and social problems. Immediately upon arrival, in the presence of all team members and the representatives of the originating Center for social care, a General care plan is drafted for each child: the problem is identified, goals are operationalized and specific tasks are defined. Deadlines are set and persons responsible for fulfilling specific tasks are appointed. The entire procedure of PIT is, according to the staff, on a voluntary base. Operationalization of goals and tasks includes different types of structured activities, realized according to a weekly schedule, which is repeated, with necessary changes and amendments in regard to the children's needs. These are different types of individual (scheduled and unscheduled talks, counseling...) and group work (educative, occupational and creative workshops, informative group meetings...), attending school, contact with families, checking and monitoring health conditions, organizing free time activities, visits to the city, fieldtrips outside the city... Every month the General treatment plan is revised, the results achieved are analyzed and a plan for the following month is drafted. It is important to point out that there is a special system of awarding points. Namely, during joint meetings, behaviors that are awarded and sanctioned by the point awarding system are clearly defined. Every beneficiary receives a list of expected behaviors. Based on this list, the group jointly assesses the behavior of

each group member and the points are entered into the behavior monitoring table. The point awarding system has 4 levels which are harmonized with the number and repertoire of benefits. When a beneficiary reaches the maximum number of points at a certain level, he/she receives a new list with new goals and tasks, namely, a chance to intensify and broaden his/her list of benefits. The staff points out that the introduction of this behavior monitoring method improves motivation, namely, suppresses negative forms of behavior, and supports the acquiring of work and hygiene habits. They also point out that positive behavior is being stressed, that is, the awarding part, rather than the prohibitions and punishments. The awards include increased number of phone calls, duration of visitations, weekends outside the Center, extra sports activities, later bedtime, choosing fieldtrip destinations, going out, having radios, walkmans and posters in the room... The benefits are received on weekly, monthly and trimonthly basis. While pointing out the positive effects of PIT (a decreased number of escapes and vagrancy, participation in the educational system...), the staff also stresses that this type of treatment requires funds, which is, at times, a great obstacle to the realization of the program. We have to stress that during our visit the children taking part in PIT were not present in the institution, so we did not have the opportunity to hear their point of view. According to the staff, 147 beneficiaries took part in PIT during the last five years; subsequently 39 of them were returned to their biological families, 68 were placed with foster families and 40 in homes for children without parental care. Out of the total number of 147, only 15 children are on the run again or have relapsed into vagrancy. However, some older beneficiaries who are in the Center under a court-ordered educational measure told us that they went through the PIT program when they were younger. Taking into consideration all information on PIT, we believe it is necessary to permanently and properly evaluate and improve this program, especially due to the fact that some children continue with delinquent and asocial behavior even after going through PIT. On the other hand, no matter how good the work of the Center staff is, the question remains whether we can expect the

socialization and integration of these children if they are not monitored and supported after they are released from this institution.

As to the organization of work with beneficiaries attending the so-called General program (boys and girls between the age of 14 and 18), according to the staff it is very similar (almost identical) to the work with children in PIT, but the activities are not as intensive and highly structured. Activities depend on the age and the system of awarding points and benefits functions accordingly. In addition to school responsibilities, during their free time the beneficiaries can participate in creative workshops, where they make jewelry or work with wood. Based on the number of produced items we saw, one can only conclude that the participation in these workshops is low. In addition to that, there is a forum theatre and different sports activities for beneficiaries. Educational workshops are organized mostly on the subjects of health and human trafficking. Once per month a fieldtrip is organized (the Center has a minivan and a sport utility vehicle), but if the weather is poor or if there are no funds available at the moment, the fieldtrips are canceled. Beneficiaries claim that for quite some time these activities have been organized rarely. This is how some of them described their daily routine: "... I get up at 6:30, eat breakfast, then I go to school for a little while, after school I play football, then I have to tidy my room and clean it a little ... afterwards, I play video games... a few days ago, I went to a football match"... "When there is a problem, they are here, but they neglect us... it would be nice if they could spend a little more time with us"... "Here, you have school and nothing else. There are some workshops, once or twice a month. We used to have activities, workshops, volleyball, and now, nothing"... "We all smoke marijuana because we are bored. It is so quiet, deserted".

After talking with the beneficiaries and reviewing the documentation on the realization of the work plan with beneficiaries taking part in General treatment, our opinion is that this program could be richer in many aspects.

All employees claim that their greatest problem, competency-wise, is working with children with psychiatric problems. Since the number of these children is increasing, the staff believes that it would be most efficient if these children were housed in another institution with competent staff: "... we must accept children for whom there are no systemic solutions, children nobody else wants to accept, and who, according to official categorization, do not belong to any group". Furthermore, opinions were voiced that these children disturb group cohesion, which significantly reduces the possibilities and effects of work with other children. We believe that this viewpoint contradicts the one about the positive effects of PIT. We strongly believe that an adequate, individualized and utmost professional approach in the work with every child yields positive effects, regardless of the "category" of children in question. This is supported by a statement of one of the educators: "... the child was categorized as having intellectual problems, he could not fit in, we did not know what to do with him... After I attended the Maria Montessori program and consulted the people from the University, I tried to implement what I learned in my work with the child, and the child responded positively. Now, I have no problems with him... amazing... And now they want to transfer him to Sremčica".

The staff told us that during the adaptation period the biggest problem lies in adopting house rules, which is manifested by different behavioral problems. According to them, this is solved by having more frequent conversations with the specific child and trying to meet his or her needs to the extent possible under current circumstances. When we asked the beneficiaries what they would change in the Center if they were allowed to, the first thing everyone insisted on were relationships among them: "... for children not to assault each other and for educators to be better..." We found out from our conversations that there were cases of abuse amongst the children (the perpetrators are currently in police custody). What is important is the belief of educators that the children are generally scared to ask for help if someone is abusing them and that they do it only when they can't take it anymore,

when they are overcome by fear and uncertainty!? According to them, an abuse case was discovered when an educator suspected something was happening based on certain indicators, whereas the confession of the victim required a lot of sensitivity and tact on the part of the educator. It turned out that this child had been a victim of abuse by other children for a long time before confessing. On the other hand, when we asked one of the beneficiaries whether he knew who to turn to if someone abused him, he said: "... only to the director, no one else... I don't trust the educator..." From this statement, we could indirectly assume that some of the educators were trying and succeeding in building a relationship of mutual trust and providing beneficiaries with the much needed feeling of safety, while some educators apparently failed in this task. This is supported by the explanation that when "problems" (for example, frequent escapes) occur in a group, the solution is to change the educator: "... at the beginning it was weird, the bars and all that... they helped me get my way around, but I changed six educators... some are better than others". When we asked specifically whether it was always the same educators who had problems with a group, and others who managed to establish good cohesion and relationships in a group, we got an affirmative answer. In any case, it is obvious that the staff has a difficult time dealing with problems like frequent escapes, aggressive and destructive behavior of beneficiaries, both towards objects and to each other, attempts and frequent verbal threats of suicide, abuse of psychoactive substances... Considering the specificities and characteristics of the beneficiaries' age, these incidents could be also interpreted as a reaction to suffering and frustration. In

regard to this, it is also very important to identify the causes which are not related to the family, including the institutional ones.

The facility houses a primary and secondary school "Vožd". This school is registered as experimental and belongs to the Ministry of Education. It used to enroll only the children from the Center, but since 4-5 years ago, other children with behavioral problems can also enroll in the secondary school. At this time, there are 250 enrolled children studying to become hairdressers, cooks, car tinsmiths and car painters. The director of the Center points out that a big problem was the fact that they shared the entrance and staircase, and that, due to numerous problems, the Center withdrew all of its children from the secondary school. According to his assessment, at least 50% of current students at the secondary school have no behavioral problems, but they somehow acquired papers which allow them easy enrolment and graduation in this school. Currently, 15 beneficiaries are enrolled in the primary school, 5 attend secondary schools in the town, and one child attends the "Dragan Hercog" school for children with physical conditions and no intellectual problems. This Center also confirmed that it had problems with the schooling of young people under educational measures. Namely, the duration of the educational measure (between six months and two years) does not provide for continuous education and graduation. As we have mentioned before, this problem has to be solved between the ministries (of Justice, Education and Social Policy). Minors under educational measures must be given an opportunity to gain professional education during their time in the Center, but also after the measure is lifted or ends. If the society does not offer them a different choice, they will relapse to crime.

### Recommendations

- Offer a higher degree of participation to the beneficiaries in setting the house rules and the rules of life in the Center;
- Provide funds necessary to equip the facility in order to enrich the activities and contents of work with children undergoing general treatment, and to create conditions for quality expert work, which are currently lacking;
- Encourage all employees to implement different programs and activities during their work with the beneficiaries;

➤ In cooperation with competent institutions on all levels, discuss the possibilities for gradual re-socialization of beneficiaries through special programs and activities which would precede their discharge (“Halfway house”, gaining professional skills with support and others).

## 6. Contact with families and the outside community

The staff voiced serious complaints about the cooperation with Centers for social care (CSC), although the quality of this cooperation varies depending on the specific CSC. As an extreme behavior, the staff mentioned the example of a representative of one CSC, who came to visit and asked: “Which child is mine?” Furthermore, they claim that the documentation submitted by the originating CSC often lacks data which could potentially lead to the decision that the child does not belong to this type of institution. The beneficiaries confirmed that CSCs rarely visited them, that they can’t remember when was the last time they came, etc. Although this cooperation is necessary in all phases, it is deemed adequate only during admission, while being reduced later to the compulsory minimum.

Another important institution is the school. As we said before, according to the staff, secondary school students who come from the outside create greater problems than the beneficiaries of the Center. While the solution to this problem needs to be initiated with the Ministry of Education, the cooperation with the school staff is assessed as acceptable. From a general point of view, the cooperation with the competent ministry is assessed as the worst, as expectations in this area are higher.

As to the contacts with the family, smaller children (from PIT) show a strong need for parents, while this need becomes less prominent with older children. Except in the cases where families are highly dysfunctional (alcoholism, drug abuse, promiscuity...), every type of communication is encouraged and considered very important. Unfortunately, during the last year, only seven beneficiaries from general treatment had contacts with their families. The staff believes they have a great responsibility to support and improve the relationship between children and their families, and that their role in these con-

tacts should be more important: “the best interest of a child is to return to his or her biological family, if possible”. Beneficiaries were very open on this issue – some discarded the mere possibility of contact with parents and openly “offered arguments” for their reasons, while others were obviously found alone in their desire to maintain family connections. Several children confirmed that they were seeing their families on a weekly or monthly basis, either by staying over for the weekend, or through parents’ visits. The children point out that the frequency of these contacts depends on their behavior, that is, more frequent visits are considered as benefits - rewards. We believe that this form of awarding/punishment is inhumane and drastic. Besides, this is contradictory to the staff’s opinion about the importance of family relationships and their responsibility for improving these relationships.

Contacts of children with the “neighborhood” are rare. Both the children and the staff believe that this relationship could be better. The only socialization takes place when they play football on the playground within the Center on weekends. Children are very good at recognizing who accepts them and who doesn’t. The beneficiaries also interact with the outside world through organized one-day fieldtrips, visits to the movies, theatre, exhibitions, going out... As a special benefit gained through the point awarding system, a smaller number of beneficiaries are allowed to join local sports clubs, and participate in trainings three times a week, accompanied by educators. Winter and summer vacations are not planned, but a three-day camping was organized twice. According to the staff, there was not a single incident or any violation of the rules of conduct during camping. This activity showed extraordinary effects since a large part of its content was handed over to the children (organizing the space, preparing meals, organizing camp life...) This had a positive influence on group cohesion, taking

responsibility for one's actions and behavior, and strengthening the trust between the children and the educators... More frequent activities of this kind are, according to the staff, not possible due to a lack of funds. Taking that fact into account, we believe that the Center should seriously analyze the award/punishment system, and devote more attention to the effects this system has on each child. Apart from our already expressed doubts about the effectiveness of the award/punishment system

when it concerns the number of contacts with the family, sports activities in clubs are also a type of re-socialization which should not be treated as a benefit, since that is contradictory to the purpose of placing children in the Center. Emphasis should be placed on organizing all types of activities in which children willingly participate and which motivate their pro-social behavior. Both the activities and the funds of the Center should be directed towards this goal.

### **Recommendations**

- Encourage cooperation with families, relatives and all individuals who can have a positive influence on providing a stable development of a child;
- Encourage and specify forms and obligatory nature of cooperation between the Center and CSCs, as well as other relevant actors;
- Design jointly with beneficiaries programs that fit their interests, and increase the level of responsibility, personal capability and self-respect of the children and young people; improve the cooperation with different civil society organizations, in order to increase the involvement of beneficiaries in social activities and make them feel the support and acceptance of the community.

## **7. Guarantees of rights and liberties of beneficiaries**

Akin to all other similar institutions, the Center in Belgrade has only one legal counselor who performs secretarial tasks, while her responsibility as a member of the expert team is to check the documentation accompanying the beneficiaries. She is also the one communicating with CSCs and courts, by sending regular reports and the like. The legal counselor is also a member of the internal team for the protection of children against abuse and neglect, in charge of taking statements. However, she does not communicate with the beneficiaries, nor is she in charge of protecting their rights in any way. Only educators and expert associates are in charge of this task. She wrote a job recommendation for one boy who was discharged from the institution, and according to her, the boy is still working and everybody is satisfied with his performance. However, this is a solitary case and not a practice within the institution. Her relations with the Center's staff are also reduced to employment related issues. In addition to the already mentioned problems in cooperation with certain CSCs, employees of the Center confirmed that

they had many difficulties in obtaining reimbursement of fees from the courts that impose educational measures. Although the situation has somewhat improved, the debts are still considerable, while some courts still fail to meet their legal obligation.

Although the staff is informed of the General and Special Protocol on Protection of Children from Abuse and Neglect, our impression is that these documents, as is the case with other documents pertaining to the protection of children's rights, have not been awarded proper attention. This pertains, in particular, to the informing of beneficiaries themselves. When asked if he knew his rights, one child answered as follows: "to obey when an educator tells me what to do, as well as to listen to older children". Apart from the educators' offices, we could not find the names and phone numbers of the internal team in the rooms where children spend their time. We have already mentioned that there were cases of abuse amongst the children (the perpetrators are currently in custody). At the same time, educators are aware of the fact that children are generally scared to ask for help if someone is abusing them and that they do it only

when they can't take it anymore, when they are overcome by fear and uncertainty. Explaining an actual case, they point out that it was discovered when an educator suspected something was happening based on certain indicators, whereas the "confession of the victim required a lot of sensibility and tact on the part of the educator". It turned out that this child had been a victim of abuse by other children for a long time before confessing. When we asked one of the beneficiaries whether he knew who to turn to if someone abused him, he said: "... only to the director, no one else... I don't trust the educator..." The legal counselor believes that the Center should hire another person who would be entirely devoted to the beneficiaries, their legal problems and regulations. Taking care of legal functioning of the Center is an important obligation, but we believe that the problem actually lies somewhere else. As we have already explained several times, the systemic solution places almost the entire legal protection of beneficiaries in the competence of CSCs, which is something institutions have accepted, and have been acting accordingly for decades. Furthermore, there were previously no documents guaranteeing the rights of beneficiaries, which is the reason for establishing inadequate practice, and unfortunately, most probably for many cases of illegal behavior. However, in the course of this project, we learned that certain social institutions had a different approach, which they implemented with success, even when they had a larger number of beneficiaries than the Center in Belgrade, as well as a larger number of employees. This is why we believe that the Center should improve its concern for the beneficiaries' status and the guarantees of their rights, since this is an essential part of adequate care and development of children and young people, especially those living in institutions.

Raising the level of knowledge about rights and legal opportunities is important for the children not only during their time in the Center, but also as a necessary part of their life within the society. Numerous data and studies confirm that individuals in a state of social need, in particular children and young people, are

much more likely to become victims of manipulation, criminal behavior, as well as the most severe types of abuse. This was also pointed to us by two employees (psychologist and social worker) in the Service for the coordination of the protection of human trafficking victims. Their experience shows that the largest number of human trafficking victims is recruited from socially vulnerable categories of population or from individuals with some type of social pathology. Incidentally, this Service exists for five years, but employees of the Center told us they will ask for its transfer to another place, as it is not compatible with their work. The Service is housed in an office and has at its disposal the driver who is employed at the Center. Apart from that, it has no common points with the Center and works completely independently. It never received its own budget and is financed through the Ministry of Social Policy and through donations of international and domestic NGOs. This Service is a drastic example of irresponsible and incompetent attitude of the state towards the increasingly important and alarming phenomenon of human trafficking. Back in 2005, the Serbian Government adopted the Strategy to combat trafficking in human beings in the Republic of Serbia, established a National Council with a coordinator, as well as a network of institutions which form the state combat team. Despite the fact that the number of trafficking cases is increasing, this Service presents a scandalous example of the superficiality of the state and its farcical attitude towards international obligations it agreed to – two individuals working 24 hours a day, 365 days a year, are unable to deal appropriately with such a complex problem. In addition to this, the cooperation with other state institutions is also unsatisfactory, since as far as we can tell, this issue itself is on the margins of the state's interests. Human trafficking has primarily its criminal aspect, being one of the most rewarding types of international crime. However, this is at the same time the area where the most serious violations of human rights occur, which cannot be compared to any other type of behavior in the modern world. Bearing in mind the extremely low sensibility of the Serbian state and society regarding human rights in general, we believe that to be the reason for the inappropriate attitude

towards this Service, but also towards victims of human trafficking. This is confirmed by the fact that the CSCs, despite a number of educational seminars, still avoid working with victims, and frequently treat them in a way which is unacceptable both from the professional and the humane point of view. Other state institutions have a similar attitude, which is why we want to draw the attention of the competent ministry, as well as of other actors in the victim protection system, to the fact that joint action and a serious campaign to increase awareness and educate population and professionals in this field is needed.

Finally, we want to point out once again that social policy and social care cannot be successful without the coopera-

tion and contribution of other segments of the state and the society. Getting back to the subject of the Center, as an institution for the education of delinquent children and young people, this means that the work of this Center becomes completely pointless unless the Ministries of Justice, Education, Local Self-Government, Youth and Sport and other institutions and centers work synchronously and provide support which is necessary for successful re-socialization of this population. If a fundamental change in the approach to this issue does not take place soon, Serbia will find itself in a situation where it will be forced to constantly increase the funds for police and prisons, which is the most expensive and least efficient way to combat crime. Other consequences will be even more serious.

#### **Recommendations**

- Ensure that every room where children spend time provides information related to the internal team, namely, who they can turn to in case of abuse and neglect; furthermore, inform the children in more detail about the contents and purpose of this document;
- Inform the children on their rights and opportunities for protection in an appropriate and interesting manner (through workshops, theatre, movies, contemporary music, simulation of certain situations, etc.);
- Improve the cooperation between institutions and Centers working with children and young people, with the aim of sharing experiences and adopting examples of good practice;
- Work on adopting a comprehensive concept in the approach to children with behavior problems and young people under educational measures, among different ministries, as well as institutions.

## PHOTOGALLERY

Home for Children and Youth „Petar Radovanovic“ in Uzice



Home for Children and Youth „Dusko Radović“ in Nis



Home for Children and Youth SOS Children's Village  
„Dr Milorad Pavlovic“ in Sremska Kamenica



Juvenile Corrective Educational Institution - Nis



The Youth Treatment Center in Knjazevac



The Youth Treatment Center in Belgrade

