ADDITIONAL SUPPORT TO CHILDREN WITH OBSTACLES IN DEVELOPMENT

ABSTRACT

The system of social, health and educational protection of children with disabilities in the Republic of Macedonia experience ongoing changes. The main goals of the reforms are harmonization of the Macedonian legislation with international standards, as well as improvement of the position of the disabled person in society through social and labour inclusion. Besides the traditional forms of protection of disabled children, there are attempts for introduction of new
measures and activities targeting disabled children which will enable a higher degree of social and health protection, social involvement, regular school attendance and better achievements in the educational process.

The current situation shows that there is no integral legal text that fully regulates the rights of disabled persons. On a contrary, rights for disabled persons and children with impairments in the development are legally regulated in number of laws and bylaws. The conducted researches point out to certain weaknesses in the existing legal and institutional framework, as well as in the process of its implementation. There are several limitations even in the first phase of identification and assessment of children with impairment. Some of them are systematic and occur as a result of the different practices of the bodies responsible for the assessment of disabled children and in the exclusive use of the medical model of assessment. Some of the reasons for insufficient level of protection of disabled persons and their families are located in the inappropriate material assistance, lack of institutional structures such as local services for support.
The society recognizes the need for in-depth reforms in the system of support of persons with disabilities. A number of activities, mainly supported by international organizations, are in the process of implementation and required sustainability through provision of state ownership. In that regard, by applying the measures of additional support for persons with disabilities the process is moving towards providing a holistic approach in overcoming of existing problems. The precondition for successful response to identified shortfalls is the development of a whole range of services in the local community delivered by multi-sectoral cooperation.

Keywords: disabled persons, children with impairments in the development, social protection, additional support.

1. Terminological determination and defining the terms disability and child with disability

Macedonian legislation does not recognize unified terminology and definitions regarding the notion of person...
with disabilities. Specific laws use different terms and definitions on: persons with disabilities, disabled persons, people with special needs, disabilities, people with handicap, children with developmental and special needs, developmental problems, special needs, special developmental needs, etc.

In most of the definitions the medical approach of disability is noticed according to which disability is an individual problem directly related to illness, injury or other impairment of health which causes the necessity of medical assistance and care provided by professionals. The basic way of solving this problem, according to this model is treatment, rehabilitation and adaptation of the personality on the actual situation, where perceptions on the nature of the disability refer only to individual, his physical, sensory and intellectual impairments. Only in the definition of disabled persons in the Law on Disability Organizations, and besides the fact that the definition refers to the Law on Social Protection and the Rulebook on assessment of specific needs of people with physical or mental disabilities, social approach of disability is applied which assumes that systemic barriers,
negative attitudes, understanding and exclusion by society are key factors that determine who is a disabled person and who is not in society. This model recognizes that while some people have physical, sensory, intellectual or psychological differences that sometimes cause individual limitation or disability, they do not have to lead to disability unless society fails to take proper care to involve people regardless of their individual differences. This model does not deny that some individual differences lead to limitation or disability, but they should not be the reason for individuals or group of people to be excluded.

Due to unification of terminology and developing a definition of disabled persons according to the contemporary approach to disability there is a need to follow the definitions provided in the UN Convention on the Rights of Persons with Disabilities, adopted in our domestic legislation through the National Strategy for Equal Rights of Persons with Disabilities (revised version) 2010-2018.

- Disability: the disability arises from the interaction of people with disabilities, with the obstacles in the environment and barriers that are reflected in
со попреченост (ревидирана верзија) 2010-2018 година.

Попреченост: попреченоста произлегува од интеракцијата на лицата со пособни потреби со пречките во животната средина и бариерите кои се рефлектираат во ставовите на општеството и ја попречуваат ефективноста и целосното учеството на лицата со попреченост во системот.

Лица со хендикеп: Во членот 1, став 2 од Конвенцијата за правата на лицата со попреченост, под поимот „лица со попреченост“ се подразбираат лицата со долгорочни физички, ментални, интелектуални или сензорна попречености, кои во интеракција со различни пречки може да го онеожожат нивното целосно и ефективно учество во општеството на еднаква основа во споредба со другите.

Ключната дефиниција во однос на терминот дете е дадена во Законот за заштита на децата, според кој за дете се смета секое лице до навршување на возраст од 18 години, како и лицата со попреченост во физичкиот и психичкиот развој, сè до наполнување 26 години (член 11, став 1). Исклучок на одредбите од ставот 1 на овој член, е attitudes of society and hinder the effectiveness and completeness of participation of persons with disabilities in the system.

- People with disabilities: In Article 1, paragraph 2 of the Convention on the Rights of Persons with Disabilities, under the term persons with disabilities are considered those persons with long-term physical, mental, intellectual or sensory impairment, who in interaction with various barriers may hinder their full and effective participation in society on an equal basis as others.

The key definition regarding the term child is given in the Law on Child Protection¹, according to which a child is considered as any person until reaching the age of 18 years as well as persons with impairments in physical and mental development until reaching the age of 26 years (article 11, para.1). Notwithstanding the provisions from paragraph 1 of this Article, in exercising the right of child allowance as a child is considered a person until reaching the age of 18 years if the person is of school age and is in attending regular education.

¹ Закон за заштита на децата („Службен везник на Република Македонија“ број 23/13, 12/14, 44/14, 144/14, 10/15, 25/15 и 27/16)

¹ Law on Child Protection (Official Gazette no. of the Republic of Macedonia 23/13, 12/14, 44/14, 144/14, 10/15, 25/15, 27/16)
The Law on Justice for Children defines a child at risk as any child who has reached seven, and has not reached the age of 18 years with physical disabilities or mental disabilities, victim of violence, educationally and socially neglected, which is in such a condition in which it is difficult or it is restricted to achieve educational function of the parent/s, or guardian/or/s, and which is not included in the system of education and upbringing, is involved in begging, wandering or prostitution, which uses drugs and other psychotropic substances and precursors or alcohol, and which due to these conditions is or may be in contact with the law as a victim or as a witness to an act which by the law is determined as offense or a criminal act.
The legislation of the country is complex regarding the issue for regulation the rights of persons with disabilities. There is no systematic law that regulates their rights. Rather the rights are regulated in different laws and relevant bylaws, often specified by areas: social protection, child protection, health care, education, employment, rights based on pension and disability insurance etc. Regulation of their rights is distributed in several legal texts: Law on Social Protection, Law on Child Protection, Law on Employment of Persons with Disabilities, Law on Employment and Insurance in Case of Unemployment, Law on Prevention and Protection of Discrimination, Law on Labor Relations, Law on Invalids Organizations, Law on Pension and Disability Insurance, Law on Vocational Education.

2. LEGAL FRAMEWORK FOR PERSONS WITH DISABILITIES: SOCIAL AND CHILD PROTECTION

The legislation of the country is complex regarding the issue for regulation the rights of persons with disabilities. There is no systematic law that regulates their rights. Rather the rights are regulated in different laws and relevant bylaws, often specified by areas: social protection, child protection, health care, education, employment, rights based on pension and disability insurance etc. Regulation of their rights is distributed in several legal texts: Law on Social Protection, Law on Child Protection, Law on Employment of Persons with Disabilities, Law on Employment and Insurance in Case of Unemployment, Law on Prevention and Protection of Discrimination, Law on Labor Relations, Law on Invalids Organizations, Law on Pension and Disability Insurance, Law on Vocational Education.

2 Law on Employment and Insurance in Case of Unemployment official consolidated text (Official Gazette of the Republic of Macedonia no. 112/14, 113/14)

and Training, Law on Use of Sign Language, Law on Construction. All this creates certain difficulties reading the law but also there are certain overlapping, contradictions and inconsistencies in the implementation of laws especially that in most cases there is an imposing need for action of more institutions and organizations.

2.1 Social protection of children with disabilities

The Law on Social Protection regulates the system and organization of social protection, the right to social protection, funding and procedures for exercising the right to social protection. The measures in the system of social protection are grouped in: social prevention, non-residential protection, resi-

5 Law on Vocational Education and Training (Official Gazette of the Republic of Macedonia no. 71/2006, 117/08)
6 Law on Use of Sign Language (Official Gazette of the Republic of Macedonia no. 105/09)
7 Law on Construction (Official Gazette of the Republic of Macedonia no. 130/09, 124/10, 18/11, 36/11, 54/11, 13/12, 144/12, 25/13, 79/13, 137/13, 163/13, 27/14, 28/14, 42/14, 115/14, 149/14, 187/14, 44/15, 129/15, 217/15, 226/15, 30/16 and 31/2016)
Monetary protection and rights to financial assistance for social protection.

Non-residential protection for children with disabilities is exercised in or by the Centre for social work includes the right to: initial social service on social protection of beneficiaries, individual assistance, assistance of families, home care and assistance of an individual and the family, day-time and temporary sheltering and protection as assistance to an individual and family, placement in a foster family, and placement in a small group home.

Institutional protection includes the right to training for work-productive activity and the right to accommodation in social protection institution. The right to training for work-productive activity has a person with moderate and severe mental disabilities. The right to training for work-productive activity includes referral to social protection institution or other legal entity that meets the required conditions, reimbursement for accommodation and meals, reimbursement for training for work-productive activity and compensation for transportation costs.

Finding and opinion regarding the ability to qualify for work-productive
activity of children and youth with moderate and severe mental disabilities is issued by the authority responsible for assessing the special needs of children and youth with disabilities in accordance with the act for assessing the type and degree of disability of individuals with mental or physical disability that is adopted by the Minister of Labor and Social Policy.

Rights to financial assistance from the social protection regarding disabled persons are:

Permanent financial assistance (requires an assessment of work ability), where: Incapable to work, according to this Act, is considered a person: (1) with moderate, severe and profound mental disabilities and persons with combined and other developmental obstacles, which due to the degree of disability cannot acquire education as well as a person with a physical disability, due to which the person is incapable to work, (2) a mentally ill person and persons with permanent changes in health status, due to which is incapable to work, which has no income based on property and property rights and does not receive funds based on other regulations, but is
up to 18 years of age and (3) a person older than 65 years.

Cash allowance for assistance and care by another person

Supplement for blindness and mobility

Supplement for deafness.7

The system of social protection envisages rights intended for parents with children with disabilities such as salary compensation for reduced working time for the care of a child with physical or mental disabilities, as well as financial assistance to single parent who has a child with disabilities.

2.2 The rights of children with disabilities in the area of child protection

The Law on child protection regulates the system and organization for protection of children as an organized activity based on children’s rights, rights and responsibilities of parents for family planning, and responsibilities of the state and local government units to conduct a humane population policy. The pro-

7 The last three rights of financial assistance for persons with disabilities refer to adult persons with disabilities older than 26 years of age.
Protection of children is accomplished by provision of the conditions and standard of living that meet the physical, mental, emotional, moral and social development of children. The implementation of the law is guided by the principles of the protection of the right to life and development of the child, protecting the best interests of the child, providing a minimum standard for every child under equal conditions, excluding any form of discrimination, respecting the child’s right to freedom and personal security, the personal opinion and freedom of expression, associating and education, conditions for a healthy life and achieving other social rights and freedoms of the child. Ensuring of protection of children and their rights under the law involves: parents, family, guardians of the child and the foster family and institutions for children, educational, social, health and cultural institutions and individuals, state institutions and institutions of the local government units, organizations and other individuals and legal entities whose activities are related to administering support and assistance to children.

As a child in terms of the Law on child protection, is considered any person up to 18 years of age, as well as persons with physical or mental disabilities or multiple disabilities in development up to 26 years of age. For children with special needs up to 26 years of age who have physical or mental disabilities or multiple disabilities in development, a special supplement, as material...
nadomest. Решението, процентката и мислење за потребата од остварување на правото на специјален додаток се даваат од стручно тело за проценка на видот и степенот на попреченост на лицата со ментална или телесна попреченост.

Истиот закон обезбедува грижа и образование на децата со ментална попреченост или телесна попреченост, во согласност со видот и степенот на попреченост во претшколска установа. Како деца со ментална попреченост или физичка попреченост се сметаат слепи и делумно слепи деца, глуви деца, деца со проблеми со говорот, деца со телесна попреченост и деца со тешкотии во однесувањето и личноста.

3. Начин и постапка за проценка на попреченост

Во позитивното право на Република Македонија, одредбите со кои се регулира прашањето за компетентноста и постапката за оценување на видот и степенот на попреченост се вклучени во Законот за социјална заштита. Имено, член 203 од Законот за социјална заштита предвидува дека Центарот за социјална работа, врз основа на нао-

son up to 18 years of age, and persons with impairment in physical and mental development by the age of 26 years.

For a child with special needs up to 26 years of age which have physical or mental disabilities or multiple disabi-

ilities a special allowance as material compensation is provided. Decision, assessment and opinion on the need of ex-
cercising the right on special allowance are given by a professional body for assessing the type and degree of disability of individuals with mental or physical disabilities.

The same law provides care and education of children with mental disabilities or physical disability, in conformity to the type and degree of disability in kindergarten. As children with mental disabilities or physical disabilities are defined blind and partially sighted chil-
dren, deaf children, children with speech difficulties, children with physical disabilities, and children with difficulties in behavior and personality.

3. The manner and procedure for assessment of disability

In the positive law of the Republic of Macedonia, the provisions that regulate
matter regarding the competence and procedure for assessment of the type and degree of disability are included in the Law on social protection. Namely, the Article 203 of the Law on social protection stipulates that the Center for Social Work, based on the findings and opinion of the professional body adopts a decision on the type and degree of disability and keeps record of the person with disabilities. The procedure for determining the type and degree of disability is regulated with the Rulebook for assessment of the type and degree of disability of persons in their mental or physical development, which is determined by the Act of the Minister, in accordance with the Minister of Education and Minister of Health. The expenses of the procedure for obtaining findings and opinions for assessment of the type and degree of disability are covered by the Center for Social Work, if not covered by the Health Insurance Fund. The Rulebook regulates the professional profile of the members of the professional body that issues findings and opinions for assessment of the type and degree of disability and the special needs of people with disabilities, at the first and the second instance, and the manner and
procedure for assessment of disability, keeps records for the special needs of these persons and of the institutions that form professional bodies that provide findings and opinion. The review of the findings and opinions of the first Instance professional body is conducted by the commission established by the Minister, and is composed of three members – doctors of medicine. If during the revision of the finding and the opinion of the professional body from the first instance is concluded that the factual health and medical condition are not appropriately determined, based on documentation upon which the findings and opinion were issued, the commission files criminal charges based on the knowledge of committed criminal act, a request for misdemeanor procedure or an initiative to initiate disciplinary procedure before the competent authority.

The manner of work of the professional body that adopts finding and opinion on the type and degree of impairment in physical or mental development is prescribed with the Rulebook for assessment of the specific needs of persons with disability in the physical or mental development.
The Rulebook regulates:

a) The type and degree of impairment in physical or mental development,

b) The professional profiles of the members of the first and second instance professional body which issues findings and opinion on the specific needs of persons with disabilities

c) Manner of assessment of specific needs

d) The keeping of records

e) Institutions that issue findings and opinion for assessment of specific needs of people with impairments in the development.

3.1. Empirical findings regarding the process of assessment of children with disabilities

In order to have an overview of the practical weaknesses of the assessment procedure and non-unified institutional practices this part of the article will present data gained through empirical research “Mapping of professional bodies that issue finding and opinion for the type and the degree of physical and psychological development and assessment of
3.1.1. Non-unified practices in the assessment process

In the process of assessment of disability, non-unified practices have been identified in following phases of the procedure:

Detection and reporting of a child born with risk is carried out by a medical institution (maternity hospital, developmental counseling, child clinic/general practitioner), an institution of social and child protection (as PI Home for infants and toddlers in Bitola, PI Special Institute Demir Kapija and kinder gardens) foster families, educational institutions, parent/guardian and others.

Initiation of the process: most often, the procedure for obtaining finding and opinion is initiated by parent/guardian. Parents should first address the CSW, which fills the request to the professional body, with associated personal and medical data.

specific needs”.

The research encompassed 36 interviews with the members of professional body and 9 interviews with parents of children with impairment in development.
пје, претходниот контакт со локалниот ЦСР не е задолжителен. Во однос на барањето, потребната документација и постапката за започнување на постапката за оценување, не е утврдена стандардизирана постапка.

Недостаток на теренски посети: се забележува дека во повеќето ситуација професионалците не ги спроведуваат потребните посети на терен. Најчесто родителите/старателите за помош се обраќаат во ЦСР, а претставниците на ЦСР врз основа на нивната сопствена проценка одредуваат кое дете ќе биде упатено до професионално тело. Тие, исто така, го наведуваат професионалното тело кое има надлежности во конкретниот случај. Со искучок на надлежните тимови од Битола и Прилеп кои во процесот на проценка вршеле посети на: ЈУ Домот за доенчиња и мали деца Битола, ЈУ Специјалниот завод Демир Капија и за децата згрижени во згрижувачките семејства во селото Манастирец, Македонски Брод, речиси сите други членови на надлежните органи изјавиле дека не спроведуваат теренска работа (односно сметаат дека нема таква потреба или немаат технички можности). Како резултат на таквата пракса некои деца не се во можност да го посетат medical records of the child. Besides the request for assessment of the child the CSW deliverers a letter that informs the professional body on who will cover the costs. This is the practice in most cases. However, in some professional bodies such as the Health Center in Prilep or the Mental Health Institute in Skopje prior contact with local CSW is not mandatory. There has been no standardized procedure noted regarding the request, required documentation and procedure for initiating of the assessment procedure.

Lack of fieldwork visits: it is noted that in most situations professionals are not conducting the required fieldwork visits. Most frequently the parents/guardians approach the CSW for help and the representatives of the CSW on basis of their own assessment determine which child will be referred to a professional body. They also indicate the professional body that has competences in the specific case. Almost all the members of the competent bodies stated that they don’t do field work (they believe that there is no such need or there aren’t any technical possibilities) except for the competent teams from Bitola and Prilep which conducted visits in the
assessment process for: the PI Home for infants and young children Bitola, PI Special Institute DemirKapija and children sheltered in foster families in the village Manastirec, Makedonski-Brod. As a result of such practice some children are not in position to visit the professional body in the office indicated for the operation of the competent body (mainly as a result of lack of physical access or financial difficulties).

Setting an appointment dates: upon the received request, the competent body determines an appointment date with a child and a parent/guardian. The date is determined in different ways and mainly depends on the available free dates of the members of the competent body. Some of the competent bodies have predefined dates for appointments with children, namely they are scheduled by the primary health care physicians through the „My Term” appointment system. Some of the competent bodies meet once or twice a week in the defined periods, or they wait until 3 to 10 requests are being submitted.

Lack of referral mechanisms regarding documentation: some of the parents stated that they couldn’t finalize the examinations, due to the requested docu-
The documentation, which was previously submitted to the Centre for Social Work. They thought that the documentation is handed over through official channels, but they had to come again in order to submit the same required documents in order to complete the assessment process.

No standardized work processes: the assessment is conducted individually in the Institutes for Mental Health in Skopje and Ohrid. The assessment is conducted in groups in Kumanovo. A combined type of assessment is also conducted, where specific profiles work together, and some of the members conduct the assessment individually (for example: Three doctors together, defectologist and social worker together and the psychologist individually in the Institute for Medical Rehabilitation Skopje). During the assessment process, different experts within the competent body use different instruments and techniques.

The measuring and collection of information during the assessment is the main activity of the competent bodies. The interviews with the members of different competent bodies showed that same profiles of experts use different

истите потребни документи за да го завршат процесот на проценка.

Непостојење на стандардизиран процес на работа: проценката се спроведува индивидуално во Институтите за ментално здравје во Скопје и Охрид, додека оценување во групи се спроведува во Куманово. Исто така, се спроведува и комбиниран тип на проценка, при што специфични профили работат заедно, а некои од членовите ја вршат проценката поединечно (на пример: тројца лекари заедно, дефектолог и социјален работник заедно и психологот поединечно во Институтот за медицинска рехабилитација Скопје). За време на процесот на проценка, различни експерти во рамките на надлежното тело користат различни инструменти и техники.

Мерење и прибиране информации за време на проценката е главната активност на надлежните органи. Интервјуата со членовите на различни надлежни тела покажа дека истите профили на експерти користат различни теоретски пристапи, процедури, тестови или инструменти за проценка. Ова укажува дека постои потреба за стандардизација на инструментите и техниките за проценка на децата во зависност од возраста и видот на
Theoretical approaches, procedures, tests or instruments for assessment. This indicates that there is a need for standardization of the instruments and techniques for assessment of children depending on the age and the type of impairment.

The duration of the assessment differs from one competent body to another. The competent bodies that assess same types of impairments in different cities stated that they dedicate different time period for the assessment process. Namely, this interval ranges from 20 minutes to one hour, and the average is half an hour. In this regard, the assessment from all members of the competent body requires from one (if members work in group) to two hours (if each member works individually). The members of the competent body link the required time for conducting the assessment with the age of the child and the type of the impairment. They pointed out that the long experience in the work with children helps them to reduce the required time for conducting the assessment.

Number of meetings with the children: most of the members of the competent bodies have only one meeting. Exemptions are children with combined
postoи потреба и пракса за следење
на случаите. Постојат деца со попре-
ченост кои според Правилникот не
ги исполниле критериумите на прва-
та средба, па оттука, потребно е да се
организираат дополнителни средби со
нив.

Интервали за прием на деца за про-
ценка во текот на еден ден: бројот се
разликува во опсег од 3 до 15 деца и
вилије врз квалитетот на изготвените
наоди и мислења.

Извори на информации: родителите
се најважниот извор на информации и
претставуваат основа за добивање на
потребните информации (за бреме-
носта на мајката, за раѓањето, за тоа
dали детето имало ризично раѓање и
за развојните потреби на детето). Ин-
tервјуираните членови на надлежните
органи и родителите изјавиле дека ак-
tивното учество на родителите во од-
нос на давање информации за детето
е од суштинска важност. Треба да се
истакне дека родителите обезбедуваат
медицински информации (анамнеза).

Пристап во однос на попречено-
ства: најчесто родителите не се прашу-
ваат за способностите на нивното де-
те, што укажува на тоа дека сегашната
проценка е базирана на медицинскиот
модел. Сознанијата на родителите за
impairments or when there is very in-
sufficient previous medical documentation. In this case the competent bodies
conduct from 2 to 3 meetings, but such
cases are rare. On the other hand, the In-
stitute for Mental Health Skopje pointed
out that there is a need and practice for
follow up work. They have children with
impairment who, according to the Rule-
book did not fulfill the criteria on the
first meeting, and therefore, additional
meetings are organized with them.

Frequency of receiving children for
assessment in a course of one day: the
number differs ranging from 3 to 15
children impacting on the quality of the
developed findings and opinions.

Sources of information: parents are
the most important source of informa-
tion and they represent the basis for ob-
taining the required information (about
the pregnancy of the mother, giving
birth, whether the child had risky birth
and the development needs of the child).
The interviewed members of the com-
petent bodies and the parents stated that
the active participation of the parents in
terms of giving information about the
child is of crucial importance. It needs
to be pointed out that the parents pro-
детето, особено за карактеристиките кои не се често присутни, се особено важни за спроведување на соодветна проценка и за утврдување на развојни-те цели за детето. Член на надлежниот орган од Штип изјави дека понекогаш постои потреба да се отстрани родителот за време на проценката, поради силното влијание врз однесувањето на детето. 

**Учество на родителите во донесувањето на одлуки:** По завршувањето на проценката, родителите не се вклучени во финализирање на наодот и мислењето, иако ова е предвидено во член 18 од Правилникот. Само психологот од надлежниот орган од Прилеп изјави дека родителот е включен во процесот и ако родителот не се согласува, наодот и мислењето воопшто не се изготвуваат.

Начинот на испорака се разликува од едно надлежно тело до друго. На пример, некои надлежни тела го врачуват документот лично на родителите (изотвен во два или три примерка), имајќи доверба дека родителот ќе достави една копија до Центарот за социјална работа. Социјалните работници, членови на надлежните органи (Кавадарци и Прилеп) ги земаат и ги доставуваат до Центрите за социјална

vide the medical information (anamnesis).

**Disability approach:** most frequently parents are not asked about the abilities of their child, which indicates that the present assessment is based on the medical model. The knowledge of the parents about the child, particularly about characteristics which are not frequently present, is particularly important for conducting proper assessment and for determination of the development objectives of the child. A member of the competent body from Shtip stated that sometimes there is a need to take the parent away during the assessment, due to the strong impact on the behavior of the child.

**Parents’ participation in decision making:** after the completion of the assessment, parents are not involved in the finalization of the finding and the opinion, although this is foreseen in Article 18 of the Rulebook. Only the psychologist from the competent body from Prilep stated that the parent is involved in the process and if the parent does not agree the finding and the opinion is not developed at all.
The mode of delivery differs from one competent body to another. For example, some competent bodies deliver the document in person to the parents (developed in two or three copies) and entrust the parent to deliver one copy to the Centre for Social Work. The social workers who are members of the competent bodies (Kavadarci and Prilep) take them and deliver them to the Centres for Social Work. They are not delivered before the reaching of the decision of the Centre for Social Work.

3.1.2. Identified weaknesses in the process of assessment

The most frequent problems encountered by the competent bodies in the work with the parents are as follows: lack of interest by the parents, insufficient work of the parents and the schools with the children, refusal of the parents to agree for assessment of the children, refusal of the parents to allow their children to go to special schools, lack of funds for payment of the assessment of the children, language barriers, lack of identification cards or medical cards, illiteracy of the parents, missing assessment appointments without any explanations and change in the place of the residence.
The parents also have certain remarks regarding the work of the competent bodies: the claim that they don’t receive information regarding the support of the child, and about the process and required steps for assessment of the child; there are problems if people come from other cities, when the examinations cannot be completed at one place, so they have to go, for example, from the institution to the schools where the defectologists, somatopedists, or surdologists work, and this locations can be sometimes 3-4 kilometers away.

The child actively participates in the process of the development of the opinion. The active participation of the child is evident because the child can speak about its condition. In this way it is possible to determine the strengths of the child which will represent the base for appropriate assessment. The child is able through game, discussion and filling in tests to express and picture its situation and condition and the level of development. With the application of the specific techniques, the members of the competent body develop the finding and the opinion.

The data indicated that most frequent problems encountered by the competent
In regard to the understandability of the language in which the assessment is conducted, it can be concluded that it is not clearly regulated when the Macedonian language is not a mother language or organ and прекин на образованието.

Во текот на процесот на проценка, надлежното тело најчесто соработува со училиштата, иако соработката не секогаш се смета за добра. Некои од наведените проблеми се следниве: училиштата доцнат со доставување на барањата и за краток временски период бараат проценка и издавање на наоди и мислења за голем број деца. Пораст на бројот на препратени деца до надлежните органи. Често овие деца имаат асоцијално однесување и не се со попреченост, но училиштето очекува овие деца да бидат префрлени во посебно основно училиште.

Што се однесува до разбирливоста на јазикот на кој се врши проценката, може да се заклучи дека во ситуација кога македонскиот јазик не е мајчин јазик, не е јасно регулирано дали постои потреба за аугментирана или алтернативна комуникација, имено, дали е потребно дополнување и/или алтернатива на природниот говор или пишување и користење на јазикот на симболи. Тоа се прави во форма на импровизиран превод и толкување од страна на родителот/близок член на семејството или од некои членови на персоналот од институцијата. Мапирањето не покажа дали членовите на bodies in the work with children are as follows: psychological/diagnostic tests which are not adapted to educationally neglected children, delayed psychomotor development due to the social environment, not knowing the language of the child by the members of the competent body and termination of the education.

During the assessment process the competent body most frequently cooperates with the schools, although the cooperation is not always considered as good one. Some of the indicated problems are the following: the schools are late with the submission of the requests and in a short period of time they request assessment and issuing findings and opinions for big number of children. The number of referred children to the competent bodies is on rise. These children frequently have asocial behavior and are not with some kind of impairment, but the school expects these children to be transferred to a special primary school.

In regard to the understandability of the language in which the assessment is conducted, it can be concluded that it is not clearly regulated when the Macedonian language is not a mother language.
whether there is a need for augmentative or alternative communication, namely if there is a need for addition and/or alternative to the natural speech or writing and utilization of symbols. It is done in form of improvised translation and interpretation done by the parent/close member of the family or some of the staff members from the institution. The mapping did not show whether the members of the competent bodies use sign language or whether the materials for assessment are prepared also with Braille alphabet. Despite this, the members of the competent bodies stated that so far they did not have problems, which indicates that these needs of the children are not sufficiently perceived.

3.1.3. Level of satisfaction and reassessment procedure

The parents are not always pleased with the conducted assessment of type and degree of disability of their children and they require reassessment. Based on the findings from the field research there are two groups of unsatisfied parents. The first one is the group of parents which do not want to accept the impairment of their children and the second group is the group of parents who are
дено од Центарот за социјална работа, особено во случаи кога не сакаат да го прифатат нивото на попреченост утврдено за нивните деца.

Покрај решението, Центарот за социјална работа е должен да изготви индивидуален план за детето кое има право на социјална заштита. Оваа обврска не ја исполнува ниту еден од Центрите за социјална работа, освен кога детето ги користи правата за неинституционални форми на заштита (дневни центри, згрижување во згрижувачки семејства) и многу ретко, ко- га детето е сместено во социјално заштитни институции (ЈЗУ за доенчиња и мали деца - Битола или ЈИ Специјален завод - Демир Капија).

Во согласност со членот 19 од Правилникот, во случај на потреба, сите деца со физичка и ментална попреченост имаат право да бидат упатени на повторна процена - рекатегоризација, доколку пријавата ја поднесе лицето, родителот или старателот, социјална или образовна институција или индивидуални експерти, вклучени во процесот на лекување на децата, поради промени во условите за живеење, што овозможува поднесување на барање за проценка на специфичните потреби.

not satisfied with the findings and the opinions for the children which do not enable them to become entitled to the right of special benefits.

The members of the competent bodies indicated that the new findings, reached by other competent bodies with same authority rarely are different in terms of the determined level of impairment. Some of the parents refuse to take the decision issued by the Centre for Social Work, particularly in cases when they don’t want to accept the level of impairment determined for their children.

Besides the decision, the Centre for Social Work is obliged to develop Individual Plan for the child who is entitled to the right to social protection. This obligation is not fulfilled by any of the Centres for Social Work, except in case when the child benefits the rights to non-institutional forms of protection (daily centres, care in foster families), and very rarely if the child is sheltered in social protection institutions (PI Home for infants and young children – Bitola or PI Special Institute –Demir Kapija).

In compliance with Article 19 of the Rulebook, in case of need, all children

9 Исто, Член 183
9 Also, Article 183
with physical and mental impairment are entitled to be referred for repeated assessment – re-categorization, if an application is submitted by the person, the parent, or the guardian, from the social or educational institution or individual experts involved in the process of treatment of the children, due to changes in the living conditions, which enables possibility for requesting assessment of the specific needs.

The dynamics of re-categorization depends on age, type and level of impairment of the child and can be conducted on 3 months, 6 months, before the start of the education process in school, after the completion of primary school and before enrolment or graduation of secondary school. For some of the children with severe impairment, re-categorization is not required.

4. ADDITIONAL SUPPORT OF PEOPLE WITH DISABILITIES

Implementation of the measures for additional support of people with disabilities assumes introduction of the model of integrative delivery of services that provides holistic problems solving approach. Professionals from different
sectors devote their whole attention and time on new working tasks. A precondition of their successful work is existence of a whole specter of services in local community that will be at their disposal in case of need. The additional support is accomplished through:

Measures for immediate assistance and support of a child, determined by law in the area of education, social, family and other types of protection that are at best interest of a child and its upbringing and development.

Measures of immediate assistance for creating conditions and strengthening institutional capacities in the area of education, health and social protection due to fulfillment of measures of immediate assistance and support.

The legal basis for undertaking measures of additional support in education is Article 6 of the Law on primary education which stipulates that students with special educational needs provide appropriate conditions for the acquisition of primary education in regular and specialized schools and are entitled to individual assistance in acquiring basic education. According to the Law on secondary education and the decision of the Government for compulsory secondary
education, students with disabilities are enrolled in regular secondary schools (on equal bases) as well as in state secondary schools for students with special needs. The competition for enrollment of students in secondary education provides a possibility to enroll students according to curricula and programs for gymnasium education, vocational education and training (technical education – vocational education with duration of four years and vocational education with duration of three years), secondary arts education and secondary education for students with special educational needs.

The need to adopt legal changes on the manner and conditions for enrollment of students with special educational needs in primary schools has been imposed as a necessary condition for the implementation of measures for additional support in the area of education. The new solution will define the competences of the expert team (school’s inclusive team) as well as the way that this team would cooperate with national and regional bodies to assess the type and degree of disability, with the aim to include the student in regular or in special primary schools (education). Also, the
analysis of Ministry of education and science (hereafter MES) points out the need for the establishment of inclusive teams in schools that will enroll students with special educational needs, both in primary and secondary education. The adoption of the new Rulebook on the manner and conditions for enrolment of students with special educational needs in secondary schools will define the competences of the expert (school’s inclusive team), as well as the modalities of interagency cooperation in the implementation of the measures of additional support.

Regarding the provision of assistive technology, MES has the responsibility for allocating grants for municipalities. The Regulation on block grants for primary education uses ratio for students with special needs. With this ratio one student equals as two. The municipalities allocate the acquired funds from block grants to schools under their jurisdiction in accordance with criteria adopted by the Municipal Council. Therefore, it is required that the municipalities are explicitly foreseen as carriers, along with other actors in the implementation of services. For this purpose, it is necessary to consult with the Un-
4.1. Provision of additional support for children with disabilities

The identified weaknesses of the current system of support for children with disabilities in terms of lack of early detection of disability, assistance and institutional networking imposed the need for introduction of additional support.

Considering the current regulation focusing on children with disabilities new proposed solutions for the concept of assessment and support of children with disabilities, provoke the question where and with which legal act to regulate this issue. In this regard, there are three possible options:

The first possibility are amendments on the Law on social protection and retention of the existing solution according to which this matter is regulated by the social protection system.

The second possibility, given the scope of the issue that refer only to children and youth with disabilities, is the regulation of this matter in the Law on child protection. Having in mind that the Law on child protection gives a list
of the rights and forms of protection of children, there are two options how to regulate this right: to establish the right as a rights package with special allowance, or to establish is as a special form of protection for children with disabilities.

The third option assumes adoption of a new Law on additional support for children with disabilities which will regulate the measures, procedure, the jurisdiction, content, and manner of work of bodies for assessment of the need for additional support will be subject to new legal solution. Also, this legal act will establish mechanisms for interagency cooperation.

4.2. Procedure of assessment of additional support

The procedure for exercising the right should guarantee the basic constitutional principles of appeal in decision-making, free and impartial decision-making, as well as the right of use of a mother tongue in the procedure. Namely, the procedure that should be considered in details, necessarily needs to include the right of appeal against the decision of the Center for Social Work for initiating
procedure ex officio (in cases when parents or guardian disagrees with the initiation of the procedure for assessment) as well as the right to appeal against the prepared findings and opinion of the expert body including individual plan for support with recommendation for indirect and direct measures.

The procedure for assessment of the need for additional measures for support should be the subject of careful consideration, regarding initiation, process and conclusion by adopting the findings and opinion. Also prepared findings and opinion is a foundation for the realization of other rights in the child protection system (right to special allowance) due to which there is a need to determine the methodology upon which decisions for the use of the law are made.

Also, there is a need to determine the manner of keeping records of the data obtained in the process of assessing the need for additional support.

**Conclusion**

The rights of children with disabilities are regulated in numerous legal acts in several areas that regulate different
Во неколку подрачја кои ги регулираат различните аспекти од нивниот живот. Не постои единствен правен акт кој врз единствена основа ги регулира правата за помош и поддршка на децата со посебни потреби и нивните родители. Оваа ситуативава можности за неунифициран третман во одредени ситуации, недостаток на координација во системот што води до спроведување на различни процедури во различни институции, а понекогаш и во исти институции, притоа родителите често се упатуваат од институција до институција, за да бидат во можност да остварат одредени права. Од друга страна, правата што се препознаваат во системот на образование, здравствена и социјална заштита не ги задоволуваат потребите на лицата кои се соочуваат со проблемот со попреченост. Во системот има недостиг на мерки и активности базирани на реални проценки на потребите на оваа категорија на лица и нивните семејства. Ключните идентификувани слабости на системот на заштита на лица со попреченост се:

- недостаток на стручен кадар во училиштата (дефектолог и социјален работник),
- недостаток на личен асистент,
- низок износ на посебниот додаток,
- недостаток на законска можност за степенување на додатокот во согласност со потребите, согласно со наодите и мислењето за видот и степенот на попреченост,
- недостаток на олеснета постапка за обезбедување на ортопедски и други помагала,
- недоволен број на центри за дневна и привремена грижа на децата во сите општини,
- неразвиени интегрирани услуги на локално ниво, и недостаток на материјална поддршка за семејствата со деца со посебни потреби.

Идентификуваниите недостатоци ја наметнуваат потреба од целосна реформа на системот на заштита на децата со попреченост, преку утврдување на нови права, дополнување на постојните, со прилагодување на потребите на децата и нивните родители и воведување на единствена постапка, преку меѓуагенциска соработка во образованието, здравствената и социјалната заштита со јасни рокови и казни. Во таа смисла, потребно е да се воведат прецизни постапки за рано откривање, проценка и професионална работа со деца. Имено, бројните критики на постојните законски решенија на needs of the child based on the findings and opinion of type and degree of disability,
- lack of facilitated procedure for the provision of orthopedic and other devices,
- insufficient number of centers for daily and temporary care of children in all municipalities,
- undeveloped integrated services on local level, and
- lack of material support for families with disabled children.

The identified shortfalls impose the need for a complete reform of the system of protection of children with disabilities through the determination of new rights, amending existing by adjusting them to the needs of children and their parents and introduction of a single procedure through interagency cooperation in education, health and social protection with clear deadlines and penalties. In this regards, introduction of precise procedures for early detection, assessment and professional work with children is needed. Namely, the numerous critics of the current regulatory solutions of the existing practices for expertise on disability in the social protection system, require for changes in the
organization and function of the commission system for assessment of type and degree of disability. Alternative of this current legal solution envisages the formation of a special body of expertise as a public institution with jurisdiction over the whole territory of the Republic of Macedonia. That will enable conditions for development of unified basis for the work of all commissions, which are involved in the process of expertise.


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