Good Practice case study

Reforming the gate-keeping system in Serbia towards a user-concerned and more rights-based approach

Relevant articles of the CRPD: 19, 24, 25, 26
Country: Serbia
Region: South East Europe
Good practices available in: English (full report available in Albanian and Serbian)

Gate-keeping Reform in Serbia

Description of the practice and the process involved

Commissions for Categorisation, as one of the main entry points **into residential institutions for children with disabilities**, were considered a priority in the reform of the social protection system. Therefore in 2002 the former Ministry of Social Affairs, supported by UNICEF and Handicap International created a reform group, charged with the task of assessing the functioning of the Commissions and making some recommendations on a new mandate and new procedures for the Commissions.

The project was divided into several stages, including:
- **A survey** on how many children have been categorised and how the process of categorisation worked,
- **National and international consultation**,
- **Drafting of a new act**,
- Creation of **tools of assessment** and of **guidelines** for professionals,
- Creation of **regional teams** for the dissemination of the new model and training on tools for implementation.

Through all these different steps **a consultative and participative approach** was enforced, involving the representatives of the Ministry of **Social Affairs** (former), who initiated the group; the Ministry of **Education** (former), under whose jurisdiction it falls; and the **Ministry of Health**, as the commissions are usually based in health centres.
People with disabilities were consulted throughout the process either through public debates at the local level or by being directly involved in the group.

Composed of **a multidisciplinary team** the commissions gave **technical advice** on the type and impairment of the child, as well as a **recommendation** of the type of schooling he/she should attend.

The survey showed that:

- A sizable number of children are categorised as intellectually disabled and directed to separate special schools although the cause of their intellectual developmental difficulties is a high level of social and educational neglect (particularly amongst Roma children),
- For many children the placement in institutions is recommended although these children could stay with their families on the condition that appropriate community support is provided,
- Categorisation is often influenced by the existing system of institutions for these children, and not by their needs,
- Many children come to the attention of the Commission too late, usually at the age of school enrolment (age 7) and thus the precious time for early intervention is lost,
- Follow-up of categorised children and assessment of the effects of the measures undertaken is not done on a regular basis,
- The documentation of categorised children is not adequate and does not facilitate the planning of care for children with disabilities at the community level,
- Though sometimes present, neither the child nor his /her legal representatives are consulted for the decision.

On the basis of these observations some recommendations were proposed. The scope of the changes to be made was a delicate question. In a context where the medical model was predominant and commissions were the key point for families of children with disabilities the challenge was to bring in changes that would radically change the approach without altering the system and putting families and professionals under stress. The options were either a "light" reform, acting only on the functioning of the commissions, without changing the underlying model, or changing this model to bring about deep changes.

Through national and international consultation the reform group was able to decide on the more ambitious of the two alternatives, **to change the underlying model for assessment**. Exploring the alternative models of classification to replace the very medical one that was enforced until then (classification according to the level of impairment), the reform group encountered the DCP.

This holistic model gained the approval both of professionals and people with disabilities for several reasons:

- The DCP **brought together the medical diagnosis and the capacities of the person with which professionals**, and more specifically defectologists, were used to working. The DCP also introduced the **environment and life habits** of the person, which allowed families to express their **expectations and wishes**,

- It was a **practical model** that, with appropriate training could immediately be translated into tools **accessible to most professionals**,
- The model recognises the **specificity of each professional member of the commissions and provides them with a common language** in order to work with a true interdisciplinary approach.

Through this model the question of the purpose of categorisation is definitely addressed. The Commission's only purpose is **assessment and orientation**. The Commission now directs the child and their parents towards the **appropriate services in the education, rehabilitation and health areas**. Within the reform of the Commission, the name therefore has changed to the **Commission for the Assessment of Needs and Orientation of Children with Disabilities**. The Commission becomes one of the stakeholders at the local community level of the social integration of the child and of support to the family.

The change in approach was accompanied by **changes to the organisation of the commissions**. Commissions become **professional bodies with one permanent member** that will ensure the follow up of procedures and facilitates information flow between members:

- They intervene much **earlier** in the life of the child, as soon as the impairment is noticed,
- The **distinct steps of the process** have been clarified. Four stages can be distinguished:
  - Assessment of the Disability Creation Process,
  - Assessment of the needs of the child and the family,
  - Elaboration of individual plans,
  - Follow up of the plan's implementation,
- For each step the professional involvement has been **specified**,
- They include the **opinion of the child and his/her parents**,
- Commissions have an **obligation to follow up** on the child and the implementation of their recommendation; the process is no longer one-off,
- Commissions have the duty to **keep a register** of the children that come before them.

Some of the difficulties encountered

Since the act was presented to the former Ministry, the government has changed and the new administration has **slowed down the process of reform**.

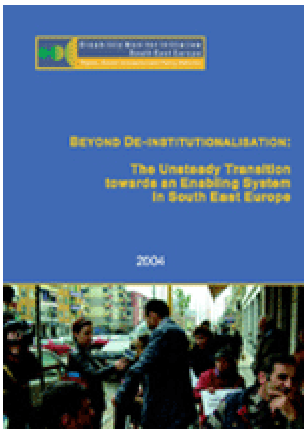
The effects / impact of the practice

Through these main changes the reform group has realised the wishes of most stakeholders previously involved in the categorisation process, by having a **procedure closer to the person and more adapted to its needs**.

What are the main points that require attention? How could it be improved?

The act, under the jurisdiction of the former Ministry of **Education has been awaiting incorporation into bylaws for over one year**. This delay has slowed down the process of change. Toolkits are ready and ten regional teams have been sensitised to the new model and mandate of the Commissions. As soon as the act is integrated in the legal corpus, **training of Commissions' members should start through the support of the ten regional teams**.

Background and context



Full project report: Beyond De-Institutionalisation: The Unsteady Transition towards an Enabling System in South East Europe (DMI SEE, 2004)

Criteria for the good practices: see page 21 of the full report.

Recommendations from the good practices: see page 91 of the full report.

Links to further resources:

Full text on article 19 – Living independently and being included in the community
Full text on article 24 – Education
Full text on article 25 - Health
Full text on article 26 – Habilitation and rehabilitation