

Response of Day Care Centers for Children and Youth with Disabilities in Republic of Srpska to Work Challenges During Covid-19 Pandemic

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Abstract

In accordance with the Law of Social Protection of the Republic of Srpska Day care Centers are institutions of social protections that enable daily care of children in local communities and providing a wide range of services: food and care providing, storage, health care, upbringing and education, psychosocial rehabilitation, work occupation and integration. The proclamation of a pandemic COVID-19, Day care centers had to change the way of working and to provide support to children in their own homes. How the day centers worked and which activities they undertook in the new conditions is the subject of this research. The research was conducted on the entire territory of Republic of Srpska in the period from May to June 2020. The population consisted of all 18 Day care Centers for children and youth with disabilities. A total of 15 Day care Centers participated in the research. Methods of analysis and synthesis and test methods were used in the research, as well as Content analysis method. The technique that was used during the research was specially created survey. Day care Centers for children and youth with disabilities during the corona virus pandemic did not have a operational work plan. Most Day care Centers operated without instructions and guidelines. There was no systemic solution related to the organization of work in changed conditions. Communication with service users mostly took place in the online space, with all the limitations due to the modest technical conditions in Day care Centers, as well as the limited technical capacities of the users. Communication with service users maintained through home visits. During the pandemic, users needed help in a significant number of cases. Day care Centers were engaged in other activities related to the needs of users and the population of local communities during the pandemic. In some cases, they changed or supplemented their activities and developed new project.

Keywords: Day care Centers, activities, services, Republic of Srpska, COVID-19 pandemic.

Introduction

In each population of children in addition to the needs common to all of them, there is a number of those who have special educational and (re) habitation needs that need that need to be met by organizing special conditions and procedures, due to damage of some organs and/or functions, , (Hrnjica, 1997). Developmental disabilities include visual, hearing, voice and speech impairments, physical impairments, intellectual disabilities, emotional problems and adjustment problems. The frequency of children with developmental disabilities is not easy to determine and accurately estimate. A number of disorders are milder and are eliminated and reduced through certain rehabilitation procedures, while more severe cases are easier to monitor and their conditions are less variable. Most researchers agree that the number of school children who needs more permanent help due to some more pronounced disabilities is between 7-10% (Miljković, 1982).

In primary and secondary education Republic of Srpska¹ have approximately 129,000 children. 1.7% of them have disabilities in physical and mental development determined through the assessment process of the competent expert commissions (Republic Educational and Pedagogical Institute, 2016). Annually, about 3,900 children go through the assessment process and are included in the social protection system, and use various social services (Ministry of Health and Social Welfare, 2018).

The treatment of children with disabilities in Bosnia and Herzegovina has been based on the medical model of disability that views disability as a medical problem that should be solved, or as a disease to be "cured". With the development of medicine, medical model consider that a person and his or hers condition ("damaged", "sick") should be "repaired" and cured by using medical interventions, therapy and rehabilitation. The key role (sometimes the only) in this process belongs to professionals and professional services. This model defines persons with disabilities according to their condition and impairment. It is focused on the individual and does not take into account physical and social barriers and attitudes that contribute to the relationship of the community towards persons with disabilities (Aleksanrović, Jorgić and Mirić, 2016). According to this model, children with disabilities were treated and rehabilitated, educated in special schools and institutions, mostly in their homes without involvement in peer groups and in community life or they were placed in specialized institutions and homes where they often spent their entire lives. In past

¹ Republic of Srpska is one of the entities within Bosnia and Herzegovina. The other entity is the Federation of Bosnia and Herzegovina. The entities are the bearers of social policy and are independent in creating all measures in social policy field.. Population of Republic of Srpska is about 1,300,000.

few decades, the approach has changed and the social model of disability is gaining ground. Disability is seen as a consequence of the impact of physical, communication and social barriers and attitudes that prevent the participation of persons with disabilities in community life equally as others. This model is aimed at removing barriers created by society or existing in the environment, that limit a person's participation in the community and the exercise of human rights as well as improving the quality of life. The social model is based on equalization of opportunities, non-discrimination and respect for diversity (Aleksanrović, Jorgić and Mirić, 2016; Mihanovic, 2011). Activities undertaken in the Republic of Srpska in the application of this model are changes in the legal framework that are moving towards respect for human rights, removal of communication and physical barriers, inclusion in education, self-advocacy and inclusion of adults and young people with disabilities, parents of children with disabilities, OCDs dealing with human rights, deinstitutionalization of social protection institutions, etc.

To meet their needs, children with disabilities need from various services and institutions. Social protection is one of the system activities that provides assistance to persons in a state of social need and take the necessary measures to prevent the occurrence and elimination of the consequences of such circumstances. Social protection in Republic of Srpska recognizes children with disabilities as priority beneficiaries. The system creates a number of measures and forms of protection measures that help children and their families to overcome barriers equalize opportunities and cover the costs caused by disability. One of the new measures created in accordance with the principles of the social model of disability is the development of daily community services that provide beneficiaries with: diagnosis, early treatment, socialization and learning different skills, integration into peer groups, work occupation, maintaining physical abilities etc. This service prevents institutionalization and enables children to grow up in their families, develop and maintain emotional and social ties with their primary social network participate in the natural environment and in peer groups, receive individual treatment as a combination of compatible programs that are current in the community.

These services are designed and delivered in day centres that are organized as public services in local communities. As such they are available to all under equal conditions, are accessible to all citizens and have the necessary quality to be monitored and evaluated by the competent authorities. The subject of this paper is research on the work of day care centres for children with disabilities in the Republic of Srpska in specific conditions - the conditions of the COVID 19 pandemic, which significantly differed from the functioning of these services in regular conditions.

Social protection of children with disabilities in the Republic of Srpska

The social protection in the Republic of Srpska is conditioned by socio-economic relations, political structure, tradition and other values that are significantly inherited

from the former country and the socialist system. The transition that has taken place in recent decades in all areas has redefined content of life and social protection, beneficiaries and conditions for exercising prescribed rights and directed measures and programs targeting vulnerable categories such as children without parental care, children with disabilities, children at risk situation, the elderly, people with disabilities, victims of violence and human trafficking, the homeless, single-parent families, children in conflict with the law, the sick, the long-term unemployed, migrants, etc. Responsibility for providing social security is delegated from the state to each individual who is obliged to take care of their own needs and to contribute to the prevention and elimination or of their own social vulnerability, as well as the social vulnerability of their family members, especially children they cannot take care of themselves (Law on Social Protection of Republic of Srpska, 2012). In this way, social protection approaches the neoliberal regime (Kornai, 2006).

International factors that have an impact on the definition and status of social protection in Serbian society are primarily international sources that regulate human rights in general, and social rights in particular. Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights (ICESCR), the European Convention for the Protection of Human Rights (ECHR), the European Social Charter (ESC), the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities (CRPD) are the documents that Bosnia and Herzegovina has ratified. They are part of B&H constitutional system, and there is an obligation to incorporate content from these documents into domestic legislation on social protection. The influence of international organizations on policies in this area, such as the World Bank and the International Monetary Fund, which monitor changes in transition countries and often condition their arrangements on measures implemented in social protection, should also be emphasized.

The content of social protection consists of material social assistance and social care. Conditions for the realization of certain programs, such as financial social assistance, are very restrictive and enable only the poorest that are unable to work and provide the minimum allowance. Because of this, large number of people in need is left out of the protection system. Beneficiaries of social protection system, in addition to the poor, are also persons with disabilities who have a high level of disability (70 and more percent). They usually use their benefits to cover the costs caused by disability.

Children with disabilities who are beneficiaries of social protection are children with visual, hearing, speech and voice impairments, physical and/or chronic illnesses, intellectual disabilities, mental disorders and/or illnesses, multiple disabilities, or with other impairment or illness, which lead to difficulties in psychomotor and sensorimotor development, and which significantly impede functioning in the activities of everyday life (Law on Social Protection, Article 18, paragraph 2).

The contents of social protection used by children with disabilities and their families are cash benefits and social services. The most well-known cash benefits are: social (financial) assistance, allowance for assistance and care of another person, personal disability allowance, support in equalizing opportunities for children and youth with disabilities (compensation for accommodation and intercity transport costs) and various one-time and occasional cash benefits for current social needs. The most well-known social services are: accommodation in an institution, foster care, help and care at home, daily care and counselling. In addition, children with developmental disabilities are included in various other interventions that are realized in social protection by social workers, psychologists, pedagogues, lawyers, special pedagogues. These interventions include programs of education, training and empowerment, assessment of the situation and needs, individual planning of measures and forms of protection, programs of integration and social inclusion, guardianship, etc.

Significant number of children with disabilities traditionally has been placed in social care institutions. These services were provided to all those children who did not have adequate living conditions for growth and development caused by lack of parental care and parental capacities to adequately care for children, family poverty, severity of disabilities, children's behavioural disorders etc. Children were referred to homes without exploring other options such as foster care, day care, family support services and parent empowerment. The relationship of society and professionals reflects theories about the causes of disability and the expected parent's role in caring and educating of children with disabilities (Jones, 1998; Turnbull & Turnbull, 1986). The dominant medical model has directed professionals to conclude about parents abilities of taking care of their own children. Experts have taken control of the child from the parents, because they are considered to have the necessary expertise to make decisions about the best interests of child. It also implies that parents are not able to see the interests and needs of their own children. Even if the approach to child care has significantly changed, daily services in the community are improved; placement of children in institutions is still relevant. In 2020 there are 150 children in institutions in Republic of Srpska.

Children living in such institutions are at risk because even short stays can cause the emergence or deepening of existing disturbances in intellectual, cognitive, social, emotional and physical development. One illustrative example is that children living in institutions on average reach a much lower level than those living in families. They can develop the psychosocial syndrome called dwarfism (low growth as a result of emotional deprivation and extreme stress). Experts who monitored the children in the months after leaving the institution and placement in the family (biological, foster, adoptive) noticed the great progress in the growth, behaviour and general condition of the child (Browne, 2009).

Daily care of children and youth with disabilities in the Republic of Srpska

Since the 1950s, European countries have been developing alternative forms of protection, transforming large social institutions (deinstitutionalisation), and favouring non-institutional care for children and youth with disabilities.

The right to live in a community is one of the basic human rights that applies to all people regardless of the type and level of difficulty or disability. All people have a common right to live independently and to be included in the community, including the right to choose a place to live, to choose a roommate, and the right to a dignified life. This process was significantly supported by the ratification of the CRPD and the development of a social model of disability.

Deinstitutionalization is defined as the political and social process of developing a wide range of services and support within the community for people with disabilities. This process enables all citizens to live in the local community, involved in the environment and society. Deinstitutionalization provides the gradual closure of large social welfare institutions and the relocation of their beneficiaries to the community with adequate support. In addition, this process involves the development of adequate community support services to meet the specific needs of beneficiaries and to prevent new institutionalizations. Complex process of deinstitutionalization involves a whole range of participants, starting from the highest state level to the individuals with their specific needs. The basic components of the deinstitutionalization process are: referral of persons placed in social care institutions to alternative institutions in the community, redirection of potential institutionalizations to other forms of care and development of specialized services that can support users in institutionalization prevention (Pejaković and Zajić, 2014).

One of the social services that are in the function of deinstitutionalization is the day care service. In the Republic of Srpska, daily care has been associated with the catalogue of social protection rights since 2012. This has exercising rights throughout the territory of the Republic. Before 2012 daily care was provided in certain local communities, which developed services in accordance with needs and the condition of their population.¹ Daily care is usually defined as staying outside one's own family with different types of organized daily services. Services provided through day care should include nutrition, care, custody, health care, upbringing and education,

¹ Social protection holders in the Republic of Srpska are the entity and local government units (Municipality and cities). Local governments have the opportunity to adopt a social protection program based on the analysis of the social situation of residents in their area, make decisions on extended rights and other acts prescribing conditions for exercising rights and measures determined by the decision and programs. Also, provide a fund for realization provide funds for the realization of social protection activities, establishes and takes care of the work of social protection institutions and, coordinates social protection activities in the area of the local government unit.

psychosocial rehabilitation, work occupation and other necessary services (Law on Social Protection, Article 51).

The number of daily care users is growing through years. According to the data of the Ministry of Health and Social Welfare, in 2018, 107 children and youth with disabilities used some sort of day care services (62 boys and 45 girls).

Daily care for children and youth with disabilities can be provided in another family, social welfare institution, separate centres or day care canters organized and provided by public institutions, OCDs, religious communities and other legal entities. Day care Centres are usually organized in local communities. Also there is a legal obligation for all local communities to have such services, only a third of them have established day care centers so far (18). The largest number of day care centres for children and youth with disabilities in the Republic of Srpska is organized within OCDs that, in cooperation with centres for social work, ensure the realization of day care services for beneficiaries. The most common initiatives makers for the establishment of Day care Centres are Associations of parents of children with disabilities, and they are most active in providing services. The Day care Centres provide children and youth with disabilities with specialist services in the function of preventing institutionalization, ensuring a higher quality of life, socialization, encouraging their development and inclusion in life of their community.

Daily care in emergency and emergency situations caused by the COVID-19 pandemic

In the conditions of the COVID-19 virus pandemic in the Republic of Srpska, from March to June 2020, a state of emergency and a state of emergency were declared in order to protect the health of the population and prevent the spread of the virus. A state of emergency is usually defined as a decision of state to suspend certain normal functions of government, warning citizens to change their usual ways of behaving and adapt them to new circumstances. State agencies in this circumstance act in according to prepared contingency plans. An emergency situation is legally regulated as a situation in which the risks and threats or consequences of catastrophes, emergencies and other dangers to the population, environment and material goods are of such scope and intensity that their occurrence or consequences cannot be prevented or eliminated by regular action of institutions in charge.

The purpose of declaring a state of emergency was to apply measures that deviate from certain human and minority rights that are guaranteed by the Constitution. The declaration of a state of emergency is envisaged as the only exception to the constitutional guarantee of certain rights. Following the example of the regional and European "lock down", model the Republic of Srpska introduced restrictive measures in the fight against the pandemic: prohibition of movement, gatherings prohibition, working from home instead in organizations, etc.

The largest number of social welfare institutions in the Republic of Srpska had a changed way of organizing and functioning. Beneficiaries exercised all cash benefits, while social services, including day care, were exercised to a very small extent. According to UNICEF (2017), emergencies are unwanted, unexpected, unpredictable and endanger people's lives and property, and create panic, fear and uncertainty, which is certainly the case during the COVID-19 virus pandemic. The emergency situation is legally regulated by the Law on Protection and Rescue in Emergency Situations (Official Gazette of the Republic of Srpska No. 121/12).

Research results

In the Republic of Srpska, no daily care research has been done. There are no data on the way it functions, types of specialized services, or the satisfaction of beneficiaries of daily care. The research that was conducted is the first research with published results in this filed.

The aim of the research

The research that will be presented in this paper aimed to examine the manner of operational functioning of day care canter and providing support to children and youth with disabilities during the COVID-19 pandemic.

Research methodology

The research was conducted on entire the territory of the Republic Srpska in May and June 2020. At this period Republic of Srpska were in state of emergency due to a COVID-19 pandemic. Restrictive measures were in force, which reflected on the functioning of the system in general, including the social protection system, restrictions on the movement and people staying in groups.

The population consisted of all day canter for children and youth with disabilities (18 in the Republic of Srpska¹). 15 day canter participated in the research. Three day canter working on a project basis from time to time, and during pandemic they did not have any activities. From this reason they did not participate in the research. On behalf of the day canter, the questionnaires were filled in by authorized representatives: the president of the OCD (6), the administrative worker in the day centre (4), the professional worker in the day centre (3) and the organization's management representative.

Data in the study were collected by the test method. Used instrument was questionnaire which was specially created for this purpose in accordance with the objectives of the research, and respecting of all four ethical principles of social research (Bryman, 2016). The questionnaire contained 19 questions, of which 38%

¹ There are 61 local-government units in Republic of Srpska. Day care centers exist in 18 local communities, according to the data of the Association of Mentally Underdeveloped Persons

were closed-ended, 53% had the possibility to expand the answers, and 29% were open-ended. Semi-open and open-ended questions were constructed so that respondents could, , describe the specifics of the organization and functioning of Day care Centres during a pandemic within their own context. After receiving the answers to the open questions, they were coded and categorized.

Research results and comments

During the processing of the research results, four research units were formed: organization of Day care Canters during the COVID 19 pandemic, organization of work with users, activities and activities performed in Day care Centres during the pandemic and expansion of Day care Centres activities. For easier monitoring, the results of the research will be presented through these units.

Organization and orderliness of Day care Canters during the COVID-19 pandemic

Day care Centres for children and youth with disabilities in the Republic of Srpska are organized within the Associations and for assistance and support to children and youth with disabilities. Operationally, the this facilities are working in the territory of the local community in which they are registered. The provision of Daily care services is realized in cooperation with the Centres for social Work. Centres for social Work are responsible for recognizing rights on Daily care for beneficiaries. The users of this services can be can be referred by the Associations. OCDs that organize daily care realize their mission and vision in close cooperation with the local community in whose territory they are registered. The coordinator of Day care Centres and Centre for social Work in most cases is a professional from Centre for social Work that works with people with disabilities. Together with the expert team of the Centre for social Work he decides to direct users to the Day care Centre, depending on the individual needs.

As an organized public service, Day care Centres were obliged to make preparations for action in crisis situations (Law on Protection and Rescue, Article 13) In case of various natural disasters, social events, financial crises, business crises, etc. they have to be able and know what their priorities are, and how they will perform their activity. In preparation for emergencies, all public services should analyse potential problems, weaknesses, vulnerabilities, define what the priorities for action are and assess potential risks that may lead to an emergency. Based on the established situation develop plans they are obligate to set the direction of their actions. Organizational planning helps the organization to be internally and externally better defined in the local environment (Locke & Latham, 2002). The obligation of Day care Centres for children with disabilities to have contingency plans is all the greater because they take care of children, and perform their activities in cooperation with several entities in the community. Every change in their work necessarily reflect the work of the Day care Centres.

The results of the research showed that these services providers did not perform any preparation and did not have contingency plans in 93.33% of cases. In a state of emergency during pandemic, they found themselves in a very difficult situation. They were not prepared for any work in the new conditions. Only one Day care Centre had an action plan and could take into account the specifics of the current situation, and direct its activities to defined priorities. These results indicate that changes are necessary in the work of these public services, which must systematically regulate their work in all conditions. According to Erickson (1950), crises are not necessarily negative life phenomena. They can also be transitional developmental points and through crises one can grow and develop in a certain direction. In order for the crisis to become developmental, the organization needs to systematically plan and regulate its response to the crisis and to use all the forces and benefits from the environment to strengthen and overcome the crisis.

In the absence of plans and in the conditions of pandemic, the change of work had to take place quickly and each of the Day care Centres adjusted its work in relation to the measures prescribed by the state authorities. Changes in the way they worked were done differently, without uniform instructions from the local communities or organizations that supervise these institutions. The largest percentage (49%) changed their way of working and established a new organization without any decision. New decisions, mostly oral, were made by the Day care Centre management independently in 33% of cases, the Day care Centre management in cooperation with the crisis headquarters of the local government unit in 22% of cases, and in one case the Centre for social Work¹ is the decision maker. In only one day Centre in the Republic, recommendations of the Institute of Public Health were considered a new acting decision and acted upon it.

New ways of working and work organization in the state of emergency are conditioned by the resources of the organizations themselves. Day care Centres that had the resources organized their work with users through various online platforms (54%). A small number of them (20%) made the decision that the staff works from home, and in the premises were a duty officer during working hours to collect information's and forwards them to all employees. Two Day care Centres (13%) suspended work and focused on the reconstruction of the space using the absence of beneficiaries, and one (6.5%) occasionally organized its work, usually twice a week only for urgent situations. One Day care Centre (6.5%) did not change anything in its work. They continued with all activities as before the pandemic, respecting the prescribed protection measures that were adopted at local community as well as at the entity level. (Table 1).

¹ Centers for social Work are public institutions that provide social protection services, established in local communities. They perform the activities of exercising rights in social, child and family protection and social work activities in providing social protection of beneficiaries.

Table 1. Day care Centres work organisation during the state of emergency

Work organisation	%
Suspended	14
Work on duty	20
Work organized through online platforms	54
Occasional work	6,5
Normal (without change)	6,5

The data show us that in almost all cases, the beneficiaries left the Day care Centre and stayed at home. For further communication with them, it was necessary to adopt a communication plan and define new way of communication. Special communication plans in case of emergency did not exist in any case, so further communication took place in accordance with the capabilities of users and Day care Centre. It is important to note that electronic communication did not take place with one third of the users and that occasional visits were the basic means of communication. In the case of organizing work through online platforms, the main means of communication were telephones (93%), social networks (20%), e-mail (6.5%), viber (13%). The beneficiaries of the Day care Centre were mostly unable to understand the gravity of the situation, so it was important to involve family members in communication and share information with them.

“Communication is very important for any organization on all occasions, especially in times of crisis at any level. The emphasis on communication stems from the very context of an emergency situation in which fear and insecurity are at a high level. In emergencies, owning and managing information is one of the key tasks of crisis management” (UNICEF, 2017: 137). Contradictory information contributes to people feel unformed, especially those who are not professional enough to assess the danger and its duration. Citizens depend on the information provided by those who have been trained to deal with such situations. True information will reduce the reasons that causing panic and the appearance of informal stories that contribute to fear and anxiety among people. Lack of clear communication and confusing messages increase fear and feelings of uncertainty, especially at a time of pandemic that has never been recorded in the world before (National Convention on the European Union, 2020). In addition to communication with beneficiaries, an important part of communication in Day care Centres was related to communication with the environment. Facing with unknown, it is very important to obtain appropriate guidance, instructions or similar information from the organizations responsible for making decisions on protection and operation, as well as from professional organizations that monitor and supervise the work of Day care Centres. During the pandemic caused by the COVID 19 virus Day care Centres for children with disabilities in the Republic of Srpska in 40% of cases did not receive any guidelines or instructions for work from these organizations. The

only information was the decisions of the crisis headquarters on protection measures, while professional organizations in most cases were not reacted. UNICEF for Bosnia and Herzegovina at the end of the pandemic has published the appropriate material on child protection during the pandemic, which was not available to Day care Centres¹.

All of the above points to the conclusion that there was no systematic and planned regulation of the work of Day care Centres for children and youth with disabilities during the state of emergency in Republic of Srpska. There was inequality of practice and reliance on the decisions of competent authorities, most often from the local community level. Based on the obtained results, it can be concluded that the social protection system and its competent authorities and organizations did not provide adequate organizational or professional support and assistance to Day care Centres for children and youth with disabilities. This resulted in diversity of organization and work of Day care Centres in Republic. The founders of the Day care Centres did not take the necessary actions to prepare and create conditions for these organizations to perform their activities in changed circumstances

Organization of work with beneficiaries

Professional work with beneficiaries of Day care Centres is based on the work plans of organization and on Individual plans that are made for each of them in relation to his/hers needs. An Individual plan is a document that social workers in Social work Centers are obliged to work out as a professional and legal obligation (Article 75 of the Law on Social Protection of the Republic of Srpska, Official Gazette no. 37/12, 90/16 and 94/19). An Individual plan is a plan of changes that are to be achieved in working with the beneficiaries; it operationalizes the diagnostic conclusion by determining which services should be provided to the beneficiaries, what is the content and sequence of these services, what are the goals to be achieved, when they will be achieved, who will participate in their realization, how the feasibility of the goals will be evaluated and who manages the whole process of plan implementation (Vidanović, 2009).

The large number of Day care Centres (2/3) used home visits as a way of working with beneficiaries, thus collecting information on their health status, needs, realization of social rights, problems that arise due to compliance with protection measures and inability to move. Visits to beneficiaries were also used to distribute information, instructions, material assistance and share tasks for. Visits to theirs'

¹ Document available at
<https://www.unicef.org/bih/media/5211/file/Zastita%20djece%20tokom%20pandemije%20korona%20virusa%20-%20Djeca%20smjestena%20u%20sistem%20alternativne%20brige.pdf>

homes were performed by the Day care Centres staff once a month during a state of emergency in 27% of cases, and more than once in 40% of cases.

Communication with parents of children and other family members was, to most parents, a chance to get the necessary information and help for which they needed. Parents sought help more than once in 60% of cases, rarely in 27%, and not at all in 13% of cases.

The organization of work with beneficiaries through online platforms was more informative and referred to the sharing of information about working hours, on-call time, obtaining information about the health, the beneficiary's reaction to stop coming to the Day care Centres.

Activities of Day care Centres with beneficiaries during the state of emergency

Without new Individual plans, working with users was in the most number of cases geared to the demands of parents who expressed the needs of the children. A very small number of Day care Centres designed some activities for children. When asked what activities they carried out to inform users about the situation and protection measures (development of instructions, development of appropriate educational material, video material, etc.), 80% of respondents answered that Day care Centres did not have any organized activities. They usually provided information over the phone, and the specific educational activities carried out by 20% of the Day care Centres were solving tasks from the workbooks they use in their daily work, and they did nothing about the pandemic.

As they were unable to organize group work, on-line workshops for children and families are convenient ways to activate and occupy beneficiaries at their homes. Videos posted on social networks or delivered by e-mail enable the realization of exercises with different purposes. Only a third of the Day care Centres developed such facilities. Most often, these were exercises that serve to maintain physical fitness and mobility, various board games or individual workshops on specific topics.

Parental requirements determined most of the activities of day care centers (Table 2). Their requests for help were related to: providing material assistance for children and families (food - 33%, hygiene products and protective equipment -20%, medicines - 7%, transport to a health institution -7%), psychological counseling for children - 33%, and full information on the work of the day center (20%). The activities of employees in response to these requests were (Table 2): provision of protective and hygienic equipment (73%), food aid (27%), medicines and other medical assistance (7%), cash assistance (20%) and advisory assistance children (7%). The results of the research showed that the families of children with disabilities are burdened with the inability to meet their existential needs due to poverty and material vulnerability and that their requests during the pandemic are focused on material assistance, especially on covering the costs of the pandemic (hygiene and

protection material, money). Experts estimate that poverty during the COVID-19 pandemic will increase worldwide and that the number of people living on the poverty line will increase. According to consumption surveys in Bosnia and Herzegovina, more than 30% of the population lives on the poverty line and a large number of people with disabilities are among them. (Ćuk, 2013).

Table No. 2: Parental requests and Day care Centres responses

Parents' requests Day care Centres for help	%	Day care Center activities	%
Food aid	33	Providing food	27
Hygienic products and protective equipment	20	Provision of hygienic means and protective equipment	73
Medications	7	Provision of medicines and other medical assistance	7
Transportation to a health facility	7	Help with money	20
Psychological help for children	33	Counseling for children	7
Information on the work of Day care Centers	20	Information on the work of Day care Centers	90

The data collected in the research showed that the Day care Centres did not address the possible risks for the users due to the cessation of the provision of day care services. Lack of adequate preparation for new conditions can lead to anxiety and dissatisfaction of users with whom the family does not have the resources to cope. Very little attention has been paid to psychosocial support, as it has been sporadically provided to a small number of children at the request of parents.

3.4.4. Expansion of day center activities during the COVID-19 pandemic

Unable to carry out their daily activities in accordance with the annual work plans, one third of the Day care Centres decided to develop other temporarily activities in accordance with local needs and their resources during the pandemic. Since they had equipment for tailoring workshops, the staff of Day care Centres was oriented towards sewing face masks. They distributed their products to Associations of persons with disabilities and local communities. In that way, they also provided additional income for Day care Centres. Some Day care Centres (14%) worked on new projects for donors, as well as projects to improve working conditions by arranging space, developing staff capacity etc.

The largest number of activities was related to humanitarian, which include providing assistance to their beneficiaries. Day care Centres contacted a large number of organizations (municipalities, international organizations, embassies of individual

countries, private companies) asking for material and financial assistance. In this way, they responded to the requests of parents to meet the needs of children and families.

Conclusions

Day care is one of the basic forms of support for a family caring for a child with disabilities and a basic form of prevention of institutionalization of these children. Day care in the Republic of Srpska and throughout Bosnia and Herzegovina is in its infancy even if it is defined as a right in social welfare system Day care Centres are basic public services that work on providing day care services. In Republic of Srpska, only 30% of local communities have these institutions. Existing capacities are insufficient and include a small number of children in need of this type of social protection. Day care Centers exist in more developed local communities, and underdeveloped environments have not been established these kind of organizations. In this way, children are discriminated according to their place of residence.

The results of the research showed that the work of Day care Centres during the pandemic caused by the COVID-19 virus took place spontaneously, according to their own capabilities and without the necessary support from all stakeholders. State bodies, as well as civil society organizations, have not achieved the necessary strength in support to families and these institutions in order to provide professional assistance to children and their families to cope with the completely new situation in the changed working conditions. In the new conditions, Day care Centres with their modest capacities adapted themselves and realized activities using electronic means of communication and working mostly according to the requirements of parents. Without contingency plans, new organizational work plans and Individual plans for beneficiaries in their work, they denied them the necessary information on protection, access to resources for children, mental health care, psychosocial support, positive discipline and organization of children's lives and a house filled with customized activities.

In the emergencies responsibility of the Day care Centres, as well as other social and child protection services is to prepare contingency plans, to define clear childcare policies, to make them accessible to all service providers, families, local organizations and to develop procedures for addressing children's needs. This is a path that will significantly improve the quality of work in a pandemic and allow for a longer period to clearly define the manner and organization of work in Day care Centres during the pandemic, which certainly did not end in May 2020.

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