CHILDREN AND DISABILITY IN the FR YUGOSLAVIA

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Introduction

Constitution of the FR Yugoslavia guarantees to disabled persons a special care in accordance with laws. Documents and special regulations referring to all educational levels, social security and special care of disabled children are the contents of laws on medical care and services, upbringing an education, social welfare, employment and social insurance.

The Law on medical protection (1992), Law on health insurance, Decree on medical care for women, children, school children and students (1995) and other normative deeds that regulate the volume, contents and the mode of fulfilling rights of medical care and services envisages total medical care and services to groups that are, due to their growth and mental development, the subject of expanded risk of diseases and dying. These acts form the unique legal, economic and professional medical entirety.

Professional – methodological instructions for enforcing the Decree on medical care and services for women, children, school children and students, offer measures to be introduced in the medical care and services for children of pre-school age (up to 7 years) in the sense of early discover or congenital defects, already in maternity hospital, as well as in the course of the first year of new-born child. They mainly refer to screening for detection: congenital defects of metabolism up to seven days after birth, congenital hip sprain, anemia, disturbance of eye sight and hearing (once in the first year and before school enrollment), speech and voice disturbance (once during the fourth and fifth year), as well as the blood pressure disturbance (in the third year). Except screening in maternity hospital, the public-health nurse continues supervision over new-born child with the risk in development, after leaving the hospital, she makes four visits within the first year of a child, and if a family is socially endangered public – health nurse takes the steps to put the new – born into appropriate conditions. In that case families with risk are recorded into health card (having its numbers with
coronary diseases, diabetes mellitus, asthma, neurological diseases and other) and their situation is reported to corresponding health centre – dispensary.

Measures to be taken to rehabilitate discovered health disturbance understand appropriate therapies and rehabilitation procedures which are undertaken immediately after being stated, along with the obligation of continuous observation of achieved effect. According to stated diseases and conditions, all children with discovered disturbances are included into certain measures of rehabilitation, in a clinic or in a hospital, in the sense of general and specialized rehabilitation. Specialized rehabilitation is carried out only by institutes for special rehabilitation upon the opinion of the Ministry of health that the institution could provide special premises for accommodation as well as personnel capable for medical treatment of children and youth.

Children up to one year of age stay with their mother during the hospitalization. Doctor checkup examinations are carried out to show the level of rehabilitation regarding the discovered pathologic condition at least three times in the first year of life, and once in the third and the fifth year.

*Complete upbringing and education* of disabled children, according to corresponding laws on special upbringing and education starts in the earliest period already in pre-school organizations, elementary and secondary school in order to train for work and independent life, according to remained abilities – what in fact is the main sense of this process.

In accordance with the law, children and youth of mild disturbance in development are being brought up and educated with other children, but in specialized sections, and children and youth with grave disturbance in development are educated and being brought up according to specialized programs adjusted to the level and the type of handicap and are educated also in specialized schools. System of upbringing and education of disabled children and youth that is regulated by law comprises:

- Care, upbringing and protection of pre-school children;
- Upbringing and elementary education;
- Secondary education, that is, training for work.
Meeting complex needs of disabled children when talking about pre-school upbringing that is elementary upbringing and education of these children, is carried out through public – health work in a family, parents’ consultations during health treatment, realization of a special work programs in health departments, special institutes for rehabilitation, as well as accomplishment of special upbringing and educational programs.

The Law on financial support to families with children (2002) envisages additional protection measures for disabled children, through the reimbursement and expenses for stay of these children in pre-school institutions. These measures should encourage in corporation of disabled children into regular pre-school groups of children but also organization of work in special groups of children with special needs. This measure is also aimed for parents’ support and persistence of their decision to remain the child in a family, in order to develop to its maximum within his or her possibilities.

During their secondary education disabled youth simultaneously, through supporting programs, obtain professional orientation – choosing occupation which should later provide employment and integration of them all into social environment.

Except the protection in open institutions, children with grave disturbance are provided with institutional protection which is realized in concord with current principals for protection of disabled children. These institutions are supplied with satisfactory profiles of skilled workers (defectologists, psychologists, welfare workers, working instructors and physicians). These institutions according to the law, provide disabled children with care, upbringing, education, public health and services, working engagement in accordance with their capabilities and professional work to alleviate the consequences of their handicap. Except persistent care, these institutions can also offer, to disabled children, five day stay and daily stay.

The Law has also determined and maintain records on classification of disabled children. Records on classified children directed to treatment and care into specialized institutions, that is, parents and guardians, and records on classified children directed to special upbringing and education are the contents of a special
register and a child’s personal record. Classification of children is performed by special committee that consists of physicians specialists on criteria determined by law.

Within systematic medical examination before primary school enrollment, in cases when measures taken to discover development disabilities did not bring to satisfactory improvement of child’s conditions, the child is directed, with all necessary documentation, to the Committee for categorization of disabled children, with the purpose of special upbringing and education. An indicator of providing adequate conditions for education of disabled children and improvement of the quality of their life is prevalence of school children and students with disabilities included in regular education.

For the successful process of social integration it is necessary to exist the right attitude of the environment and society towards the needs of children and youth with disabilities, regarding the fact that there are still certain social prejudices in regard to this category from the side of all age and educational groups of population. Destroying these barriers, specially important in the process of children’s socialization, to avoid their feeling, in earliest age, that they are deserted and isolated – because they are different.

1. Children with disabilities in Yugoslavia: who are they?

Establishing the precise number of children with disabilities of the age 0-17 on the bases of available statistical data is not possible, before all, due to the lack of corresponding central register to record this category of population. At present, it is possible to monitor children with disabilities only through certain aspects – their upbringing and education, social and health protection, categories that are statistically observed:

- On the bases of current statistical data it is impossible to record the number of children with disabilities according to the level of disability of those who are included in special upbringing and education.
- Data are also available on children with disabilities that are placed in specialized institutions.
• Number of children with disabilities could also be monitored through the number of disabled juveniles beneficiaries of permanent and occasional support and other forms of assistance (material, nursing and other).

• Health statistics offers an information on established conditions and diseases that lead towards disabilities, what indirectly provides an insight into health conditions of children with disabilities.

Health conditions

With the development of medicine and improvement of health care services, effects of natural selection have been reduced (mortality rate decreased) of biologically non-resistant part of population, what enables genetically handicapped persons to survive and reproduce themselves. Appeared genetic and biological change are the consequence, as in this way anomalies of previous generations are of a bigger chance to be transmitted to future generations.¹ That is why it is expected that the frequency of births with congenital anomalies will be increasing from generation to generation. Also, increasing pollution of environment by nuclear and other chemical substances will in future, for sure, have dangerous influence to an increase of genetic diseases.

Frequency of congenital anomalies in population that could be seen already upon physical test method shows 3-16% already directly giving birth. A.C.Stevenson² has, on the bases on his survey, found that the frequency of congenital anomalies amounts to 25%, out of which 15% is discovered directly after giving birth, and the remaining 10% up to the fifth year of age.

According to data of one study containing analyses by sex – anomalies are more frequent with boys (1,8%: 1,2% for girls). Frequency of anomalies were over twice bigger in cases of varied deliveries, and regarding mother’s age most frequently with women of the age 40-44. Very strong correlation has been shown in relation to the number of pregnancies that preceded delivery. These anomalies have mostly been recorded with women who already had 4-5 pregnancies. Certain diseases of mother

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¹ Yoko Imaizumi, Genetic and biological consequences of mortality changes, Consequences of Mortality Trends and Differentials, New York, 1986, page 67
(diabetes, scarce nutrition, illegal abortions), also could cause an appearance of different anomalies and handicap. Asphyxia can also cause permanent neurological handicap of new born (epilepsy, mental handicap and other). Congenital anomalies are one of the main causes of disability.

Beginning 2001 Yugoslavia had 2,578,102 children aged 0-17, what shows the fall of 12% in relation to started observing year (1989). Number of children of the age 0-6 had even bigger fall in that period – of 19%. This means that each year there was a smaller number of live born children that were getting into age group 0-17, while the number of children exceeding that age group was bigger.

In addition, the share of this age group of total male population is on average about 25%, that is 23% in female population, while the share of boys of the age 0-6 was 9%, that is, girls about 8%.

Officially registered morbidity however does not offer most complex information on diseases of children with disability regarding that registered cases cover only the part of population that either requests or is obligatory under health protection, what at certain extent depends on the level of developed public – health service in observed area. Regardless certain deficiency, register morbidity in the whole and within out of hospital services which monitor conditions of children and youth, offer reliable data as bases for estimation of their health conditions.

As there are no direct data available on the number of disabled children within mentioned age groups, certain analysis could also be performed indirectly on basis of health statistics, achieved by recording morbidity in non-hospital services – for protection of pre-school and school children, as well as data obtained through the systematic medical examinations in elementary, secondary and special schools. Namely, systematic medical examinations for monitoring the development and health conditions and also early discover of health disturbance of school children, in harmony with legal regulations are performed in I, III, V and VII class of elementary school (population of children between 7-14 years of age) and in I and III class of secondary school (age 15-17 year) and with first and third year students (over 18 years). Systematic medical examinations regularly include about 95% of school
children and 85 of students in anticipated ages, what should be representative enough, specially for the age group 7-17.

Although the systematic medical examinations do not include all population of school children between 7-17 years of age (examinations are held every second year) they are still indicative for diagnosis of certain disabilities.

As it is visible from Table 1, out of total number of examined children, on average through whole observed children 4% of them had some of cited impairments (most in 1991, 1995 and 1996). In addition visual impairment was noticed at the biggest number of children (about 57%), then, in about 19% cases speech impairment. Hearing impairment suffered about 12% of examined children, as well as mentally retarded (see Fig. 1).

Significant oscillations in data for children where hearing impairment was noticed could be explained by changes in methodology as well as by the lack of technical possibilities (in 1991 and 1992) for regular diagnoses. It has also been noticed that the percentage of children with speech impairment in last five years is above average.

Table 1. Systematic examinations of children in elementary, high and special schools

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<tr>
<td><strong>Total number of examined children</strong></td>
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<tr>
<td>1989</td>
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<td>4594</td>
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<td>85</td>
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<td>79</td>
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<td>23</td>
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<td>3</td>
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<td>8</td>
<td>7</td>
<td>5</td>
<td>6</td>
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<td>1993</td>
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<td>1091</td>
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<td>9</td>
<td>6</td>
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<td>5</td>
<td>1</td>
<td>7</td>
<td>0</td>
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<tr>
<td>1995</td>
<td>1129</td>
<td>1914</td>
<td>1190</td>
<td>719</td>
<td>4257</td>
<td>3795</td>
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<td>1780</td>
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<td>1997</td>
<td>4195</td>
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<td>2837</td>
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<td>5589</td>
<td>3371</td>
<td>4217</td>
<td>3779</td>
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</table>
For younger ages up to 7 years, systematic examinations are conducted and already start in maternity hospital and are continued in infants in III, VI, IX and XII month of her/his life. Systematic examinations are also performed with children in their second, forth and sixth year (before enrollment to school). However official statistics publishes neither these data (except for pre-school ages in whole).

*Figure 1.* Disabled children by main type of disability, recognized during systematic examinations (%)

By analyses of morbidity in non hospital services for protection of pre-school children (age 0-6 years) and school children (7-17 years) specially include diseases that might bring to temporary or permanent disability. There are, in the first phase neoplasms, diabetes mellitus, mental disorders, respiratory diseases, asthma, congenital anomalies, skin diseases, traumas and poisonings. As for each set disease, within a calendar year statistical data are provided only once as final diagnosis (in the case that one patient visits physician, due to one same disease, e.g. diabetes, few times during a year, final diagnoses is recorded only once), number of diseases should approximately correspond the number of diseased persons effected by cited disease.
Table 2. Diagnosed diseases, conditions and injuries in child health and school children's health services

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<td><strong>Total of all diseases</strong></td>
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<td>5152</td>
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<td>4618</td>
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<td></td>
<td>423</td>
<td>481</td>
<td>942</td>
<td>211</td>
<td>433</td>
<td>709</td>
<td>509</td>
<td>138</td>
<td>795</td>
<td>820</td>
<td>384</td>
<td>033</td>
</tr>
<tr>
<td><strong>Neoplasms</strong></td>
<td>990</td>
<td>1547</td>
<td>1099</td>
<td>1038</td>
<td>823</td>
<td>799</td>
<td>793</td>
<td>1305</td>
<td>1060</td>
<td>1169</td>
<td>1210</td>
<td>1388</td>
</tr>
<tr>
<td><strong>Diabetes mellitus</strong></td>
<td>895</td>
<td>1147</td>
<td>944</td>
<td>882</td>
<td>932</td>
<td>978</td>
<td>1299</td>
<td>977</td>
<td>1084</td>
<td>889</td>
<td>977</td>
<td>1028</td>
</tr>
<tr>
<td><strong>Mental disorders</strong></td>
<td>1843</td>
<td>1704</td>
<td>1</td>
<td>1704</td>
<td>0</td>
<td>1612</td>
<td>5</td>
<td>1350</td>
<td>7</td>
<td>1104</td>
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<td>5</td>
<td>7</td>
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<td>9</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td><strong>Respiratory diseases</strong></td>
<td>4783</td>
<td>4653</td>
<td>4342</td>
<td>4177</td>
<td>3538</td>
<td>3665</td>
<td>4242</td>
<td>4268</td>
<td>3721</td>
<td>3911</td>
<td>3427</td>
<td>3545</td>
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<tr>
<td>of which is asthma</td>
<td>449</td>
<td>417</td>
<td>269</td>
<td>273</td>
<td>490</td>
<td>772</td>
<td>136</td>
<td>420</td>
<td>941</td>
<td>909</td>
<td>415</td>
<td>811</td>
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<tr>
<td><strong>Congenital anomalies</strong></td>
<td>7503</td>
<td>8853</td>
<td>7746</td>
<td>7147</td>
<td>7137</td>
<td>8854</td>
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<td>6</td>
<td>9</td>
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<tr>
<td><strong>Diseases of the skin</strong></td>
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<td>3129</td>
<td>1923</td>
<td>2746</td>
<td>2326</td>
<td>2323</td>
<td>2337</td>
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<td>1983</td>
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<td>1999</td>
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<td></td>
<td>53</td>
<td>40</td>
<td>05</td>
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<td>83</td>
<td>94</td>
<td>96</td>
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<tr>
<td><strong>Injures, poisonings and side effects</strong></td>
<td>1588</td>
<td>1518</td>
<td>1530</td>
<td>1386</td>
<td>1137</td>
<td>1089</td>
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<td>61</td>
<td>40</td>
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<td>80</td>
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<tr>
<td><strong>Total without respiratory and skin diseases</strong></td>
<td>1922</td>
<td>1861</td>
<td>1843</td>
<td>1662</td>
<td>1382</td>
<td>1345</td>
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<td>35</td>
<td>60</td>
<td>34</td>
<td>90</td>
<td>98</td>
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Diseases in Table 2 made in whole period about 78% of total observed non hospital services, mainly due to a big number of respiratory diseases, that in the structure of observed diseases participated with almost 90%. Total number of determined diseases shows that in 2000, in absolute amount their number was smaller then at the beginning of the observed period, for about 27%. However, decrease of number of diseases was not constant – after fall in first five observing years, in the period 1995-1996 number increases again and afterwards decreasing trend continues.

If we analyse the structure of disease at the beginning and at the end of the decade, difference is visible. Namely, if we exclude respiratory diseases and skin diseases as a big group that could have any influence to final result of analyses, traumas and poisoning are by rank at the beginning and at the end of the observing period in the first place. In the whole period their share decreased by about 10%. Mental disorders,
that were in the position in the second place, in 2000 were ranked as the third disease, but their share almost constantly was decreasing during the whole period. However, asthma moves from the third to the second place, but becomes very important cause of disabilities, as its share is increasing for over four times (from 3.90% to 18.66%). Asthma, as the disease is, at the beginning more present with population of school children (up to 1993) and afterwards frequency of the disease moves to the group of pre-school children (see Fig. 2). Only 1999 is an exception, but however this phenomenon has methodologically been explained (missing valuable data for Kosovo and Metohia). Asthma is otherwise the disease that can be controlled, but is not totally curable – according to World Health Organization, number of people in the world suffering of asthma, in each decade increases by 50%.

**Figure 2.** Number of children recognized as disabled due to asthma

Congenital anomalies are in the fourth position by its importance as disease in the age group 0-17. The same rank remained in 1989 and 2000. Their share in observed diseases is from 3-4%. Number of these cases – disease of congenital anomalies is twice bigger in younger ages (annually on average 3889) than in older ages (annually on average 1743) what could be seen in the Fig. 3.
Although with small share (on average 0.69%) disease of neoplasms has also been increasing, more intensively in last five years. These cases are present in the age group 7-17 years.

Diabetes mellitus is ranked as the last one of six selected diseases and remains in that position at the beginning and at the end of the period. Although with the small share (on average 0.64%), the fact, that in absolute amount about thousand children annually were effected by the disease, cannot be neglected.

Stated morbidity caused by these diseases certainly has an influence to a potential number of the handicapped in observing age groups. Still, in order to establish a real number of this subpopulation, from the health aspect, we should necessarily have more data than we are at the moment offered by health statistics. That could be the only way to reduce this population in future. Until then, preventive influence is necessary to all these risk factors that could bring to appearance of disability – through family planning consultations and consultations for pregnant women, through women’s health education in generative period, health–education of couples and pregnant women. This approach could significantly influence to raise the level of knowledge and motivation for healthy way of living, healthy and more human relation between sexes, mainly relating to reproductive health; with advancement of prenatal protection, that is, by early diagnoses of congenital anomalies, the number of children born with disability could be reduced; engagement in development of new
technologies and delivering techniques for the purpose of rising the level of natal protection, and the health care of newborn and children strictly to be conducted through the Law on compulsory systematic examinations and screening of children on risk.

**Education and upbringing**

Children with disabilities have by law been guaranteed the right to pre-school upbringing the education and acquirement of elementary and secondary education as well as training for work according to their physical and psycho possibilities. Education of disabled children is adapted to the type and degree of handicap, on the basis of child’s categorization performed by physicians committee, appointed by competent administrative agency of the republic. To children who cannot enter regular pre-school work, that is to attend special elementary school on regular basis, these institutions organize upbringing – educational work in a family or in medical establishments. Severely and gravely handicapped children and youth of the age group 7 to 25 are accommodated into specialize institutions – institutes where they are provided with working education in accordance with their possibilities and education on the basis of elementary program contents of pre-school and elementary upbringing and education up to the level of the first class of elementary school. Certain number of children remain in family environment.

Special education and upbringing provides therapeutic work and exercises, obligatory group and special individual helping device and devices that students use in their upbringing – educational work. Courses are organized, seminars, consultations, necessary to introduce parents and custodies with methods of care and special upbringing and education of disabled children in their development.

Corrective actions and treatments of disabled children, in accordance with curriculum and program are performed by skilled associates and collaborators, physician dealing with speech problems, audiologists, pedagogues, psychologists, welfare workers, physicians specialists, physiotherapists and other.
Pre-school education and upbringing of children with special needs the government stimulates through reimbursements of expenses for stay in pre-school institution. Mentioned privileges refer to children who are titled to children allowance. Fixed amount of children’s allowance for handicapped child in Serbia raised by 30% and in Montenegro by 40%. Upbringing – educational work in pre-school institutions with disabled children is performed by defectologists having at least advanced specialists training. By law, that work should last 3-5 hours a day within separate upbringing groups. According to the latest data of Serbian Ministry for Social Questions in 34 predominantly urban communes on the territory of Serbia there exist 96 of such groups including 844 children in pre-school institutions. There are 1099 children in 56 hospital groups out of 18 communes of Serbia that are under hospital treatment. By teachers’ experience, specially good results are being attained with mild disabled children who attend regular pre-school groups with their healthy friends of the same age.

Elementary education and upbringing of disabled children is conducted in special elementary schools or in special classes of regular elementary schools. A school could be found at least eight classes and could perform an activity of pre-school upbringing and education, as well as of elementary and secondary education and upbringing, of the same kind of handicap, in accordance with the law. Capability for attaining elementary education and upbringing of handicapped children is defined by the school the child would enroll, on the basis of decision on the type and level of handicap. The law establishes the following categories of children’s handicap:

1. physical and sensual handicap (physical disability; blind and of poor vision and deaf and hard-of-hearing);
2. mentally disabled (mild, moderate, grave and severe);
3. complex disability (with two or more handicaps, autistic and other).

Disabled children are obliged to regular attending special school up to the age of 17 and exceptionally up to 19 years.

Curriculum and program are brought for each type and level of disability. Lectures from I to IV class, that is from I to VIII class could be performed by teacher specially
trained to work with handicapped children with at least high school qualifications. Lectures from V to VIII class could be performed as class lectures, class – subject lectures or subject lectures what also depends on the type and the level of disability. Subject lectures from V to VIII class could be carried out by teacher having at least suitable high school qualification for the adequate subject and has been qualified at the faculty as the teacher specialized to work with disabled students. The class or training group could contain at most 10 students, and with the multiple disability and combined classes 6 students at the most, while the classes could be formed with 12 students in the schools for children with disturbed behavior.

Municipality, being the territory where the parent of a student lives, is in charge of transport expenses, food and accommodation of a student, if on the territory of the municipality exists no adequate school.

The number of special elementary schools and special classes within regular elementary schools in the period 1989-2001 has not significantly been changed. A slight increasing trend has been interfered with two moments: since 1991 data on schools in Albanian in Kosovo and Metohia are not available, and starting 1999 data for Kosovo and Metohia are not available. In the years with equal coverage that is since 1991 (216 schools and 1132 classes) up to 1998 (244 schools and 1270 classes) number of schools was increasing at the average annual rate of 1,8% and the number of classes by the rate of 1,7%. There is one special school to 18-20 regular elementary schools. On average, there are eight classes to one school as it is also regulated by law. Even one third of the coverage of special elementary schools make individual special classes within regular elementary schools.

Decreasing trend, in the number of students in special elementary schools in the period 1991-1998 at the average annual rate of 2,9%, has been noticed up to 1995, when there were 8105 students. New increase by the rate of 1,9% lasts up to 1998 (8582 students). In the same year there were 3462 enrolled girls or 40% out of total enrolled students. This percentage of girl students is constant in the whole observing

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3 Remark that refers to education as a whole in the period 1989-2001 refers also to special secondary education: starting 1991 data on schools in Albanian in Kosovo and Metohia are not available and since 1999 data for Kosovo and Metohia are not available at all.
period. Number of students per class decreased from eight at the beginning of the period (in 1991) to six at the end of the period (in 2000).

The number of students repeating a grade in special elementary schools is comparatively bigger than the number of students repeating a grade in regular elementary schools by about 3%. Percentage of completing school is a bit smaller with students of special schools than with students in regular elementary schools (96.7% towards 99.1% in 2000). Special schools students have got poorer passing through grades for about 5% than students in regular schools (in 1999 that ratio was 93.3 towards 98.4). Feeding in school kitchens, in 1999, was used by even 86% students of special schools towards only 32% students in regular elementary schools.

In the total number of enrolled students in elementary schools, population of disabled students participates with about 1%, approximately the same percentage of population of elementary school age that is attending special elementary schools.

*Figure 4. Special elementary education 1998-2001- schools, classes, students, teachers*

In the structure of teaching personnel females are potentially more represented in 1989 there were 76% females and in 2000 even 82%. Fulltime teachers participate with over 90% in total teachers’ personnel. In the period from 1991 to 1998 number
of teachers increased by average annual rate of 1.8%, while the number of students per one teacher, in the period from 1989 to 2000, decreased from 7 to 5.

In the structure of special elementary schools by type of children handicap most frequent are schools for mentally disabled children. Out of 224 special schools in 2000, 212 are schools for mentally disabled children, 2 for physically disabled, 2 for children with sight disorders, 9 for children with hearing disorders, 5 for multiple disabled children, 3 for children with behavior disorder and 1 for diseased children. Students of schools for mentally disabled children participate with 78% in total number of disabled students, while there are 72% of teachers in these schools, or nearly three fourths of total fulltime teaching personnel in special elementary schools.

Figure 5. Structure of special elementary schools in 2000/2001 school year

Secondary education of disabled children and youth is organized depending on the category, level and character of handicap and is carried out in three years lasting special vocational schools. Exceptionally, upon the proposal of the school council the blind, poor sighted, deaf, hard-of-hearing and physically disabled could attain fourth degree of professional qualification on the decision of the republic ministry of education. Special secondary school can enroll children and youth who have completed special elementary school and are not older than 20, as well as children who have completed regular elementary school, if they are handicapped due to
diseases or other reasons. Special secondary upbringing and education can last longer than secondary education, what is defined by curriculum and program.

Special secondary school can organize education lasting one year or two years for handicapped youth older than 17 who have not attained special elementary education but are capable for vocational qualification.

Special secondary school is obliged to cooperate together with institute for employment with appropriate institutions and enterprises for the purpose of employment of disabled children.

In the period from 1991 to 1997 number of schools increased from 34 to 55 by average annual rate of 8.3%, and up to 2000 (excluding Kosovo and Metohia) reduced to 41. Out of that number, there are 30 school for mentally handicapped children, 7 school for hard-of-hearing children, two schools for poor sighted children and one school for children with behavior disorder and one for physically disabled children.

The mentioned period is characterized by gradually decreasing number of students in a class: in 1989 there were, on average, 9 students per one class, in 1994 there were 7, and in 2000 only 5. Number of students was decreasing from 1991 to 1994 by average annual rate of 9.2%, since when is increasing up to 1997, and then is decreasing again. Female students in presented decade participate with about 35% in the total number of students. Students of special secondary schools participate by less than 0.5% in the total number of secondary school students.

Number of students who are repeating a grade in secondary special schools is decreasing: in 1991 they made 2.6% the same percentage as in regular secondary schools, in 1995 their percentage was 2.2% and in 2000 was 1.7%. In the same period number of students who are repeating a grade in regular secondary schools was constantly bigger than 2.5%.

In special secondary schools, in 2000 there were 572 teachers or 2% of total teaching personnel in secondary schools, out of which 60% were females. Fulltime
employment have 75% teachers. Number of students per one teacher have significantly decreased in the first five years of the observing period: it was 3,8 in 1991 and 2,8 in 1995 but in 2000 it was 2,5.
Students in special elementary schools, as of 2000, are educated for the following fields of work:

<table>
<thead>
<tr>
<th>Field of work</th>
<th>Male students</th>
<th>Female students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture, production and food processing</td>
<td>35</td>
<td>17</td>
</tr>
<tr>
<td>Forestry and wood processing</td>
<td>45</td>
<td>-</td>
</tr>
<tr>
<td>Geology, mining and metallurgy</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Machinery and metal processing</td>
<td>464</td>
<td>13</td>
</tr>
<tr>
<td>Chemistry, nonmetals and printing</td>
<td>191</td>
<td>81</td>
</tr>
<tr>
<td>Textile and leather</td>
<td>319</td>
<td>212</td>
</tr>
<tr>
<td>Geodesy and construction</td>
<td>12</td>
<td>-</td>
</tr>
<tr>
<td>Transport</td>
<td>31</td>
<td>12</td>
</tr>
<tr>
<td>Trade, catering trades and tourism</td>
<td>101</td>
<td>53</td>
</tr>
<tr>
<td>Economy, law and administration</td>
<td>21</td>
<td>11</td>
</tr>
<tr>
<td>Health and social welfare</td>
<td>80</td>
<td>38</td>
</tr>
<tr>
<td>Other (personnel services)</td>
<td>102</td>
<td>69</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1403</td>
<td>506</td>
</tr>
</tbody>
</table>

Presented review shows that the male youth, for their occupation choose most frequently machinery – they participate with 50%, while female youth participating with 42% is mostly represented in textile and leather as a field of specialization. With about 12% boys are represented in the profession of textile – leather and chemical – printing field of specialization, while chemical – printing as a field of specialization is represented by 16% with girls and occupation of personnel services by 13,5%.

Out of total number of students in special secondary schools, according to data for 1999/2000 school year, 4% (in regular schools 3%) stopped attending lectures during the year from different reasons (1480 students at the beginning of the school year towards 1425 students at the end of the school year), and out of remaining number of students 1317 or 92% (in regular schools 95%) has passed the grade. In total, 432 students accomplished school and acquired appropriate level of qualification: 77 students II level, 302 students III level and 53 students IV level.
2. Government responsibilities for children with disability

Rights in the field of social welfare referring to disabled children and youth are regulated by special republic regulations on children and social welfare.

A disabled child, in the sense of Law on social welfare of the Republic of Serbia is considered to be:

1. blind child
2. deaf child
3. a child with grave physical disturbance in development (paralyses, cerebral paralyses, dystrophy plegia, paraplegia, multiple sclerosis and other innate and acquired physical disturbances)
4. a child with mental disorder in development (levels of mild, severe and grave handicap)
5. a child suffering autism
6. a child with multiple disorder in development

Along with right to material insurance, that refers to all persons without any income or with an income below the level of social security, the law points juvenile handicapped population as beneficiaries of the following rights:

Right to compensation for care and help of the second person, is confirmed by regulations of the Republic of Montenegro to persons of mild, severe and grave mental disorder in development, suffering autism, dystrophy, multiply disordered and blind persons as well as to persons with grave physical disorders, who cannot move without other person’s care and help, regardless the income from the family. Corresponding regulation of the Republic of Serbia does not stress disordered persons as the priority group, but persons that due to the gravity of disease or injury are not able to look after themselves independently and do not use the right to be placed in the institution of the social care. Monthly amount of the compensation for somebody else`s care and help amounts to 60% in Montenegro and in Serbia 40% out of the average earning realized in an economy of the republic in previous month.
Right to support for working qualifications, which by the regulations of both republics have disabled children and youth and other invalid persons, who by their psycho physical capabilities and age, could qualify for work and that right cannot realize according to other legal base (regular education, studying certain profession or practical work on suitable working positions).

Right to working qualifications is achieved in an institution of social welfare or in the other family in the sense of sending to qualifications, material insurance and compensation of accommodation expenses, transport and training. Compensation of training expenses for work includes: expenses for workplace equipment, adjusting working conditions to possibilities of the person on training, engagement of instructors. For beneficiaries whose family does not accomplish right to material insurance, compensation of food and accommodation expenses comes to the beneficiary of the insurance, parent or a relative that by the law is obliged to support, or authorized body. If orthopedic, sight and other helping device are necessary to the beneficiary, compensation for their acquirement is defined in adequate percentage that the insurant is obliged to pay according to regulations on health care.

Right to day stay according to regulations of the Republic of Serbia has a handicapped child, child suffering autism, child with disorders in social behavior and adults. This right becomes applicable if, depending on the level and a type of handicap, needs and possibilities of these persons, this type of protection is most suitable. Right to day stay is realized by directing beneficiaries into adequate institution of social care that performs the services of daily care or to the upbringing – educational institutions that offer such services.

Right to accommodation into institutions of social welfare have disabled children of mild, severe and grave handicap multiply disordered, children suffering autism as well as children with disturbance of physical development not having conditions to remain in their family, while this form of protection is necessary.

Accommodation into an institution for social welfare is accomplished by directing beneficiary into suitable institution where the care is provided (dwelling, food, clothing, care, help and nursing), upbringing and education, qualifications for certain
working activities and health care in harmony with special regulations cultural -
entertaining and recreation -rehabilitation activities and services of social work.

Accommodation into an institution for social welfare is carried out by the decision of
the centre for social work designed on the basis of findings and opinion of
Corresponding centre’s experts team on necessity of accommodation.

Right to accommodation into other family have persons with the right to
accommodation into an institution according to the law. In choosing family for
putting beneficiary in, institution carrying out accommodation considers personnel
characteristics of the beneficiary, members of the family where beneficiary will be
accommodated, housing and other possibilities of the family and the needs of
beneficiary. If the beneficiary is a disabled child, additional checking of compliance
of members of sustainer’s family for common life with such a child is obligatory.
Sustainer has the right to compensation for supporting beneficiary and a
compensation for work being refunded from the republic budget recourses intended
for achievement the rights from social welfare.

Institution which has carried out accommodation of a beneficiary into the other
family is obliged to undertake measures for their comeback to own family as soon as
possible.

By placing persons into institutions of social welfare or into the other family the
rights and obligations of parents, adopters and guardians do not cease towards the
person if the rights are neither limited or suspended by the decision of authorized
body, or the legal obligation for supporting.

Expenses, that is the part of expenses for accommodation into institutions of social
welfare or in the other family are by the law bared by parents and relatives who are
obliged to support the beneficiary in accordance with their material possibilities,
except for mentally disordered persons of grave and severe mental disorder, as well as
for persons with multiple disorder and persons suffering autism, for those categories
resources are provided from the republic budget through competent ministry for
social questions.
Except presented, beneficiaries of social welfare under conditions regulated by law also have:

- right to equipment for accommodation into the institution of social welfare or other family (clothing, footwear, transport) if these cannot be provided by their relatives who are obliged to participate in their supporting
- right to lump sum financial assistance (financial or in kind) and
- right to services of social work (preventive activity, diagnostics, treatment and advisory – therapeutic work).

Forms and scope of social welfare rights of children with disability direct to an existence of solid system of measures covering all aspects of special needs of this category of persons. Governments’ responsibility in realization of fixed measures of protection of disabled children is being referred through portfolios (Ministry of Health, Education and social welfare). Accomplishing of protecting measures, in practice, is performed without restrictive limits so that the support of the State to disabled children is most significant (measured by: number of beneficiaries, financial and material investments, creating social programs of activities as well as scientific – research activity).

Otherwise, there are numerous associations of persons with handicap that work predominantly on the local level. These associations gather members mainly by criteria of disability type (e.g. association of child and cerebral paralyses, paraplegias, deaf, blind and other) as well as by professional principal (association of students with handicap). These associations are aimed to offer their members material (orthopedic, technical, sanitarian and other necessary instruments) as well as spiritual support (information on their rights equal integration into family and society).

Besides that, one of the main goals of these associations is also calling public attention to the position and needs of handicapped in local environments and their mutual linkage and cooperation. Intentions of accomplishing common approach of associations on global level for improving the position of handicapped is permanently present.
3. Institutional and public care of children with disabilities

Specialized institutions for accommodation of disabled children and youth by law are:

1. Centers for children and youth with disabilities which provide to mild, grave and severe handicapped, to multiple disordered and to those suffering autism
   - upbringing, education and qualifications for work in harmony with their physical and psychical capabilities;
   - engagement on alleviating or eliminating consequences in their development;
   - working engagement under special circumstances in harmony with their working qualifications;
   - complete and permanent care (dwelling, food, care, health protection, cultural-attainment and other activities in dependence of their needs and psychophysical capabilities.

Center is an institution which along with permanent care also organizes five-day or one-day stay of children and youth with disabilities.

2. Centre for physically defected children and youth with preserved mental capabilities provides to those beneficiaries accommodation, health care, upbringing, recreation-cultural-entertainment, in harmony with their capabilities and level of their handicap and support in education and qualification for work.
   Institution of this type can also organize five-day staying of physically defected children and youth.

Resources for construction, equipping and modernization of social welfare institutions for accommodation of beneficiaries is directly provided from republic budget. Resources for financing beneficiaries’ accommodation into institutions of social welfare and resources for achievement of rights to support for working qualification are also from the republic budget through ministry for social matters and center for social work.
Accommodation of disabled children and youth into institutions of social welfare statistically is monitored in biennial periodic for even years.\textsuperscript{4}

Number of institutions for accommodation of disabled children and youth in the FR Yugoslavia is constant in the last decade of 20\textsuperscript{th} century: out of 24 institutions, 4 are in Montenegro, 13 in Central Serbia, 5 in Vojvodina and 3 in Kosovo and Metohia.

Number of beneficiaries is less than 4 thousand in 1992 and 2000. Most significant decrease for over 400 beneficiaries (from 4149 to 3752) by the rate of 10\% was recorded in of two years period 1998-2000. An institution, on average has from 160 (in 1992) to 190 beneficiaries (in 1998).

Institutions for mentally disabled children and youth in 2000 placed 2/3 or 67,5\% and in institutions for physically disabled 1/3 or 32,5\% out of total number of handicapped children and youth accommodated into institutions. Structure of protegeres by type of institution in 1990 was essentially different: 47\% was accommodated in institutions for mentally handicapped, and 53\% into institutions for physically disordered; already in 1992 institutions for mentally handicapped accommodate 60\% out of total number of protegeres. In the structure of protegeres according to the type of handicap regardless the type of institution they are accommodated in mentally handicapped participate during the whole observing period with about 60\%, deaf and deaf-mute with 16\% to 18\% and multiple handicapped with 12\%.

\textit{Figure 6. Handicapped children and youth in institutions of social welfare \\ by type of disability in 2000 (\%)}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{chart.png}
\end{figure}

\textsuperscript{4} We mention that since 1992 data on accommodation in centers of Albanian children and youth from Kosovo and Metohia are not available, and since 1998 data for Kosovo and Metohia are neither available.
At the beginning of the observing period (in 1990) in the centers for disabled children and youth 7% of residents was under guardianship (children and youth that parents either do not want or cannot look after), while 2% were not accepted due to lack capacities. Mid period in 1996, 17% of children is under guardianship, and 4% of children was not accepted for lack of capacities. In 2000, under the guardianship were 18% of children (681 child), 16% (595 residents) was professionally qualified, and less than 1% was refused due to lack of capacities. The share of children and youth whose parents or custodies realize right to pension and invalid insurance in the reported decade permanently was higher than 40%.

In the structure of juvenile residents in centers for handicapped by socio-professional category of a parent – custody in 2000 children of farmers are mostly represented (22.5%), of industrial and trade workers (17.7%), children of pensioners (16%) and of parents – custody of unknown occupation (17%). This structure is stable in the whole previous decade, starting 1990.

In the structure of beneficiary according to completeness of family that they are originated from, 71% of children is with both parents in 1994, and only 54% in 2000; out of this number there are 14% of children from divorced parents, that is, 11%. With one parent there were 17% of children in 1994 and 26% in 2000, out of which 12%, that is, 16% only with their mother, and 5%, that is, 10% only with their father; in 1994 there were 12% of children without both parents and in 2000 there were 19% in this category.

Female population in centers for disabled children and youth make less than half of total number of residents and is gradually decreasing from 46% in 1990 to 44% in 1996, that is, 43% in 2000.

Out of 1306 or 35% residents who are attending school in 2000, 759 of them or 20% attends elementary school and 15% secondary school. There are 365 or 10% of residents qualifying for work. The remaining 2081 or 55% of residents is not capable for educational and professional qualification. The highest percentage of incapable for education and professional qualification is in a group of physically disabled (75%)
follows the group with psychical handicap (75%) and the group with speech disorder (70%).

**Figure 7. Residents in centers for disabled children and youth according to the type of handicap and school attendance in 2000 (%)**

![Bar chart showing distribution of residents in centers for disabled children and youth according to handicap and school attendance in 2000.]

Their accommodation in the institution for disabled children and youth in 2000 was paying 885 or 24% of beneficiaries, out of which the full amount was paying 334 or 9%, partly 551 or 15%. The stay were not paying 2867 or 76% beneficiaries. Residents with physical impairment, hearing impairment and speech impairment in 2000 in full amount were free from accommodation payment. Distribution of beneficiaries according to payment of accommodation is similar in the whole observing decade (in 1992, 25% beneficiaries were paying for their accommodation, 11% in whole, 14% partly, while 75% were not paying for their accommodation).

Number of employees in institutions for disabled children and youth is increasing starting 1990 up to 2000 by average annual rate of 2%. There were 3 beneficiaries to 1 employee in 1990, 2.5 in 1998 and 2.2 in 2000. Percentage of female personnel is high in institutions of this type: out of 1693 employed in 2000, 1172 or 69% are women; in 1990 and 1996 there were 75% employed women.
In the structure of employed according to occupation in 2000, there were 184 or 11% tutors (out of which 100 are skilled), 226 or 13% are public-health workers (of which 187 are skilled), 400 or 24% are specialist associates (of which 361 or 21% are developmental pediatricians), and remaining 39 are social workers, psychologists and pedagogues; there are 55 instructors or 3% and administrative and other workers 828 or 49%. Number of beneficiaries per one tutor in 1992 is 29 and in 2000 there are 20; number of beneficiaries per one public-health in presented years is 21, that is 17, and the number of beneficiaries per one developmental pediatrician is 13, that is 10.

Table 3. Trends of employed in institutions for disabled children and youth by occupation, 1990-2000

<table>
<thead>
<tr>
<th>Year</th>
<th>Employed</th>
<th>Tutors</th>
<th>Public-health workers</th>
<th>Specialist associates</th>
<th>Administrative and other workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>1386</td>
<td>8,5</td>
<td>12,5</td>
<td>23,9</td>
<td>55,1</td>
</tr>
<tr>
<td>1992</td>
<td>1539</td>
<td>8,1</td>
<td>11,9</td>
<td>25,7</td>
<td>54,3</td>
</tr>
<tr>
<td>1994</td>
<td>1706</td>
<td>9,4</td>
<td>11,7</td>
<td>26,1</td>
<td>52,8</td>
</tr>
<tr>
<td>1996</td>
<td>1803</td>
<td>11,1</td>
<td>11,8</td>
<td>23,0</td>
<td>54,1</td>
</tr>
<tr>
<td>1998</td>
<td>1640</td>
<td>11,0</td>
<td>13,7</td>
<td>23,4</td>
<td>52,0</td>
</tr>
<tr>
<td>2000</td>
<td>1693</td>
<td>10,9</td>
<td>13,3</td>
<td>26,9</td>
<td>48,9</td>
</tr>
</tbody>
</table>
Tabular review shows that in the institutions for disabled children and youth in observed decade (1990-2000) the participation of professional against administrative and other workers increased by about 6%.

4. Children with disability in families and in communities

Problems of children with disability are not only in disability itself, but also in an environment – family and community. Namely, numerous prejudice are still present towards those children and are often isolated by a local environment.

Such discrimination comes as a consequence to the lack of information and the knowledge how the special needs of children could be offered, so they should be more independent and with more equal rights in the family and in community. From the aspect of discrimination in the family three categories of relations could be mentioned: first category form the children with exaggerated care of family where the child is told ‘do not as you do not know’, ‘do not you cannot’, ‘I shall do it instead of you’ and in that way those children ideas and wishes are being prevented; second category make children becoming totally neglected as they do not get any care and in the third group of children with disability are those for which their inmates say: ‘The God said so and let the God take care of them’.

However, the main problem of families are finances. Political – economic situation in the country had its effect. Families remained with no budget, most of them is on the edge of poverty, so that children with disability become twofold burden for family, as except regular needs for food and clothing these children also need orthopedic, technical and sanitary devices, but also different support, from the aspect of public transportation, participating in real life and other.

As regarding wider environment there exist significant difference in the position of the children with disability in urban and rural environments. In urban environments, institutional support is mainly centralized, mostly are the seats of their Associations, better organized service activities (e.g. transport), architecture and infrastructure more adaptable. Just for these conveniences, the coverage of children with disability in towns is bigger and prejudices upon those children are less expressed.
In rural environments there exist numerous barriers. As the first, toilets and water are often outside the house. Secondly, ambient where they live, road, garden and other, are fool of obstacles and those children cannot or can hardly move even in limited areas. System of house construction is completely un-adaptable to special needs. Prejudices toward children with disability are more expressed – children are as in ghettos within their families as their family is ashamed of them, often these children are neither recorded to competent authorities, what is exceptionally expressed in more primitive, patriarchal environments. Education and use of special health protection is significantly difficult as there are no institutions in direct surrounding.

The results of the survey that was carried out within citizens of Serbia on invalids that was investigating attitudes of surrounding towards this category of population showed the solid information of the citizens on general socio-economic and health state of invalids. However, persons who have no direct contact with invalids have no information on their specific living needs and problems.

Informing of citizens is most frequently carried out through television programs and periodical magazines, while the number of those who have direct contact with invalid persons or their closest surrounding, is much smaller. This proves that invalids are not present enough in public and most different fields of social life as the direct contact with other people is still of crucial significance.

Interviewed citizens are basically human oriented, they consider that the society in whole should take care on special health, that is, on meeting their elementary living, educational and cultural needs. Bureaucracy conscious – expecting the society to solve problems in this field also – is still present and even more stressed in the case of care for special health needs of handicapped. Confidence into humanitarian organizations is, on the other side, on the very low level.

Most direct help and support to families with disabled children is achieved by the realization of social welfare measures. They are realized by intervening of the center

5 The holder of this survey, conducted during 2002 is the editorial staff of the magazine of paraplegia and other invalids of Serbia ‘Our way’ in cooperation with the Fond for Open Society of Yugoslavia.
for social work, who are entitled to keep records on *beneficiaries*. So, by the records, persons that have once or few times used certain types and measures of social welfare and services of social work, at the end of 2000, were 9453 children with disability. Their structure according to the type of handicap shoes that there are slightly more children (5515 or 58%) psychically disabled, while 3938 or 42% physically disabled. Among psychically disabled there were 27% of new recorded and reactivated beneficiaries, and among physically disabled were 29%. In the same year 23% psychically and 20% physically disabled were in the same year excluded from the records.

*Figure 9. Structure of social welfare beneficiaries by the type of handicap in 2000*

<table>
<thead>
<tr>
<th>Psychically disabled</th>
<th>Physically disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very severe</td>
<td>Blind and poor sighted</td>
</tr>
<tr>
<td>Severe</td>
<td>Deaf and hard-of-hearing</td>
</tr>
<tr>
<td>Moderate</td>
<td>Speech and voice disturbance</td>
</tr>
<tr>
<td>Mild</td>
<td>Physical invalids</td>
</tr>
<tr>
<td></td>
<td>Multiple disabled</td>
</tr>
</tbody>
</table>

In the age structure of psychically disabled in 2000 children of the age up to 7 years participate with 12%, and children from 7 to 14 years and youth from 14 to 18 years with 44% each. Among physically disabled 17% are children up to 7 years of age, 44 are children from 7 to 14 years and 39% is youth from 14 to 18 years. In comparison to 1990 (15% up to 7 years of age, 47% from 7 to 14 and 38% from 14 to 18 years) there are no significant changes of beneficiaries’ age structure.

Number of children with disability registered for categorization, potential beneficiaries of social welfare, slightly decreases from mid of the observed decade. In
1995 there were 3001 child with disability categorized; values for earlier years are higher, and for future years lower than showed number. In 2000 there were 2633 children and youth, of which 65% physically disordered, that were registered for categorization.

Number of psychically disabled has got decreasing trend (annually on average 3.4%), while the number of physically disabled is relatively stabled in the whole decade, with the exception of 1996 and 1999 when there was recorded the decrease of over than 1000 beneficiaries (fig. 10.). The share of female children and youth increased from 38% in 1990 to 41% in 2000 in the group of psychically disabled, and from 34% to 39% in the group of physically disabled.

Different types of social welfare include 8923 cases with psychically disabled and 6917 cases with physically disabled juvenile beneficiaries in 2000. Almost half (48%) cases of psychically disabled receives support in kind, 16% are refunded for assisted care, and 2% refund for rehabilitation; 15% receive financial support (permanent and occurring once) on basis of the level of handicap and material endangered, 12% are directed to centers for handicapped children and youth, 4% received guardianship and less than 1% is directed into sustainer families. Over half (53%) cases in the cases of physically disabled receives support in kind, 22% compensation for assisted care, 15% financial support (permanent and occurring once), 5% is directed to institutions, and less than 2% has received guardianship. Number of cases accommodated into other family is insignificant.

Figure 10. Number of juveniles, handicapped beneficiaries of social welfare,
1989-2000

Measures of *social welfare* were pronounced in 2000 in 1302 cases of psychically disabled and in 649 cases of physically disabled juvenile beneficiaries: 19% cases with psychically disabled and 12% with physically disabled was directed to education and qualification, in 6 - 7% of disabled, pedagogic measures are applied towards juveniles, and 5 - 6% of disabled is placed in pre-school institutions and prolonged stay in a school. Support in employment (also in preventive workshops) has received 7% of physically handicapped.

*Services of social work* in 2000 were offered to psychically disabled in nearly 1000 cases and to physically disabled in 8000 cases.

Analyses of the volume and the structure of realized rights in the field of social welfare of juvenile beneficiaries with development disorder, by years shows to significant exceptions: in the decade 1991-2000 volume of realized types of social welfare in the group of psychically disabled increased by 72%, and in the group of physically disabled, doubled. Volume of pronounced measures of social welfare over juvenile beneficiaries with development disorder has decreased since 1991 by average annual rate of 2,6%.

If observed by individual rights in the decade 1991-2000 the share of financial support in the structure of given types of social welfare in the case of psychically disabled decreased for whole 18%, and the share of support in kind increased for whole 40%. In the group of physically disabled, in the structure of given types of social welfare, the share of assistance in kind increased even by 50%, and financial support decreased by 29%. Accommodation into institutions of social welfare increased in both categories of disabled by 9% (1347 cases in 1991 towards 1469 cases in 2000), and the number of compensations for assisted care has tripled (1001 case in 1991 and 2977 cases in 2000). The frequency of pronounced measures directed to schooling and qualification in both categories of handicap decreased by 64% (2542 cases in 1991 towards 1951 case in 2000).

*Financial investments in social welfare* of handicapped children and youth are insufficient. Expenses for this group of children amounted 41% of total expenses for