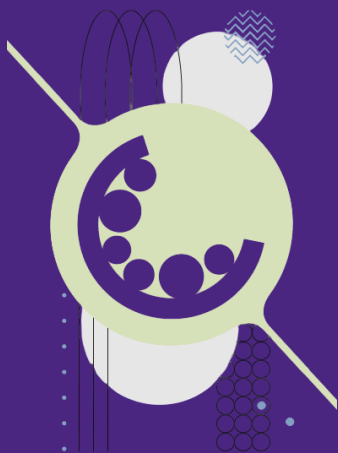




REPORT

FROM THE VISIT

*Public Institution for the Care of
Children with Educational-Social
Problems and Disordered
Behaviour – Skopje*



the 1990s, the number of people with a mental health problem has increased by 50% (Mental Health Foundation 1999). The prevalence of mental health problems in the UK is estimated to be 10% (Mental Health Foundation 1999).

There is a growing awareness of the need to address the needs of people with mental health problems in the community. The Department of Health (1999) has set out a strategy for mental health care, which aims to improve the lives of people with mental health problems and to reduce the burden of mental illness on society. The strategy is based on three main principles: (1) to promote the recovery of people with mental health problems; (2) to provide a range of services to meet the needs of people with mental health problems; and (3) to ensure that people with mental health problems are treated with respect and dignity.

One of the key challenges in the implementation of the strategy is to ensure that services are accessible to all people who need them. This is particularly true for people with mental health problems who are living in the community. Many people with mental health problems are living in poverty and are at risk of homelessness. This makes it difficult for them to access the services they need. The Department of Health (1999) has identified this as one of the key areas for action.

One of the ways in which the Department of Health is addressing this challenge is by promoting the development of community mental health teams. These teams provide a range of services to people with mental health problems who are living in the community. They include services such as crisis intervention, case management, and psychological therapies. The aim of these teams is to provide a range of services that meet the needs of people with mental health problems and to ensure that they are treated with respect and dignity.

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REPORT FROM THE VISIT TO THE PUBLIC INSTITUTION FOR THE CARE OF CHILDREN WITH EDUCATIONAL- SOCIAL PROBLEMS AND DISORDERED BEHAVIOUR – SKOPJE

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Introduction

This report was prepared within the framework of the project "Strengthening human rights and services for children and vulnerable persons at risk in closed institutions", with the aim of improving the living conditions, protection of rights and quality of services for children placed in institutional care. The project is based on a human rights-based approach and aims to contribute to the improvement of services for children and vulnerable categories through monitoring, analysis of the conditions and preparation of recommendations for systemic improvements.

As part of the monitoring activities, a visit was conducted to the organizational units Kapistec, Kozle, Vlae and Przino, which operate within the Public Institution for the Care of Children with Educational and Social Problems and Disordered Behaviour - Skopje. These are small group homes established in the process of deinstitutionalization, with the aim of providing smaller, safer and more supportive environments for children placed in the social protection system.

The monitoring was conducted by a team consisting of: Tona Kareva Taleska and Aleksandra Trajanovska from the Helsinki Committee for Human Rights, and external collaborators Prof. Dr. Liljana Ignjatova, psychiatrist, and David Tasevski.

During the visits, conversations were held with the employees of the institutions, including social workers, psychologists, pedagogues, teachers, educators and other professional staff, as well as with the children placed in the organizational units. A direct insight into the living conditions, hygiene, safety, access to healthcare, education, daily activities and readiness for reintegration after leaving the institution was also carried out.

The visits were conducted based on a previously developed methodology, in order to obtain a comprehensive picture of the functioning of small group homes, the quality of care, respect for children's rights and the challenges faced by both children and employees, in order to develop recommendations for improving the protection system.

Findings from the monitoring visit

GENERAL INFORMATION

The organizational units Przino, Kapistec, Kozle and Vlae operate within the Public Institution for the Care of Children with Educational-Social Problems and Disordered Behaviour – Skopje, as part of the deinstitutionalization process and the transition from large institutional capacities to small group homes. These units aim to provide more appropriate care, an individualized approach and closer integration of children into the community.

The Public Institution for the Care of Children with Educational-Social Problems and Disordered Behaviour – Skopje is an institution that implements the institutional measure “referral to an educational institution”, which the court imposes when constant supervision and educational treatment is needed for children with serious behavioural disorders. After the deinstitutionalization process and the closure of large institutional facilities, care for these children is provided through small group homes and organizational units – departments with an open character – children with educational and social problems are placed in the Service for Children with Educational and Social Problems, and children with a court decision are placed in the Department for Work with Children with Disrupted Behaviour – Perpetrators of Criminal Offences. Open-type organizational units operate within the institution, as well as a department for work with children with disturbed behaviour. According to information received from the institution, special risk assessment procedures are applied to children placed in this department, especially when it comes to children referred based on court decisions for committed criminal offences. In this regard, certain activities are carried out with increased supervision and support by educators, which may create the impression of a more restrictive work regime.

However, the institution emphasizes that this approach does not imply restrictions on the freedom of movement of children. School attendance, sports activities and other daily obligations are realised independently, while supervision is carried out through regular communication and coordination with the relevant institutions and services. This approach aims to provide adequate protection, support and resocialization of children, taking into account their individual needs and assessed risks.

In the remaining organizational units, supervision and support are organised in accordance with the principles of family living and daily functioning in the community.

Although this model of placement in organizational units allows for conditions that are more humane and smaller communities, in practice challenges related to safety, continuity of care, lack of specialized psychiatric support and long-term stay of children in the system are often observed. Although there is a significant number of foster families whose capacities continue to be strengthened, foster care is generally not considered a suitable option for children with educational and social problems who exhibit challenging behaviour. As a result, small group homes remain a temporary, but often long-term, care solution for these children. Another challenge identified by the institution relates to cooperation with the Centres for Social Work. Although, according to the information received, the frequency of changes of officially appointed guardians has decreased in recent years, the institution indicates that some guardians are not sufficiently following individual plans for working with children. According to them, this situation contributes to the difficult communication and coordination between the institution and the competent social work centres, which can negatively affect the continuity of support and protection of children. The institution states that it regularly reports these situations to the competent institutions and expects improvement of inter-institutional cooperation, but indicates that no significant changes have been observed in this direction so far. Another significant challenge is the lack of staff with appropriate competencies for working with children with psychiatric disorders, traumatic experiences or addictions.

The Kapistec organizational unit is the first open house in the deinstitutionalization process, which began in 2019. At the time of the monitoring visit, three children were accommodated in the unit, although formally there were four, because one child was temporarily placed in the psychiatric institution in Demir Hisar by court decision. All children accommodated in this organizational unit were victims of gender-based, i.e. sexual violence.

The institution indicated that, according to the current Rulebook, houses for children with educational and social problems are intended to accommodate up to seven children, while houses for children with behavioural disorders are intended to accommodate up to five children. However, it was indicated that in practice the spatial capacities of the facilities are used on the basis of lease agreements and do not always allow for the accommodation of the number of children provided for in the Rulebook. According to the institution, the house in Kapishtec does not have the conditions to accommodate seven children, but the actual capacity is smaller, which poses a challenge in organizing the work and providing quality care.

In addition, the institution informed that the number of children in the organizational units is variable and depends on current referrals and decisions on placement. In the period following the monitoring visit, four children were placed in Kapistec, six children in Kozle, and four children in Vlae. At the same time, procedures were underway for the admission of three more children, who were to be placed to these organizational units. It was indicated that three children were currently placed in the Przino organizational unit, and the centres for social work announced the possibility of admitting three more children after completing the appropriate procedures. The Kozle organizational unit has a capacity for seven children, and at the time of the monitoring, four male children were placed there, one of whom had been on the run for more than a week. These are children with educational and social problems and impaired behaviour, for whom adaptation often represents a significant challenge.

The Vlae organizational unit has a capacity for six children, and during the visit, three male children were placed due to educational and social problems. The children are aged 11 to 15 years.

The Przino organizational unit has a capacity for five children, and during the visit, 3 children were accommodated, one female and two male with court decisions. This organizational unit is open in nature and the children's movements are supervised, because their behaviour carries a high risk to the health and safety of both themselves and the environment. These children attend classes and are organised to socialize with other children, where they go alone, but their whereabouts are monitored by telephone.

A shift work system has been established in all four organizational units (first, second, night shift and day off), whereby the continuous presence of a caregiver is ensured in each shift. The professional team consists of social workers, psychologists, pedagogues, teachers and cooks, and in some of the units teaching staff is also engaged.

Regarding the teaching staff, the institution clarified that these are employees who remained from the period when the institution provided education for children placed on the basis of court decisions. According to the institution, this staff does not have licenses to work in job positions intended for educators and cannot fully respond to the needs of the social protection system. The institution points out that the issue of their status and further engagement has been raised with the competent institutions on several occasions, but that an appropriate systemic solution has not yet been found. As a result, some of the available human resources cannot be fully put into function to the needs of the organizational units. Overall, the relationship between the children and staff appeared satisfactory. Children expressed trust in some of the educators and indicated that they could talk to them about personal problems and needs. In all units there are house rules and established rules of conduct, as well as a system of rewards and disciplinary measures.

All houses have registered cases of escapes. In each escape, the police is notified mandatory, and the children either return to the institution on their own or with the intervention of the police. This issue is one of the most common challenges in the daily functioning of the organizational units.

The institution indicated that some of the reasons for such phenomena arise from limited resources and the lack of appropriate forms of care and treatment within the social protection system. According to the institution, in certain cases, the organizational units accommodate children with complex needs, serious health conditions or addictions, who require different and more specialized forms of support and treatment. The institution believes that such circumstances can affect the effectiveness of the measures applied and contribute to the occurrence of escapes and other forms of risky behaviour.

Human resource capacity

The Kapistec organizational unit employs six people, five of whom are full-time and one part-time. The professional team consists of three social workers, one psychologist and two teachers, one of whom is full-time and the other part-time.

The Kozle organizational unit employs six people: three social workers, one psychologist and one mathematics teacher, as well as a cook in charge of nutrition.

The Vlae organizational unit employs six people: five social workers and one psychologist, as well as a cook, whom the children call "mother", which indicates a close and trusting relationship.

Staff in all organizational units indicate that the work is extremely psychologically and emotionally stressful, especially due to frequent crises, aggressive behaviour, escapes and the need for continuous support for children. They also reported insufficient staff, frequent abandonment of work, given that it is under pressure and affects their psychophysical health, and because there is no career development in this profession. Some of the employees indicated that it is an unhealthy and unsafe workplace, inadequately valued. Some of the employees indicate that they are often exposed to psychological and physical violence by the beneficiaries. A special challenge is the shifts in which there is only one employee, and this happens when employees use sick leave and annual leave. A large part of the employees behaved with distrust towards us, as external persons.

On the other hand, the management of the institution indicated that in the past period, measures have been taken to improve working conditions, including increasing wages according to the collective agreement, paying compensation for night and shift work, working on Sundays and holidays, as well as increasing the number of days for annual leave. It was also emphasized that mechanisms for protecting and supporting employees have been established in the organizational units, such as panic systems, and that staff receive training in handling crisis situations and working with children at risk. The management also emphasized the need to further strengthen inter-institutional cooperation with health, education and other relevant services.

The following significant needs were identified: continuous training, supervision, psychosocial support for employees, a reward system, the possibility of staff transfer, better organization of the work process and consideration of the possibility of beneficial work, physical security (they now have a panic button), and the possibility of career development. Employees emphasize that long-term work in such conditions leads to professional burnout, and systemic support remains insufficient.

Additionally, the need for better categorization and triage when admitting children to the organizational units was highlighted, in order to appropriately distribute them in accordance with the individual needs, risks and capacities of each house.

In this regard, the institution clarified that the management actively participates in the process of admitting children referred by the social work centres and assesses the most appropriate placement, taking into account the needs of the child, his/her condition and the structure of the existing groups in the organizational units. Additionally, the institution stated that documentation is required based on the applicable regulations and the Rulebook on the Admission of Children upon admission, in order to provide information necessary for appropriate planning of care and support.

Handling cases of aggression and disciplinary measures

In all organizational units, there are established rules of conduct and house rules, as well as a system of disciplinary measures in cases when children violate the rules, especially in cases of escapes, returning after the permitted leave time, conflict behaviour or other forms of disrespect for the established rules.

As disciplinary measures, the most common ones are reduction of allowance money, restriction or temporary confiscation of a mobile phone, prohibition on going out, as well as intensified individual work with the child through conversations and additional educational treatment. Isolation and use of physical force are not applied as disciplinary measures.

In the organizational unit Kapistec, a serious incident was recorded, in which one of the children reported that he was a victim of sexual violence by an adult while staying outside the institution. According to the information received, the case was immediately reported to the competent institutions, the police, the Centre for Social Work and a health institution, and the investigation is ongoing.

In relation to this and other similar cases, the institution expressed concern about the efficiency and timeliness of the actions of the competent institutions. The institution indicated that in certain situations, despite the notifications and indications submitted, there is no appropriate institutional response or taking of measures within a reasonable time, which, according to them, may contribute to repeated exposure to risks and victimization of children.

In this regard, the need for more efficient and coordinated cooperation between the institution, social work centres and other competent institutions was again emphasised, in the best interest of the children. The staff indicates that safety sometimes poses a serious challenge for the employees themselves, especially in situations of aggressive behaviour, abuse of psychoactive substances or during interventions related to escapes and the return of children to the institution.

Living conditions

In all organizational units, children live in small group homes, which provide significantly better conditions compared to classic institutional facilities, with shared living areas, kitchens, bedrooms, bathrooms and yard areas.

In all units, children have their own beds, personal space and basic living conditions, and relations with neighbors are generally good and without major conflicts. Hygiene was generally good, although there is room for further improvement. Staff in all organizational units have a separate office, where medical files are also kept. The heating and cooling (according to the information received) of some of the housing units is inadequate, and some children complained of low temperatures in their bedrooms.

Nutrition

In all organizational units, nutrition is organised through three main meals a day – breakfast, lunch and dinner – as well as one or two snacks. The menu is prepared in cooperation with the institution's nurse and in accordance with the Rulebook prepared with the support of UNICEF, in order to provide healthy meals.

During the working week, food is prepared by chefs, while during the weekends the children themselves participate in the preparation of meals, which is a positive practice for the development of independence and life skills.

Children generally expressed satisfaction with the food and the quality of the meals. Fruits and vegetables are included in the diet, although both children and staff indicate that it would be useful to increase their quantity and variety.

Health care

In all organizational units, children have open medical records, primary physicians, a dentist and access to regular health care. If necessary, children are taken for regular or emergency medical check-ups, and additionally have access to a psychiatrist, who monitors their mental health. In cases where the condition requires it, the controls are more frequent and additional professional support is organised.

Educators give children's medications, and one nurse is hired for all organizational units, who coordinates health care, but some of the employees indicated that at least 2-3 nurses are needed.

The staff emphasizes that health support is generally functioning, but greater systemic support is needed for psychiatric and psychological stabilization of children, especially those with traumatic experiences, addictions or recurring crises.

Some of the employees indicated that the existing system of psychiatric support is not sufficient for the needs of children with complex psychiatric conditions, addictions and recurring crisis reactions. Although children have access to a psychiatrist, there is no continuous presence of a multidisciplinary team that would provide regular psychiatric, psychological, and psychosocial treatment.

Education and activities

The children included in the organizational units attend primary and secondary education, depending on their age and their previous educational level.

In Kapistec, two children attend primary education, while one child was in the process of re-enrolling due to previous grade repetitions. One of the children shows significant educational success, with a high average and a prize for composition of literary text in Macedonian language.

In Kozle, some of the children attend secondary vocational education, such as hairdressing and cooking, and one child was in the process of part-time enrolment in ASUC.

In Vlae, two children attend secondary education, and one attends primary school.

The children's guardians attend parent-teacher meetings. The organizational departments have constant, almost daily communication with the schools, and the guardians attend during enrolment and when necessary.

Additionally, workshops and educational activities are organised in all units on topics such as digital literacy, partner relationships, sexual and reproductive health, safety, personal development and social skills.

Some children express a desire for greater involvement in sports and extracurricular activities, especially football and volleyball, which is an important segment for their socialization and development.

Findings from the visit to the organizational units

FINDINGS FROM THE VISIT TO THE KAPISTEC ORGANIZATIONAL UNIT

In the Kapistec organizational unit, which is the first open house in the deinstitutionalization process that began in 2019, at the time of the visit, three children were housed, although formally there were four, but one child was temporarily in the psychiatric institution in Demir Hisar by court decision. The capacity of the house is six children.

There are a 15-year-old girl who has been staying in the institution for about two and a half months and is included in the educational process, a 15-year-old boy who has been living in the institution for seven years and has very good school performance with an average of 4.60, as well as a 13-year-old boy who was admitted only three days before the visit and was in the process of re-enrolling in the education system. All children housed in this organizational unit were victims of gender-based, i.e. sexual violence.

The house has a common living room with a TV and a kitchen that all the children use. On the ground floor there is a separate bedroom for the girl with a small toilet, while on the upper floor there are two larger bedrooms for the boys and a shared bathroom. The house also has a fenced yard, which is used in favourable weather conditions.

Hygiene in the house was satisfactory, but it was noted that there is room for significant improvement, especially in the common areas and sanitary facilities. The children have their own beds and basic living conditions, and the atmosphere in the house was calm and relatively stable.

The relationship between the children and the staff was assessed as good. The children indicated that they trust some of the educators and can talk to them about personal problems and everyday challenges. It was particularly noted that one of the children has significant educational potential and motivation, which is a positive example of successful support within the system.

A month before the visit, a serious crime was reported, namely one of the male children reported sexual violence by an adult outside the institution. The case was reported to the police, the Centre for Social Work and a health institution, and the procedure is still ongoing.

The challenges identified were the low amount of allowance money, the lack of enough clothing for all seasons, restrictions on the use of mobile phones and frequent escapes from the institution, as well as child abuse, child sexual exploitation and peer pressure in the housing unit, which represent one of the most serious problems in daily functioning.

FINDINGS FROM THE VISIT TO THE KOZLE ORGANIZATIONAL UNIT

The Kozle organizational unit has a capacity to accommodate seven children, and at the time of the monitoring visit, four boys were accommodated there, one of whom had been on the run for more than a week. During the visit, only one child was present in the house, who did not want to talk to the monitoring team.

The children are aged 13 to 17 and are beneficiaries with educational and social problems and disordered behaviour. One of the children, who is 15 years old, has been living in the institution for two and a half years, while another child, who is 13 years old and who was on the run at the time of the visit, had significant difficulties in adapting.

The house has a large living room connected to a kitchen that is used by all children, and on the upper floor there are two bedrooms, in which the children are accommodated two to a room. There is a shared bathroom, as well as an office for the employees. The rooms were neat, functional and well maintained, and hygiene was at a satisfactory level.

The staff indicated that relations with the neighbours are good and that there have been no conflicts with the local community so far, which is a positive aspect in the process of integrating the children into the community.

The children attend secondary vocational education, and one child was in the process of part-time enrolment. Additional workshops on life skills and educational activities are organised in the house, while sports activities most often depend on the interest and initiative of the children themselves.

An individual plan and program are developed for each child, which the children are also involved in the preparation. The plans are assessed and findings and opinions are provided by an expert team.

Meetings with guardians are held on a monthly basis, but this is not the case in practice. Most guardians do not act on individual work plans at all.

Three out of four children receive therapy from a psychiatrist.

The use of psychoactive substances by some of the children, including the use of marijuana and alcohol, as well as cases of police interventions, was pointed out as a particular challenge. In such situations, the staff conducts additional conversations, reflective sessions and individual work with the children.

The staff emphasized that frequent escapes, adaptation problems and risky behaviour represent the greatest challenges in everyday work. There is also a need for stronger psychosocial support and supervision for the employees themselves.

FINDINGS FROM THE VISIT TO THE VLAE ORGANIZATIONAL UNIT

The Vlae organizational unit has a capacity to accommodate six children, and at the time of the visit, three boys were accommodated there. All were present during the monitoring visit and actively communicated with the team.

The children are aged 11 to 15 years, of which two children are 15 years old, and one child is 11 and a half years old. These are children with educational and social problems and impaired behaviour.

The house has a large living room connected to a kitchen, three bedrooms, a shared bathroom, an additional living space for studying and staying, as well as a yard and a terrace that the children use in good weather. One of the rooms is intended for the accommodation of girls, but at the time of the visit there were no female users.

The hygiene in the house was generally good, although it was noted that there was room for further improvement. The rooms were functional, and the atmosphere was calm and stable. Relations with neighbours are good and the staff indicates that they have no conflicts with the local community. A child from the nearby SOS Children's Village youth house repeatedly came to the house, knocked on the door and harassed the children living in the organisational unit. To prevent further incidents, the case was reported to the police and to the SOS Children's Village staff. The atmosphere appeared highly controlled and more pronounced in the organisational unit, which was also reflected in the behaviour of the children, who were careful, reserved and cautious in their communication.

The children attend primary and secondary education, and some of them expressed a strong desire for greater involvement in sports activities, especially football. Two of the children attend football training for a longer period. Additional workshops and activities for personal development, support in learning and daily functioning are organised within the house.

In terms of discipline, there are established house rules and a system of rules, and disciplinary measures most often relate to limiting the use of mobile phones in conditions where mobile phones are abused, reducing allowance money or limiting going out. At the time of the visit, one of the children had his mobile phone temporarily taken away due to inappropriate use.

The low amount of allowance money, not having enough clothes, smoking cigarettes among some of the children, as well as the need for stronger cooperation with the Ministry of Interior and with the centres for social work, especially in situations related to escapes, security and reintegration were pointed out as challenges.

FINDINGS FROM THE VISIT TO THE PRZINO ORGANIZATIONAL UNIT

Three children were accommodated in the Przino organizational unit during the monitoring visit – 2 boys and 1 girl. The children are accommodated based on court decisions and the organizational unit functions as a closed unit, with limited movement and constant supervision by educators.

A work system in the first, second and night shifts has been established in the organizational unit. In the first and second shifts, one or two employees are usually present, while in the night shift only one employee is present. A social worker and a grade school teacher were present during the visit. The medical documentation for the children was kept in the staff room.

One of the most common challenges was the problem of children escaping from the institution. In addition, the children indicated that they lack more opportunities for stay and activities in the yard of the house, as well as more time spent outside the closed space. The conversations also indicated that one of the children was soon to leave the organizational unit, as part of a further process of care and reintegration, following a court-ordered measure, which makes this unit a closed type of residential unit.

The movement of children is limited and takes place under the supervision of educators or with prior permission. The children are not allowed to have mobile phones, which further affects their communication with the outside world and the feeling of isolation, but this is due to the level of risk of the children placed in this organizational unit – children placed by court judgment.

Regarding the condition of the children, it was noted that one of them (the girl) faces more specific psychosocial challenges, which requires an enhanced individual approach and continuous professional support.

From the aspect of the relationship with the staff, it is noted that there is a process of building trust between the children and educators, which is particularly important considering the closed nature of the unit and the profile of the children.

The material conditions in the house are at a satisfactory level and provide basic living conditions. However, during the visit, it was noted that the temperature in the girl's bedroom was lower, i.e. the room was not heated enough. Location-wise, the unit is located in a quiet neighbourhood, which contributes to a lower level of external risks, but at the same time reinforces the isolation of the children.

The atmosphere in the unit can be assessed as controlled and structured, with clearly set rules, but with limited space for free movement and autonomy of the children. During the visit, it was noted that some of the educators showed a more pronounced controlling approach in terms of communication with the children, constantly trying to have insight into the conversations that are being held. At the same time, there was an impression of a lack of trust towards the monitoring team, occasionally accompanied by a dismissive attitude in communication.

Recommendation

- *Strengthen psychosocial support for children through regular individual and group counselling, especially for children with traumatic experiences, addiction problems and pronounced psychosocial challenges.*
- *Provide continuous professional support, supervision and psychological assistance for employees, in order to prevent professional burnout and improve the quality of care.*
- *Organize regular training for staff on working with children with trauma - trauma-informed approach, conflict de-escalation, non-violent communication, human rights and an approach based on trust and support.*
- *Improve the system of admission, assessment and categorization of children, in order to appropriately distribute them according to the needs, risks and capacities of the organizational units.*
- *Establish clearer protocols and coordination between organizational units, centres for social work, the Ministry of Interior and health institutions, especially in cases of escapes, aggression, violence and crisis situations.*
- *Provide greater financial resources for clothing, hygiene products, sport activities and increase the amount of allowance money for children.*
- *Increase children's access to sports, recreational and extracurricular activities, as an important segment for socialization, emotional development and reduction of risky behaviour.*
- *Improve hygiene and maintenance conditions in some of the organizational units, especially in common areas and in sanitary facilities.*
- *Ensure a greater degree of privacy and confidentiality when talking to children, especially during monitoring visits, counselling and conversations related to personal or traumatic experiences.*

- *Encourage an approach based on trust, respect and active participation of children in the daily functioning of the organizational units, instead of excessively controlling practices.*
- *Consider the possibility of gradually increasing the autonomy of children, especially in terms of movement, communication and decision-making, in accordance with age, maturity and risk assessment.*
- *Strengthen mechanisms for the protection and support of child victims of violence, including timely institutional response, psychological support and long-term reintegration.*
- *Ensure continuous support for children's education, including assistance with re-enrolment, additional classes and motivation for regular attendance at the educational process.*
- *To establish regular independent monitoring of the organizational units, in order to monitor the situation, respect for children's rights and timely address the observed shortcomings.*
- *To organize continuous training for staff on prevention of the use of psychoactive substances, as well as on psychosocial treatment and support for children and youth who use drugs or are at risk of addiction.*
- *To strengthen the responsibility and coordination of social work centres in terms of the implementation of individual work plans with children, regular communication with the institution and timely action on submitted reports and assessments.*



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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1995 (Department of Health 1996).

There is a growing emphasis on the need to improve the efficiency of the public sector, and to ensure that the public sector is able to deliver the services that are required by the public. This has led to a number of initiatives, including the introduction of competition, the restructuring of public sector organisations, and the introduction of performance measures. The aim of these initiatives is to ensure that the public sector is able to deliver the services that are required by the public, in a cost-effective and efficient manner.

One of the key initiatives in the public sector is the introduction of competition. This has led to a number of public sector organisations being privatised, and to a number of public sector organisations being required to compete for contracts. This has led to a number of public sector organisations being required to improve their efficiency, and to reduce their costs.

Another key initiative is the restructuring of public sector organisations. This has led to a number of public sector organisations being merged, and to a number of public sector organisations being required to reorganise their structure. This has led to a number of public sector organisations being required to improve their efficiency, and to reduce their costs.

A third key initiative is the introduction of performance measures. This has led to a number of public sector organisations being required to measure their performance, and to report on their performance. This has led to a number of public sector organisations being required to improve their efficiency, and to reduce their costs.

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