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Kosovar Centre for Self-Help (KCSH)



Project funded by EU



# PROCEEDINGS

of the

REGIONAL CONFERENCE

ON ACTIVE SOCIAL POLICIES AND SOCIAL INCLUSION PROCESSES  
IN IPA COUNTRIES OF THE WESTERN BALKANS

Belgrade, September 21-22, 2016

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## PROJECT SUMMARY

The project SOCIETIES has the overall objective to improve the capacities of CSOs in South East Europe (SEE) in managing social inclusion processes and in promoting social inclusion policies, through an efficient dialogue with Public Authorities during the decision-making processes.

Two main pillars of the project, formulated as specific objectives are:

1. To strengthen the CSOs' skills in promoting the social inclusion of people with disabilities and mental disorders: capacity building, exchange of knowledge, regional networking, managing of social inclusion initiatives and services, monitoring and evaluating of the social impact.
2. To foster the CSOs' capacities in the dialogue with the Public Authorities responsible for social inclusion: strategic and communication planning, advocacy, local networking, participation to decision making processes.

The Project is coordinated by Caritas Serbia on behalf of an alliance for social inclusion composed by 16 CSOs at European level.

It is implemented in 5 IPA beneficiary countries: Albania, Bosnia and Herzegovina (BiH), Montenegro, Serbia, Kosovo\*<sup>1</sup>

The project implementation started on January 1, 2016 and will last 48 months.

One of the most important networking and knowledge and experience sharing events was Regional Conference. The Conference, held on 21<sup>st</sup> and 22<sup>nd</sup> September 2016 in the Palace of Serbia, organised by Caritas Serbia and supported by the Ministry of Health of the Republic of Serbia, gathered more than 60 participants from all project, including both Public Authorities and CSOs.

This document summarizes key messages, conclusions and identified challenges and as such it is intended to be further used to emphasize issues in every country and provide platform on which possible solutions will be discussed, adopted and put into practice.

President of Caritas Serbia, the Belgrade archbishop Msgr. Stanislav Hočevar pointed out that the chief task of Caritas is to promote the dignity of each and every human being, as well as solidarity, which was embodied in the entire creation. He further stressed that this region, once conflict-torn, needed much solidarity now and that initiatives like this one demonstrate that there is there was enough strength for cooperation.

The representative of the Ministry of Health of the Republic of Serbia, State Secretary Ferenc Vicko, spoke about long-term cooperation, reflected by the Memorandum of Cooperation between the Ministry of Health and Caritas. He emphasised the importance of Caritas' work in the field of mental health, as well as its humanitarian activities and hospital equipment purchases since 1990's.

Darko Tot, Caritas Serbia National Coordinator and SOCIETIES project manager, presented the project, which includes 16 partner organisations from the regional IPA countries, as well as those from Italy and Bulgaria, which took part in order to share their experiences. The project was supported by 6 ministries and a large number of institutions of the countries of the region, cooperating within the project. The objective was to establish a strong regional network through that project, dealing with social inclusion of people with disabilities and mental health problems.

Roberta Del Prete, senior expert of the project, presented the results of a study conducted in the first six months of the project. In this period, regional civil society organisations dealing with the issues of people with disabilities and mental health problems were mapped, two questionnaires were handed out and 5 focus groups were organised. In this way, information on 171 civil society organisations was gathered, and the qualitative analysis of the social system in those countries was conducted.

Angel Gyorev, junior expert of the project, presented the transition process through which the country had gone in the relevant fields on its way to EU membership, and the implementation of the relevant standards.

<sup>1</sup> Under UNSCR 1244/99 as written in the guidelines *Civil Society Facility and Media Programme 2014-2015* for grants applicants. This footnote applies to all mentions of Kosovo in the document.

The greatest problems people with disabilities and mental health problems are facing in the region are common:

- architectural barriers (for people with disabilities),
- high unemployment rates,
- lack of professional formation adjusted to their abilities and needs,
- discrimination and
- isolation.

Although there were laws addressing the issues, they were not implemented enough in practice, thus preventing full social inclusion. Additional challenges include inadequate financing and resource planning (many new services were financed without a viability plan), lack of financing at the local level, and the fact that the existing resources did not meet beneficiaries' needs.

Within the project SOCIETIES, people with disabilities include those who have long-term physical, psychosocial, mental, intellectual or sensory impairments and mental illness which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Needs and problems of people with disabilities and civil society organisations are similar in all regional countries. The most common and critical one are the following:

### 1. Legislation

Legislation on people with disabilities in all countries was assessed as good and compatible with European regulations governing this field, but the inconsistent and/or very poor implementation of the relevant laws was identified as the main problem. In some countries, there are no rule books for the implementation of the relevant laws, while in others certain provisions of the rule books were in direct contravention of specific provisions of the law.

**Recommendation:** Extensive and continuous cooperation with decision-makers, both at the national and local level, in promoting and implementing the legislative framework is needed and should be strengthened. In the entire region, regardless of the differences between individual countries concerning legal frameworks and the degree of inclusion of people with disabilities and mental disorders, work on inclusive education, as a basis for improving the position of the mentioned groups in society need to be one of the priorities.

### 2. Unemployment and poverty

Employment is considered as the best and the most comprehensive manner of including people with disabilities and mental disorders in the society, but much more effort should be invested in order to create a clear, adequate and solid legal framework and an environment for as wide employment of people with disabilities and mental disorders as possible, including employment incentives.

**Recommendation:** Social enterprises were recognized as one of the best ways of including people with disabilities, improving their position and promoting the quality of their life, as well as the lives of their families. Absence of a law on social entrepreneurship or, if there was one, its inadequate

implementation is common challenge. In the absence of such a law, problems arise concerning the registration of social enterprises and the manner of tax payment, as in some countries of the region the existing laws do not recognize new activities of civic associations and new forms of employment. Therefore, one of the main recommendations was to encourage civil society organisations and decision-makers to intensify their activities in this field.

Organization of campaign for employers through which they would be better informed thus contributing to reduced prejudices when it came to their employment. Inclusive education can be the important process, as it could enable higher employment rates for people with disabilities or mental disorders.

Insufficient number of adequately trained people with disabilities on the market makes their employment even more difficult. Therefore, it is necessary to develop an adequate institutional framework, i.e. a mechanism which would ensure better education of people with disabilities. The representatives of civil society organisations emphasised that one of the problems was the lack of motivation of such persons to work, which is why it was necessary to develop motivation programmes conveying the message that they could change their position only through their own engagement.

### 3. Deprivation of working capacity

Special attention should be given to deprivation of working capacity in the case of people with intellectual disabilities, particularly the young, because due to legal provisions, they could not be employed in social enterprises either. Everyone stressed that attention should be paid to when, how and for how long a person was deprived of business capacity.

**Recommendation:** It is necessary to empower and educate parents, but it is also extremely important to educate judges, expert witnesses and psychiatrists.

### 4. Reducing the stigmatisation of people with mental health problems

The ongoing issue very much present in all countries.

**Recommendation:** All the participants in the Conference agreed that all the countries should launch awareness raising campaigns concerning people with disabilities, and particularly people with mental disorders, as they had always faced deeply rooted prejudices making their position and the implementation of their rights more difficult. It is necessary to raise the awareness of both children and adults, but it is of utmost importance to start with the family. It was also stressed that it was necessary to increase the number of community assistance centres, promote support offered by health centres, residential accommodation, etc. Stigmatisation issues must be addressed through the civil society, the media, school system, but also through trained professionals, because sometimes it is precisely professionals that can be the source of stigma.

### 5. Accessibility

Accessibility of facilities is still a major problem for people with disabilities throughout the region.

**Recommendation:** The participants in the Conference agreed that physical barriers in the way of people with disabilities should be removed, but the barriers existing in the minds of people should be eliminated as well. Continuous work is necessary to improve situation step by step.

### 6. Deinstitutionalisation

As far as the needs of people with mental disorders are concerned, all the participants concluded that the process of deinstitutionalisation was of key importance in order to improve the quality of their lives and include them in society. Some countries, made progress in the process while others did not make a clear decision to initiate such a process. As shown from the Italian model, a country that could serve as an example for the entire world in this context, pointed out that mental health centres in a community could not succeed without closing hospitals down, because the financial resources needed for the successful operation of such centres were trapped precisely in psychiatric hospitals.

**Recommendation:** This deinstitutionalisation must be adopted at the national level and later implemented consistently, as it is a long process. Better inclusion of people with mental disorders could be encouraged by assisted living, but that too requires adequate legal regulations. The resources of major institutions should be transferred to the community and that for greater inclusion of people with disabilities and mental disorders it is necessary to extend as many services as possible within the community. In order to achieve the latter, it is necessary to have a sufficient number of professionals extending services, as one of the pillars of the system. This is also an opportunity for civil society organisations to be recognized at the local level as resources which could also extend services in the community. Thus, civil society organisations could ensure permanent funds from local self-governments through the transfer of funds for provision of such services. At the same time, CSOs would become a part of the system for solving the problem, which would additionally motivate people with disabilities to become involved in the work of different associations, for each and every voice to be heard.

## 7. Financing

The discussion showed that financing civil society organisations and their viability is the major regional problem.

**Recommendation:** Better redistribution of specific-purpose funds, in order to finance community support services to a greater extent is the crucial. It need to be combined with greater support from EU funds.

## 8. Capacity

Another common problem is insufficiently developed capacities, i.e. insufficient strength and training of civil society organisations to make it possible for them to represent themselves and to fight for the implementation of their rights.

**Recommendation:** Increase of capacities is needed in order to promote the viability of the organisations and their programmes. Experience of long-standing regional civil society organisations, which had already achieved a certain level of development and viability, should be used. The participants emphasised the importance of a CSO network at the national and regional level.

## 9. Coordination

Better coordination between the central and the local levels of government will enable more cost-effective services and usage of funds. It was agreed that the process required a mixed approach – bottom-up, on the one hand, and top-down, on the other. Furthermore, civil society organisations should cooperate with professionals and institutions, so that society as a whole could address the problem.

**Recommendation:** CSOs need to develop partnerships with all decision-makers on both levels and offer knowledge of the issue for bridging gaps and joining forces, as well as to bring together experts and institutional representatives.

## 10. Premises

Many organizations do not have adequate premises for work and therefore have problem to start and regularly implement activities.

**Recommendation:** Explore using of common, so-called co-working spaces, which would significantly reduce rental and maintenance costs, and also contribute to better mutual communication and coordination of operations. In this context, one of the words that were most frequently mentioned during the Conference was “networking”, i.e. connecting civil society organisations in order to accomplish their goals more easily and advocate the fulfilment of their needs thorough joint actions. This is why it would be useful to consider finding premises where several civil society organisations dealing with these issues could operate and cooperate.



Despite many problems there are number of examples of good practice in the region. Experiences and lessons learned are shared by:

### **NAŠA KUĆA – Social enterprise employing people with disability from Belgrade (Serbia)**

Association supporting persons with intellectual disabilities “Naša kuća” was founded in 2007 by parents of young adults with intellectual disabilities, whose mission is to improve their quality of life through inclusion in the society. In order to achieve its mission, the Association is committed to ensure the respect of human rights of persons with disabilities, it provides support to families, advocates for the amendment and implementation of legislation and for improving existing and developing new support services at the local level.

The Association also creates and adjusts its programs to adequately respond to growing needs of young people with intellectual disabilities and provides support for their inclusion in the community.

Within the social entrepreneurship “Naša kuća” implements:

- Production of Eco-friendly packaging
- Screen Printing Workshop
- Kitchen on wheels “Kitchen on Wheels” (daily delivery of cooked meals to all those who can not or do not have time to provide themselves)

More info: <https://www.facebook.com/nasa.kuca/>  
i Kuhinja na točkovima – <https://www.facebook.com/kuhinjanatockovima/>



### **RAD-DAR – Social enterprise for the employment of people with disabilities from Mostar (Bosnia and Herzegovina)**

Social enterprise for the employment of disabled persons RAD-DAR d.o.o. was established in 2013. Founder of this Social enterprise was Caritas of Dioceses Mostar-Duvno and Trebinje-Mrkan. Caritas Mostar, in their many years of work, placed emphases on care and work with people with disabilities through its specialized institutions. From years of experience, working with people with disabilities, and in accordance with the Law on Vocational Rehabilitation and Employment of Disabled Persons in the FBiH established the Social enterprise RAD-DAR d.o.o. Since its establishment until today, the primary activities of RAD-DAR were related to the production of souvenirs, decorative and practical items of different types of materials, primarily of clay and wood. Social enterprise RAD-DAR employs 7 persons of which 3 persons with disabilities.

More info: <http://rad-dar.ba/>

### **The Association of Paraplegics from Bijelo Polje (Montenegro)**

The Association of Paraplegics from Bijelo Polje is offering support to people with disability. It is the only one in Montenegro with a protective workshop where people with disabilities work.

### **The Mental Health Centre from Shkoder (Albania)**

The Mental Health Centre from Shkoder deals with people with mental disorders and works on reducing the stigma and raising the awareness on mental health issues. Nowadays the decentralization of mental health services made possible the services based in community.

The center in Shkoder started its operations in June 2010 following the recommendations for mental health care issued on national level.

The main objectives of this new and innovative service are:

- Strengthening the impact of curative therapy and the environment itself;
- Regaining independence in daily life functions;
- Restoring social contacts and strengthen relationships with family;
- Acquisition of social skills in community livelihoods.

The Mental Health Centre in Shkoder consists of a structure attached to the polyclinic in downtown. This structure is located close to the center to remove stigma against people who have mental health problems. This center carries on identification, diagnostic, treatment, rehabilitation, prevention of disorders and promoting positive approach to mental health issues.

The center coordinates its activities with Primary Health Care, Secondary health care, Social Services.



### **Mental health centres in Kosovo**

The Mental Health Reform of the early 2000s aimed to develop a new strategy for mental health focusing on shifting the little existing care to community based services.

Mental Health in Kosovo can be considered a success story in the reform aspect. The system is making positive changes in a relatively long period of time from 2000 onward. The previous system has been based on hospital treatment, today the mental health services are based in community and closer and more accessible to their patients.

Decentralization of services on regional level is innovative element that provides better services for clients with chronic illnesses and mental health disorders.

There are 8 community based health centers for persons with chronic psychiatric disorder in 7 municipalities all around Kosovo: in Prishtina, Ferizaj/Urosevac, Gjilan/Gnjilane, Mitrovicë/Mitrovica, Gjakovë/Djakovica, Pejë/Pec, Prizren and Drenas.

Since 2002 centers are operating on regional and local level providing comprehensive mental health services for persons with mental retardation of developmental disability.

### **Mental Health Centre from Kikinda (Serbia)**

**Mental Health Center in Kikinda** began to work with beneficiaries at the end of May 2015. It opened as an organizational unit of Special hospital for psychiatric diseases from Novi Kneževac, in the framework of the EU-funded project from IPA funds.

A multidisciplinary team, whose key part is composed of the full-time case leaders, is working with the beneficiaries. They establish interpersonal relationship of trust with the beneficiaries, in which the establishment of balance between what the user wants and what a multidisciplinary team thinks is best for him or her at the time is attempted. This prevents further deterioration of the disease and improvement of the quality of life of the beneficiary.

The case leaders gather information about the beneficiary, help with coordination of needed services of different members of the multidisciplinary team and follow up the beneficiaries in the process of convalescence, always based on individual therapies.

The base change in practice is moving the focus from the disease to the health, recognition and making use of the healthy capacities of each individual. By proceeding in this manner and following this paradigm, Mental Health Center has fulfilled its basic function – decrease number of hospitalizations.

More info: <http://www.spbnoviknezevac.rs/centar-za-mentalno-zdravlje/>

## OVERALL CONCLUSION

As overall conclusion, participants agreed that in order to deal with identified problems it is necessary:

1. To strengthen the capacity of civil society organisations dealing with those issues
2. To join forces into the functional network
3. To coordinate activities with public authorities
4. To act simultaneously on local, national and regional level, in order to bring about changes.

All these goals will be undertaken thanks to the activities planned for the next years of the project implementation. In fact, in each IPA country CSOs working in disability and mental health will have the opportunity to follow specific trainings addressing the organizational development and apply to a subgranting financing the activation of new community-based service, social inclusion opportunities and/or social economy initiative.

Together with this, 5 Working Groups on social inclusion will discuss twice a year the main problems of the local welfare system, providing proposals and a Policy paper on social inclusion initiatives to the local authorities. A crucial element of the working group is the multi-stakeholder approach, being composed by representatives of the CSOs and local institution.

Thanks to the mention set of activities, CSOs and local institution will have the opportunity to build a network of stakeholders in the given sector of interest, and collaborate in defining a welfare system more able to respond to the need of vulnerable groups, as PWS and people with mental disorders.