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FACULTY OF SOCIAL SCIENCES

DEPARTMENT: SOCIAL POLICIES AND THE WELFARE OF CHILDREN

MASTER THESIS

THEME:

**THEME: INSTITUTIONAL AND NON-INSTITUTIONAL TREATMENT
OF THE CHILDREN WITH SPECIAL NEEDS IN THE REGION OF
ANAMORAVA (VITI, GJILAN, KAMENICE)**

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Prishtinë, 2015

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Introduction

All human beings are born free and equal in dignity and rights ...

"States agree that persons with disabilities have the right to enjoy the highest possible standard of health without discrimination on basis of disability. States shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender sensitive, including health rehabilitation ... "stated in article 25 of the Convention on the Rights of Persons with Disabilities. According to the article, the signatory countries of the Convention recognize the equal rights of all persons with disabilities to live in the community and their full inclusion and participation in communities.

Families with children with special needs, alongside to the unstable ones, which migrate or are poor, represent the most vulnerable cells of any society. In the tradition of our people, in case of birth of a child, the first wish of the parents is: "may he/she be healthy." Having a baby with a disability is a traumatic experience for parents, the family in particular and society, because it represents an additional burden for both parties, because they have to deal with the challenges of his daily care. Concern for the category of the population with special needs is a challenge for the country's institutions and the society in general, especially for their families. Practices have shown that the family-based care rather than that of residential type (ambulatory, dormitory, institute) it is more successful. Therefore the EU policy goes towards encouraging the support of family type.

Children need the environment in which they will grow and develop, play and learn. Children with intellectual disabilities are disproportionate to the risk of exclusionary, neglect and abuse. They face additional risk and require additional protection in times of social and economic instability and conflict. All children and young people with intellectual disabilities, wherever they live, should be guaranteed a life without harm and abuse and should not live in fear of malpractice as a result of discrimination, poverty or lack of responsibility of agencies to provide protection and appropriate support. "

Regardless of disease, whether physical or mental, and depending on the severity of the disease of children, their families may have greater financial difficulties aggravated emotional relations between the family members, higher rates of depression, modified work and reduced activities, limited social time and shortened time due to the care for the child (Olsson and Hwang, 2003). In other words, families with children with special needs have always in minds their children's case, "families with disabled children are unable families" (Glidden, 1993). Various studies of this nature have shown the highest rate of instability of the families with children with special needs (Mauldon, 2012).

The child with disability in the family can act as a stop criterion for parents to have more children, resulting in failure of the desire to have more children. One of the parents is obliged to connect more to the house (usually the mother), while the father is forced to work extra hours to compensate the lack of incomes in the family in order to give a better care to his sick child, becoming a traditional model "hard laborer" the main in family. The economic situation can degrade by additional costs for care, recovery and rehabilitation, special equipments, clothing, books, furniture, etc. Tensions caused while caring for the child can lead to disagreements between parents and often also to the divorces.

These families remain stigmatized and excluded, with added experiences of stress often with psychological disorders. Many people in Kosovo with various physical and mental flaws, for various reasons do not have access to health services, education and employment, they do not receive necessary services associated with their condition, and very often they are excluded from their activities life. Those services that are offered to them, often cannot be accessible due to poor layout in time of the delivery of services for this category, such as entrances steep for wheelchairs, lack of elevators, barriers in the corridors, lack of toilets, etc.

Focus of the paper's treatment won't be all this categorization but most of the younger population, of the children with special needs. For the care of this category after the war it had an interest and influx of foreign organizations, which also sensitized the local population in the formation of local organizations which dealt further with the treatment of this category. Over time this part was reducing their activity in addition to reducing the financing of donations that were dedicated for this purpose. It was a kind of balance creation since now it will come to the incensement of institutional care for poor and handicapped families.

The fourth part

Analysis and Conclusions

Despite increased efforts, in Kosovo we still do not have comprehensiveness of care and protection of children. Central and local existing structures for their protection are limited and fragmented. Coordinating mechanisms for identifying, evaluating, recommending and providing the equipments to serve and support of children with special needs are in progress and still inadequate. Technical expertise is limited primarily because of financial capacities in Kosovo. The same applies in terms of providing specialized services, as well as institutional mechanisms, planning and management at regional and local levels which are often left on the activities and initiatives of donors or various OJQs local and those from abroad. Analysis and systematization of the results obtained from the field and their translation into possible policies of central and local institutions but also for the possible engagement of society in improving the conditions of life for children with physical disabilities but also to facilitate the life of families who care for them. At the central level it has been done a lot on building the legal framework of strategies for the care of children with special needs (on paper), but at the local level, in terms of practical implementation, has stagnated. This can be seen in statistics, although incomplete and inaccurate, the number of children with special needs who attend the educational process, which is approximately 1:10, in favor of those who do not attend this process, for example in Viti, by 147 recorded, 10 of them attend the attached education, in Gjilan, only 92 children attend kindergarten and attached classes, and in Kamenica only 11. Of the three surveyed municipalities, only the one of Viti has complied strategy in helping the children with special needs, although there is no budget line for its implementation.