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**RESIDENTIAL SOCIAL WELFARE
INSTITUTIONS FOR CHILDREN
AND ADULTS WITH DISABILITIES
DURING THE COVID-19 PANDEMIC
IN SERBIA 2020-2021**



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RESIDENTIAL SOCIAL WELFARE INSTITUTIONS FOR CHILDREN AND ADULTS WITH DISABILITIES DURING THE COVID-19 PANDEMIC IN SERBIA 2020-2021

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INTRODUCTION

The first case of infection with the SARS-CoV-2 virus in the Republic of Serbia was documented on March 6, 2020. The World Health Organization declared a pandemic on March 11 of the same year. By the end of that month, about a quarter of the world's population was in quarantine.

Users of social welfare institutions, both in Serbia and in the world, were at increased risk of infection. The reasons for this were, among other things, the overcrowding of institutions, with large numbers of people living in small spaces in multi-bed rooms, and the impossibility of observing preventive measures such as maintaining a distance, wearing protective masks, and the like.

In this document, the following will be presented: the guidelines and recommendations of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) of the Council of Europe¹ related to the treatment of persons deprived of their liberty in the context of the corona virus infection pandemic (COVID-19), of the Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (SPT)² of the United Nations towards member states and national preventive mechanisms, related to the coronavirus pandemic, of the Joint Statement of the Chair of the Committee on the Rights of Persons with Disabilities and the Special Envoy of the Secretary-General of the United Nations on Disability and Accessibility,³ as well as the instructions of the World Health Organization⁴. The epidemiological measures that were applied in the Republic of Serbia, and which were prescribed and applied in order to protect against the spread of the virus in the general population,⁵ will be analyzed and compared with the measures prescribed by the Ministry of Labor, Employment, and Veterans and Social Affairs related to institutions of social protection for the accommodation of users⁶. The epidemiological measures that were applied in the Republic of Serbia, and which were prescribed and applied in order to protect against the spread of the virus in the general population, will be analyzed and compared to the measures prescribed by the Ministry of Labor, Employment, and Veterans and Social Affairs, which related to social welfare institutions. Also, key differences will be highlighted between the instructions, orders, and decrees of this ministry that were implemented in social welfare institutions in Serbia and the recommendations of the aforementioned international bodies regarding them, including an examination of the rights of the users of these institutions which were threatened by the implementation of these measures.

1 Statement of principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease (Covid-19) pandemic [link](#)

2 [Advice of the Subcommittee on Prevention of Torture to States Parties and National Preventive Mechanisms relating to the Coronavirus Pandemic](#)

3 [Joint Statement: Persons with Disabilities and COVID-19 by the Chair of the United Nations Committee on the Rights of Persons with Disabilities, on behalf of the Committee on the Rights of Persons with Disabilities and the Special Envoy of the United Nations Secretary-General on Disability and Accessibility](#)

4 [Preparedness, prevention and control of COVID-19 in prisons and other places of detention: Interim guidance](#)

5 These measures are displayed on the website of the Government of the Republic of Serbia, [here](#).

6 [Akti Ministarstva za rad, zapošljavanje, boračka i socijalna pitanja u vezi sa epidemiološkom situacijom izazvanom virusom SARS-CoV-2 \(Acts of the Ministry of Labour, Employment, and Veterans and Social Affairs regarding the epidemiological situation caused by the SARS-CoV-2 virus\).](#)

For the purposes of this report and based on the Law on Access to Information of Public Importance, requests were sent to social welfare institutions for the accommodation of children with developmental disabilities (6), children without parental care and children with developmental disabilities (10), and institutions for the accommodation of persons with mental and intellectual disabilities (16). The institutions were asked for general data on the users of the institutions: the total number of users, the number of newly admitted users during the relevant year, and the number of users for whom accommodation was disrupted and the reasons for the disruption. Data was also collected on the total number of users of these homes who have been confirmed to have had the COVID-19 virus, the number of users who were treated in the institution itself and those who were treated in external health institutions, and the number of users who died as a result of a virus. The collected data refer to the 2020 and 2021 calendar years. These data are crucial in enabling valid conclusions to be drawn about the consequences of the pandemic in social welfare institutions for children and persons with disabilities, as well as about the effects of the measures that were applied in them.

It was planned that the analysis would also include the reports of the institutions themselves on the consequences of the pandemic, but these are, unfortunately, not available, except in the case of the Center for Accommodation of Infants, Children and Youth Zvečanska⁷.

At the end of the document, recommendations to the Government of the Republic of Serbia, as well as to the competent Ministry of Labor, Employment, and Veterans and Social Affairs are presented.

RECOMMENDATIONS OF INTERNATIONAL BODIES

The socio-political crisis caused by the Covid-19 pandemic has had great consequences for people with disabilities around the world, especially those placed in social welfare institutions. The risk of getting sick in institutions is higher than that in the general population, primarily due to the accommodation of a large number of people in a single facility. People who live in institutions also often have associated diseases, which sometimes arise as a consequence of living in a home. Furthermore, many institutions cannot claim to maintain desirable material and hygienic conditions, and as such, even before the Covid-19 pandemic, they had been fertile ground for the spread of various infectious diseases, such as hepatitis or parasitic diseases⁸.

Taking into account these circumstances, several key international bodies and organizations, shortly after the declaration of the pandemic, issued recommendations and guidelines to member states on how they should act in regard to the population living in various institutions in which the users are deprived of their liberty.

⁷ Centar za zaštitu odojčadi, dece i omladine (Center for the Protection of Infants, Children, and Youth): [Godišnji izveštaj o radu za 2019. godinu](#) (Annual Work Report for 2019) and [Godišnji izveštaj o radu za 2020. godinu](#) (Annual Work Report for 2020).

⁸ [Položaj osoba sa invaliditetom tokom COVID-19 pandemije u kontekstu pridruživanja EU: Policy brief \(The position of persons with disabilities during the COVID-19 pandemic in the context of EU accession: Policy brief\), MDRI-5, 2020.](#)

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment of the Council of Europe (CPT) issued already on March 20, 2020 a Statement of Principles related to the treatment of persons deprived of their liberty in the context of the corona virus (COVID-19) pandemic⁹. These principles applied to various places of detention and the people who live in them, such as police detention facilities, correctional facilities, and immigration detention centers, but also psychiatric hospitals and social care facilities for accommodation, as well as quarantine zones. The statement contains ten principles addressing:

1. The obligation of the state to protect the health and personal safety of all persons deprived of liberty, as well as staff;
2. Compliance with the Guidelines of the World Health Organization in the fight against the pandemic;
3. The reinforcement of staff availability, as well as adequate support and training for that staff;
4. Restrictive measures taken against persons deprived of their liberty with the aim of preventing the spread of the COVID-19 virus, with an emphasis on their being **legally based and necessary, proportionate, respecting of human dignity and limited in time**, while providing comprehensive information to these persons;
5. **Alternatives to deprivation of liberty** (alternatives to detention, modification of sentences, early release; re-evaluation of the need for further forced accommodation of psychiatric patients; **discharge or release of users of social welfare homes to care in the community**, refraining from detaining migrants);
6. Paying special attention to the provision of **health care** and the provision of additional psychological assistance to all persons deprived of their liberty;
7. Fully **respecting the basic rights** of detained and imprisoned persons during the pandemic (the right to maintain adequate personal hygiene and the right to daily access to fresh air for at least 1 hour); compensating for contact limitations through access to alternative means of communication (telephone, internet);
8. **Meaningful contact with other people every day;**
9. Basic **protection mechanisms against abuse** of persons in a closed environment (access to a lawyer, access to a doctor, notification of the deprivation of liberty);
10. A basic mechanism of protection against abuse - monitoring by independent bodies, including National Preventive Mechanisms (NPM) and the CPT. States should continue to guarantee access for monitoring bodies to all places of deprivation of liberty, while observing precautions to adhere to the principle of 'do no harm.'

The United Nations Subcommittee on Prevention of Torture (SPT) published its Advice of the Subcommittee on Prevention of Torture to States Parties and National Preventive Mechanisms relating to the Coronavirus Pandemic¹⁰. In it is emphasized the importance of transparent communication with all persons deprived of their liberty, their families, and the media regarding the measures taken and the reasons for them. It is especially emphasized that, even during exceptional circumstances and emergency situations that threaten the life and health of the nation, the prohibition of torture, cruel, inhuman or degrading treatment, or punishment cannot be derogated from. As in the CPT Statement of Principles, the Advice emphasizes the importance of preventive visits by the NPM and other preventive mechanisms, as the “potential

⁹ Statement of principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease (Covid-19) pandemic <https://rm.coe.int/16809cff4b>

¹⁰ [Advice of the Subcommittee on Prevention of Torture to States Parties and National Preventive Mechanisms relating to the Coronavirus Pandemic.](#)

exposure to the risk of ill-treatment faced by those in places of detention may be heightened as a consequence of such public health measures taken.” The measures listed in the Statement of Principles, which refer to the treatment of persons deprived of their liberty, including those living in social welfare institutions, are also further elaborated and clarified.

The Chair of the United Nations Committee on the Rights of Persons with Disabilities, on behalf of the Committee and the Special Envoy of the United Nations Secretary-General on Disability and Accessibility issued a joint statement¹¹ on April 1, 2020. It calls on states to respect Article 11 of the Convention on the Rights of Persons with Disabilities, according to which they are obliged to ensure the protection and safety of persons with disabilities in response to risky and humanitarian emergency situations. This includes measures in all areas of the lives of persons with disabilities, including protection of their access to the highest attainable standard of health without discrimination, their general well-being, and the prevention of communicable diseases, as well as measures to ensure protection against negative attitudes, isolation, and stigmatization that might arise in the midst of a crisis.

The World Health Organization published, in February 2021, an interim guidance entitled Preparedness, prevention and control of COVID-19 in prisons and other places of detention¹². In addition to practical instructions related to the definition of disease symptoms, possible transmission scenarios, the use of protective masks, the availability of vaccines and their application, testing, reporting, etc., the instructions emphasize that the rights of all people who stay in these places must be respected and all public health measures must be implemented without discrimination. It is stated that people in prisons and other places of detention should enjoy the same standards of health care as those available in the wider community, and that special attention should be paid to children. It also asserted that care must be taken to ensure that people living in these places are not cut off from the outside world and that they have access to information and adequate provision of health care. The World Health Organization has recognized that the psychological and behavioral reactions of people deprived of their liberty are likely to be different compared to the general population, and therefore have emphasized that it is necessary to pay special attention to emotional and psychological support.

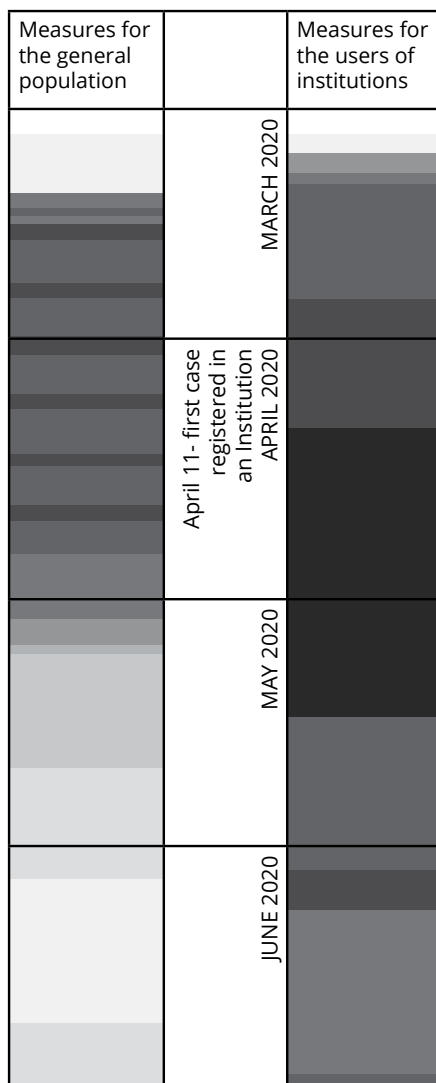
MEASURES FOR THE PREVENTION AND CONTROL OF THE INFECTIOUS DISEASE COVID-19 IN THE REPUBLIC OF SERBIA

In the following pages, a graphic display is presented of the measures adopted by the Government of the Republic of Serbia, at the proposal of the Crisis Staff, which applied to the general population¹³, as well as measures corresponding to the functioning

¹¹ [Joint Statement: Persons with Disabilities and COVID-19 by the Chair of the United Nations Committee on the Rights of Persons with Disabilities, on behalf of the Committee on the Rights of Persons with Disabilities and the Special Envoy of the United Nations Secretary-General on Disability and Accessibility](#)

¹² [Preparedness, prevention and control of COVID-19 in prisons and other places of detention: Interim guidance](#)

¹³ These measures are displayed on the website of the Government of the Republic of Serbia, [here](#)



Graph 1: Measures during the period March - June 2020

of social protection institutions¹⁴, contained in various acts of the Ministry of Labor, Employment, and Veterans and Social Affairs. **In relation to the prescribed measures, i.e., the extent of the restriction of rights, different colors were chosen, from white (when no measures were prescribed or they were very mild) to black (which implied a complete ban on movement).**

This review begins on March 6, when the first case of infection with the corona virus was confirmed in the Republic of Serbia. [The first measures](#) were prescribed for social welfare institutions on March 10 and related to maintaining hygiene and rules of conduct. On March 11, the first measures applicable to the general population were adopted - a ban on public gatherings of more than 100 people in closed premises for, while on **March 15, a state of emergency was declared** which entailed: the closure of kindergartens, schools, and universities; the closing of borders; mandatory quarantine for those coming from abroad; working from home whenever possible; a recommendation to leave the house as little as possible; a recommendation that seniors over the age of 65 should not go out at all. However, a few days before the declaration of the state of emergency, an [Instruction](#) was issued on March 12, and an [Order](#) was issued on March 13, prohibiting visits and restricting the movement of users of institutions (they were forbidden to leave their homes). While the measures in the community included a ban on movement, the so-called "curfew" during weekends or in the afternoon, different rules [applied](#) to the users

of institutions - on March 28, the temporary staying and movement of persons not employed in the homes was prohibited, and only medical workers and caregivers could have direct contact with the users. On March 29, an [Instruction](#) was issued according to which users and employees "must not circulate between departments/rooms without immediate need;" movement of the user to the clinic or the premises of the professional worker is allowed only with the permission of the employees; only medicines, diapers, and cigarettes were allowed into the facility, and joint activities of users were carried out in groups of no more than 5 people, together with employees. In accommodation facilities, the first cases of the disease were recorded on April 11, and in an attempt to prevent the spread of the infection, the Ministry issued a [Recommendation on the introduction of a 15-day shift work](#).

It can be seen from the graph that the measures for the general population were gradually eased during May ([the state of emergency was lifted](#) on May 6) and

¹⁴ [Akti Ministarstva za rad, zapošljavanje, boračka i socijalna pitanja u vezi sa epidemiološkom situacijom izazvanom virusom SARS-CoV-2 \(Acts of the Ministry of Labour, Employment, and Veterans and Social Affairs regarding the epidemiological situation caused by the SARS-CoV-2 virus\).](#)

Measures for the general population		Measures for the users of institutions
	JULY 2020	
	AUGUST 2020	
	SEPTEMBER 2020	
	OKTOBER 2020	
	NOVEMBER 2020	
	DECEMBER 2020	

Graph 2: Measures during the period July - December 2020

June, but the measures implemented in the accommodation facilities remained harshly strict and disproportionate. It was not until April 28 that the users of the homes were [allowed to walk](#) the grounds of the institutions. On June 9, [visits were permitted](#), but under extremely restrictive conditions (temperature above 18 degrees, no wind and rain, only in the yard, at most twice a week per user, no longer than 15 minutes per visit, with the use of protective equipment, and with a distance between visitors and users of at least 2 meters, under the supervision of an employee), only to have [visits banned again](#) on June 29.

During the month of July 2020, certain measures for the general population were somewhat tightened, i.e., the working hours of nightclubs and cafes were limited, the mandatory wearing of masks was prescribed, and the maximum number of people who could gather outdoors and indoors was limited, while at the same time those who were users of homes were completely cut off from the outside world, without the possibility to go out into it or to receive visits.

On August 10, it was broadcast on the Government's website that [prisoners from penitentiary institutions had been enabled to begin using Skype and Viber](#) to communicate with relatives and friends, but there is no indication that the same was made possible for users of social welfare institutions. It was only on August 21, under the same conditions described earlier, that the [users of social welfare institutions were allowed visits](#). At the same time - at the end of August, the measures for the general population were relaxed - cultural manifestations were allowed - cinemas and theaters began working again, and the work of catering and commercial facilities was gradually extended. On October 16, due to the less favorable epidemiological situation, the mandatory wearing of masks outdoors was prescribed, while at the beginning of November, a ban on gatherings of more than five people was introduced. These measures were further tightened on November 21, 2020, with the working hours of restaurants, cafes, bars, clubs, gambling centers, and shopping centers reduced to operating only until 6 p.m. The obligation to wear masks indoors and outdoors where there is close contact was reaffirmed. All

public gatherings of more than 5 people were prohibited. Employers were required to allow remote work. The number of passengers in public transport vehicles was limited to half of the maximum number. All this time, the users of the homes could not

Measures for the general population		Measures for the users of institutions
	JANUARY 2021	
	FEBRUARY 2021	
	MARCH 2021	
	APRIL 2021	
	MAY 2021	
	JUNE 2021	

Graph 3: Measures during the period January - June 2021

leave their facilities, while visits were limited to 15 minutes, at most twice a week, per user.

At the end of December, the measures for the general population were eased - the allowable working hours of shopping centers, service businesses, cafes, and restaurants were extended until 8 p.m. The first contingents of vaccines began to arrive in Serbia, and vaccination was initiated, according to established priorities.

In social protection institutions, measures were relaxed only in the beginning of February, [in regard to visits to users](#). Indoors, a visit was permitted to last up to 45 minutes, and outdoors to 90 minutes. The prerequisite for any such visit was that the user was fully vaccinated. The conditions for visits to dying persons were somewhat less restrictive.

On March 6, the epidemiological measures for the general population were tightened again - catering and trade facilities were mandatorily closed during the weekend - from Saturday at 12 noon until Monday at 6 am. On weekends, only food stores, gas stations, and pharmacies were permitted to work. Starting on April 5, catering facilities with a garden were allowed to resume work outdoors, from 6 a.m. to 10 p.m.; shopping centers remain closed, as did cafes and restaurants that do not have a garden. Starting from April 12, shopping centers were allowed to resume operations, from 6 a.m. to 10 p.m.

On April 9, a [Recommendation on the procedure for users and institutions of social protection for accommodation ... during short-term departures from the institution ... without an overnight stay or with an overnight stay when visiting family](#) was adopted. The mandatory conditions for this procedure were that there must be no active cases of infection in the institution, neither among the users nor among the employees, that the user had to be vaccinated and revaccinated, or that he/she had had covid less than three months ago, and that protective equipment must be used.

In May, the measures for the general population regarding the working hours of catering and other establishments were relaxed, and at the beginning of June these measures were further relaxed.

From May 19, social welfare institutions were permitted to organize trips for fully vaccinated beneficiaries, based on the Ministry's [Recommendation](#).

Measures for the general population		Measures for the users of institutions
	JULY 2021	
	AUGUST 2021	
	SEPTEMBER 2021	
	OCTOBER 2021	
	NOVEMBER 2021	
	DECEMBER 2021	

In the second half of 2021, the measures for the general population were almost completely relaxed - retail shops could work without any additional restrictions, while open-air catering facilities could work indefinitely and indoor ones until 1 hour after midnight. The presence of an audience was allowed in stadiums, with a capacity occupancy up to 50% of the maximum for outdoor facilities and 30% for indoor ones. Gatherings up to a maximum of 500 people were permitted.

These measures were made somewhat stricter starting from November 8, 2021, when, in an attempt to encourage vaccination, covid passes were introduced that allowed carriers to access catering establishments after 8 p.m., while those without them were not permitted to do so.

In the second half of 2021, the users of institutions were also allowed a greater degree of freedom - if they were fully vaccinated, which most were, they were permitted to leave their homes, receive visits, and go on trips, if the relevant institutions organized them. However, in the event of any case of illness being documented, all the Ministry's recommendations from the previous period regarding isolation, quarantine, suspension of visits, and the like were activated.

Graph 4: Measures during the period July - December 2021

From this review, it can be concluded with little doubt that the primary focus of the Ministry of Labor, Employment, and Veterans and Social Affairs was to prevent the outbreak of the epidemic in the institutions where the beneficiaries were housed¹⁵, and not to protect the human rights of the beneficiaries. The measures imposed were disproportionate and lasted much longer than those of the general population, and many of their rights, such as the rights to privacy, movement, personal freedom and family life, were violated¹⁶. According to the testimonies of the users with whom MDRI-S was in contact, no information was available to them about the virus, the way it was transmitted, or the possibilities of treatment¹⁷. When the vaccination campaign was initiated in homes, they were not provided with information about which vaccine they received, even if they posed such a question.¹⁸ The recommendation of the CPT on the transfer of beneficiaries to community care was not respected. During the period March 29 – April 28, 2020, users were completely restricted from exercising any right to leave their quarters, leaving them deprived of access to fresh air. The use of alternative means of communication was also very limited because the Internet in these institutions was generally of poor quality, and/or was available only in common areas, which meant that users could not be provided with privacy when contacting relatives or friends¹⁹. Although the CPT, like other relevant international organizations, emphasized the importance of monitoring being carried out by independent bodies, including National Preventive Mechanisms (NPM), as a basic protection mechanism against abuse, as well as that states should guarantee the access of monitoring bodies to places where people deprived of their freedom live, in Serbia, contrary to these recommendations and based on the instructions of the Ministry of Labor, Employment, and Veterans and Social Affairs, a special approval of the Ministry was necessary for each inspection and the inspection had to be announced in advance with an explanation of the reason for the visit²⁰. Also, inspectors and other state bodies were prohibited from any contact with users, "unless, exceptionally, if there is a need to protect the life and health of users." This Instruction also served as a basis for preventing the NPM team from attempting to visit institutions.

In the National Mechanism for the Prevention of Torture's Report for the year 2020²¹, it was stated that in this period the NPM visited three social care institutions serving as accommodation facilities, yet none of these were institutions for the accommodation of children or adults with disabilities. Also, the report states that the NPM could not fully fulfill its mandate in home-type social protection institutions, bearing in mind that the Ministry of Labor, Employment, and Veterans and Social Affairs did not allow visits in one period²² meaning the NPM teams were prevented from carrying out visits in at

15 [COVID-19 Socio-Economic Impact Assessment](#), UNDP in Serbia, September 2020, p.27

16 See more: Lazarević, Snežana, Ćirić Milovanović, Dragana: [THE ANALYSIS OF THE WORK OF INTERNAL AND INDEPENDENT CONTROL MECHANISMS FOR HUMAN RIGHTS PROTECTION OF THE RESIDENTS OF THE SOCIAL CARE INSTITUTIONS DURING THE COVID-19 CRISIS IN THE REPUBLIC OF SERBIA](#), MDRI-S, 2021.

17 Popović, Maja, Jović, Marijana, Pavlović Maša: [Isolated in Isolation](#), MDRI-S, 2021.

18 Ibid.

19 Ibid.

20 [Instrukcija o načinu rada ustanova socijalne zaštite za smeštaj korisnika i organizacija socijalne zaštite za pružanje usluge domskog smeštaja odraslih i starijih prilikom realizovanja inspeksijskih nadzora i službenih savetodavnih poseta inspeksijskih službi i drugih državnih organa](#) (Instruction on the method of work of social protection institutions for the accommodation of beneficiaries and social protection organizations for the provision of home accommodation services for adults and the elderly during the implementation of inspection supervision and official advisory visits of inspection services and other state authorities).

21 National Mechanism for the Prevention of Torture: [Izveštaj za 2020. godinu](#) (Report for the Year 2020), p. 32.

22 Ibid, p. 33.

least two cases – on October 9, 2020 (attempted visit to the Home for Disabled Adults in Zemun)²³ and on October 23, 2020 (attempted visits to the Gerontological Centers of Belgrade - Dom Voždovac (Home for the Elderly), Dom Bežanijska Kosa (Home for the Elderly)²⁴. The only action resulting from this response was the publication of a statement on the NPM website.

During 2021, the NPM visited 10 social protection institutions, five of which were carried out in institutions for the accommodation of children and adults with disabilities.²⁵

23 [Zaštitniku građana u obavljanju poslova NPM-a onemogućena poseta Domu za odrasla invalidna lica u Zemunu](#) (The Protector of Citizens was prevented from visiting the Home for Adults with Disabilities in Zemun while performing his NPM duties).

24 [Zaštitniku građana u obavljanju poslova NPM-a onemogućeno ostvarivanje mandata u ustanovama socijalne zaštite domskog tipa](#) (The Protector of Citizens, in performing the tasks of the NPM, was prevented from exercising his mandate in social protection institutions serving as accommodation facilities).

25 National Mechanism for the Prevention of Torture: [Izveštaj za 2021. godinu](#) (Report for the Year 2021), p. 43.

GENERAL DATA ON SOCIAL PROTECTION INSTITUTIONS FOR THE ACCOMMODATION OF CHILDREN AND ADULTS WITH DISABILITIES

On the basis of the Law on Free Access to Information of Public Importance, requests were sent by the creators of this report to institutions for the accommodation of children and adults with disabilities for the purpose of attaining quantitative data on their users, as well as data related to the pandemic itself. All the institutions to which the requests were addressed responded.

INSTITUTIONS FOR THE ACCOMMODATION OF CHILDREN AND YOUNG PEOPLE

There are 16 institutions in operation for the accommodation of children and young people in Serbia - 6 are homes for the accommodation of children and young people with developmental disabilities, and 10 are institutions for the accommodation of children without parental care and children and young people with developmental disabilities. This analysis did not include juvenile correctional institutions for the detention of children and youth, of which there are three.

As can be seen from the Report of the Republic Institute for Social Protection²⁶ the total number of users in these institutions²⁷ has remained more or less the same for years.

Institutions for the accommodation of children and young people that function in Serbia are very different. Some of them meet the standards of the Law on Social Protection, i.e., have less than 50 users (most of these are institutions for children without parental care and children and youth with developmental disabilities), while others have significantly larger capacities. It is particularly problematic that a large number of adults and elderly users live in institutions for the accommodation of children and young people with developmental disabilities, which puts children at great risk of violence and abuse (in 2020, there were 1,339 users in such institutions, of which 172 were children, 269 young people, and 898 adults and elderly persons, while in 2021, 1,344 people were accommodated - 158 children, 273 young people, and 913 adults and elderly persons).

The total number of all users in both types of the mentioned institutions at the end of 2020 was 1877 (560 children), and 1858 (512 children) in 2021. The largest number of were documented as having disabilities / developmental disabilities - in 2020, 1,627 (87%), and in 2021, 1,624 (87%).

Children with developmental disabilities are predominant in relation to the total number of children in these institutions - 381 children out of a total of 560 (68%) had

²⁶ [Izveštaj o radu ustanova za smeštaj dece i mladih za 2020. godinu](#) (Report on the Work of Institutions for the Accommodation of Children and Youth for 2020) and [Izveštaj o radu ustanova za smeštaj dece i mladih za 2021. godinu](#) (Report on the Work of Institutions for the Accommodation of Children and Youth for the Year 2021).

²⁷ In Serbia, there are six institutions for the accommodation of children and youth with developmental disabilities and 10 institutions for children without parental care and children and youth with developmental disabilities; within these others, small home communities also function.

developmental disabilities in 2020, and 345 out of a total of 512 in 2021, representing 67.3% of all children living in institutions. A large number of children under the age of three are still placed in homes, which indicates that the provision on exceptional reasons for institutionalization actually functions more as a rule and in doing so contradicts the Convention on the Rights of Persons with Disabilities²⁸, as well as the Law on Social Protection²⁹.

In 2020, there were 22 of such children in homes (4% of all children), of which 12 had developmental disabilities, and in 2021, 29 children (5.6% of the total number of children) were accommodated, with as many as 21 having developmental disabilities. In 2020, there were a total of 124 cases of the interruption/termination of the provision of accommodation. The most common reason was the death of the beneficiary - 39 (31%), of which 12 were children. Almost all the deceased, 38 of 39, were children and people with disabilities / developmental disabilities. A certain number of interruptions (29 cases - 23%) in placement occurred due to the user's transfer to another institution, but it is important to emphasize that this cannot be considered deinstitutionalization. Seventeen of these actions were children or adults with developmental disabilities/disabilities.

Twelve children (four with developmental disabilities) were returned to their biological families (representing nearly 10% of all reasons for the termination of placement in accommodation facilities), but this practice is very rare in institutions for children with developmental disabilities, with only one such case documented in the examined timeframe this happened. Six children, only one of which was documented as having developmental disabilities, were adopted during 2020 and all of them had lived in institutions for the accommodation of children without parental care and children with developmental disabilities. Three children (two with developmental disabilities) were placed in foster families. Becoming independent was the reason for the termination of the provision of accommodation for 28 beneficiaries (22.5% of all such terminations). 8 of these cases involved beneficiaries with developmental disabilities, but this practice is extremely rare in homes for children with developmental disabilities (only two children documented). There were also other sporadic reasons for the termination of the provisions of accommodation, such as the beneficiary arbitrarily leaving the institution.

In 2021, there were a total of 124 cases of the interruption/termination of the provision of accommodation in institutions for children and youth. In 33 cases (22%), the reason for the termination of accommodation was death, with all such deceased users having had disabilities / developmental disabilities. Mortality was documented as significantly higher in institutions for the accommodation of children and youth with developmental disabilities compared to institutions for the accommodation of children without parental care and children with developmental disabilities - 29 cases and 4 cases, respectively. 18 beneficiaries were returned to their biological families from institutions for children without parental care and children with developmental disabilities (14.3%), and among them were ten with disabilities / developmental disabilities, while the number of users of institutions for children with developmental disabilities who were returned home was negligible - only three. Eight children, two of whom had developmental disabilities, were adopted, but all cases of adoptions involved only institutions for children without parental care and children with developmental disabilities.

28 [Zakon o potvrđivanju Konvencije o pravima osoba sa invaliditetom](#) (Law on the Ratification of the Convention on the Rights of Persons with Disabilities), Official Gazette of the Republic of Serbia - International Treaties, no. 42/2009, Art. 23.

29 [Zakon o socijalnoj zaštiti](#) (Law on Social Protection), Official Gazette of the Republic of Serbia, no. 24/2011, Art. 52.

Foster care has almost completely died out in Serbia - only five children (one with developmental disabilities) were placed in foster families during 2021. 29 beneficiaries were released from institutions of accommodation due to becoming independent, three of which had disabilities, and all of whom had lived in institutions for the accommodation of children without parental care and children with developmental disabilities.

INSTITUTIONS FOR THE ACCOMMODATION OF ADULT USERS WITH DISABILITIES

According to data collected from 16 institutions operating in the territory of the Republic of Serbia and founded by either the Republic of Serbia or the Autonomous Province of Vojvodina, 3893 people (47% women) were documented as living in these institutions on 12/31/2020. In 2020, 159 new beneficiaries were admitted, while accommodation was terminated for 340 persons. The most common reason for the termination of accommodation was the death of the beneficiary – 318 cases (93.5%). All other reasons were sporadic - 13 users returned to their biological family, 5 were transferred to another institution, two left a home voluntarily, and one person became independent.

In 2021, the number of users increased slightly and at the end of year, there 3945 persons (48% women) documented as living in institutions for the accommodation of adults with disabilities. A significantly higher number users were admitted compared to the previous year – 337, while accommodation was terminated for 294 users. As in previous years, the dominant reason for termination of accommodation was the death of the user - 263 cases (89%). 16 beneficiaries returned to their biological family (5.4%), while additional cases involved the beneficiaries voluntarily leaving a home or becoming independent, or the accommodation being interrupted/terminated for another reason.

COVID-19 IN SOCIAL WELFARE INSTITUTIONS FOR THE ACCOMMODATION OF CHILDREN AND ADULTS WITH DISABILITIES

Since the announcement of the pandemic, i.e., since the documentation of the first people infected with the SARS-Cov 2 virus in social welfare institutions, on April 11, 2020, the Ministry of Labor, Employment, Veterans and Social Affairs began, in the news section of its website³⁰, to publish daily data on the number of infected and recovered users and employees from institutions. The daily releases are formulated so that there is information about the total, i.e., the cumulative number of users and employees for whom, since the beginning of the pandemic, "the presence of the virus has been confirmed," as well as the total number of users and employees who have recovered by an indicated date. Also indicated every day are those social welfare institutions in which cases of infection have been recorded as active, but more precise data is not reported (exactly how many employees or users are infected in them). What these data

³⁰ See, for example, this release from September 1, 2022: [U ustanovama socijalne zaštite za smeštaj korisnika i domovima za smeštaj odraslih i starih zaraženo 209 korisnika i 98 zaposlenih](#) (In social protection institutions for the accommodation of beneficiaries and homes for the accommodation of adults and the elderly, 209 beneficiaries and 98 employees have been infected)

lack is precision, transparency, and comparability in regard to data published for the general population. No data is reported on the following:

- About the number of users and employees tested;
- About the number of newly infected people on a certain date;
- On whether the users or employees were treated in external health institutions or in the homes themselves;
- About the deceased;
- There are no individual data for each institution. This is very important because included on the list are institutions for the accommodation of children, young people, and adults with disabilities, for the accommodation of children and young people without parental care, for the accommodation of the elderly, and all other institutions that function within the social protection system (centers for social work, centers for family accommodation and adoption, etc.) whose founder is either the Republic of Serbia or the Autonomous Province of Vojvodina, as well as accommodation institutions from the private sector.

On the Open Data Portal of the Government of the Republic of Serbia, the following data are collected and published regarding COVID-19 infections:

- the number of persons on a respirator for a given date;
- number of persons hospitalized for a given date;
- number of positive persons for a given date;
- total number of persons testing positive since the beginning of the pandemic;
- the number of persons tested for a given date;
- the total number of persons tested since the beginning of the pandemic;
- the number of deceased persons for a given date;
- the number of deceased males for a given date;
- the number of deceased women for a given date;
- the total number of deceased persons since the beginning of the pandemic;
- the average age of deceased persons for a given date;
- the percentage of infected persons in relation to the number of tested persons for a given date;
- the percentage of infected persons since the beginning of the pandemic in relation to the total number of persons tested;
- the percentage of persons hospitalized in relation to the total number of infected persons for a given date;
- the total number of persons cured since the beginning of the pandemic
- the percentage of persons documented as having recovered in relation to the total number of those infected since the beginning of the pandemic;
- the percentage of people on a respirator in relation to the total number of persons hospitalized for a given date;

For the purposes of the study, in order enable an assessment of the effects of the pandemic on children and people living in social welfare institutions for the accommodation of children and persons with disabilities, data was requested from all relevant institutions. In addition to general data, data were sought on the number of infected users, how many of them were treated in specialized health institutions and how many in the home where they live, and how many users died as a result of this infection. By combining data obtained from institutions and cross-referencing it with official data from the Open Data Portal with the situation as of 12/31/2021, the following overview has been formulated in the context of the COVID-19 epidemic:

	Number of inhabitants / users of institutions ³¹	Number testing positive ³²	% of the total number of inhabitants / users	Number hospitalized	% hospitalized in relation to the number of infected ³³	Number of deceased ³⁴	% deceased in relation to the number of infected
General Population	6.899.126	1.299.339	18,83	no data available	no data available	12.714	0,98
Institutions for the accommodation of children with developmental disabilities	1.344	442	32,89	17	3,85	2	0,45
Institutions for the accommodation of children and young persons without parental care and of children and youth with developmental disabilities	514	65	12,65	5	7,69	0	/
Institutions for adults with disabilities	3.945	1.481	37,54	170	11,48	79	5,33

Table 1: Hospitalization and mortality caused by covid infection in the general population and in institutions.

Based on the above data, it can clearly be concluded that, as of December 31, 2021, users in institutions for children and youth with developmental disabilities (in which 32.89% of all users were affected) and in institutions for adult users with disabilities (37, 54% of all users) were significantly more susceptible to infection than the general population (18.83%) in the Republic of Serbia. As already mentioned, these users typically live in large institutions with rooms accommodating multiple persons, where it is very difficult to implement epidemiological measures and in which there is often a shortage of employees and difficult and inadequate living and working conditions. Children and young people living in institutions for the accommodation of children and young people without parental care and children and for the accommodation of young people with developmental disabilities were seemingly more protected (12.65%). It can be assumed that the prescribed measures in these institutions, which demanded that the users were almost completely deprived of contact with the outside world, produced results, but one other probable key factor is that even in the general population, children were significantly less susceptible to this infectious disease than adults and the elderly. Admittedly, this conclusion is drawn primarily on the basis of statements of relevant officials from the Government, the Crisis Staff, or doctors, but, unfortunately, statistical data on the incidence rate by age group are not available.

There is no available data on the percentage of hospitalized persons in the general population in relation to the total number of infected persons. Regarding residential social welfare institutions for children and adults with disabilities, a relatively small percentage of Covid-19 patients were placed in hospitals (3.85% from institutions for children and youth with developmental disabilities; 7.69% from institutions for children without parental care and children with developmental disabilities; and 11.48% from institutions for adults with disabilities). In this regard, it should be borne in mind that, although there are medical staff in most institutions, they are frequently insufficient to meet the needs of the users, while the institutions themselves are not equipped for diagnosis and treatment - there are no X-ray machines, no equipment

31 For the general population, data was derived from the [Statistical Yearbook of the Republic of Serbia 2021](#); Data from institutions was obtained on the basis of access to information of public importance

32 [Open Data Portal](#)

33 Ibid.

34 Ibid.

for oxygen therapy, there is often only one doctor, who is typically occupied with the users, who are then taken care of by caregivers. In both types of institutions for the accommodation of children and young people, the percentage of deaths in relation to the total number of infected is not high (in institutions for children and young people without parental care and children and young people with developmental disabilities, not a single death was recorded in the relevant timeframe as a result of the SARS-CoV 2 virus, while in institutions for children and youth with developmental disabilities only two deaths were documented, both adult users), but the mortality rate in institutions for adults with disabilities is many times higher than in the general population and in the institutions for children - a worryingly high 5.33%.

The data collected from the institutions, as well as from the reports of the Republic Institute for Social Protection, were compiled and formulated into the following table displaying the mortality rates in these institutions over the past few years, with the purpose of indicating whether "excess mortality" was present during the pandemic.

	2016 ³⁵		2017		2018 ³⁶		2019		2020 ³⁷		2021 ³⁸	
	Broj	% ³⁹	Broj	%	Broj	%	Broj	%	Broj	%	Broj	%
Institutions for children with developmental disabilities	15	1,0	No data available	No data available	5	0,4	No data available	No data available	33	2,4	29	2,1
Institutions for children without parental care and children with disabilities	4	0,8	No data available	No data available	5	0,9	No data available	No data available	6	1,1	4	0,8

Table 2: Mortality in institutions for children and youth with developmental disabilities and in institutions for children and youth without parental care and children with developmental disabilities

	2016 ⁴⁰		2017		2018 ⁴¹		2019		2020 ⁴²		2021 ⁴³	
	Broj	% ⁴⁴	Broj	%	Broj	%	Broj	%	Broj	%	Broj	%
Institutions for adults with disabilities	255	6,2	No data available	No data available	240	5,8	No data available	No data available	318	8,2	263	6,7

Table 3: Mortality in Institutions for adults with disabilities

Analyzing these data, it is noticeable that in social protection institutions for the accommodation of children and persons with disabilities, as well as in the general population, there is indeed the presence of so-called "excess mortality" documented in the years of the COVID-19 pandemic in comparison to the preceding years. If the increased number of deceased users in institutions for the accommodation of adults with disabilities and the elderly can be attributed to infection with the SARS-CoV-2 virus, the question arises as to why the number of deaths in institutions for the accommodation of children and young people with developmental disabilities and

35 Data from the Report of the Republic Institute for Social Protection

36 Ibid.

37 Data collected based on requests for access to information of public importance.

38 Ibid.

39 In relation to the total number of users

40 Data from the Report of the Republic Institute for Social Protection

41 Ibid.

42 Data collected based on requests for access to information of public importance

43 Ibid.

44 In relation to the total number of users

institutions for the accommodation of children without parental care and children with developmental disabilities is also documented as higher in the years of the COVID-19 pandemic than in the preceding few years, and is especially pronounced in 2020.

CONCLUSIONS AND RECOMMENDATIONS

During 2020 and 2021, children and people with disabilities living in social care institutions were faced with extremely restrictive measures, much stricter than those applied to the general population. Furthermore, they were disproportionate to the situation and lasted much longer than those applied to the general population, not only limiting the users' movement and personal freedom, but also deprived them of contact with the outside world. Because of this, users were exposed to an increased risk of neglect and abuse. At the same time, institutional staff also faced numerous challenges. In one period, they worked in fifteen-day shifts, meaning they essentially lived with their beneficiaries for these periods and were separated from their families. As stated in the [Annual Report of the Zvečanska Center for the Protection of Infants, Children, and Youth for the year 2020](#) when the state of emergency was lifted and the measures for the general population were eased, "from the perspective of children and youth, it seems as if due to the conditions in which they live, multiply discriminated against in comparison to their peers, the number of people voluntarily leaving the institution has also increased." As special challenges in the report, the following are cited: the fact that the children in the center did not go to school, so the employees had to support the children in their studies; the constant fear of both users and employees regarding possible infection, as any appearance of cold-like symptoms could induce existential fear; long-term exposure to stress; and non-compliance between systems. For example, while the prescribed measures in social protection institutions were rigorous and users of the homes were prevented from moving, schools among the general public required students' personal attendance during final and matriculation exams. At the same time, some schools organized trips and proms, while children and young people from institutional homes were forbidden from attending such gatherings.

Users of facilities for adults with whom MDRI-S has been in contact testified that they were denied information about the situation. At the same time, communication with the outside world was indicated as being completely impossible for them, causing them great disturbance. They expressed having the impression that they were living in a prison. Also indicated as a burden for them was that during a certain period the staff worked in fifteen-day shifts, leaving the users feeling as if they were under constant surveillance. They indicated having felt a great fear of "quarantine," since in the institutions there was a rule that if a user were to leave the institution to visit a doctor due to some health problem that he/she had and which could not be resolved in the institution itself, he/she must mandatorily be quarantined, i.e., he/she would be forbidden from leaving his/her room of residence for 14 days. If, after this period, the individual was required to go for a follow-up examination, i.e., a control, the quarantine would be extended for another 14 days.⁴⁵ In light of all of the above, when analyzing the consequences of the SARS-CoV-2 virus pandemic in social care institutions, it is insufficient to look back only at the mere statistics and data on the number of infected and deceased beneficiaries. Rather, what must also be considered are the very large psychological consequences, including the feelings of being discriminated against, of

⁴⁵ See more: Popović, Maja, Jović, Marijana, Pavlović Maša: [Isolated in isolation](#) MDRI-S, 2021.

abandonment, of hopelessness, and of fear that these persons felt and likely still feel. As evidenced in this document, the consequences of the pandemic on children and adult persons living in social welfare institutions, that is, in any type of collective accommodation, have been many times greater than on the general population. Even in the time before the Covid-19 pandemic, institutions were fertile ground for the spread of various infectious diseases, such as hepatitis or parasitic diseases. In previous years, during epidemics of the flu, the users of institutions were also restricted in their right to mobility and visitation, as the rules in such facilities are often similar to those in effect in health institutions. Scientists and epidemiologists warn that in the near future, due to climate change and disruptions of the balance in nature, we can expect new pandemics. The war in Ukraine has also showed us that the users of institutions are often exposed to greater risks, as problems are frequently encountered in attempting the care and evacuation of a large number of people. A report by Disability Rights International testifies to the state of institutions in this country during the war.⁴⁶

The Covid-19 pandemic has clearly demonstrated the need for urgent deinstitutionalization, across the world and in Serbia, especially bearing in mind the high risk of infection that exists in institutions where many people live in a limited space, that the measures taken by the state in Serbia led to the violation of the human rights of all persons living in institutions, and the apparent impossibility of adequate external supervision over the work of institutions.⁴⁷

Short-term recommendations:

- Respect all the recommendations of relevant international organizations – the CPT, SPT, World Health Organization - regarding respect for the human rights of persons living in collective accommodation, in particular regarding the right to movement, to communicate with close people, to access fresh air, and to quality health care without discrimination;
- Implement the recommendations of the CPT on the transfer or release of users of social welfare homes to care in the community.

Long-term recommendations:

- Make the necessary legal adjustments that guarantee the right of children to live in the family and the right of adults with disabilities to live in the community in accordance with the CRPD and the Guidelines on Deinstitutionalization, including in emergencies⁴⁸;
- Provide adequate support to families in order to prevent the separation of children from their families and the institutionalization of children. Ensure all children have equal opportunities to live in an extended, kinship, or foster family when parents are unable to care for the child;
- Suspend the placement of new beneficiaries into social welfare institutions;
- Suspend investments in institutions, except when it is necessary to protect against immediate danger to the life and health of users, and redirect funds to the development of various relevant services in the community.

46 Rosental, Eric, et. al: [Left Behind in the War: Dangers Facing Children with Disabilities In Ukraine's Orphanages, 2022](#)

47 Beker, Kosana, Lepojević Valentina: [Deinstitutionalization of Women with Mental Disabilities](#)

48 <https://www.ohchr.org/en/documents/legal-standards-and-guidelines/crpd273-guidelines-deinstitutionalization-including>



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