



Good Practices in Social Service Delivery in South Eastern Europe

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EDITORS

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International Labour Office

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Foreword

This volume describes recent efforts to strengthen and expand social services provided at the community level in the countries of South Eastern Europe and offers a guide for training to give these efforts greater reach and impact. It is an output of the ILO project, *Strengthening Social Protection in South Eastern Europe*, which is being carried out with financial support from the Government of France. The work was undertaken within the framework of the Social Cohesion Initiative (SCI) of the Stability Pact for South Eastern Europe, which provides international support, both technical and financial, for social reconstruction in the region following the turmoil of the 1990s.¹ The research component of the project, of which this analysis is part, examines the restructuring of national social security schemes with particular attention to their efficacy in reducing social exclusion and reaching displaced persons and those with special needs. The studies examine both social policy formation and consequent experience with implementation of legislated reforms. Their broad objective is to provide countries considering reform with timely and precise information on the recent experience and policy results of neighbours facing similar issues, as well as those of selected countries of Central and Western Europe. Through these studies, in association with technical support, we also hope to further empower the government's social partners in their roles as participants in the social policy process.

¹ The countries of the Stability Pact for South Eastern Europe are Albania, Bosnia and Herzegovina, Bulgaria, Croatia, FYR Macedonia, Moldova, Romania, and Serbia and Montenegro.

The growth of community-based social services is one of several topics examined in the project research component. Four later volumes in this series will focus successively on: 1) efforts to improve social security coverage by strengthening compliance with the contribution requirement; 2) strategies for enabling persons with disabilities to engage in rehabilitation and gainful employment; 3) overall social spending across the region, comparing national expenditure levels, financing, coverage, benefits, and administrative costs, and assessing the effect of social spending in reducing inequality and poverty;² and 4) the role of social dialogue in shaping pension reforms. The first two of these will be published in the fall of 2004, the remaining ones, in 2005.

The need to expand and strengthen the delivery of social services is rooted in three conditions that characterise the region today. First, in the period prior to 1989, most governments relied on large residential institutions to provide care to people with special needs, notably children, the elderly, and those with physical and mental disabilities. This approach isolated residents, depriving them of important contact with society as a whole. It was also costly, requiring large investments in plant, maintenance, and personnel. Today, most governments are engaged in an effort to reduce residential care in favour of community-based alternatives.

Second, the economic, political, and military turmoil that accompanied transition in South Eastern Europe created new groups in need: disabled combatants, refugees and displaced persons, and family members surviving those lost in war.

At the same time, the transition brought new social problems while casting light on some pre-existing ones: alcohol and drug addiction, domestic violence, and human trafficking. Together these conditions have created an enormous unmet need for a wide range of community-based social services. The latter two conditions create a special need for gender-related social services.

² The third study will be based on Social Protection Expenditure and Performance Reviews now being undertaken by a network of national experts with support from ILO Budapest and the Financial, Actuarial, and Statistical branch of the Social Protection Sector, ILO Geneva.

While scarcity of resources is a major restriction on efforts to address these needs, public efforts are further impeded by several additional factors: a shortage of trained personnel; the immaturity of contemporary social work, only now re-emerging as a professional field; ineffective coordination between national and local levels that makes reaching target groups difficult; and weak utilisation of partnerships with nongovernmental organisations providing social services. It is our aim in this volume to help those looking to shape a new era of social services to surmount these obstacles. These pages will:

- provide national profiles of the direction, magnitude, and scope of progress in strengthening social services in each Stability Pact country, acknowledging the problems encountered while highlighting successful practices that have been recognised and put in place;
- trace international trends in social service delivery, emphasising partnerships between central governments, local governments, and non-governmental organisations as a powerful tool for improving services;
- profile national systems for delivering social services in selected countries beyond South Eastern Europe, including the Czech Republic, France, Germany, and the United Kingdom, as well as a Hungarian NGO providing social services to combat domestic violence and trafficking of women;
- draw attention to the role of social services in building community capacity and developing social capital; and
- offer a model legislative framework for administrative oversight and quality assurance of social services delivered by local governments and nongovernmental organisations.

The materials are presented as a series of seven training units, along with suggested group activities and discussion questions for each. The Appendices include a full set of PowerPoint presentations on these topics, a bibliography of further readings and web sites, and a short evaluation form for completion by course participants.

We wish to stress that we view these materials not as a stand-alone unit but as a supplement to national training of social services policy makers, managers, and field workers. As our ILO office in Budapest is ready to assist governments

in delivering this training as part of their own national training initiatives, we will welcome requests for such assistance.

This book is the work of many authors. Martin B. Tracy, Professor, College of Social Work at the University of Kentucky, served as general consultant, giving the training materials their essential shape. He drafted the specifications for the national reports and supported national researchers in developing them. He constructed the training materials, pre-tested them with a group of regional experts, and refined them based on their feedback. We are indebted to him for his many contributions to this project.

The national reports were developed by Gezim Tushi of the State Social Service in Albania; in Bosnia and Herzegovina, by Šefik Rizvanović of the Ministry of Civil Affairs; in Bulgaria, by Maria Jeliakova of the Bulgarian Academy of Science, Georgi Georgiev of the Ministry of Labour and Social Policy, and Radosveta Abadjieva of the National Social Rehabilitation Centre Association; in Croatia, by Nino Žganec of the Ministry of Labour and Social Welfare; in FYR Macedonia, by Slobodanka Lazova-Zdravkovska of the Ministry of Labour and Social Policy; in Moldova, by Ala Lipciu and Paulina Tudos of the Ministry of Labour and Social Protection, and Aliona Dorosh of the National Centre of Studies and Information on Women's Issues; in Romania, by Alina Ioana Marinoiu and Adina Dragatoiu of the Ministry of Labour and Social Solidarity, Elena Zamfir, Professor of Social Work at the University of Bucharest, and Valentin Vladu, M.D., of the Foundation of Community Services; and in Serbia and Montenegro, by Jelena Brajović of the Ministry of Labour and Employment and Vjera Šoc of the Ministry of Labour and Social Affairs. The description of the work of NaNE, Women United Against Violence, is based on a presentation by Judit Wirth.

Urszula Lonc, Regional Project Coordinator, facilitated the work of the team throughout the research period, providing close liaison among all participants, making the group meetings smooth and efficient events, and overseeing the many steps in this publication. Ágnes Fazekas, Programme Assistant, provided efficient support for all these activities.

We are grateful to all for their contributions. We thank the authors for their important work.

Finally, we thank the French Ministry of Social Affairs, Labour, and Solidarity for its financial support for this project. We deeply appreciate its

commitment to supporting the recovery of South Eastern Europe and value its understanding of the significance of social security for social cohesion.

We at ILO Budapest hope that these materials will further regional efforts to strengthen social services that meet the needs of communities, contributing in this way to the social recovery of South Eastern Europe and to the development of more humane and inclusive societies.

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PART I.

**A Social Services
Training Manual**

Introduction

First Morning

Introduction

- Opening ceremony
- Introduction of facilitators and participants
- Distribution of manual and materials

➤ *PowerPoint Presentation: Introduction to Training*

Goals of the Training

The goal of this training is to equip participants to strengthen social service programmes in South Eastern Europe, including the countries of: Albania, Bosnia, Bulgaria, Croatia, Macedonia, Moldova, Romania, and Serbia/Montenegro. The training will particularly focus on identifying “good practices” in social services and strategies to establish and maintain them. It will focus on the development of community-based partnerships among governments, nongovernmental organisations, social work education, civil society, employers, and trade unions in participant countries.

The training will:

- review recent legislative trends and reforms in social service programmes and policies;
- review trends in the organisation of social service delivery, including decentralisation, de-institutionalisation, and the development of community-based alternative services;
- review government expenditures for social services in participant countries;

- identify major policy and programmatic issues related to direct social services;
- identify models for good practice in social service delivery in South Eastern Europe, including both government and NGO direct practice models;
- examine good practices of social services in selected Central and Western European nations;
- consider how social services can best address gender inequalities;
- examine impediments to establishing good practices;
- explore ways of transferring good practices of established programmes to emerging programmes;
- explore ways to strengthen partnerships between government ministries and NGOs engaged in providing social services;
- consider the role of employers and trade unions in guiding, monitoring, and supporting social services aimed at assisting the most vulnerable citizens;
- discern mechanisms of increasing interaction among government social service ministries, NGOs, social work educators, researchers, and programme evaluators relative to improving knowledge of social service processes;
- consider sustainable performance standards and procedures for evaluating performance; and
- examine the role of social services in the context of community capacity building, social capital, and civil society.

At the end of the training, participants will be able to:

- describe the characteristics of good practices in social service delivery;
- recognise impediments to implementing good practices;
- explain how social service programmes contribute to community capacity building, social capital, and civil society;
- identify and prioritise specific social service needs in their respective countries;
- explain the processes required to establish and sustain effective and efficient social service programmes for the most vulnerable populations, including women, children, the elderly and people with disabilities;

- design strategies for strengthening social services through formal and informal relations involving government, NGOs, employers, trade unions, and social work education; and
- understand the criteria for performance standards that promote good practices in government and nongovernmental social service partnerships.

Break

Training Methods

Each session has a series of focal points for discussion. These are introduced through PowerPoint presentations by the training facilitator. Supplemental material is also provided in attachments. The exercises in each session are intended to facilitate interaction among the participants and to generate critical thinking. The primary format for this will be small group activities and focus group discussions. This provides a structured format for discussing specific issues and exchanging ideas in an open forum.

The sessions include four basic stages: Introduction, Transition, In-Depth Investigation, and Closure.

➤ *PowerPoint Presentation: Training Methods*

Stage 1. Introduction

- Establish a high-energy, yet supportive environment so that participants are comfortable disclosing opinions and creative ideas.
- Inform participants as to what to expect during the discussions and work sessions.
- Cover the ground rules for discussion. This includes introducing the process for using group discussion questions, flip charts, rank ordering of responses, and summary statements and conclusions.
- Request participants to turn off their cell phones during the training.

Stage 2. Transition

- Ask questions that promote dialogue and discussion.
- Obtain an idea of the participants' overall perceptions or views about the sessions using questions that can be answered quickly and identifying responses that the participants have in common.

Stage 3. In-Depth Discussion

- Ask questions that solicit detailed, substantive information about participants' views toward the most important issues that relate to the core purpose of the training.
- Ask questions that enable participants to elaborate on responses about the session.

Stage 4. Closure

- Ask participants for feedback and reactions at the end of each session.
- Allow participants to alter or clarify positions they may have taken at the end of each session.
- Verify conclusions drawn across the session by giving a short overview of the purpose of the session and a summary of the results.

Basic Concepts

➤ *PowerPoint Presentation: Introduction to Basic Concepts*

Definition of Social Services

Social services in this training are defined as interventions aimed at addressing the needs and problems of the most vulnerable populations, including those stemming from violence, poverty, family separation, physical and mental disability, and old age. Examples are rehabilitation, home help services, foster care and adoption, meals services, day care, residential care, and other support services provided by social workers or related professions.

Definition of Good Practices

Good practices in social services are those that are effective, efficient, and accountable to consumers and the general public.

Some Basic Characteristics of Good Practices

- Transparent decision-making processes
- Multi-disciplinary teams
- Cooperation with local government and civil society
- Informal and formal networks among service providers and other partners
- Effective and sustainable performance standards
- Programme evaluation processes

International Programmes that Encourage Cooperation

Various international programmes in place in Central and Eastern Europe encourage expanded public-private cooperation. These promote multi-stakeholder partnerships that include government, businesses, social service care providers, religious institutions, social work education, health care, NGOs, consumers, etc. Some of the more familiar models are related to Strategies and Tools against Social Exclusion and Poverty (STEP), PHARE, and Tacis projects.

Social/Economic Factors that Create Pressure for Good Practices

- A reduction in government financial resources available for social service programmes
- Increases in unemployment, poverty, and inflation rates that escalate the need for social services
- Inefficiency in the administration of social service programmes due to complex and inflexible laws and regulations, insufficiently trained personnel, and a shortage of personnel
- Low level of public confidence and trust that programmes are sustainable and well administrated
- Reduced capacity of family to cope with emerging social and economic conditions, such as: single parents, abandoned children, isolated elderly, people with disabilities, drug abuse, domestic violence, and child abuse

Social Economy as Good Practice

Social economy is a major feature of the ILO's Strategies and Tools against Social Exclusion and Poverty (STEP) programme. The concept was defined

at the 1995 Copenhagen World Summit and the Ostend Conference on the Role of Social Economy in the North and the South in 1997. Social economy encompasses economic activity from cooperatives, mutual aid societies, and other non-profit organisations, which subscribe to the following principles:

- finality of service to the members of collectives rather than profit;
- managerial autonomy;
- democratic decision-making processes; and
- primacy of people and labour over capital.

Lunch break

Session #1

Characteristics of Good Practices: France, Germany, and England

Afternoon – First Day

This session is intended to provide a forum for discussion on prevailing good practices in social services in selected Western European countries. It draws upon examples from France, Germany, and England.

Objectives

- To be familiar with the primary features of good practice in social service programmes in France, Germany, and England
- To examine the respective roles of government, NGOs, social work education, businesses and trade unions in good social service practices in these countries, including partnerships
- To explore how programmes in these three nations address needs of vulnerable populations, including women
- To recognise impediments to good practices
- To explore how agencies with good practices have overcome impediments

Lesson #1

Good Practices in France

- *PowerPoint Presentation: Good Practices in France*
PowerPoint presentation based on Appendix 1, *France: Social Services*, prepared by Jacqueline Ancelin, former Assistant Director of the National Family Allowances Agency in France.

Characteristics of Good Practices in France

- Community-based services
- Partnership of inter-disciplinary service providers
- Case management teamwork
- Local evaluation

Sans Domicile Fixe Programme – SDF

- Private programmes that partner with municipal and county governments
- Reduce poverty and exclusion
- A combination of reliance on volunteers and professional service providers

Minimum Guaranteed Income (RMI)

- Partnership of public and private services
- Combines social rights with individual responsibility
- Full participation in economic and social life
- Stimulate and facilitate access to work
- Draw social workers into partnerships

Child Social Assistance

- Community-based programme for at-risk children
- Relies on partnerships of public and private multi-stakeholders and inter-disciplinary team work

Other Good Practice Lessons from France

- Provide opportunities for all stakeholders to participate in decision making
- Clearly define goals and objectives at the beginning of programme planning
- Use a systematic approach to conduct needs assessments to inform planning and structural development
- Examine the local social, cultural, and economic causes of vulnerability
- Use caution in adopting models from other countries that function in a different culture and socioeconomic circumstances
- Simplify any ideas and methods that are to be transferred

- Strengthen the capacity of local governments to deliver social services by the provision of adequate financial and legal support from central government

Lesson #2

Good Practices in Germany

- *PowerPoint Presentation: Good Practices in Germany*
PowerPoint presentation based on Appendix 2, *Germany: Social Services*, prepared by Dr. Ingo Bode, Institute of Sociology, Gerhard Mercator University of Duisburg-Essen, Germany.

Three Fundamental Principles of Practice

- Solidarity
- Subsidiarity
- Decentralised responsibility

Governance

- Federal law and policies are developed by regional or local authorities
- Regional and local authorities are obligated to provide services to needy

Role of NGOs

- NGOs provide a large proportion of services
- Largest are two faith-based organisations that provide much of the first level of services
- Other services are provided by statutory agencies

Other Aspects of Service

- The self-help movement is well organised
- Trade unions do not provide direct services, but do advocate
- There is strong cooperation between local government and welfare associations

Funding

- Funding is primarily public
- State contracts with service providers/ agencies
- Small share from volunteer input of time and money

Characteristics of Good Practices

- Measures that reduce cost
- Measurable outcomes
- Case management
- One-stop centres
- Involving multiple stakeholders

Examples of Good Practice Agencies

- *National Association of Mother Centres* – These are self-help centres that were founded in Hamburg, Germany in 1989 as an alternative to formal, professional NGO welfare organisations such as CARITAS (Catholic Church), Diakone (Protestant Church), and *Arbeiterwohlfahrt* (Social Democratic Party). The Mother Centres are informal, flexible mother-children neighborhood centres aimed at combining professional and voluntary non-professional services to mothers and children. The centres provide a place for women to network and become integrated into society. They have a strong focus on prevention. The approach is listed as a “best practice” by UN-Habitat (<http://www.bestpractices.org/>).
- *Social-Educational Family Services* – (*Sozial Pädagogische Familienhilfe* – Germany). This is an intensive “wraparound” model in Germany for families who do not have access to traditional social work.

Lesson #3

Good Practices in England

➤ *PowerPoint Presentation: Good Practices in England*

PowerPoint presentation based on material developed by Margaret Moodie, international consultant on social policy and public management issues, and former official of the U.K. Ministeries of Health and

Social Policy. The presentation is based on Appendix 3, *England: Social Services*.

Fundamental Principles

- Fully devolved and decentralised
- Designed to promote social inclusion
- Tailored locally to meet needs
- Responsibility of local government through Councils

Legal Provisions

- The Children Act 1989
- The National Health Service and Community Care Act 1990
- The Care Standards Act 2000
- The Carers and Disabled Children Act 2000

Responsibility of Councils

- Identify needs and develop programmes
- Purchase service from service provider (NGO, private agency, or Council)
- Provide some direct services itself
- Make effective use of limited resources by focusing on those with greatest need

Funding

- Financed by national government grants, local taxes, and user fees
- Seventy-five (75) percent from government grants
- Government resources go to Councils with most need

Quality Assurance

- Standards for providers of services
- Standards for local government as responsible agency
- National Care Standards Commission financed by government funds, but is independent from Ministry of Health

Characteristics of Good Practices

- Focus on the user
- Recognition of role of informal care providers
- Multi-agency cooperation; single point of entry into service system
- Inclusion of multiple stakeholders in planning and evaluation of policies and programmes
- Evidence of quality and effectiveness

Examples of Good Practice Agencies

- *Save the Children Centres* – These are family-centred programmes that are similar to the German self-help initiatives. They emphasise services for both mother and child. The centres provide assistance with practical problems of daily living and child rearing, as well as day care. They serve a vital role in networking and integration into society.
- *John Grooms* – This is a Christian-based charity that provides services for people with disabilities. Its aim is to enable people with disabilities to be as much a part of the community as possible. One of its initiatives is *Lifestyle Options*. A Lifestyle Worker helps to empower and support the person with a disability so that s/he can become increasingly involved in social, leisure, or educational activities within the local community. The project helps people to develop their interests, hobbies and education by providing information, guidance and support.

Examples of Good Practices in Stability Pact Countries

- *PowerPoint Presentation: Examples of Good Practices in Stability Pact Countries*
- Examples are drawn from the descriptions of good practices in National Reports.

Exercise

1. Break out into small groups of five to seven participants to identify two good practices based on the French, German and English experiences.
2. Return to the large group for a general discussion, listing the good practices identified by each small group.
3. Discuss any common features of the good practices, put them into logical categories, and prioritise.

Closure

Training leader and participants summarise discussion.

Break

Session #2

Good Practices in the Czech Republic

Morning – Second Day

This session is intended to continue the discussion on prevailing good practices in social services by examining examples from the Czech Republic.

Objectives

- To be familiar with good practice in social service programmes in the Czech Republic
- To explore how the Czech Republic addresses service needs of vulnerable populations, including those of women
- To examine the respective roles of government, NGOs, social work education, businesses and trade unions in good social service practices in the Czech Republic, including partnerships
- To recognise impediments to good practices
- To explore how agencies with good practices have overcome impediments

Lesson

Overview of Good Practices in the Czech Republic

- *PowerPoint Presentation: Good Practices in the Czech Republic*
PowerPoint presentation originally prepared by Markéta Vylítová, Research Institute for Labour and Social Affairs, Prague, Czech Republic (also see Appendix 4, *Czech Republic: Social Services*).

Important Aspects of Czech Republic-British Twinning Project

- Developed a systematic method of community planning

- Established a realistic time frame
- Established a database on what services were being provided
- Established goals and measurable objectives
- Developed steps and strategies for achieving goals and objectives
- Created a systematic process of implementation

Important Features of the Czech Republic Pilot Project

- Limited the role of British partner to an advisory one
- Prepared a booklet on community planning for potential partners
- Limited the role of government to supporting the delivery system and not providing services
- Emphasised the relationship of social services to the overall goal of strengthening social cohesion
- Emphasised the role of users as a full partner; policies and programmes are user-centred
- Addressed the problems of uncertainty and short-term focus resulting from funding NGOs on an annual basis

Respect and Dignity

- Services that promote individual rights and responsibilities
- Services that lead to inclusion and integration with family
- Services that respond to personal needs

Best Fit Services

- Using community partnerships for planning and organising
- Individuals – local and regional governments – civil society – government

User Confidence

- Reliable services
- Accessible services
- Understandable conditions and requirements
- Services that meet government standards
- Case management by inter-disciplinary team

Contact without Barriers

- Aims at getting the paralysed (tetra-, paraplegics) back to life, teaches them how to do sports (especially swimming), use computers, find work, find a partner or establish a family

Sananim Programme

- Provides various services to drug addicts, disseminates knowledge among the wider public
- Developed mechanisms for testing cost-effectiveness in the sphere of drug prevention

Faith-based Services

- Deaconess of the Czech-Brotherly Evangelic Church
- Czech Catholic Charity
- Well organised and professional administration

Exercise

1. Break out into small groups of five to seven participants to identify two good practices based on experiences of the Czech Republic.
2. Return to the large group for a general discussion, listing good practices.
3. Organise and prioritise good practices.

Closure

Participants summarise content and method of presentation.

Lunch break

Session #3

Good Practices in Hungary and Croatia

Afternoon – Second Day

This session is intended to continue the discussion on prevailing good practices in social services based on examples from Hungary and Croatia.

Objectives

- To examine how good practices are implemented in a Hungarian women's rights organisation – Women Together Against Violence Against Women (NaNE)
- To explore how NaNE addresses impediments to programme development and implementation
- To examine the respective roles of government, NGOs, social work education, businesses and trade unions in good social service practices, including partnerships in NaNE and in Croatia
- To explore how NGOs in Croatia have overcome obstacles in implementing good practices

Lesson #1

- *PowerPoint Presentation: Good Practices in a Women's NGO in Hungary*
PowerPoint presentation based on material prepared by Judit Wirth, Executive Director, Women Together Against Violence Against Women (NaNE), Hungary.

Good Practices in a Women's NGO in Hungary

- NaNE is a slang term in Hungarian that means to “stop it”
- More information on the association is on the Web at: <http://www.nane.hu/kiadvanyok/szorolapok/naneangol.pdf>

Direct Services

Direct services provided by NaNE include a crisis hotline for women in violent relationships and the training of visiting nurses, police, lawyers, teachers, psychologists, school administrators, etc.

Good Practices by NaNE

- Interactive training for hotline covering theoretical concepts, as well as practical skills; this includes 40 hours of training, plus 24 hours of practice
- Training staff to be non-judgmental in dealing with users
- Staff is trained not to provide advice, but to provide information so users can make informed decisions relative to their own situation; this gives users the opportunity for self-determination

Advocacy Role

NaNE is also an advocate for establishing a legal framework in Hungary for dealing with violence against women, including domestic violence and trafficking.

Need for Services

While Hungary has a traditionally strong system of social service programmes, there has been a cultural reluctance to address fully the issue of violence against women. There are shelters for homeless mothers, but no shelters for abused women, except for one small facility operated by the Salvation Army.

Lesson #2

- *PowerPoint Presentation: Good Practices in Croatia*
PowerPoint presentation prepared by Nino Žganec, Assistant Minister of Labour and Social Welfare, Republic of Croatia.

Overview of Social Security System

Expenditures on Social Services

- 1.05 percent of GDP (2002)

Poverty and Social Assistance Beneficiaries

- Ten percent below national poverty line

Social Assistance Programmes

- Cash benefits
- Social care programmes

Social Welfare Institutions

- Centre for Assistance and Care
- Social Welfare Home
- Centre for Social Welfare

Weaknesses in Current System

- Lack of transparency
- Inadequately educated staff
- Potential beneficiaries not well informed of rights
- Criteria for assessment not sufficiently developed
- System overly centralised
- System relies excessively on residential institutions to provide services
- Insufficient preventive activities

Reform Measures

- Improve transparency and scientific base
- Improve education
- Raise awareness of rights
- Establish new interventions criteria
- Decentralise
- Privatises
- Make system proactive in developing innovative programmes

Organisational Structure

- Client centred services
- New partners
- One-stop shop
- New information system
- Localised planning
- Legal framework, pilot projects, and expenditures

Closure

Training leader summarises discussion and invites participant comments.

Session #4

Overview of Expenditures and Legislative Reforms

Morning – Third Day

This session focuses on current expenditures and legislative trends and reform measures relative to social services in participant countries. The material reflects information documented in the National Reports prepared by representatives from each participant Stability Pact country. It also includes information from government, World Bank, and NGO documents, interviews with key individuals, as well as input from focus groups of individuals from government, NGOs, and social work education. The discussion examines the importance of legislation in promoting good practices.

Objectives

- To identify areas of greatest need for social services
- To review the level of expenditures for social services
- To understand current trends and reforms in social service delivery impacting the most vulnerable populations (women, children, the elderly, persons with disabilities)
- To facilitate thinking about new alternative approaches to services
- To appreciate the complexities and trade-offs associated with reforms, with particular attention on decentralisation and creating alternative services at the community level

Lesson

- *PowerPoint Presentation: Areas of Greatest Need as Identified in National Reports*

PowerPoint presentation on the areas of greatest need in social services as identified in the National Reports of the eight Stability Pact countries.

- Human trafficking
- Domestic violence & abuse against women
- Roma population
- Institutionalised persons, and children
- Street children/orphans
- Drug abuse
- Poor elderly
- Persons with disabilities

➤ *PowerPoint Presentation: Expenditures and Legislative Reforms*

PowerPoint presentation on information regarding expenditures and legislative reforms as reported in the National Reports prepared for each of the eight Stability Pact countries.

Overview of Expenditures for Social Services

It is difficult to obtain data on the cumulative proportion of expenditures for social services as defined for this training. However, expenditures for social services clearly make up a very small proportion of the Gross Domestic Product. For example, data on expenditures in 2002 for selected countries in the Stability Pact are as follows:

- Bosnia & Herzegovina – 0.7 percent
- Republic of Srpska – 1.1 percent
- Croatia – 1.05 percent
- Moldova – 0.7 percent
- Montenegro – 0.34 percent
- Serbia – 0.77 percent

Goals of Recent Legislation and Reforms

- Decentralising programmes: shifting authority for administering and funding programmes to the local level (regional government, municipalities, and local councils)

- De-institutionalising children services: removing children from institutions and providing alternative care in natural families, foster families, and community-based facilities
- Addressing social exclusion by increasing participation of community stakeholders, civil society, NGOs, local government, businesses, trade unions, and users
- Establishing partnerships between government and NGOs in delivering social services at the local level
- Establishing legislation to regulate NGOs: setting requirements for NGOs, provisions for contracting for services through bids and subsidies, setting and implementing performance standards
- Focusing on inter-disciplinary case management approaches to social services
- Developing a systematic approach to research and needs assessment
- Developing research and evaluation institutes and networks
- Designing social services to reduce poverty and increase employment
- Establishing a network or alliance of NGOs that meet regularly to exchange information
- Establishing the legal frameworks required for implementing effective and efficient social services and providing quality services
- Establishing social service reforms within the context of reforms related to pensions, health, and social security
- Targeting the most needy populations
- Delivering services to areas outside the main urban centres

Selected Administrative and Cultural Impediments

- *Desire for anonymity:* Potential beneficiaries do not want to reveal details about their personal circumstances to a third party, especially to a member of the community or a government official.
- *Unknown rights and services:* Even in areas with 100 percent literacy, information on rights to social service is frequently unknown or is subject to misunderstanding.
- *Difficult application process:* Often eligible individuals do not apply because of complicated administrative procedures (providing required documents), costly or time-consuming process (office is far away from

home, transportation problems, long queues), and unfamiliarity with bureaucratic procedures.

- *Biased administrative discretion:* Officials who make decisions on eligibility or type of services, especially local officials, may deny services to potential recipients for religious, ethnic, political, personal, or other reasons (Beattie, 2000).
- *Demeaning process:* Sometimes staff treats the applicant in a demeaning way, including intake workers who conduct the initial assessment of the consumer's request.
- *Insufficient coordination:* Coordination among social service agencies, including among NGOs, at the local level is often lacking.

Reform Strategies

- Create a social service administrative structure at the local level.
- Establish an accurate database of both needs and available services prior to reform.
- Provide for the inclusion of users and appropriate stakeholders in needs assessment and programme planning and implementation, especially at the local level.
- Provide for continuing training of personnel.
- Expand local capacities for delivering services.
- Institute mechanisms to ensure programme transparency and accountability.
- Expand integrated, multi-disciplinary services.
- Link services to employment opportunities, especially for beneficiaries with disabilities.
- Utilise national and local media to promote public awareness of services.

Exercise

Conduct a focus group asking participants to make a list of the three most critical areas of need for social services in their respective countries. Prioritise

the list. Then discuss how current reforms will address these needs in order of priority.

Closure

Training leader summarises discussion and invites comments.

Lunch break

Session #5

Critical Aspects of Partnerships

Afternoon – Third Day

The purpose of this session is to examine partnering among service providers, social work educators, researchers, and programme evaluators that contributes to good practices. It will also explore how people in the community, business, and trade unions, as well as users of services, can be more involved in the planning and implementation of services at the local level.

Objectives

- To identify the major advantages of, and perceived impediments to, partnering among service providers and between providers and educators
- To understand the differing capacities and strengths of NGOs and government agencies
- To analyse potential strategies for improving services through partnerships
- To explore ways of including people in the community, employers, trade unions, women and other special interest groups, as well as consumers in decision-making processes
- To examine the advantages of establishing procedures for programme evaluation

Lesson

- *PowerPoint Presentation: Critical Aspects of Partnerships*
PowerPoint presentation of the most critical aspects of developing and sustaining partnerships between government and NGOs engaged in social services.

Definition of Partnerships

Partnerships are systems of formalised cooperation, grounded in legally binding arrangements or informal understandings, cooperative working relationships, and mutually adopted plans among a number of institutions. They involve agreements on policy and programme objectives and the sharing of responsibility, resources, risks, and benefits over a specified period of time. Social service partnerships can refer to a wide range of cooperative arrangements, including formal agreements between government agencies and a single NGO or groups of NGOs. Partnerships can also exist between NGOs without direct government involvement, especially at local or regional levels.

Primary Advantages of Partnering

There are numerous advantages of partnering that facilitate good social service practices. Some of the more obvious benefits are:

- Avoid duplication of services
- Share experiences
- Share information
- Increase transparency and accountability
- Increase access to information
- Increase accountability in the use of public funds

Possible Impediments to Partnerships among Government, NGOs, and Social Work Educators

While partnering offers many advantages, there are numerous possible impediments. Below are some of the impediments to partnership organised into three categories: government, NGOs, and general.

Government Related Impediments

- The frequent change of directors and personnel in government ministries can make collaboration difficult in terms of additional expenses, time, and energy for new projects.
- There may be a legislative vacuum concerning NGOs and the definition of the rules of cooperation.
- Government may not have the financial resources required to support NGOs in a viable partnership.

- Poor, rural communities may not have the capacity to support local NGOs with money and volunteers.

NGO Related Impediments

- NGOs may be concerned about the possibility of excessive government monitoring of their activities.
- There may be a loss of independence when solely reliant on government funding.
- NGOs may be reluctant to share information on their activities with government (lack of trust).
- NGOs can become “politicised” and assume an anti-government position.
- There may be a domination of large, successful NGOs over smaller, local community-based NGOs due to greater financial stability and opportunity to take more risks.

General Partnership Impediments

- Turf protection (organisations are unwilling to truly compromise organisation boundaries and instead consistently seek their self-interest).
- Reluctance to share credit (a partner in the collaboration seeks to claim responsibility for success and deny other partners a share in the “glory”).
- “I” instead of “we” attitude (harboring a self-centred attitude, a partner in the collaboration is unable to recognise that what the collaboration does is not solely for an individual organisation’s good but for the good of the whole community and the people they serve).
- Independent decisions made without consulting partners.

Elements That Assist in Building Partnerships

- Clear identification of the benefits to be gained by working together.
- Norms of trust and reciprocity (relationship that is open and transparent).
- Strong leadership, especially in the early phases.
- Contextual and structural factors: laws and regulations, urban/rural location, community culture.
- Organisation and programme resources.
- Skilled management and project staff.
- A strong shared local identity.

- Active involvement of all partners in shaping and implementing strategy and activities.
- Seeing new solutions to problems.
- Cooperating to obtain new resources and maintaining a solid resource base.
- Appropriate training to strengthen skills and knowledge.

General Strategies to Improve Partnerships

- Bring together the appropriate partners (broad-based representation).
- Establish a consensual strategy based on a shared vision, trust, and transparency.
- Establish a sense of “ownership” of the strategy.
- Develop the organisational structures and procedures to implement an action plan.
- Promote partnering through: a) legal mandates; and b) financial incentives (state and private foundation grants).
- Find the skills and resources needed.
- Establish effective links at the local, national, and transnational levels.
- Develop horizontal relationships between local actors (links between formal and informal local networks).
- Develop vertical relationships with national and international stakeholders.
- Co-sponsor activities (festivals, informational fairs) with local government.
- Build relationship with local and national politicians.
- Celebrate all achievements.

Exercise

1. Break into three groups. One group is to identify two specific ways that NGOs can contribute to building partnerships with government. A second group is to identify two specific ways for government to build partnerships with NGOs. A third group is to identify two specific ways for social work educators to facilitate partnerships with NGOs.
2. Return to large group for discussion to list and prioritise ways each constituency can contribute to partnership development.

For example:

NGOs might contribute to partnerships by:

- being more familiar than government with needs at the local community level;
- providing government with a mechanism for contracting out services at the local level;
- being more committed than government to providing services in remote areas; and
- creating an environment for cooperation by including a broad range of stakeholders in planning.

Government might contribute to partnerships by:

- establishing transparent processes for contracting with NGOs to provide social services;
- providing information on availability of funds for social services to all interested NGOs;
- consulting with NGOs in creating fair and equitable performance standards for all partners; and
- providing necessary support to NGOs relative to legislation, standards, and training.

Social Work Educators might contribute by:

- conducting research that builds knowledge;
- assisting in quality assurance by conducting programme evaluations;
- providing students with field experiences (practica) and a future workforce;
- developing new models of care that can be supported by public funds;
- connecting theory with praxis; and
- organising training of agency personnel based on needs assessments.

Closure

Training leader and participants summarise discussion.

Session #6

Role of Social Services in Building Community Capacity and Social Capital

Morning – Fourth Day

This session is designed to explore how the process of establishing community-based social services can contribute to social capital and assist in building community capacity. It also examines the definitions and characteristics of social capital as an instrument of social policy or a force to improve the delivery of social services.

Objectives

- To gain an awareness of the basic principles and characteristics of social services relative to community capacity building and social capital, including trust and reciprocity
- To become familiar with processes of establishing social services that contribute to social capital
- To understand community-based programmes and social capital in the context of democracy
- To examine social service programmes in South Eastern Europe in terms of social capital
- To understand the respective roles of informal and formal networks among all stakeholders in developing social capital and social services

Lesson

- *PowerPoint Presentation: Building Community and Social Capital*
PowerPoint presentation of the various definitions and characteristics of social capital as it pertains to social service delivery systems delivered through partnerships at the local level.

Definition of Social Capital

Social capital is a utilitarian concept, which draws on social network and social resource theories. Three perspectives that have been particularly influential in developing current conceptual frameworks reflect the thinking of Pierre Bourdieu, James Coleman, and Robert Putnam which have been summarised in terms of definition, purpose, and analysis, as noted on the following page:

Definition, Purpose, and Analysis of Social Capital

	Definition	Purpose	Analysis
Bourdieu	Resources that provide access to group goods	To secure economic capital	Individuals in class competition
Coleman	Aspects of social structure that actors can use as resources to achieve their interests	To secure human capital	Individuals in family and community setting
Putnam	Trust, norms and networks that facilitate cooperation for mutual benefit	To secure effective democracy and economy	Regions in national settings

Source: Ian Winter, *Towards a theorised understanding of family life and social capital*. Working Paper 21. Melbourne, Australia: Australian Institute of Family Studies, 2000.

Current Definitions

Social capital is “the institutions, relationships, and norms that shape the quality and quantity of a society’s social interactions.” (World Bank, 2000)

Social capital “involves formal and informal social networks among individuals who share norms and values, especially the norm of reciprocity (mutual assistance). Two types of social capital are distinguished: localised social capital, found among people who live in the same or adjacent communities; and bridging capital, which extends to individuals and organisations that are more removed.” (Wallis, 1998)

Social capital is “the mutual relations, interactions, and networks that emerge among human groups, as well as the level of trust (seen as the outcome of obligations and norms which adhere to the social structure) found within a particular group or community. There is an implicit understanding that social capital will be useful for enhancing some other feature such as learning,

social mobility, economic growth, political prominence, or community vitality.”(Wall, Ferrazzi, & Schryer, 1998)

Common Features

It has been suggested that despite the variations on specific characteristics of social capital, all perspectives have three common features.

- All link economic, social, and political spheres and implicitly recognise that social relationships influence how markets and states operate.
- All focus on relationships and the ways in which reliable, stable relationships among actors enhance the effectiveness and efficiency of both collective and individual action and interaction.
- All presuppose that social capital can be strengthened and that the process requires resources.

Three Dimensions of Social Capital

A conceptual framework for distinguishing between different dimensions of social capital has recently been developed by the World Bank (2000). The framework suggests that there are three basic aspects of social capital: bonding social capital, bridging social capital, and linking social capital.

1. *Bonding social capital* refers to the strong ties connecting family members, neighbors, close friends, and business associates.
2. *Bridging social capital* refers to networks of people with broadly comparable economic status and political power.
3. *Linking social capital* is a third dimension that in the past has been largely ignored. This refers to the vertical ties between vulnerable groups and people of influence in formal organisations (social inclusion). The dimension is critical to developing a sustainable social capital approach as it addresses the problem of exclusion (by overt discrimination or lack of resources) from the places where major decisions relating to welfare are usually made.

Designing Social Services to Utilise and Enhance Social Capital

Programme design to utilise and enhance social capital is optimal when the following questions can be answered.

- Does the policy (programme) increase people’s skills to engage in social activities with people they do not know?

- Does the policy (programme) target some groups at the expense of others, or create feelings of blame or exclusion?
- Do the forms of service delivery allow the building of informal relationships and trust with all stakeholders?
- Do participants increase their capacity to deal with conflict and diversity?
- Does the policy (programme) offer people the opportunity to express their own values and roles?
- Does the programme have a positive impact on attitudes relative to formal institutions of governance?

Transparency and Accountability

Critical features of successful social capital development through NGOs are transparency and accountability, which helps to prevent corruption. Effective features include the following:

- clear goals;
- a multi-stakeholder board of directors;
- measurable objectives;
- broad-based community participation and involvement; and
- systematic evaluation procedures (discussed further in Session #7).

Social Pragmatism and Democracy

Social pragmatism provides one theoretical orientation to civil society and democracy. The philosopher John Dewey argued that: The success of the community depends upon cooperative efforts to seek the common good in a democratic way...In our attempts to build and further democratic community, the process of developing shared activity and values held in common is what matters. We need to foster the kind of long-term focus that sees beyond particular issues to the cultivation of dialogue and long-term cooperation. We should continue to trust in community life in spite of occasional and even severe setbacks because democracy is a moral ideal. (Campbell, 1998)

Dewey's basic principles of democracy included the following:

- Democracy is the faith that experience is more important than any special result attained (Campbell, 1998).
- The purpose of democracy is the development of the capacities of its citizens (Savage, 2002).

- Meaningful inclusion requires self-directed and well-informed citizens with opportunities to participate in an open and non-threatening environment.

Example of Building Community and Social Capital:

A Beauty Contest in Bulgaria

Refer to the description of “A Dream Come True” in Appendix 6 as an example of a strategy to build community and social capital.

Strategies Designed to Build Social Capital

- Decentralise authority to local government.
- Expand alternative social services, such as child care, job training, skill development, life coping strategies, individual and family support programmes, etc.
- Facilitate the development of NGOs that provide services directly to needy populations.
- Create partnerships among state-local, private-public agencies, women’s and other interest groups, businesses and trade unions.
- Provide opportunities for volunteers.
- Include consumers as volunteers (family, parent, customer, etc.).
- Partner with local civic organisations (Rotary International, etc.).
- Utilise support from international initiatives (ILO, UNESCO, EU, Foundations).

Exercise

Break participants into three groups to make a list of government, NGO, and social work education activities that contribute to social capital. Return to large group and discuss by rank ordering the list on the flip chart.

Closure

Training leader and participants summarise discussion.

Session #7

Oversight and Quality Assurance in Social Service Partnerships

Afternoon – Fourth Day

The purpose of this session is to consider mechanisms for quality assurance, including performance standards in social service partnerships, especially partnerships between government and NGOs. The material for the session is drawn from the document: *A Framework for Oversight of Government and NGO Contractual Social Service Partnerships*, which is included in Appendix 5.

Objectives

- To understand the basic elements of monitoring and evaluating social service programmes
 - To understand how to formulate and utilise performance measures in the monitoring and oversight process
 - To become familiar with how performance measurement information can be used in evaluation and decision-making processes
 - To identify and understand the roles of the various stakeholders in monitoring and oversight
- *PowerPoint Presentation: Oversight and Quality Assurance in Partnerships*
PowerPoint presentation on how to develop and maintain a system of quality and transparent social services in government-NGO partnerships.

Definition of Quality Assurance

Quality Assurance is used here to refer to monitoring by all partners that ensures services meet pre-established performance standards of a quality that is acceptable to funding sources, advisory boards, users, and service providers.

Definition of Performance Standard

A performance standard is a statement of general criteria that defines a desired result without specifying the technique for achieving that result.

Lesson

Definition of Partnership

- System of formalised cooperation
- Legally binding arrangement or informal understanding
- Agreement on objectives and sharing responsibility, resources, risks, and benefits
- Specified duration

Topics Covered in PowerPoint

- The contract
- Purpose of programme oversight
- Purpose of evaluation
- Organisational standards for joint review
- Performance standards for joint review
- Stakeholders and transparency
- Site visits
- Written reports
- Programme evaluation
- Feedback process
- Performance incentives and penalties
- Research
- Advisory boards

Exercise

Assign three groups to discuss what they consider to be the most important features of current government rules regarding legal administration and

oversight in their country. Return to the large group and put the ideas on a flip chart for discussion.

Closure

Training leader and participants summarise discussion.

Final Session

Summary and Closing Ceremony

Morning – Fifth Day

The final session provides an opportunity for participants to raise any additional questions or comment on the content of the training. It also gives participants the chance to evaluate the training.

➤ *PowerPoint Presentation: Summary and Closing*

PowerPoint presentation of the final objectives and lessons from the training.

Objectives

- To give participants an opportunity to highlight those aspects of the training that are most valuable in promoting good practices in their country
- To explore next steps and strategies
- To evaluate the training

Lesson

- Ask participants to briefly identify the most important aspects of the training that might be useful in their work to expand good practices in social services.
- Ask participants to explore realistic strategies that might lead to good practices in their country.
- Complete training evaluation form.

Closing ceremony

Closing remarks by facilitator.

Appendices

1. France: Social Services – *Jacqueline Ancelin*
2. Germany: Social Services – *Ingo Bode*
3. England: Social Services – *Margaret Moodie*
4. Czech Republic: Social Services – *Markéta Vylítová*
5. A Framework for Oversight of Government and NGO Contractual Social Service Partnership – *Martin Tracy*
6. “A Dream Come True”: Example of Building Community and Social Capital. Based on a contribution – *Radosveta Abadjieva*
7. List of Selected Potentially Confusing Terms
8. Selected Web Sites
9. Bibliographic References
10. Training Evaluations
11. List of PowerPoint Presentations

Appendix 1

France: Social Services

*Jacqueline Ancelin*¹

Social services in France are integrated with many public policies. These include health (maternal and child health protection, home services, and institutions for the handicapped, etc.); education (school social services with nurses, social workers and psychologists, social services attached to universities); justice (social work services and institutions for delinquents, prisoners and their families); youth and sports (leisure centres, holiday camps, etc.); urban development and city councils (*politique de la ville*); agriculture cooperatives (*Mutualité sociale agricole*); and labour and professional training.

Social services also make an essential contribution to social welfare policies under the Ministry of Social Affairs and National Solidarity (*Ministère des Affaires Sociales et de la Solidarité Nationale*) and the Ministry of Health, Family, and Persons with Disabilities (*Ministère de la Santé, de la Famille et des Personnes Handicapées*). Consequently, most social services programmes require, at the national level, the coordination of several ministries and the creation of cross-ministerial committees. At the local level, specific policies often overlap and cross over under regional governments (*Régions*)², county

¹ Former Assistant Director of the National Family Allowances Agency, France.

² A *Région* is a local government administrative entity, covering several *Départements* – mostly responsible for economic development. There are 26 *Régions* (including four overseas) in France.

governments (*Départements*)³, and municipal governments (*Communes*)⁴. In addition, the various branches of the social security system administer or support social services. Large enterprises, hospitals, and government agencies (civil servants) have their own social services.

Private organisations (non-profit) also play a very important role in social services, taking initiatives, making innovations, and administering social services with the financial support of one or several of the organisations mentioned above.

Social services in France have a long and complex history that is more a product of incremental evolution than it is the result of a coherent plan. However, over the last two decades policies of decentralisation have been aimed at simplifying and reducing the overlapping responsibilities and methods of financing.

Social Services for Vulnerable Persons

At the local level, a large number of social services fall under several distinct national programmes: General Social Assistance (*Aide Sociale Generale*), Social Assistance (*Aide Sociale*), Family Social Welfare (*Action Sociale Familiale*), and Child Social Assistance (*Aide Sociale à l'enfance*).

General Social Assistance

Social services under General Social Assistance are targeted to vulnerable people or those facing severe economic and life difficulties. Recipients of this programme might be vulnerable because they are frail elderly, people with physical or mental handicaps, homeless, without income and social security,

³ A *Département* is a local government administrative entity similar to county governments in the United States and Great Britain. There are 99 *Départements* (including four overseas) in France.

⁴ A *Commune* is an administrative sub-division governed by municipal councils. There are 36,700 *Communes* in France.

unemployed, lacking in professional qualifications, alcoholic, drug addicts, victims of violence, delinquents, and living in slum areas, etc. Social services include social work, home help, shelters, institutions, rehabilitation centres, renovation of housing and living environment, and the like. The primary objective of the programme is to face emergencies and provide treatment and address critical needs, rather than prevent the development of social and economic conditions that lead to vulnerability (although some aspects of the programme are preventive by nature).

Social Assistance

Social Assistance addresses the critical needs of the most vulnerable populations and is mainly the responsibility of county governments. The programme provides services to the aged, handicapped, and homeless, as well as to children under Child Social Assistance. General policies regarding benefits and social services under Social Assistance, including Child Social Assistance, are defined at the national level by laws and decrees (*décrets*). But the legal responsibility for implementing and financing services is decentralised, falling to county governments. Further decentralisation might result from a partnership of the county governments with municipal governments and non-profit agencies. In addition, county governments collaborate with local Social Security agencies (which provide medical and social services) and local Family Allowance agencies.

Child Social Assistance

A specific area of services for vulnerable families and children in need of protection is provided under Child Social Assistance. Services include cash and in-kind benefits to families; prevention of violence, delinquency, and social exclusion; foster care; prevention and treatment of child abuse and neglect; emergency shelters for children and mothers; and parental education by teams of social workers. Services vary according to the peculiarities of each county government and according to contractual agreements with private service providers.

Family Policy

France has a strong tradition of family policy that is reflected in its extensive system of family allowances and social services. While families may not necessarily have critical needs that categorise them as being vulnerable, they nonetheless need various services in order to sustain a “normal life” (based on needs in which family associations play an important role). This includes such public services as day care (day nurseries, day care mothers, *halte-garderies*), playgrounds, after-school clubs, community centres (*centres sociaux*), marriage or parenthood counselling, adoption services, home-helpers, home economic counsellors, social workers (*assistants sociaux*), and holiday camps for children or families, etc.

Contrary to services under General Social Assistance and Child Social Assistance, Family Policy is focused on prevention rather than treatment. Many such services are provided by private or public agencies because similar market-based programmes do not exist or would be too expensive for many families to afford. In those instances where users are required to pay for the service, the charge is based on family income levels (*quotient familial*).

Family policy is defined at the national level, including family benefits (*allocations familiales*) as determined by law. The annual global budget of the “family branch” of the French Social Security system, including Family Social Welfare, is set by Parliament. However, the responsibility of developing social services for families and children is that of each local Family Allowance agency (usually one in each county government, sometimes more for historical reasons) in partnership with municipal governments and non-profit agencies.

Family Social Welfare (*Action sociale familiale*) focuses on the general needs of families and children for which there are no laws, only guidelines. There is some overlap among the programmes, as the programme aims at preventing difficulties in families and has a shared interest in issues related to vulnerable families and children.

Fundamental Principles

Two of the most fundamental principles underlying the French approach to social services are the concepts of legal rights and of social solidarity. These are reflected in the social policies and programmes, including social services, that are based on the French Republic Constitution and ratified European and international conventions that define the rights of individuals, children, families, migrants, etc. Among these conventions are the right to be protected and helped, to work, to receive social security, and to have a family life.

Legal Rights

Social security, which was made comprehensive after the Second World War, is aimed at covering, through an insurance system, most of the needs of the population, in terms of benefits and services. In spite of the development of the system, and because of the many social problems linked to unemployment, the need for “social assistance” programmes has remained, but as a right, not a charity.

Because rights and liberties are legally protected users have the right to be informed, to be associated in making decisions that impact them, to appeal (and receive free legal assistance if necessary), and to be protected relative to open access to electronic information (*Loi informatique et liberté*).

Solidarity

Solidarity refers to the bond between generations for pensions, national solidarity for vulnerable people, neighbourhood solidarity for social welfare at the local level (county or municipal governments), and solidarity between families in family policy. When unemployment and poverty increase, as has been the case during the last few decades, solidarity becomes an important point of reference for all social policies, increasing the role of charitable and humanitarian organisations.

Subsidiarity

In addition to legal rights and solidarity, another basic principle is the concept of subsidiarity, which is reflected in the approach to Social Assistance. In general, the concept refers to a policy that promotes making decisions and taking actions by the sphere of government that is closest to citizens. The idea of subsidiarity is firmly embedded in the French system.

Sustainable Families

Another fundamental principle in which social services are directly involved (particularly those regarding Social Assistance) is to safeguard family life, and home life in a normal environment. Consequently, social services for vulnerable people try to avoid placing children, people with handicaps, and the elderly in institutions. Efforts are made to provide sheltered workshops for people with physical or mental handicaps. There is also a legal obligation for enterprises to employ a quota of people with handicaps.

Structure and Management

Decentralisation

For much of its history France had a highly centralised administrative system, including public health and social welfare. Several decentralisation laws altered this approach in 1982-83. In particular, the 1982 Decentralisation Law shifted much of the responsibility to local authorities (regions, county, and sub-divisions of municipal governments).

Ultimately, there was an increase in NGO engagement in social service delivery when charitable organisations, such as *Aide à toute détresse-Quart monde*, *Secours catholique*, and *Secours populaire* made government, Parliament, public opinion and media more aware of the unacceptable conditions of living of poor families and homeless individuals. When the Law on Minimum

Income (*Revenu minimum d'insertion*) was implemented in 1987, many local private organisations signed contracts with the county governments that were legally responsible for the programme. As a consequence, the status and role of many private organisations became stronger.

Under the minimum income law the objective, related to unemployment, is to guarantee a minimum level of financial resources to individuals age 25 and over (younger if they take care of one or more children) and to stimulate their professional and/or social re-insertion. For youth, persons with disabilities, the elderly, and the sick that have no social insurance there are other laws. However, in 2000 a universal health care law, *Couverture Maladie Universelle (CMU)*, provided coverage for everyone (Bouget & Brovelli, 2002).

A primary objective of the 1982 legislation and related laws was to strengthen democracy by facilitating citizen involvement. The most important changes were for the county governments, as they assumed the primary responsibility for planning and financing Social Assistance, including recent interventions aimed at improving measures against poverty and social exclusion. The NGOs that were previously established local partners of the central government for the delivery of social services have become partners of the county government under decentralisation. Trends in policy continue to stress an increase in the decentralisation of social services.

The French Parliament bears the responsibility for creating laws and legislation that apply to the nation (as the French Republic is not a federal state), remaining answerable for national solidarity. Moreover, the government at the regional and county levels retains the functions of coordination and control (legislation and budgetary rules).

This structure contributes to a complex, patchwork quilt reflected in benefits to particular occupational groups and services provided by intermediary organisations contracted to provide services that is complicated by involvement of county and municipal governments (Béland & Hansen, 2000). Because decisions of entitlement are within the jurisdiction of the *Départements*, there is great inequality between local decisions and problems of financing (Bouget & Brovelli, 2002).

One of the objectives of decentralisation has been to clarify responsibilities for delivering social services. In keeping with this objective, a recommendation has been made to establish under the authority of each county government,

with the full participation of all public and private partners, a scheme (plan) for social and medico-social services that includes stimulating effective ways of approaching needs.

Office of Family Benefits (CAF)

The “family branch” of social security providing family benefits and social services is composed of 124 local agencies (*Caisse d’Allocations Familiales* – CAF – each one having its own council) and one national office (*Caisse Nationale des Allocations Familiales* – CNAF), a public establishment. CNAF is under the authority of the Ministry of Social Affairs and National Solidarity. The social services are fixed, not by law, but between the Ministry, CNAF and CAF, and revised every three or four years.

CAF agencies have always had great autonomy in determining their programmes in the field of social services, according to the local situation of families and children and partnerships. CAF agencies contribute to the evaluation and promotion of family policy, through studies and research organised at the national level by CNAF.

CAF agencies no longer deliver their own social services; except for a few specific experimental programmes (social workers, home economic counsellors, community centres). The current goal is to help, technically and financially and through local partnerships, with the creation and management of services delivered by their partners, which are counties, municipal governments, and private (non-profit) organisations in most cases. In order to assist local management, CAF has developed a policy of service contracts (*contrat de développement*) and service benefits (*prestation de service*) that provides accountability through a multi-annual contract with the manager of CAF financial support.

Good Practices

Among the many good practice models in the French social service delivery system, one that has many desirable characteristics that are particularly relevant to decentralised services is the previously mentioned Child Social Assistance.

This programme plays a critical role in the protection of children in abusive or dangerous situations. In the year 2000, over 140,000 children and adolescents living away from their families received these services. In addition, 128,000 were helped in their own families through “*Action éducative en milieu ouvert*”. Child Social Assistance programmes accounted for about 30 percent of the total annual budget of all county governments in 2000.

In terms of what makes for good practice in this approach, it is the function of teamwork among social workers that is most important for both prevention and treatment under Child Social Assistance. Because the programme’s interventions and services are implemented at the local level, partnerships with other social service providers is the norm that often results in a complex treatment plan, in particular with in-home services that overlap with other programmes. Partnering is critical for success and many organisations contribute to Child Social Assistance, including CAF with its Social Assistance programme and family allowances.

The performance of Child Social Assistance is evaluated at the local level by the county and local government services. At the national level evaluations are conducted by the Inspector General for Health and Social Services (*Inspection générale des Affaires sanitaires et sociales*).

The main problems that Child Social Assistance programmes face include: increasing costs related to the growing number of children, youth, and families needing intensive help; employment of highly qualified personnel to deliver services; the difficulties of successfully moving young people into employment; and social inclusion.

Private Sector

Private sector or nongovernmental organisations (*associations*) have always contributed to the delivery of social services in France. Some of these NGOs have been, and remain, based on charity and religion while others are simply non-profit organisations. With regard to Family Social Welfare, many day care centres, leisure centres, holiday camps, and community centres are run by NGOs. Similarly, relative to Child Social Assistance, many private organisations have signed contracts with county governments.

In recent decades, government has developed policies for the most vulnerable people, including the poor, those without family, the unemployed and the homeless (the *sans domicile fixe* programme – SDF). But the first organisations to claim such policies have been charitable ones, such as: *Aide à toute détresse* – *Quart monde*, *Emmaüs*, *Secours catholique*, and *Secours populaire*, etc. One characteristic these organisations have in common is the heavy reliance on volunteers, but they also employ qualified professionals. Under the new policies and laws to reduce poverty and exclusion, these private organisations remain important partners for the counties and municipal governments when they are given the responsibility to implement concrete measures.

Under new and experimental policies, such as the Minimum Guaranteed Income (RMI), a legal right since 1987, responsibilities are shared between the national government (which finances benefits provided locally by the CAF, although it is not a family allowance) and the county government in charge of the “insertion” mission that requires a partnership of public and private local social services. Implemented in 1988, RMI combines social rights (a minimum benefit) with individual responsibility that is based on the intent of full participation in economic and social life. Reforms are currently under discussion to transfer the financing of the RMI to the county level and create a new minimum benefit (*Revenu minimum d’activité*) added to the RMI to stimulate and facilitate access or return to work.

As a consequence of the RMI, social workers have had to re-orient to local social and economic conditions and to loosen the hold of bureaucratic norms. The programme has given users more status and autonomy and drawn social workers into local partnerships under the Local Commission of Inclusion (*Commission locale d’insertion* – CLI) (Béland & Hansen, 2000; Terracol, 2002; *The Welfare State* – retrieved from the Web 2003). To get the RMI, beneficiaries have to negotiate a contract with the county government. A social worker is appointed as the “mediator” to establish a plan of reintegration and finalise the contract.

Social Workers and Volunteers

In France, there are several categories of social workers, with specific training, diplomas and functions. They include social assistants (*assistants sociaux*),

home economic counsellors, special educators (*éducateurs spécialisés*) who are trained to care for needy children and youth living with their families or in institutions, home helpers, etc. All together these service providers are known as social workers (*travailleurs sociaux*). Sometimes a new title is used: *assistant territorial socio-éducatif*.

Social workers provide a range of services that are predominantly categorised into three areas: 1) services and cash benefits for children, individuals, and families, 2) educational services for children, individuals, and families, and 3) promoting access to education and leisure activities.

Social work services cover three basic functions: 1) general social work (*Service social polyvalent*) for any kind of problem with any population in a geographical area, 2) categorical social services (*Service social de catégorie*) for specific populations, such as those under agricultural cooperatives, and 3) specialised social services (*Service social spécialisé*) for specific social problems such as refugees, migrants, and prisoners, etc.

Under decentralisation laws, the county governments have become responsible for general social services that are organised on a territorial basis and cover the entire country. Each county government is divided into a geographic sector of 3,000 to 5,000 inhabitants with one general social assistant. About ten of these sectors (30,000 to 50,000 inhabitants) comprise a health and social assistance district with one social assistant responsible for the coordination of the sectors and with other social assistants, specialists, or categories.

An increasing and diversified number of qualified social personnel are employed in social services (with a state diploma in most cases). A diploma is usually a criterion for the habilitation of social services. Training programmes, diplomas, and status of social service personnel are the responsibility of the Ministry of Social Affairs, although professional schools provide the training. Professional schools and universities also offer postgraduate training after a few years of practice. A Superior Council of Social Work (*Conseil supérieur du travail social*), under the responsibility of the Ministry of Social Affairs, brings together representatives (including trade unions) of all professions of the social sector to discuss training, functions, and deontology (rights and duties of users).

In relation to recent increases of poverty and social exclusion, the efficiency of the social welfare system, as well as the professionalism of the social

personnel, has been questioned. This has resulted in new qualifications, apart from traditional social workers, mainly in the field of urban rehabilitation and neighbourhood programmes against poverty. Charitable and humanitarian organisations, as well as emergency services (for homeless), with their many services run by qualified persons and voluntary workers are recognised for their crucial role in providing social services. Volunteers themselves are advocating for recognised status.

Another programme where professionals and voluntary workers co-exist are community centres that are based on the traditions of the English Settlement Houses. These facilities are open to all generations and populations in the neighbourhood. The centres offer various services, some conducted under the responsibility of qualified professional personnel, others run by voluntary workers, or both. Managed by municipalities or by NGOs, they are authorised and financed by the local CAF and the municipality, as well as others for some specialised services. In order to obtain authorisation to provide services, the community centre must demonstrate users' participation.

The community centre offers a good foundation for "patch programmes" (comprehensive neighbourhood programmes) in relation to specific needs and aspirations of local people in a geographically defined area. The centres are places where social services can be offered to vulnerable people under Social Assistance, as well as to families under Family Social Welfare.

Partnerships and Financing

Partnership is the framework on which social services have been created and managed, linking private (non-profit) and public organisations, municipalities, county governments, regions, family allowances, social security agencies, and sometimes work councils (*comités d'entreprise*). Consequently the sources of financing are very diversified according to the status of the social service (often several for one service). Most of the NGOs, including charitable, humanitarian, and self-help groups involved in Social Assistance programmes, receive grants for the social services they administer based on a contract with the counties, or municipal governments, CAF, Social Security, state, European funds, etc.

The tendency, consistent with the trend towards decentralisation and developing local responsibilities for the organisation and administration of social services is to negotiate multi-annual contracts with those funding the programme. Objectives, strategies, and evaluation procedures are discussed among the partners. The multi-annual contract guarantees financing, as well as the possibility for the programme manager to make changes.

Programme Evaluation

A process of evaluating public policies is widely practised in the delivery of social services. Most often evaluations are based on measures of cost efficiency, giving more importance to the qualitative aspects of the programme such as its effect on users (*Démarche qualité*). The manager of the organisation that is financing the service, or the organisation itself, frequently initiates audits. Public Courts of Control (*Cour des Comptes, Inspection des finances*) also evaluate public policies and the cost efficiency of any public or private organisation that receives public funds. A Council for Scientific Evaluation (*Conseil scientifique de l'évaluation*) instituted by law in 1990 aims at developing methods for evaluation.

Measures of “good practices” in the evaluation of Social Assistance, for instance, might include the following: respect of legal rights; respect of users’ rights; accessibility to legal benefits and social services; local implementation and financing by organisations as provided by law; qualification of all professional personnel as required by the habilitation rules; collaboration between government, professionals, and universities on appropriate post-education training; use of volunteers and qualified personnel in social service NGOs; contractual and multi-annual agreements between local partners; use of social workers to safeguard family relationships when people are institutionalised and after they return to their family and normal environment; and the evaluation of all measures aimed at helping vulnerable persons to become independent and self-sufficient.

Problem Areas: Problem areas related to the delivery of social services for vulnerable persons include: the gap between the policy objectives and

legislation at the national level; risks of a lack of necessary resources at the local level under policies of decentralisation; risks of political interferences in the delivery of benefits and services; insufficient number and/or qualification of personnel at all levels; insufficient turnover of users; and lack of coordination with other organisations and partners in delivering services.

Summary

Social services open to all families, individuals, and children, sometimes called “*équipements et services collectives de voisinage*” are complementary to private life. Mainly supported by municipalities, family allowances agencies, and the private sector, they play a preventive function and are based on the concept of solidarity. As much as possible they are required to be open to vulnerable persons. There is great autonomy at the local level to create and run such services.

Social services for vulnerable persons are, more and more, based on the rights of beneficiaries, defined by laws, but implemented in most cases under the responsibility of the county government. In the past few decades poverty and exclusion have become primary priorities of the government’s social policy. This is reflected in the law voted in 1998 (29/07) of The Struggle Against Exclusion (*Lutte contre l’exclusion*) that concerns a great number of public policies and tends to develop legal benefits and social services and facilitates cooperation among public and private organisations, social workers, and volunteers.

One fundamental question remains about the efforts relative to cash benefits and/or social services. It is a political question that refers to the values and the society that we want to promote.

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Appendix 2

Germany: Social Services

*Ingo Bode*¹

Delivery System Structure

The German system of social services is shaped by a far-reaching public, often local, responsibility on the one hand, and a strong involvement of non-statutory voluntary organisations on the other hand. Hence, when considering services for vulnerable populations, a combination of three principles is fundamental to the German system. These are solidarity, subsidiarity, and decentralised responsibility.

The primary mechanisms for governance of social services are federal law (the *Bundessozial-hilfegesetz*, *Kinder- und Jugendhilfegesetz*, and the *Schwerbehinderten-gesetz*), together with a range of issue-related policies developed by regional or local authorities. The latter are major players in the overall system. They receive part of the national tax revenue and are obliged to assist anyone lacking a minimum amount of personal resources or sufficient family support. Furthermore, they have to provide a range of personal services, including those funded by social insurance (e.g. elder care). Some of these obligations are specified by law (there is a list of services to be delivered to children and young people), others are more roughly addressed by federal law that just names major target groups (such as the homeless, the disabled, and

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vulnerable families). In addition, there are some particular federal and regional programmes. Non-statutory service providers can bid for the related funds in order to develop additional services (such as support to people with AIDS or sexually abused children).

A huge proportion of direct social services are provided by non-profit agencies on behalf of local authorities. In general, these organisations belong to so-called welfare associations (*Wohlfahrtsverbände*). The two largest of these are faith-based organisations that enjoy a quasi-public status (still guaranteed by law) and are considered to form the first level of service provision. They are responsible for nearly two-thirds of all homes for the elderly and persons with disability and account for about 50 percent of all services in the field of youth assistance. The remainder of services are mostly in the hands of statutory agencies, including municipal “general social services” (*Allgemeine Soziale Dienste*) that are responsible for coordinating local service supply and for providing all-purpose social work. In general, the *structure* of service delivery, especially with respect to the characteristics of the involved providers, is highly variable across the country.

Some services have recently been devolved to private service providers. In addition, the self-help movement is well organised in Germany, especially for people concerned with particular health problems (to whom they offer social support and medical advice), but also in fields such as shelters for women victims of abuse. Trade unions do not provide services themselves but frequently lobby for better service delivery. Furthermore, they share responsibilities in administering social insurance funds out of which many social services are subsidised. These funds also run their own rehabilitation centres.

Based on a longstanding tradition, there is firm cooperation between local government and the welfare associations, including joint planning and the consensual agreement about who does what under which conditions. Hence the overall design of the welfare system encourages local responses to social problems even though vested organisational interests may be at stake as well. This local “welfare corporatism” has however been losing ground more recently, since many public authorities manage their service supply by a more competitive system of contracts. This became possible under reforms of the aforementioned federal law. Nevertheless, the partnership as it has evolved

between the protagonists of the service system and the institutions of social work professionalism during the 20th century continues to persist. Many universities of applied science (in which social workers are trained) are still in the hands of the churches that also have a strong say in faith-based welfare associations.

Funding

Public authorities are primarily in charge of the bulk of costs generated by the provision of social services. Thus, state funding prevails in Germany. Municipalities confronting a particular caseload are partially reimbursed by a national system of cross-subsidies. Welfare associations get most of their services (re-)funded by public money in one way or another. Income from contracts with state authorities and reimbursements for services from social insurance schemes make up about 80 percent of their total income; additional public grants comprise another 10 percent. A small share of the costs is covered by volunteer input of time and money. Users are charged for a range of services (e.g. non-medical home care), albeit at a low level if compared internationally. Self-help groups depend on a higher proportion of private resources, yet they receive considerable (quasi-) public subsidies as well (e.g. from the health insurance). To date foundations and social cooperatives are poorly developed in Germany.

As regards the financial arrangement of public-private partnerships, non-profit providers could for a long time rely on generous inputs of (quasi-)public funders. Today, however, they face a new contract culture that increasingly forces them into task-linked and time-limited “joint ventures” with public bodies. In the same vein, block grants have been reduced. In the case of elder care (which is partially paid by social care insurance), there are strict limits on the amount of funded services. As a result, services tend to become less inclusive. Thus, non-statutory service providers increasingly search for private funding, e.g. from the wider public or from corporate philanthropy.

Characteristics of Good Practices

Currently, there is a high level of economic pressure upon the whole system of social services. Hence, all measures by which costs can be reduced are considered to be good practice. Elaborate accounting systems, profit making services, or sophisticated fundraising strategies find a positive echo among experts in the field. Within the provider organisations, another highly valued practice is building networks of service delivery in order to save resources and to reach higher proportions of a given clientele.

Against this background, there also are growing efforts for securing service quality. While these efforts are only symbolic in many cases (certification, profiling of processes, etc.), the overall interest in measurable outcomes of social services has grown considerably. Many organisations have adopted quality control systems, e.g. by referring to ISO norms or to benchmarking models. Recent reforms of social law have obliged publicly funded agencies to produce detailed records of their organisational performance.

With regard to social work, various approaches of case management have become popular. The idea is to make a given social worker responsible for the entire track a user takes on the way to reintegration into the labour market. In various cases local authorities have outsourced such services to independent agencies that receive premiums if they succeed in getting people off of welfare (municipal social assistance) by providing jobs.

Linking services to social space is another current trend. The idea is to overlap departmentalised services and to bring them together into one facility that is easy for users to access. This is accompanied by interest for a new kind of inter-disciplinary approach by treating problems of employability and of social-psychological crisis at the same organisational level.

To some extent, public and non-profit agencies also exhibit a new commitment to urban regeneration. Some federal money has been spent to set up facilities of urban “district management.” These facilities strive to bring together multiple local stakeholders (small business, interest groups, welfare associations, housing companies, local politicians, etc.) in order to develop volunteer work or local economic initiatives. The overarching aim of the programme *Soziale Stadt* is to cope with suburban decay, yet the strategy addresses the question of adequate personal services, as well.

Some concrete examples of good practices include the following:

Temporary Care Facilities for the Frail Elderly

In Germany, the majority of the frail elderly still live at home, with relatives as their principle carers. Since the introduction of a mandatory social care insurance in 1995, the latter are increasingly supported by outpatient-care services, and in some cases, by home help services as well. Importantly, a good deal of the related expenses is covered by insurance. Given the preference of frail older people (and their families) to organise care at home as long as possible, one major problem of the carers had been that there was no relief in case they fell ill, they needed recreation (including holidays), or simply wanted to enjoy some free time. For a couple of years now, a growing number of temporary care services offer “care on demand” in small entities that are equipped according to professional standards. Even though part of this service has to be paid for by users, it seems to be very much appreciated by both users and public policy makers.

Social and Work Integration for Vulnerable People

With the enduring crisis on the German labour market, jobless people have been increasingly facing the risk of social exclusion. Being out of labour for many years, not only their ability to carry out ordinary salaried work, but also their psycho-social condition proves considerably harmed in many cases. At the beginning of the 1980s, social workers rooted in the new social movements were pioneering novel concepts of democratic empowerment and collective self-help within “social enterprises.”

As a result, the idea of providing work, training, and support services for disadvantaged people in organisations outside the ordinary public and for-profit economy rapidly proliferated. Municipalities and local associations started large social businesses, thus allowing for the emergence of a new, welfare organisational field. While public bodies initially generously funded these organisations, their commitment was considerably reduced in the 1990s.

Moreover, the idea of temporary work in the “second labour market” is going to be ruled out by recent workfare policies. Nonetheless, there still exist many social enterprises that combine labour market integration, social work, and the delivery of products and services (mostly offered to needy persons). Therefore, they provide opportunities of a multi-level empowerment to very vulnerable populations.

Participatory Service Provision for People with AIDS

When AIDS was spreading in Germany during the 1980s, the existing institutions seemed to be hardly capable of offering the then required services. One problem was social stigmatisation. People affected by the disease could not easily turn to traditional service providers. In 1983, people affected by this new social problem (members of the at-risk group, infected persons, and their relatives) decided to set up a national network. As a result, more than 130 local “AIDS self-help” groups were created.

The overarching idea was to combine self-help (representing the interests of the aforementioned stakeholders) with the delivery of various services (such as running meeting points, counselling, care, meals, or shelters). Interestingly, many local groups have succeeded in raising private funds and donations to a remarkable extent through public campaigning in the mass media. Sometimes these funds make up about 40 percent of the budget (which is unusually high in the German non-profit sector). In addition, the groups have obtained access to public grants, albeit at shrinking levels.

A considerable proportion of the self-help groups’ paid positions have been assigned to agents infected by the HIV/AIDS virus. In addition, an advisory board composed of “milieu-related” stakeholders has a strong say within the local organisations. The groups also run special training programmes for their volunteer “workforce.” Even though the resource base has proved to be quite unstable over time, with a substantial volatility of the personnel and of service supply as major consequences, “AIDS self-help” groups make an interesting model of how to engage special users as participants in the organisation of personal social services.

Appendix 3

England: Social Services

*Margaret Moodie*¹

Fundamental Principles

Social services in the United Kingdom are fully devolved and decentralised. There are separate systems for England, Wales, Scotland and Northern Ireland. This paper describes the system in England. The philosophy and approach is essentially the same in all four countries. The structures and processes vary in their detail. There are separate laws for Scotland and Northern Ireland and sometimes for Wales.

Social care services are organised to promote social inclusion by providing people with help to live their lives as independently as possible in the community. A wide range of child protection services, social work, early years and other services provide protection, and prevent harm, to people who are vulnerable. The pattern of services is tailored locally to meet the needs of local people and to encourage diversity and creativity within a national framework of duties and standards established by central government.

The provision of social services is the responsibility of local government.² One hundred fifty local Councils are expected to promote the accessibility of

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² The material in this paper describes the system when public authorities (local government) are involved in arranging services. In addition, there is a private market where clients make arrangements directly with commercial or non-profit providers. This parallel system is probably extensive but data are not readily available.

their services by making information freely available.³ Good practice in this regard includes placing leaflets in libraries, hospitals, and the offices of family doctors; easy to navigate Web sites with online access in libraries and Council offices; and leaflets using very simple language and/or pictures. Britain is a multi-cultural country and it is common for leaflets to be provided in several minority languages, depending on the particular ethnic composition of the locality.

Law and Other Documents

The principal laws that govern social services are:

- The Children Act 1989;
- The National Health Service and Community Care Act 1990;
- The Care Standards Act 2000; and
- Carers and Disabled Children Act 2000.

More detailed provision is made in numerous Regulations (subsidiary legislation). However, a distinctive feature of the British system is a long tradition of use of non-statutory, but nevertheless highly influential, documents containing guides to good practice, guidance notes, audit evaluation reports, standards and inspection reports. These are the main vehicles for transmitting both the letter and the spirit of the national policy.

Responsibility for Provision of Service

The Ministry of Health is responsible for policy, law, and standards.⁴ It provides no services directly. It develops policy using a participative process of

³ “Council” means a local government entity. This may be a County Council, District Council, London Borough Council or a unitary authority. The distinctions among these different types of local government are not significant for the purposes of describing social services.

⁴ The phrase “Ministry of Health” is used because this is the term most commonly understood in the international context. In fact, the title is “Department of Health” in English usage. The phrase “Minister for Health” is used for the same reason, though the official title is Secretary of State for Health.

wide consultation involving a number of different agencies and representative bodies. For example, recent revisions to the quality standards for residential care homes have been produced after just such a process.

Provision of services is the responsibility of local government through a Council. Each Council has four distinct functions:

- to identify the needs of the local community and commission services to a pattern that will meet those needs;
- to purchase services from a supplier of services. A supplier may be an NGO or a private business or another Council;
- to provide some services directly itself; and
- to make the most effective use of finite resources by ensuring that services are provided to those individuals or families with the greatest needs.

The continuing trend is for Councils to move away from direct, in-house provision and to secure services from other sources. In 2002, the independent sector provided 85 percent of all places in residential care homes and 64 percent of the domiciliary care arranged by Councils.

A very wide range of providers is consequently involved in the provision of services. These can be entrepreneurial enterprises, operating for profit, nongovernmental organisations, or other public bodies such as other Councils. The diversity of suppliers makes it easier to construct a package of care that meets the needs of the user and to provide users with a choice about how their needs will be met.

The relationship between a Council as purchaser and a provider of services is regulated by contract. Where the Council itself is the provider, it is common to have a service level agreement. This has all the features of a contract except that it is not legally enforceable. A service level agreement ensures that the users' interests are represented separately from those of the provider and that the in-house provider can be compared on equal terms with other providers.

Education and Training

The Minister for Health is responsible for identifying what training people wishing to become social workers require. Recent changes to the training of social workers now require a professional qualification equivalent to a bachelor's degree with honours. There is a strong emphasis on practice and the practical application of skills, knowledge, theory, research, and analytical abilities to the delivery of services to users. The development of qualifications results from a collaboration among many agencies. In addition to the basic requirements specified by the Minister in Regulations, the Quality Assurance Agency for Higher Education develops subject benchmark statements which guide the academic institutions in designing programmes that will deliver the desired learning outcomes. The Social Care Institute for Excellence produces best practice guides that build an accessible knowledge base for social work practitioners, teachers and students. The Training Organisation for Personal Social Services develops national occupational standards.

Social workers comprise 14 percent of the social care workforce. Training is equally important for workers in social services who are not social workers. National Vocational Qualifications are work-related, competence based qualifications that reflect the skills and knowledge necessary to do a job. They are based on national standards recognised by employers throughout the country. NVQs specific to social services cover social care sector staff and those caring for children and young people. In addition, there are relevant NVQs in administration, management, and customer services.

A register of workers in social services was established in 2003. The General Social Care Council manages the register and will begin with the registration of qualified social workers. Once there is a viable majority of social workers who have successfully registered, the title of "social worker" will be protected and no unregistered person will be able to describe him/herself as a social worker. Continued registration will depend on a commitment to continuous professional development. Other groups identified for early registration are residential child care workers and managers of residential care homes.

Finance

Social services are arranged and financed by local government. Local government derives its revenues from three sources: local taxation (a property tax), grants from national government and user fees. Approximately 75 percent of local government spending derives from government grants. The system of distributing national resources to Councils goes to great lengths to achieve fairness and equalisation of resources. It uses a formula that takes account of the following:

- the characteristics of each Council that are measures, or proxy measures, for social need;
- a normative cost of services in each Council that takes account of local prices and nationally negotiated agreements on wages and conditions of service of employees; and
- the capacity of each Council to meet the costs from local taxation (the tax base).

More resources are thus directed to Councils with the greater social needs and/or the lower tax bases. The price of fairness and equalisation is complexity and loss of transparency. The central government is seeking alternative methods of distribution that would retain the advantages of the present system but achieve greater simplicity and transparency.

Users of social care services are liable to make a contribution to the cost of the services, if they can afford to do so. Some users will pay the full economic cost of the service they receive. The primary consideration for the receipt of services is the assessment of individual need and is wholly independent of ability to pay. The test of ability to pay comes only after a decision to provide services has already been made.

Quality Assurance

Quality of services is assured through two different but complementary systems. Standards for *providers of services* are promoted and maintained by the publication of standards and good practice; and inspection and registration of providers, using the standards and good practice guides as benchmarks.

Standards for *local government as the responsible agency* are promoted and maintained by the performance assessment system.

The National Care Standards Commission regulates social care and is responsible for the registration and inspection of care homes, children's homes, domiciliary care agencies, residential family centres, voluntary adoption agencies, and independent fostering agencies. It is responsible for inspecting local government fostering and adoption agencies. The National Care Standards Commission is financed from central government funds but is independent of the Ministry of Health.

National Minimum Standards have so far been issued for:

- care homes for older people;
- care homes for younger adults and adult placements;
- children's homes;
- adoption services; and
- foster services.

Draft National Minimum Standards have been issued for consultation for:

- Domiciliary Care Agencies; and
- Residential Family Centres.

The performance assessment system consists of 50 indicators organised into five domains: national priorities and strategic objectives; cost and efficiency; effectiveness of service delivery and outcomes; quality of services for users and carers and fair access.

The Ministry of Health publishes the performance data annually and allocates each indicator to a performance band ranging from "1" meaning "investigate urgently" to "5" meaning "very good." The boundaries of the bands are based on current good practice and are revised when evidence and experience suggest that this is necessary.

This system is intended primarily for use by Councils so that they can better understand their own performance in each year and over time, can benchmark themselves against other similar Councils and can decide which aspects of performance need improvement. The indicators are to be interpreted in the context of other available information, such as reports of inspections,

and are not to be regarded as definitive. The best performing Councils have greater freedom from government controls; the poorer performing Councils are offered support and, as a last resort, intervention.

Consistent with the principles of transparency and accountability to the public, all the information about quality is publicly available. Councils must publish details of their own performance to their local populations and do so using Web sites and local newspapers and information bulletins. Users and their families have access to inspection reports.

Good Practices

The foregoing paragraphs have highlighted some examples of good practice. The main features of good practice can be briefly summarised as:

- Focus on the user. Services organised in order to meet the needs of the user and to promote independence, autonomy and self-determination to the maximum extent. Users should be involved in decisions about their own services but should also have a voice in deciding new directions for policy.
- Recognition of the role of carers, who have needs for, and are users of services in their own right and not just as appendages of the person for whom they care.
- Multi-agency working (or “joined up government”), which promotes collaboration and produces an integrated package of services for the user. The user has one point of contact with the services.
- Participation through the involvement of different interests in the development and evaluation of policy and the widespread use of consultative documents.
- Evidence based decisionmaking and a constant search for improved quality and effectiveness based on evidence of good practice.

Some examples of good practices include:

The Ministry of Health's National Service Framework for Older People

This is a guide to good integrated practice – especially between health and social services – with a timetable for action. It was itself a product of multi-agency working. The group that produced it contained representatives of health services and social services, the professions, housing associations and academia. One specific group represented the interests of users, including users from ethnic minority communities, and a second group represented the interests of carers.

John Grooms

This is a Christian-based charity, and provides services for people with disabilities. Its aim is to enable people with disabilities to be as much a part of the community as possible. One of its initiatives is *Lifestyle Options*. A Lifestyle Worker helps to empower and support the person with disability so that s/he can become increasingly involved in social, leisure or educational activities within the local community. The project helps people to develop their interests, hobbies and education by providing information, guidance and support that helps the individual to achieve his or her personal goals. The web site of John Grooms is: <http://www.johngrooms.org.uk/>.

Childline

Childline is a free, 24-hour confidential telephone helpline for children and young people. It gives children an avenue to talk about what is troubling them – for example, abuse or bullying – and a volunteer counsellor helps the child to explore his/her feelings, consider how the problems might be tackled and helps them to identify an adult in whom they can confide. Childline has nearly 1,000 volunteer counsellors who receive ongoing training, support and supervision. It has a web site at: <http://www.childline.org.uk/>.

The Forum@Greenwich

The Forum@Greenwich is a local social action centre that aims to promote inclusion and create opportunities for local people. It provides a variety of neighbourhood based services and a project supporting community groups. Among many activities it provides a club for older people and a befriending scheme for those who are lonely or unable to get out; information, advice and support for children and young people, including intensive one-to-one work with young offenders, drug awareness and advice on how to deal with bullying; training in IT skills with some courses specifically aimed at people with a disability or people with a learning disability; a timebank where people offer time (e.g. for babysitting, help with form filling, escorting people to appointments, household repairs) and can themselves request the equivalent time when they need help; a community café, which trains and employs people with learning disabilities and a volunteer centre that provides training and supervision for people wishing to become volunteers and information on opportunities to volunteer.

The centre is very much based on the idea that everyone is a giver and everyone is a receiver. An independent review described it as a “flagship and exemplary community based service.” More information on the centre is available online at: <http://www.forumatgreenwich.co.uk/>.

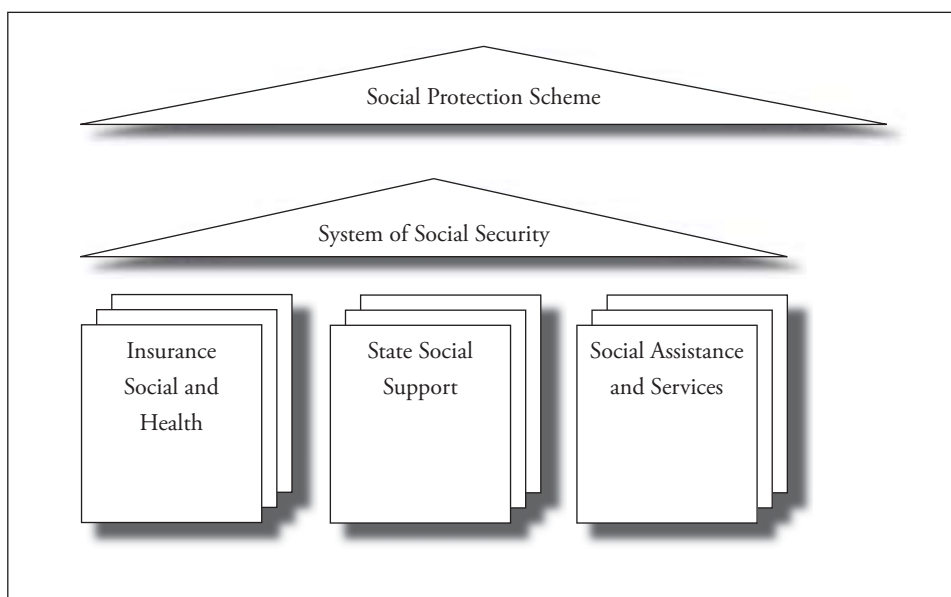
Appendix 4

Czech Republic: Social Services

Markéta Vylítová¹

The system of social security is based on three fundamental tiers: traditional insurance (social and health), social assistance, and services; and besides these, there is a so-called “state social subsidy” (mainly family benefits). Social services do not mean enormous spending or affected large part of the population. However, social services concern the most vulnerable and thus it is crucial to have a viable system in place. Social services may actually appear to be a small part of the public services. They consume about one percent of GDP. But they provide services to some 200,000 needy citizens (two percent of the population) and provide jobs for 35,000 workers (0.7 percent of the workforce) and support the services provided by almost 900 NGOs. It is vital for operational and political reasons that the vulnerable users should feel secure that their services will not be subject to sudden changes.

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Source: Markéta Vylítová

Structure of Delivery System

Fundamental Principles

The current system of delivery of social services is still primarily driven by an institution-oriented rather than client-oriented approach. This statement stems from the fact that the only clearly defined resources from the state budget are subsidies per bed in residential care institutions (either for the elderly or for citizens with handicaps), annually agreed between the Ministry of Finance and the Ministry of Labour and Social Affairs (MoLSA).

Since the 1990 amendment of the basic law dealing with social services, the scope of service providers has been significantly broadened: not only the state and municipalities (and regions), but also NGOs and citizens can provide social services.² This positive evolution was later accompanied by giving more

² Law No. 100/1988 on social security.

powers – and also responsibilities – to municipalities and recently to regions.³ However, subsidiarity was not followed by a shift of financial resources together with responsibilities.

The valid legal framework distinguishes several groups of citizens mostly endangered by social exclusion and need of social services: families and children; the handicapped; elderly citizens; people who require special assistance; and people who cannot adapt socially (e.g. former prisoners, etc.). Nevertheless, the needs analysis is done individually in each case when a client asks for a specific service so that the highest possible social inclusion of the vulnerable is reached. Of course, services like fighting of child abuse, drug prevention, etc. are not based on a claim of a service but rather on the principle of finding the vulnerable, street work, etc.

Mechanisms for Establishing and Regulating Agencies

Agencies that provide direct social services are basically of three kinds. One type is state agencies that run a smaller number of residential care institutions for the most severely handicapped (five at the moment). These institutions are subordinated to the Ministry of Labour and Social Affairs and financed from the state budget. The second type is municipally – or regionally – run services, where the law on municipalities and the law on regions allow for establishing the agencies. The third type is the one we are most interested in. The third type is represented by nongovernmental non-profit organisations that provide social services. These can be either charitable organisations or so-called public-utility organisations or services offered by citizens or their associations and by foundations. Until 1995 it was only the Civic Code and a law on association of citizens that created the legal framework for NGOs active in social services.⁴ Now it is mainly the law on generally beneficial organisations which covers

³ The public administration reform took place in 2001–02 in the Czech Republic, leading to establishment of 14 self-governing regions and abolishment of 77 districts which used to be part of the state administration.

⁴ No. 83/1990.

the provision of social services by NGOs.⁵ Nongovernmental non-profit organisations communicate with state government offices mainly in connection with requests for subsidies. Otherwise, after permission is obtained from the Ministry of the Interior, their activities are not limited in any way.

Government Policy to Strengthen Local Capacities

The MoLSA, which is responsible for social services, has quite recently started a regular dialogue with municipalities, cities and regions with an aim to smoothe the reform of social services and also to clearly define each one's position and opinion. MoLSA has developed a guide to community planning of social services and also a training course for community planners. Besides this, the MoLSA has also cooperated in the preparation of a set of standards of social services and in the preparation of licensing of service providers and of inspections of provision of services as well as in sets of training courses for all these areas. So far, all of these desirable activities are voluntary, not based on law. Nevertheless, there is a wide interest among service providers and municipalities in these matters and ongoing training takes place in the Czech Republic on these issues.

Largest Providers

Most clients of direct social services are clients of non-residential services, be it domiciliary services (one of the few non-residential types of services provided not only by NGOs, but also by municipalities). Types of prevailing providers differ according to the type of service: while residential care is by far mostly provided by local, regional and state governments, new types of services, such as personal assistance or sheltered houses, etc. are mostly run and provided by non-profit agencies and charities. However, statistics about social services are far from exhaustive. We have a very good database on residential care, while other types of services are sometimes lacking in statistics.

⁵ No. 248/1995.

Extent of Government – Agencies Partnerships

As the past development shows, the general trend of partnership was the only possible way of improving the situation in social services at all levels (policy, provision, responsibility, financing). At the policy creation level, the MoLSA has started involving NGOs and clients' associations in all activities: there was a working group for the preparation of law, a Czech-British project on reform of social services, a working group for preparation and testing of standards in social services and many other activities in which agencies as well as clients took part. On the services provision level, all parties are involved in creation of community plans of social services. Nevertheless, this partnership is not based on any legal provisions; it is carried out solely voluntarily.

Extent of Agencies – Education Sector Partnerships

No lifelong learning is obligatory in the social services sector so far. It is envisaged that people working in social services should undergo training specifically developed to educate in standards of social services. With the feeling that the agencies-education sector partnership was underdeveloped, two seminars were organised in summer 2003 as a conclusion of the Czech-British project. Their aim was to disseminate the developed training materials (community planning of social services, standards of social services, licensing, and inspections) among the education sector, i.e. universities, training centres and also labour offices. The questions behind the partnership between agencies and the education sector are on one hand, who can educate? And on the other hand, who would pay for it? A possible solution lies in greater involvement of labour offices, which can support or develop retraining courses for the unemployed, paid from the state budget either entirely or co-financed.

Source of Funds

Who pays?

The largest share of expenditures on social services is borne by local budgets (approximately 60 percent of public spending on social services). It has already

been mentioned that municipalities possess wide discretionary powers regarding the scope of services provided and expenditures, respectively. Approximately 30 percent of public spending on social services comes directly from the state budget, i.e. the Ministry of Finance, largely in the form of subsidies per bed in residential care institutions. The MoLSA itself gives approximately four percent on social services generally and another six percent on grants to NGOs providing social services.

When we look at the clients' co-financing, available data show the share of 16 percent on domiciliary care and 32 percent on residential care costs.

Mechanisms of Contracting

The MoLSA contracts for some services with NGOs if the NGO applies for a subsidy to cover its operational costs. The subsidy can reach up to 70 percent of the proven costs of the NGO. In these cases, NGOs are liable for provision of services to the MoLSA. Nevertheless, there are no sophisticated inspection mechanisms in place so far. In the overall provision of social services in the Czech Republic, contracting is not a widely used mechanism for ensuring accessibility of a broad scope of services.

Characteristics of Good Practices

The following approaches are considered to be good practices in the delivery of direct social services in the Czech Republic:

- Services that lead to respect of people as individuals and focus on the promotion of their dignity, individuality, rights, and responsibilities. Services that lead to inclusion and integration of clients and also their families, if necessary. Provide people with personal assistance at their homes if they wish instead of moving persons with, for example, learning difficulties into residential care institutions.
- Best-fit services are planned, organised and provided in a partnership of all actors in a given locality. The partnership is quadrilateral: individuals – local and regional governments – civil society – government.

- Users of social services and their families have confidence in services they use and providers of social services are able to assess whether their services are in accordance with the adopted standards.

One example that incorporates these good practices is drawn from the draft *White Book on Social Services*, as follows:

Frantisek is 46 years old and has learning difficulties, otherwise it is not immediately clear why Frantisek needs help. Until he was 40, he lived with his mother in a quiet part of Prague. After his mother's death he was left on his own and could not cope with household chores. He was not even able to live on his pension. His neighbours contacted a social worker who arranged for Frantisek's placement in a home for mentally disabled people. He shared a room with 15 other people. In the home he was provided with all the necessary care, and he spent the days at the day care centre where he took part in various activities involving sheltered work. He particularly enjoyed working with wood. He was woken up every morning; he was served tasty meals and went on trips with other clients. When asked whether he was satisfied, he replied yes; however, he did not have any interests or hobbies and relied on the help of others.

Several years later a new manageress was appointed and new workers admitted and they wanted to know what Frantisek intended to do in the future. He explained that he would like to live in his own home. He visited it and, together with his personal assistant, started to plan his future life. He had to learn a lot – to do the cleaning, to cook, to wake himself up, to use the local means of transport, and to handle money. Six months later he moved to his home. In the following months the assistant came to see him several times a week and helped him with those things that Frantisek could not manage on his own. Frantisek is quite independent now; if he needs his assistant's help he is able to ask for it. He has a contract for the provision of certain social services, which he renews regularly. He is able to decide what he needs. He continues to attend the workshop. He has friends; he also has a girlfriend and they plan their common future. Sometimes he goes to a pub, and on Sundays he makes trips or visits his relatives. With the support of social services, Frantisek is able to live an independent life and decide what it will be like.

Examples of Agencies with Good Practices

There are a great number of various agencies, mostly non-profit, which provide not only direct services to clients, but are also active in developing standards for their branches, in training of employees, clients and their families, etc. Here we discuss only a sample of them.

Contact without Barriers – First, a rather small agency called Contact Without Barriers (Kontakt bB) aims at getting the paralysed (tetra-, paraplegics) back to life, teaches them how to do sports (especially swimming), use computers, find work, find a partner or establish a family. Contact has established several centres around the country and combines fundraising from the MoLSA, Ministry of Education, and also the Ministry of Health.

Sananim – A second agency having good practices is a drug prevention agency called Sananim. The agency, besides providing various services to drug addicts, disseminates knowledge among the wider public, and has developed cost-effectiveness testing mechanisms in the sphere of drug prevention.

Deaconness of the Czech-Brotherly Evangelic Church and the Czech Catholic Charity – In addition, there are two church agencies which run an outstandingly large number and variety of private, non-profit social services. They are the Deaconness of the Czech-Brotherly Evangelic Church (*Diakonie ceskobratrske cirkve evangelicke*) and the Czech Catholic Charity (*Ceska katolicka charita*). These two agencies also run the more “traditional” services, such as residential care institutions. They are well organised and highly professionally administered.

Final Remarks

The reform of social services has eventually collided with public administration reform, which in the end has slowed down the process of social services reform significantly. However, during the endless preparation of a new law on social services (first drafted in parliament in 1995), several pilot projects have been carried out in order to test mechanisms of new partnership in social services and also mechanisms of providing good quality services. The two pilot projects were “Community Planning and Standards of Social Services” together with “Licensing of Providers of Social Services”. The pilot projects were widely

supported both by the MoLSA and by people, providers and purchasers in localities.

Conclusions and Recommendations

The demand for social services has started to change and so has the approach of the providers and purchasers. The ongoing demographic and social changes mean that there will be an increasing number of people who will be in need of help in maintaining their own independence and participation in community affairs. The most important challenges faced by the Czech Republic in continuation of reform of social services can be characterised as follows:

- maintaining cooperation between the relevant parties of central government;
- finding new ways of collaboration between regional and local governments and the civic sector shall be found and established;
- developing the capacities of the central government not only to provide services but to seriously guide local and regional self-governments and to exercise appropriate supervision over social services provision; correspondingly, to establish a system of monitoring and evaluation of social services; and
- finally, achieving greater openness to innovation is needed to cover new functions.

All this backed up by a new law on social services.

We may conclude with a statement about the most needed future steps: main obstacles for a substantial reform are non-existence of a new law, an old system of financing and still underdeveloped constant dialogue among relevant parties for a long time.

List of Legal Provisions

Directly connected with social services:

- Act No. 100/1988 on Social Security;

- Act No. 114/1988 on Responsibilities of the Czech Social Security Authorities;
- Ministerial Order No. 182/1991 on the Provision of Social Security;
- Ministerial Order No. 82/1993 on Payments for Housing in Social Care Institutions;
- Ministerial Order No. 83/1993 on Boarding in Social Care Institutions;
- Act No. 129/2000 on Regions;
- Act No. 128/2000 on Towns and Municipalities; and
- Budgetary Rules Act No. 218/2000.

Indirectly connected with social services:

- Act No. 582/1991 on Organisation and Implementation of Social Security;
- Act No. 463/1991 on Subsistence Minimum;
- Ministerial Order No. 310/1993 on Payments for Social Services Provided in Health Care Institutions;
- State Budget Acts (annually); and
- State Closing Account Acts (annually).

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Appendix 5

A Framework for Oversight of Government and NGO Contractual Social Service Partnerships

*Martin Tracy*¹

The following is a brief discussion of the essential elements of a framework for legal and administrative oversight of contracts and grants when government enters into a partnership with NGOs for the delivery of social services. The framework should be established in the spirit of creating a productive and mutually agreeable partnership between government and NGOs that reflects the shared interests of both to provide effective, efficient, and accountable social services. This includes the development of monitoring measurements that are designed to improve service delivery through a constructive review process. This is achieved through planning that provides ample opportunity for productive dialogue between government and NGO representatives in developing the contract. The discussion below also includes a section on the responsibility of advisory board members because such boards are an integral feature of sustainable and effective NGOs that play a critical role in ensuring transparency and beneficial linkages with the community.

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The Contract

When government and an NGO establish a partnership, a contract is a valuable instrument for confirming the mutual expectations of the relationship, whether the partnership is based on a bidding or grantmaking process. The contract establishes the legal relationship and obligations of both partners and should clearly delineate legal, financial, performance, and reporting requirements and processes. It is important that the contract allows the NGO flexibility in the way it implements the contracted programmes. The contract should also clearly spell out what is expected from the government and how and when previously negotiated monitoring and evaluation will occur. Specificity in the contract ensures that expectations of both partners are understood and agreed upon and allows each to hold the other accountable for meeting agreed requirements.

Purpose of Programme Oversight and Monitoring

It is very important to stress that the ultimate purpose for reviews in programme oversight is for personnel in the government and NGO partnership to mutually: 1) identify any impediments to effective and efficient service, and 2) identify methods or resources to remove the impediments. In this context, the contract should specify the performance standards that the NGO and government have agreed must be met and how and when monitoring will take place. Specific standards should be determined jointly between the members of the partnership and should include input from appropriate community stakeholders (see below). In general, standards can be grouped into two categories: 1) organisational, and 2) service or programme performance standards.

Joint Review of Organisational Standards

Organisational standards apply to the day-to-day operations of the organisation and can be considered as “good business practices” for social service delivery. For a government-NGO partnership to be successful in this regard, the

appropriate infrastructure must be in place to ensure financial and operational viability. Typically, areas for cooperative government-NGO monitoring include: governance, fiscal management, human resource management, and quality improvement.

Oversight and monitoring of these areas should include a joint government and NGO review of the NGO's organisational chart; the operating plan, including identification of objectives; financial record-keeping; human resource management information systems showing who will be served and how; strategic plan including vision and mission statement, goals, and including credentials and licensing of staff; training and supervision; risk management procedures; compliance with health and safety standards; policies and procedures; relationship to the community; and quality improvement processes. The goal of the personnel of both the government and NGO partners should be to address any inadequacies in these areas.

Joint Review of Service/Programme Performance Standards

Service or programme performance standards include financial and other indicators of programme performance. These measures should be directly related to the mission of the government-NGO partnership and display evidence of whether the programme is meeting desired results.

Tracking performance is facilitated when the NGO has a systematic means of collecting, analysing, and reporting data on performance indicators, such as a Management Information System (MIS) that enables the NGO to track information on different kinds of measures including inputs, outputs, and outcomes. Inputs provide information on the resources that go into providing the service. The number and type of staff, funding, equipment and other types of resources that enable a programme to function are examples of "inputs." Inputs should be monitored in relationship to outputs and outcomes to ensure efficient use of resources. Outputs provide information on the programme's activities and participation. Output measures include activities such as the number of meetings, workshops, counselling sessions, trainings, etc. as well as the number of participants served by the programme. Outputs provide information about how much a programme is doing, but do not answer the question

of how well. Outcome measures provide data on the programme's results or its effect on conditions outside of the programme. Outcome measures range from short to long term and include changes in knowledge, skills, attitudes, behaviours, policies, and societal conditions. Customer satisfaction surveys, needs assessments, and standardised assessment instruments may be used to gather outcome information.

Stakeholders and Transparency

The involvement of local stakeholders in the planning and implementation of social services helps to ensure the transparency and sustainability of government-NGO partnership programmes. Stakeholders are individuals in the community with a vested interest in the service to be provided. They may include representatives from other NGOs, local government, employers, trade unions, community groups, civic organisations, educators, and professional service providers, as well as the consumers/users of services.

Site Visits

Site visits are a common tool for periodic monitoring of contracted services and, importantly, a useful method for improving services. Site visits provide the opportunity for the government and NGO to observe the strengths and weaknesses of a programme and to identify areas that may require new or revised strategies to ensure the effective and efficient delivery of service. The mutually negotiated contract should define the time frames and parameters of monitoring site visits. Site visits may be performed more frequently in the beginning and become less frequent as the NGO provides evidence of success and accountability. Site visits may include review of the following:

- credentialing: ensuring staff meets legal and contractual standards for training, education and licensure;
- chart audits: review random samples of records to ensure compliance with record-keeping requirements;

- visual inspection of facilities for compliance for appropriateness and check of compliance with all health and safety codes;
- direct observation of services;
- interviews with administrators, staff and consumer groups; and
- review of financial and human resource records and policy and procedures manuals.

Site visit reports should be prepared jointly by government and the NGO and include suggestions for corrective action, resources, and a time frame for follow-up on any areas of concern or non-compliance.

Written Reports

The contract should provide for periodic written reports of data obtained on performance measures including financial, organisational, and programme standards. Reports should not simply present data but should also include an analysis of performance standards and highlights of strengths and challenges of the programme. The NGO should provide information on any major obstacles and its plans for addressing these issues in consultation with the government partner. Reports may be required quarterly or annually and different information may be required for different reporting periods. Information contained in reports should be useful in evaluating the success of the programme and provide data necessary to make management decisions about the future course of the programme.

Evaluation of Programmes and Services

Government-NGO partnership programmes should be evaluated for compliance, efficient use of resources, reasonable efforts, and effectiveness of the programme in meeting agreed upon performance standards. Programme evaluations should be based on an analysis of information gathered from mutual monitoring activities and should generate conclusions about whether

the programme is meeting the needs of its customers, its partners, and its community. Evaluation does more than increase programme accountability. These activities should also provide vital information for management decision making. Additionally, monitoring and evaluation information should be shared with all levels of staff, consumer groups, and the community at large for better accountability and transparency and to enhance the development of shared responsibility among community stakeholders for programme outcomes.

Feedback Process

Evaluation is not a linear process, but should be designed to provide a constant flow of feedback information to both partners that facilitates programme analysis. One effective feedback process is that of Corrective Action Plans (CAPs). CAPs help to identify any problem areas, how the government and NGO partnership plans to address the deficit, and the time frames for completion of these activities. CAPs are written documents that should be developed by the partnership in accordance with time frames contained in the contract. Communication between the partners should take place to ensure that CAPs are being implemented and that issues are being resolved in an appropriate manner within agreed upon timelines.

Performance Incentives and Penalties

The government-NGO partnership may also consider the use of performance incentives and/or penalties in relation to all or specific performance standards. NGOs may receive a financial incentive for meeting or exceeding performance standards as stipulated in the contract or be financially penalised for substandard performance. In order for incentives and/or penalties to be effective, performance criteria must be clearly defined and agreed upon by all parties involved. Additionally, information regarding the NGO's performance and resulting performance incentives/penalties should be shared with all involved parties. Management and staff should be able to see the relationship between their performance and the corresponding outcomes, including incentives or sanctions.

Research

Empirical research is a very valuable tool in the development and evaluation of government-NGO social service partnership programmes. Experimental designs can be used to examine causal relationships between services and the data collected on performance measures. Programme evaluation based on outcome measures may indicate that a change has taken place, but does not allow determination of whether or not the service or intervention actually caused the result. Integrating experimental designs into programme evaluation is a more reliable method of answering questions about what is working and what is not.

Advisory Boards

One way that government-NGO partnerships can enhance the involvement of stakeholders at the local level and increase transparency is through advisory boards. Advisory boards should be representative of the community and may include community and business leaders, trade unions, government officials, other social service agency representatives, and consumers. Advisory boards composed of diverse membership will be better equipped to represent the diverse interests of the community. Advisory boards can be used by the partnership to evaluate organisation and programme performance and to assist in decision-making processes. Some advisory boards make recommendations regarding budget decisions and agency policies and procedures.

The government-NGO partnership should also solicit consumer group involvement in planning and evaluation. This can be achieved through anonymous surveys of customer satisfaction and needs or through focus groups. Consumer groups can provide valuable information on programme results, and their input should be taken seriously in making programmatic decisions. Consumer groups may also organise and advocate for accountability and effectiveness of the programmes that are developed to meet their needs.

Another way to have better accountability is by sharing programme performance information with the general public. The community is impacted by the success or failure of social service programmes in meeting consumer needs.

Furthermore, the community may have a direct impact on the government-NGO partnership's ability to meet performance goals. Programme evaluation results should be shared with the community on a regular basis. Typically this is accomplished through an annual report that provides an overview of the organisation and its financial and programme performance.

Respective Roles of Each Partner in Monitoring and Oversight

Government Roles:

- ensure accountability for public funds;
- ensure compliance with legal requirements;
- ensure that needed services are provided;
- ensure effectiveness of services; and
- engage in dialogue with NGO and stakeholders, including consumer groups, to examine needs and evaluate results.

NGO Roles:

- meet the requirements of the contract;
- collect, report, analyse and utilise legal, financial and performance information in the implementation of programmes; and
- engage in dialogue with local government and stakeholders, including consumer groups, to examine needs and evaluate results.

Advisory Board Roles (also see Specific Responsibilities of Boards, below):

- advise NGOs regarding organisation's operations and assist in decision making;
- review financial information to ensure accountability;
- represent community/stakeholders; and
- provide a mechanism for including diverse representation of the community.

Consumer Group Roles:

- be involved in programme planning and evaluation;
- conduct customer satisfaction surveys;
- conduct needs assessment surveys;
- participate in focus group; and
- hold organisations and local government accountable for providing effective programmes designed to meet their needs.

General Public/Community Roles:

- access information from government and NGOs that is easily accessible and understandable;
- participate in community forums;
- review annual reports;
- participate in needs assessments;
- participate in satisfaction surveys; and
- provide input on success/failure of programmes.

Specific Responsibilities of Non-profit Advisory Boards

1. Determine the Organisation's Mission and Purpose

A statement of mission and purposes should articulate the organisation's goals, means, and primary constituents served. It is the board's responsibility to create the mission statement and review it periodically for accuracy and validity. Each individual board member should fully understand and support it.

2. Select the Executive Officer

Boards must reach consensus on the chief executive's job description and undertake a careful search process to find the most qualified individual for the position.

3. Support the Executive Officer and Review His or Her Performance

The board should ensure that the chief executive has the moral and professional support he or she needs to further the goals of the organisation.

The chief executive, in partnership with the entire board, should decide upon a periodic evaluation of the chief executive's performance.

4. Ensure Effective Organisational Planning

As stewards of an organisation, boards must actively participate with the staff in an overall planning process and assist in implementing the plan's goals.

5. Ensure Adequate Resources

One of the board's foremost responsibilities is to provide adequate resources for the organisation to fulfill its mission. The board should work in partnership with the chief executive and development staff, if any, to raise funds from the community.

6. Manage Resources Effectively

The board, in order to remain accountable to its donors, the public, and to safeguard its tax-exempt status, must assist in developing the annual budget and ensuring that proper financial controls are in place.

7. Determine, Monitor, and Strengthen the Organisation's Programmes and Services

The board's role in this area is to determine which programmes are the most consistent with an organisation's mission, and to monitor their effectiveness.

8. Enhance the Organisation's Public Standing

An organisation's primary link to the community, including constituents, the public, and the media, is the board. Clearly articulating the organisation's mission, accomplishments, and goals to the public, as well as garnering support from important members of the community, are important elements of a comprehensive public relations strategy.

9. Ensure Legal and Ethical Integrity and Maintain Accountability

The board is ultimately responsible for ensuring adherence to legal standards and ethical norms. Solid personnel policies, grievance

procedures, and a clear delegation to the chief executive of hiring and managing employees will help ensure proper decorum in this area. The board must establish pertinent policies, and adhere to provisions of the organisation's bylaws and articles of incorporation.

10. Recruit and Orient New Board Members and Assess Board Performance

All boards have a responsibility to articulate and make known their needs in terms of member experience, skills, and many other considerations that define a “balanced” board composition. Boards must also orient new board members to their responsibilities and the organisation's history, needs, and challenges. By evaluating its performance in fulfilling its responsibilities, the board can recognise its achievements and reach consensus on which areas need to be improved.

Individual Board Member Responsibilities

- Attend all board and committee meetings and functions, such as special events.
- Be informed about the organisation's mission, services, policies, and programmes.
- Review agenda and supporting materials prior to board and committee meetings.
- Serve on committees and offer to take on special assignments.
- Inform others about the organisation.
- Suggest possible nominees to the board who can make significant contributions to the work of the board and the organisation.
- Keep up-to-date on developments in the organisation's field.
- Follow conflict of interest and confidentiality policies.
- Refrain from making special requests of the staff.
- Assist the board in carrying out its fiduciary responsibilities, such as reviewing the organisation's annual financial statements.

Desirable Personal Characteristics of Board Members

Ability to:

- listen, analyse, think clearly and creatively, work well with individual people and groups.

Willingness to:

- prepare for and attend board and committee meetings, ask questions, take responsibility and follow through on a given assignment, consider making personal and financial resources according to circumstances, open doors in the community, and evaluate oneself.

Willingness to develop certain skills if you do not already possess them, such as to:

- cultivate and solicit funds; cultivate and recruit board members and other volunteers; read and understand financial statements; learn more about the substantive programme area of the organisation.

Possess:

- honesty, sensitivity to and tolerance of differing views; a friendly, responsive, and patient approach, community-building skills; personal integrity; a developed sense of values; concern for your non-profit's development; a sense of humour.

Sources

Document retrieved April 15, 2003 from the University of Kentucky, Center for Nonprofit Leadership, Martin School of Public Policy and Administration: <http://www.uky.edu/Centres/Nonprofits/boards/BoardResponsibilities.doc> Used with permission granted April 24, 2003.

Board responsibilities taken from *Ten basic responsibilities of nonprofit boards*. Washington, DC: BoardSource, 1996.

Board member responsibilities taken from *Six keys to recruiting, orienting, and involving nonprofit board members*. Washington, DC: BoardSource, 1996.

Appendix 6

“A Dream Come True”: Example of Building Community and Social Capital

Radosveta Abadjieva¹

A Beauty Contest for Ladies with Disabilities in Bulgaria

The National Social Rehabilitation Centre in Bulgaria is a national nongovernmental organisation for social services for people with disabilities. In 2003 the Centre organised four beauty contests for its consumers. The intent of the contest was to show that beauty is not reserved only for models. Indeed, people with disabilities possess a lot of beauty and creativity. The idea originated in the city of Varna and the first contest was held in that city.

The specific aims of the beauty contests were to:

- let people see that there are very beautiful ladies with disabilities;
- attract and stimulate the attention of society towards that group of people;
- increase the self-confidence and belief of people with disabilities;
- enlarge the range of activities for social integration of people with disabilities; and
- show their abilities and talents.

The organisation of the contest started with a selection of the candidates. Thirty women were invited and more expressed their willingness to participate.

¹ Adapted from a presentation by Radosveta Abadjieva, Executive Director, National Social Rehabilitation Association, Sofia, Bulgaria at the Good Practices in Social Service Delivery Pre-Training Workshop, December 8–12, 2003, International Labour Office, Sub-Regional Office, Budapest, Hungary.

The first 14 ladies who “enrolled” themselves for the contest took part. They confided that they did not have suitable clothes for the contest. This led to the idea of contacting a number of fashion agencies and the largest and most popular model agency in Bulgaria provided support by giving official dresses for the candidates. That was the beginning of the “spinning wheel” that led to more and more support. While we had dresses, we needed flowers, makeup, hair styling, and gifts and prizes. Bulgarian National Television provided the media to publicise the contests and raise what was needed. We were very pleased when a lot of people, companies, and organisations helped with organising and conducting the beauty contests. The idea to turn this day into a source of positive emotions for the participants, organisers, and supporters was being realised.

A beauty contest was also organised in Sofia in the National Palace of Culture, a hall with 450 seats. It was filled with music, balloons, flowers, and, of course, people. The contest itself was in two stages: 1) biographical data about the candidates for the “crown” and her individual presentation; and 2) questions from the jury.

Miss Bulgaria of 2003 presented the crown to the winner. All participants received many gifts and much appreciation.

All this was made possible thanks to the good partnership with local businesses, media, and different organisations.

What happened afterwards?

A part of society was shocked. Some people changed their attitude towards people with disabilities. But the most important thing is that these people were seen. There are people with disabilities and they are part of our society. The audience was “infected” by their strong spirit.

The ladies that took part in the contest shared that this day was very special for them. Every one of them felt herself to be a special and beautiful woman. They felt love and attention.

Veronika Yanakieva, who became Miss Sofia, will realise her dream to study theatre (actor mastery).

This is a story of a dream that came true.

Appendix 7

List of Selected Potentially Confusing Terms

The following are some of the terms that can cause confusion in training and need to be defined when used based on local application.

Accountability
Advisory board
Alternative services
Child abuse
Civil society
Community-based
Cooperation
Cooperatives
Consumer, client, recipient, customer, beneficiary, user
Devolution
Domestic violence
Drug abuse
Elderly
Effectiveness
Efficiency
Foster care
Good practice
Human capital
In-kind services
Licensing
Management information system
Mainstreaming
Monitoring
Multi-disciplinary services
Mutual benefit societies
One-stop services
Orphans

Oversight
Partnerships
Performance standards
Personal social services
Poverty
Practicum
Quality assurance
Rehabilitation
Reintegration
Social assistance
Social capital
Social care services
Social cohesion
Social exclusion
Social inclusion
Social insurance
Social integration
Social pedagogy
Social pragmatism
Social services
Stakeholder
Subsidiarity
Sustainable services
Transparency
Volunteerism
Wrap-around services

Appendix 8

Selected Web Sites

Associations/Centres

Association for Research on Nonprofit and Voluntary Action (ARNOVA)

<http://www.arnova.org/>

The Association for Research in the Voluntary and Community Sector

<http://www.charitynet.org/arvac/>

Canadian Centre for Philanthropy

<http://www.ccp.ca/>

Centre for Civil Society (London School of Economics)

<http://www.lse.ac.uk/Depts/CVO/>

Community Problem Solving (Harvard University)

<http://www.community-problem-solving.net/>

Institute for Policy Studies: Center for Civil Society Studies

<http://www.jhu.edu/~ccss/>

International Center for Non-Profit Law

<http://www.icnl.org/>

Leader to Leader Institute

<http://www.pfdf.org/>

National Center for Nonprofit Boards

<http://ncnb.org/global/partners.htm>

Private Foundations

The Aspen Institute

<http://www.aspeninst.org/>

Casey Foundation – Rebuilding Communities Initiative

www.aecf.org

Ford Foundation – Asset Building and Community Development

<http://www.fordfound.org/>

The Kettering Foundation

<http://www.kettering.org>

Pew Charitable Trust

<http://www.pewtrusts.com>

General

European Union and Countries of Eastern and Central Asia

http://europa.eu.int/comm/external_relations/ceeca/index.htm

George Soros Open Society Fund

<http://www.soros.org>

International Center for Nonprofit Law

<http://www.icnl.org/>

INC: Information About Nonprofit Organisations

<http://www.nonprofits.org/>

Jossey-Bass: Nonprofit Management Series

<http://www.jbp.com/nonprofit.shtml>

Personal Social Services Research Unit (United Kingdom)

<http://www.pssru.ac.uk/>

Public Engagement Media Center

http://roundtablemedia.com/pemc/re_capital_books.html

PRAXIS

<http://caster.ssw.upenn.edu/~restes/praxis.html>

Strategy for Social Cohesion and Quality of Life (Council of Europe)

<http://www.social.coe.int/en/cohesion/strategy.htm>

United Nations NGOs

<http://www.globalpolicy.org/ngos>

The World Bank – NGO and Civil Society Unit

<http://www.worldbank.org/poverty/scapital/>

World Wide Web Resources for Social Workers

<http://www.nyu.edu/socialwork/wwwrsw>

Appendix 9

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Appendix 10

Training Evaluation

Evaluation

Good Practices in Social Services Delivery

Please answer the following statements: Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD).

Content and Process

1. Main objectives were clear.	SA	A	D	SD
2. Training was well organised.	SA	A	D	SD
3. Topics were appropriate.	SA	A	D	SD
4. Distributed material was helpful.	SA	A	D	SD
5. Class exercises were beneficial.	SA	A	D	SD

Specific Course Content

The training helped me to better:

1. Describe how government and NGOs can develop good practices.	SA	A	D	SD
2. Recognise the characteristics of good practices.	SA	A	D	SD
3. Explain the processes necessary to sustain effective social service programmes.	SA	A	D	SD
4. Design strategies for building community-based service partnerships.	SA	A	D	SD
5. Develop procedures for performance standards.	SA	A	D	SD

Presenter Skills

The presenters were:

1. Knowledgeable about the subject.	SA	A	D	SD
2. Well prepared.	SA	A	D	SD
3. Able to hold my interest.	SA	A	D	SD

Logistical Arrangements

1. The training facility was satisfactory.	SA	A	D	SD
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Comments and Suggestions for Improvement

Please make any suggestions for improving content and format that you believe will strengthen the training.

Appendix 11

List of PowerPoint Presentations

<i>Topic</i>	<i>Session</i>
Introduction to Training	First morning
Training Methods	First morning
Introduction to Basic Concepts	First morning
Good Practices in France	Session #1, Lesson #1
Good Practices in Germany	Session #1, Lesson #2
Good Practices in England	Session #1, Lesson #3
Examples of Good Practices in Stability Pact Countries	Session #1
Good Practices in the Czech Republic	Session #2
Good Practices in a Women's NGO in Hungary	Session #3
Good Practices in Croatia	Session #3
Areas of Greatest Need	Session #4
Expenditures and Legislative Reforms	Session #4
Critical Aspects of Partnerships	Session #5
Building Community and Social Capital	Session #6
Oversight and Quality Assurance in Partnerships	Session #7
Summary and Closing	Final Session

PART II.

**National Reports
on Social Services
in South Eastern Europe**

Albania: National Report on Social Services

*Gezim Tushi*¹

Social Service Legislation

The State Social Service (SSS) is a central state institution, under the Ministry of Labour and Social Affairs, established upon the Decision of the Council of Ministers No. 52, dated January 8, 1996. Its activity is governed on the basis of the Statute, as defined by the Decision of the Council of Ministers No. 153, dated April 25, 2002.

The SSS provides support and services for individuals and families in need, through economic aid, institutions of social care and other services created to serve this purpose. To meet the needs of vulnerable social groups, the SSS collaborates with and coordinates the activity of non-profit organisations and of private initiatives, which operate within the field of social care.

The SSS consists of structures that carry out steering and executive functions, as well as specialised services. The highest decision-making body is the Council of the State Social Service, which functions on the basis of its regulations. The highest executive authority is the General Director.

Services are provided by the local administration of the SSS (the administrators at the sections of social protection in municipalities and communes), by the regional administration (12 Regional Directories of the SSS established at each prefecture), and by the Institutions of Social Care.

¹ Deputy Director General, State Social Service, Albania.

Recent Reforms

The Network of the Institutions of Social Care

Most government-funded social services are administered by the State Social Service (SSS; formerly the General Administration of Social Aid and Services) under the Ministry of Labour and Social Affairs (MoLSA). MoLSA has been responsible for social services since 1994 when services for the elderly, children up to three years of age, and residential centres for people with handicaps were transferred from the Ministry of Health. Also in 1994, the orphanages for children aged four to 16 were shifted from the Ministry of Education to MoLSA. The centralisation of services under MoLSA has the advantage of ensuring a uniform strategy for preventing the social exclusion of vulnerable populations.

Under the conditions of an open and democratic society, care and attention towards social issues have occupied an important place in the formulation and implementation of the policies of social protection. As a result of the lack of social services to support various categories of people in need to stay at their own homes, institutional social care has acquired special importance.

Having a primary goal to help persons with social and health-related difficulties, as well as to re-integrate them into society, a network of institutionalised social services was created to treat several categories of persons in need, including: children, the elderly, persons with disabilities, and trafficked women.

The specific objectives of the State Social Service are to:

1. improve social services by increasing geographical expansion and new typologies of social services;
2. consolidate institutionalised social services and improve the standards of services within them; and
3. guarantee better collaboration between the SSS and the non-profit organisations operating within the field of social services.

This approach consists of two sectors: the public sector and the non-public sector.

The Public Sector

The public sector is a functional part of the State Social Service. Its main goal is to administer a methodological organisation of the activities of social service institutions based on the legislation that defines their tasks, objectives and functions, coordination of activity, collaboration and unification of the network of the institutions in accordance with contemporary concepts. To this end, the sector establishes and implements both short-term and long-term policies that contribute to increasing the level of services in the network.

Generally speaking, institutional treatment is offered as a residential service covering all clients that profit from services provided to them. Hence, this sort of service is considered as the ultimate alternative for the treatment of various categories of persons in need, because it separates clients from their natural environment and community.

By strengthening the capacities of the institutions of social services and by increasing the quality of the services offered in them, the final goal is to increase the number of those who benefit from them and to extend the varieties of the services offered by them for the purpose of better meeting demands.

The public sector administers 24 institutions employing 958 persons and treating 1,038 clients. In the following table, we have determined the number of clients who are treated by the institutions of social care, classified in accordance with the categories of the institutions.

In child care institutions priority is given to: new admissions, transfers from one institution to another, and adoption, as well as those leaving institutions. In 2002, there were 126 new admissions and 22 transfers.

Considering the interest of the child, as well as viewing the institution as a transitory moment in their lives, one of the permanent objectives of the Homes for Children is to find the best solution possible for them. To realise this, the administrators and social workers of the institutions have concentrated their efforts to establish increasing contacts with the child's parents or relatives (whenever possible) so that they can manage to send them back to their biological families or to find adoptive families. In 2002, 57 children were adopted and 72 others went through the adoption process. In addition, 23 children were returned to their respective families. Seven other cases are under way, but this process becomes more difficult because of the various economic and social limitations of the families.

The main object of social work in the institutions is the specification of client problems, becoming familiar with their psychology and psychic and emotional development to encourage the spiritual growth of the child, and the comprehensive development of their personality in preparing them for integration into society.

Nongovernmental Sector

Under Law No. 7710 (May 18, 1993) a network of non-public social services, apart from the state social institutions, provides for funding and management by NGOs. This sector facilitates the contractual relations with NGOs and the SSS. It also monitors their activities. In addition, it directs various associations, foreign or local, to properly cover the whole territory of the country, based on needs related to social services.

The effect of this is complementary for the SSS. The legal basis in Albania (Law No. 7710 on Social Aid and Care, and Law No. 8788, dated May 7, 2001, on Non-profit Organisations), has made it possible for a foreign organisation, association or individual, in accordance with the domestic legal framework, to contribute to the solution of social problems in Albania.

These are the fields in which the collaboration with NGOs has been most fruitful:

- training personnel in centres of social care and local and central structures of the SSS (UNICEF, ILO, ASED, Hope and Homes for Children, CISP, etc.);
- providing vulnerable groups with direct or indirect social services, as well as with material aid, through international programmes of economic support for poor families, as is the case with the CRS Programme or the UN World Food Programme in the northern and northeastern regions of the country; and
- direct support of foreign NGOs for Albanian institutions of social care for orphans, people with handicaps, and elderly people.

There are 26 NGOs that provide social services within or outside the institutions of social care and which have contracted with the SSS, of which five operate within our institutions.

This category includes institutions that carry out special activities of unique social services, as is the case with the Emanuel Community, being a multidimensional centre for the treatment and psycho-social rehabilitation of those addicted to drugs and alcohol, or DOKITA, being a multidisciplinary centre of a wide range of activities.

In some cases, there are integrated activities of several foreign NGOs to realise certain projects. Within this context is the BALASHE centre, which was set up on the basis of the financial and social activity of three Italian non-profit organisations (CISP, Progetto Sviluppo, Movimondo Molisv), establishing coordination and cooperation with the Ministry of Labour and Social affairs, State Social Service, and the Municipality of Elbasani.

In the social field, many foreign and domestic associations, foundations and NGOs carry out their activities throughout the country without having contractual relations with MoLSA or the SSS. There are cases where some of them have contracted with other structures of the local government. Neither MoLSA nor the SSS knows the exact number despite recent efforts.

Nonetheless, it is evident that the number of NGOs that carry out activities in social service is greater than that of those that have contracted with the social structures of the state. One of the causes leading to this situation has been the fact that the majority of the NGOs that carry out activities of their own receive financial support from different associations and foundations, which themselves play the role of umbrella for many Albanian associations.

Nationwide, there are about 146 local NGOs that provide social services without direct contractual relations with the MoLSA or the SSS, of which 72 are in Tirana. The geographic distribution of social services provided by NGOs is disproportional. Almost 50 percent are in Tirana. Most NGOs (50 organisations) provide social services for children, and victims of rape or trafficking (55 organisations). The smallest numbers of NGOs are those that target the elderly, youngsters at risk, and persons with handicaps.

Strategy of Social Services 2003–07

During the process of carrying out the objectives and priority tasks assigned to them, MoLSA and SSS undertook the drafting the Mid-term Strategy of Social

Services (2003–07), which is the basic instrument to improve the structures, level, and typologies of social services. The Strategy of Social Services is a document that specifies the policies and the framework for institutional, legal and financial reform, aimed at meeting the social needs of groups or at-risk populations through effective services.

The Strategy of Social Services is designed to fulfil the following objectives:

- assess the social needs of the groups in need or at stake;
- assess the legal and institutional framework of social services;
- offer new typologies of services;
- define the methods of collaboration between central, local government, civil society and the community, in order to reduce social imbalances; and
- guarantee the perspective of respecting human rights and equal opportunities in terms of social services.

The principles upon which the Strategy of Social Services is based are the following:

- the principle of inclusion, dynamics and flexibility;
- guaranteeing the implementation of the mid-term programme of the Albanian Government for “Economic and Social Development”;
- compiling the strategy on the Albanian foreign experience, supported by strategic partners, such as the World Bank, IMF, the United Nations, etc.; and
- making a clear plan of action that can be executed.

Compilation of the Strategy of Social Services was realised through a broad system of participation, which included: People’s Assembly, Central Government (MoLSA, Ministry of Local Government and Decentralisation), local government (municipalities and communes), civil society (NGOs), experts in social affairs, the University (Faculty of Social Sciences), international partners in development, etc.

The Strategy of Social Services is based on and abides by the objectives of the National Strategy of Economic and Social Development, the National Strategy for Decentralisation, and the Millennium Development Goals (MDGs), as well as by those of the government.

This will be an applicable instrument with an action plan, which specifies the tasks for all the actors. It is accompanied by the matrices of the action plan, fixing the due date for the accomplishment of the tasks.

Mission, Aim, Objectives, Values

“The mission of the State Social Service is to provide social and economic services of high quality, sustainable and having contemporary standards, in order to promote the independence, inclusion, respect and dignity of their users, as well as to grant protection those in need of it.”

To realise this mission, the SSS collaborates with civil society, community, the associations of recipients, and business by adequately defining social needs, as well as by constantly promoting the integration of people in society. The aim of the SSS is to promote the participation of recipients of social services in community life through the reduction of poverty and by helping them to overcome the obstacles that hinder such participation.

To realise this aim, the SSS, in collaboration with other actors, formulates, implements, and monitors social services. The development of social services aims at achieving the following objectives: covering the entire country with social services, and providing social services in accordance with needs of the social at-risk groups.

Economic aid will be offered to persons and families who lack the basic sources of living or whose resources are insufficient. While achieving these tasks, the providers of social services will respect the following values, which are to be reflected in all the activities that they carry out:

- autonomy, independence, and the right to self-determination of the client;
- maintaining the confidential information entrusted to them by clients;
- providing clients with the opportunity for social services, based on their needs, regardless of sex, age, civil status, religion, race, origin, and sexual orientation;
- making the maximum possible extension to provide services within the client's reach, respecting the principle of meeting needs;
- adjusting services to the client's needs;

- promoting partnership with the client in such a way that the service provider collaborates to address the client's needs;
- protecting the interests of recipients by respecting and providing standardised services;
- partnering with agencies and other organisations that are engaged in promoting social solidarity and social cohesion; and
- insisting on the effective and efficient use of public and financial resources that the government and other donors have entrusted to them.

Social Needs and Target Groups

Based on the social needs of vulnerable groups, the following at-risk groups have been identified to which social services are to be addressed:

- children;
- children who beg;
- children who work;
- children who leave school;
- children in public orphanages;
- children isolated because of blood feud;
- women victims of rape and family violence;
- divorced women;
- women head of households;
- trafficked women (victims of trafficking and prostitution);
- youth addicted to drugs;
- youth who are unemployed;
- youth involved in criminal activities;
- lonely and abandoned elderly; and
- persons of limited physical or mental ability.

The creation of new categories of at-risk groups requires a quick and efficient response, making use of appropriate policies, as well as the development of institutional and professional capacities by the state and civil society. These policies require the following:

- reform the legislation governing social services;
- promote new non-public forms of service provision; and
- promote community services based on the needs of the individual.

The general objective of the strategy with respect to policies is the development and implementation of prevention policies for the reduction of poverty, social exclusion, and social inequality.

The main directions of the development of new social policies will be:

- changing from passive policies of accepting the consequences of transition to active and re-integrating policies of the development of social capital;
- providing economic aid for the poor, giving priority to services in relation to cash benefits; and
- introducing new social services to address new social problems.

The implementation of active and re-integrating programmes requires a revision of the legal framework to adapt to new social services. Thus, of great importance is the creation of a legal framework for the implementation of new social services, as well as the decentralisation of such services, and collaboration with civil society and the business community.

Institutions

The system of social protection needs to engage other institutions of local government, including private institutions, in order to improve their orientation toward clients. The participation of these institutions is necessary both during the process of compiling policies and during the process of implementing services. The strategy requires a clear division of powers among the institutions in order to establish a decentralised system of social protection, as well as to delegate responsibilities to independent institutions.

Objectives:

- drafting a law and the instructions in support of it to make it possible for central, regional, local and nongovernmental institutions to function with well-defined strategies and adequate job descriptions; and

- a legal arrangement of budgeting, auditing, and relations of state structures with civil society and the business community.

Standards

Developing standards of social services with respect to improving existing ones is one of the fundamental components of the strategy of social services. The standards consist of principles that set the required parameters for the quality of services and establish a mechanism to guarantee such quality. They are a key component for the promotion of human rights and the improvement of social services designed to serve them.

Objectives:

- distribution of economic aid and social services on the basis of the best standards possible in collaboration with other agencies; and
- establishment of realistic standards, which should be clear and dynamic, serving the needs of recipients.

Financial Management (Budgeting of Social Services)

There are many cases where sharing responsibilities to develop a programme as well as sharing financial responsibilities leads to the escalation of the use of money, whereas adding both kinds of responsibilities makes the use of money more rational. Thus, local government, being a participant in funding social services (as defined by law), must find mechanisms of co-funding for such services by:

- improving the actual mechanism of the allocation of funds; and
- increasing partnership and donations.

Services

The most widely used models are direct services for clients (the individuals in need). However, in some cases, the classic residential institutionalised care

remains irreplaceable. While not considering it the best form of service, but bearing in mind that it is the most widespread one in Albania, the services provided at residential institutions have their own importance, aiming at:

- providing ever-improving services designed to serve the individual and the family in need;
- increasing the effectiveness and sustainability of the services; and
- guaranteeing effective control to avoid the abuse of services.

To realise these objectives, the Strategy has fixed the principles upon which the services to be provided will be based:

- services going to the individual;
- many different kinds of services in accordance with the economic and social conditions of the individual, family, and community; and
- minimising the client's efforts to access services.

Human Resources

Within the framework of the development of human resources, the policies will be compiled in such a way as to respond to the principle of partnership, support, development, and transparency.

From this point of view, there are four objectives within the framework of the Strategy:

- guarantee the management of human resources that will support the goals of the Strategy;
- create a work environment where there are equal opportunities for all employees with respect to personal career, professional development, and progress;
- management of human resources based on individual merits; and
- strengthen and extend partnerships within the agencies and institutions implementing the Strategy.

To realise the objectives of the Mid-term Strategy of Social Services, it is agreed to take measures and carry out respective actions in the following sectors:

- develop bilateral and multi-lateral relations with the other countries of the EU, in order to protect the social rights of the respective countries included in the agreement, as well as the exchange of effective practices and models;
- sensitise public opinion to win over social solidarity;
- guarantee participation and representation in international forums, in order to obtain the information required for developing policies and finding financial support;
- draft an Integral Law on Social Services;
- create the legal framework for the implementation of new social services;
- decentralise services and collaborate with civil society and the business community;
- assemble transparent programmes with respect to the development and distribution of social services;
- increase the efficiency of monitoring of social services;
- enhance managerial skills of the institutions at central, regional, and local levels;
- guarantee standards related to social services;
- establish a National Council that will propose changes of governmental policies and actions, with the participation of the civil society and interest groups;
- set up a structure for licensing the agencies and organisations which provide social services;
- develop local capacities to administer community-based services;
- transform residential institutions into centres open to the community;
- establish an operational system of standards;
- set up structures to assess and monitor the standards of services provided by public and non-public agencies;
- create the legal basis for funding the schemes, using other sources;
- encourage donors and nongovernmental bodies to participate in funding social services;
- promote local government to participate in reducing poverty and providing the community with social services through local taxes;
- the amount of economic aid should keep increasing to become almost equal to that of the minimum subsistence level (minimum subsistence level must be used as an instrument to measure economic needs);

- introduce new typologies in accordance with needs;
- extend community-based services all over the region;
- institutionalise the structure designed to plan regional social needs;
- implement effective and progressive policies while planning and training human resources; and
- encourage serious qualifying and training organisations, such as the Faculty of Social Sciences, to reach higher professional standards.

Studies

In 2002, with the help of the intellectual and professional forces of the SSS, it was possible to conduct two studies to assess the level of poverty and social needs of vulnerable populations on a national scale. Within the framework of improving the institutional activity of the SSS, being responsible for the implementation of policies in the field of social protection of the social strata and groups in need, special attention has been paid to deepening the work for studying, analysing, and assessing the performances of economic aid and services of social care.

In the course of this process the following two studies were carried out:

1. assessment of the social situation and needs for services of at-risk groups (*Map of Social Problems*); and
2. assessment of the criteria and indices of the distribution of economic aid (*Map of Poverty*).

The study *Assessment of the Social Situation and Needs for Services of At-Risk Groups* represents the first effort of the SSS to assess the social situation of vulnerable groups on the basis of analysis of statistical data related to their presence, intensity, and geographical distribution. Throughout this study, based on a quantitative and qualitative analysis of needs and the degree of vulnerability of at-risk groups, it became possible to create the *Map of Social Problems*, which reflects the distribution of vulnerable groups throughout the nation at the prefecture level.

The data relating to the incidence of persons at risk and vulnerable groups were collected by the regional structures. The collection of the data related to

five vulnerable groups (children, youngsters, women, the elderly, and persons with disabilities) marks an important step towards the creation and completion of the database for at-risk groups. Being the first effort, we must also point out the difficulties encountered by the central regional structures while accomplishing this objective, the most important of which are as follows:

- The social problems of vulnerable groups represent complex and interrelated phenomena, remaining unknown and incomplete.
- The vulnerable groups represent intertwined and flexible social categories with different dimensions and specifics and this makes it difficult to clearly identify them.
- There is a lack of specialised institutional structures at the regional and local levels, which are able to identify and collect adequate and systematic social data.

Proceeding from these difficulties, the statistical data reported with respect to the identification of the distribution of vulnerable groups are approximate, and in some cases, even inaccurate; however, they enable one to have a general panorama of the social reality and of the degree of vulnerability in different regions of the country.

From this point of view, the study serves as a basis for the identification of the need for social services, for realising the dynamics of social problems, for planning indispensable services, and for developing programmes to intervene in order to prevent and reduce the factors that feed the vulnerability and social exclusion of the at-risk groups in our society.

Parallel with the assessment of the social needs of vulnerable groups, this study also analyses the actual situation of social services provided by the state and the nongovernmental sector. On the basis of the analysis of the indices of the distribution of social services provided by the state and the non-public sector, we have identified the fact that these services primarily cover the main urban areas and, in general, the low coastal area of the country, whereas the rural areas and the remote and geographically isolated communities, especially in the north and northeast, remain largely uncovered for social services.

On the basis of processing the indices of the distribution of the structures of social services, it also became possible to create the *Map of the Distribution of the Public and Non-public Institutions of Social Services*.

This study confirms that, although at-risk groups are present throughout the country, their frequency and specific needs vary from one region to another. Of particular interest is precisely the lack of appropriate structures at the regional and local level to prevent, treat, and integrate the neglected groups into the mainstream of social development.

The analysis and assessment of the social situation of at-risk groups, the identification of the quantitative indices of their distribution, regardless of the limitations and shortcomings underlined above, will be further enriched with much more profound, complete, and systematic analyses; only thus will they serve as an important instrument:

- to better understand the dimensions of the vulnerability on a national scale;
- to determine the directions and priorities of the intervention through multi-dimensional programmes of the development of social services; and
- to extend and expend social services in the community by promoting new models of alternatives (typologies) closer to recipients and depending on the specific conditions and needs of people.

Judging the study from this viewpoint, without denying its importance and value, further deepening of the efforts on the part of the SSS to monitor the social problems, in order to serve the development and implementation of decentralisation and the extension of social services to the community, remains a duty of high priority.

The study, *Assessment of the Criteria and Indices of the Distribution of Economic Aid* is focused on the analysis of some essential aspects of the functioning and managing of the scheme of economic aid, which represents an important instrument for mitigating poverty and supporting the social strata in need.

The activity of the SSS is governed on the basis of the improvement of legislation. During 2001–03, the following decisions were approved:

1. Decision of the Council of Ministers No. 31, dated January 20, 2001, “On the Benefits from the Status of the Paraplegic and Tetraplegic Invalids”.

2. Instruction No. 932, dated April 25, 2001, "On Benefiting Economic Aid for the Families of Labour Invalids Who Profit from Law No. 7889, dated December 14, 1994, "On the Status of Labour Invalids".
3. Decision of the Council of Ministers No. 113, dated March 31, 2002, "On Economic Aid".
 - Instruction No. 927/3, dated May 31, 2002, "In Support of the Decision of the Council of Ministers No. 113".
 - Instruction No. 927/4, dated May 31, 2002, "On the Procedure, Documentation, and Control of Granting Economic Aid".
4. Decision of the Council of Ministers No. 153, dated April 25, 2002, "On the Approval of the Status of the State Social Service".
5. Law No. 8721, dated December 26, 2000, "On an Addition to Law No. 7710, dated May 18, 1993, "On Social Aid and Care".
6. Decision of the Council of Ministers No. 301, dated June 27, 2002, "On an Amendment to the Decision of the Council of Ministers No. 277, dated July 18, 1997, "On the Benefits from the Status of Being Blind".
7. Decision of the Council of Ministers No. 302, dated June 27, 2002, "On an Amendment to the Decision of the Council of Ministers No. 31, dated January 20, 2001, "On the Benefits from the Status of the Paraplegic and Tetraplegic Invalids".
8. Common Instruction of the State Social Service and of the General Directory of Customs "On the Procedures of Exemption from Customs Import Tariffs Imposed on the Equipment Belonging to Paraplegic and Tetraplegic Individuals".
9. Decision of the Council of Ministers No. 304, dated June 27, 2002, "On Some Amendments to the Decision of the Council of Ministers No. 311, dated July 11, 1994, "On Benefiting from Disability" with its respective changes.
10. Decision of the Council of Ministers No. 196, dated May 9, 2002, "On Some Additions and Amendments to the Decision of the Council of Ministers No. 510, dated November 24, 1997, "On the Criteria of Introducing in Residential Institutions Social Care, and the Documentation Required for Admission".

11. Decision of the Council of Ministers No. 402, dated August 22, 2002, “On Fixing the Financial Quota to be Benefited from the State by Persons Without Any Income, Who Live in Public Institutions of Social Care, to Cover their Personal Needs”, as well as Instruction No. 165, dated January 27, 2003, issued in support of it.

The Ministry of Labour and Social Affairs has prepared the following draft decisions:

1. Draft Decision “On an Amendment to the Decision of the Council of Ministers No. 671, dated December 15, 2000, “On the Creation of the Medical Commission to Determine Blindness”.
2. Draft Decision “On Starting the Functioning of the Centre Receiving the Victims of Trafficking” in Linza.

The work team has been created to compile the Draft Law “On Social Services”, and it is working to submit it for adoption in due time, its deadline being December 2003.

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Bosnia and Herzegovina: National Report on Social Services

Šefik Rizvanović¹

Social Service Legislation

Constitution

According to the Constitution of Bosnia and Herzegovina (B&H), adopted in 1995 (Annex 4 of the General Framework Agreement for Peace in B&H), Bosnia and Herzegovina is a complex state consisting of two distinct Entities: the Federation of Bosnia and Herzegovina (FB&H – comprising ten administrative units known as cantons) and Republica Srpska (RS). Another administrative entity is the Brčko District of Bosnia and Herzegovina (BD) consisting of the town of Brčko and its surroundings. The Constitution prescribes the division of administrative and legal responsibilities between the institutions of Bosnia and Herzegovina and the two primary Entities.

Under the Constitution, the responsibilities of the institutions of Bosnia and Herzegovina cover the following:

- foreign policy;
- foreign trade policy;

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- customs policy;
- monetary policy;
- financing institutions and the international obligations of Bosnia and Herzegovina;
- immigration, refugee, and asylum policies and regulations;
- international and inter-Entity criminal law enforcement, including relations with Interpol;
- establishment and operation of common and international communications facilities;
- regulation of inter-Entity transportation; and
- air traffic control.

All governmental functions and powers not expressly assigned to the institutions of B&H are those of the Entities and are set forth in the Constitutions of the Federation of Bosnia and Herzegovina (FB&H) and Republika Srpska (RS). They include education, environment, social security, and other areas. The Entities may agree to assign certain governmental functions to the jurisdiction of the institutions of Bosnia and Herzegovina.

- Article 15, paragraph 2 of the Law on the Ministries and Other Administrative Bodies of Bosnia and Herzegovina define the jurisdiction of the Ministry of Civil Affairs of B&H. According to this law: “The Ministry is responsible for conducting the affairs and executing the tasks within the jurisdiction of Bosnia and Herzegovina in relation to determining the basic principles of coordination of activities, harmonising the plans of Entity governmental bodies, and defining strategy at the international level in regard to the following:
 - health and social services;
 - pensions;
 - science and education;
 - labour and employment;
 - culture and sport; and
 - geodetic, geological and meteorological affairs”.

Recent Legislative Initiatives

Federation of Bosnia and Herzegovina (FB&H)

The primary laws relative to social protection in the FB&H are as follows:

- Law on the Bases of Social Security, the Welfare of Civilian War Victims and the Welfare of Families and Children (*Official Gazette of Federation of Bosnia and Herzegovina*, No. 36/99).
- Cantonal Laws on Social Security, the Welfare of Civilian War Victims and the Welfare of Families and Children. Eight cantonal laws have been adopted: Unsko-Sanski, Tuzla, Zenica-Doboj, Bosnian-Podrinje, Middle-Bosnian, Western-Herzegovina, Sarajevo, and Herzeg-Bosnian.
- Law on Family (*Official Gazette of the SR B&H*, Nos. 21/79 and 44/89).

Republika Srpska (RS)

The primary laws relative to social protection in the RS are as follows:

- Law on Social Protection (*Official Gazette of RS*, Nos. 5/93 and 15/96);
- Law on Children's Protection (*Official Gazette of RS*, No. 4/02);
- Law on Family (*Official Gazette of RS*, No. 54/02);
- Law on Contributions (*Official Gazette of RS*, No. 51/01);
- Convention on Realisation of the Alimentation Requests Abroad (*Official Gazette, FNRJ*, Appendix No. 2, May 25, 1957 – New York, 1956);
- Rules of Procedures on Determining, Evaluating, Classifying and Documenting Children and Young People with Physical and Psychological Difficulties (*Official Gazette of RS*, No. 33/86);
- Rules of Procedures on Work and Norms, Expertise and Conditions of Institution for Social Work (*Official Gazette of RS*, No. 4/02);
- Rules of Procedures on Family Participation in Funding the Users of Social Benefits (*Official Gazette of RS*, No. 83/02);

- Rules of Procedure on Educational Curriculum and Education of Students with Slight Mental Difficulties (*Official Gazette of RS*, No. 25/93);
- Rules of Procedures on Criteria and Measures for Establishing the Price of Services for Accommodation, Price of Work Training Programme, Price of Working Programmes of the Centre for Social Work for the Users of Social Benefits (*Official Gazette of RS*, No. 83/02);
- Rules of Procedures on Conditions Related to Space, Equipment, Expertise and Other Workers for the Institutional Establishment of Social Protection Mechanisms (*Official Gazette of RS*, No. 26/03);
- Rules of Procedures on the Process of Claiming and Fulfillment of Rights of Employed Parents to Take Time from Their Work for Intensive Care of a Child with Psycho-physical Difficulties (*Official Gazette of RS* No.14/03);
- Decision on Criteria for the Distribution of Funds of State Lottery for Socio-Humanitarian Activities (*Official Gazette of RS*, No. 21/01);
- Decision on Approval of Funding to Institutions for Social Protection (*Official Gazette of RS*, No. 36/02);
- Decision on Establishing the Pensioners' Home and Old People's Home in Prijedor (*Official Gazette of RS*, No. 7/99);
- Decision on Establishing Children's Home "Rada Vranješević" in Banja Luka (*Official Gazette of RS*, No. 7/99); and
- Decision on Socio-Geriatric Center in Banja Luka (*Official Gazette of RS*, No. 7/99).

Brčko District of Bosnia and Herzegovina (BD)

The Brčko District (BD) Assembly has two new laws and an old one related to social services. These are:

- Law on Social Protection in Brčko District of B&H (*Official Gazette of Brčko District*, No. 1/03);
- Law on Child Protection in Brčko District of B&H (*Official Gazette of Brčko District*, No. 1/03); and
- Law on Family (*Official Gazette of SR B&H*, No. 21/79).

Nongovernmental Social Service Legislation

The Law on the Bases of Social Protection, the Welfare of Civilian War Victims and the Welfare of Families and Children provides the opportunity for the nongovernmental sector (humanitarian organisations, citizen associations, religious communities, and other organisations established by citizens, individuals, and legal foreign persons) to carry out social protection activities, as well as the government sector.

Based on canton regulations, it is possible to approve other rights of social protection in accordance with the programme of social protection development.

Funding and Expenditures

The Law on the Allocation of Public Revenue in the FB&H (*Official Gazette of FB&H*, Nos. 26/96 and 32/98) specifies the distribution of public revenues between the Federation and the cantons. A significant proportion of the revenue is allocated to the cantons and the regulations prescribe the type and level of revenue allocated to the municipalities, out of which social protection is funded.

Funding Levels and Sources

The number of socially disadvantaged persons in Bosnia and Herzegovina is very large but the level of funding for their protection is very low. According to data from the *Poverty Reduction Strategy Paper for Bosnia and Herzegovina* (PRSP), the budget allocated for social and child protection in the FB&H is only 0.7 percent of the gross domestic product. In the RS it is 1.1 percent of the GDP.

In Republika Srpska in 2002 the total budget of all municipalities amounted to approximately BAM 341,895,029 and the amount designated for social protection was about BAM 8,628,239 or 2.54 percent. This amount had been spent for 28,034 users of social benefits.

Current Reform Initiatives

Recent Social Service Policy Reforms

Reform initiatives for transformation of the social sector are in process in both government Entities and will be implemented through World Bank credit support SOSAC I and II, as well as credit SOTAC (credit for structural harmonisation of the social sector and social sector technical support). The first step in moving the reforms forward is the adoption of the Social Support Strategy by the FB&H government in 2002. The next steps will be to make changes in the current legislative framework, along with a unified approach to securing the financial means for covering the social needs of the most vulnerable categories of citizens.

Federation of Bosnia and Herzegovina

Reform in the social sector in the FB&H is made possible by the following three policy documents:

- *Social Support Policy in Federation of Bosnia and Herzegovina*, within the framework of establishing social sector technical assistance credit through SOTAC of the World Bank;
- *Action Plan for Children in Bosnia and Herzegovina 2002–2010*; and
- *Poverty Reduction Strategy Paper* (PRSP).

The basic aims for reform are as follows:

- find new possibilities for distributing public financial resources in the FB&H in favour of social and child protection; or strengthen efforts to obtain new public resources for social and child protection at the Entity level and direct those incomes to those cantons that cannot ensure social protection for its citizens because of economic reasons;
- establish a minimum level of social welfare/social protection in the entire FB&H, along with designation of the financial resources that would permit the realisation of a minimum;

- change current legislative regulations by adopting a special Law on Social Protection, Law on Child Protection, and Law on Persons with Disabilities that would provide minimum rights at the Entity level, along with the possibility of expanding rights through cantonal laws;
- create a new database for the minimum level of social protection for the most endangered and most vulnerable populations;
- include the nongovernmental and private sectors in the system of social protection; and
- harmonise the roles of social protection at the FB&H level.

The realisation of these basic reform goals will depend on finding sources of funds for this purpose.

Republika Srpska

Republika Srpska is likely to be passed over by reform initiatives. On the one hand, the RS is connected to change and fulfillment of the Law on Social Protection where rights and duties have to be harmonised with needs and possibilities. On the other hand, the RS has to oblige municipalities to find a more successful way of funding than currently exists. At the same time, along with social transformation in the RS, there is also an initiative in the transformation of the social protection system. The RS government has adopted a programme of social protection with the goal of establishing regulations at the RS level, particularly when the basic rights of users are under question. The RS insists on the highest level of solidarity in finding and distributing funds, affirming a non-institutional method of services, providing services for users at the local level, and collaborating with NGOs and the private sector.

In this context, the following concrete initiatives for social service reforms are in process in the RS:

- Programme of Preserving Social Stability during the Privatization Process (*Official Gazette of RS*, No. 14/02);
- Programme of Transformation of Social Protection in the Republika Srpska (*Official Gazette of RS*, No. 31/02);

- Activities Related to Changes and Supplements to the Law on Social Protection;
- Activities Related to the Feasibility of the SOTAC Project; and
- Development Strategy of Bosnia and Herzegovina.

Brčko District of Bosnia and Herzegovina

The reform of social services in the Brčko Municipality started with the establishment of the Brčko District of Bosnia and Herzegovina. By 2000, any Entity law on social protection could be established, as long as it is used in an appropriate way. This led to the drafting of the Temporary Decision on Social Protection for persons who need help in the Brčko District.

Impediments to Reforms

The primary potential impediment to the implementation of reforms in the BD is the possible lack of financial means and resources.

The Government of the Brčko District was established in April 2000. With regard to social services, the BD immediately adopted provisional decisions on needy persons. As well as recognising the need to expand rights to services, it incorporated the Law on Social Protection and Child Welfare of the Brčko District in collaboration with the Office of the High Representative (OHR) legislative team in Brčko. There were no obstacles to reform that could be observed based on the comprehensive funding resources that were designated for expanding availability and rights for services in the Brčko District.

The reform of social services started with the creation of working drafts of the Law on Social Protection, as well as the Law on Child Protection of the Brčko District, developed by employees working in social services who were in the best way able to point out the real needs of social service users.

Structure of Delivery System

Major Government Social Service Programmes

The problem of social protection in B&H is that it is administered at the Entity level. This means that the nation lacks uniform legislation at the state or national level and, therefore, social protection is not provided in the same way and under the same conditions throughout B&H.

Federation of Bosnia and Herzegovina

The Ministry for Labour and Social Policy of the FB&H Government (Sector for Social and Child Security), along with the nongovernmental sector, executes social services for the purpose of removing, preventing, and alleviating social problems in the FB&H. In the FB&H, social protection is provided for citizens and families who need it by local, community-based, service agencies. These local agencies provide assistance to the most vulnerable populations who are in temporary or permanent need that cannot be addressed without help. In the FB&H, social care, as an integral part of social policy, is based on the principles of decentralisation. This means that the FB&H makes legislation and rules, but it is the cantons, more specifically the local community-based social services agencies, that directly work with users of social care and offer them social services.

Social rights that are ensured by the Law on the Basis of Social Protection, the Welfare of Civilian War Victims, and the Welfare of Families with Children are as follows:

- cash subsidies and other material support;
- training for life and work;
- accommodation with another family;
- accommodation within institutions with social protection;
- services in conjunction with social and other specialised work; for example, social services for families that have problems with alcohol and child delinquency, etc.; and
- home care and home help.

In the FB&H the direct provision of social security and child welfare takes place in the cantonal ministries of social policy through the operation of 79 local social service agencies that handle the affairs of social and child welfare (54 Centres for Social Work and 25 services deal with social and child welfare) and two cantonal Centres for Social Work in Sarajevo canton and in Bosnian Podrinje canton.

Republika Srpska

In the RS, the Ministry of Health and Social Policy establishes government policies relative to social protection. The Law on Social Protection, which has been in force since April 1993, regulates the rights of users in the field of social protection. This Law confirms that is the duty and responsibility of municipalities to find the means for the realisation of rights with regard to: material safeguarding, support and other personal care, accommodation within institutions of social protection, accommodation with other families, safeguarding the means for social work services, and funding Centres for Social Work. However, ensuring the realisation of rights in this way has proved to be a questionable solution. A major problem is that the amounts of funds for facilitating rights are not equal and they consume up to nine percent of the planned budgets of municipalities. In 2002, the average actual proportion of resources for social protection was 2.54 percent of the budget. Thus, rights were confirmed without any description of the possibilities and capacities of the municipalities to enable the rights. Therefore, the responsibility of the RS for social protection of the most vulnerable population has not been successful.

This approach to funding has enhanced the disproportionate needs and possibilities between economically developed and less developed municipalities. Of course, those municipalities that are less developed have greater needs for its inhabitants and fewer possibilities for resources. Under this condition, the principle of solidarity in finding resources is simply forgotten.

Brčko District

In the Brčko District government policies related to social services are the responsibility of the Department for Health, Public Security and Citizen Service. According to the Law on Social Protection of the Brčko District, social service rights are as follows:

- permanent social support;
- cash allowance for the family;
- cash allowance for schooling and work training for children with special needs and the majority of persons with disabilities;
- mother's allowance (cash benefit);
- assistance in obtaining equipment for the newborn;
- children's allowance (cash benefit); and
- psychosocial training for pregnant woman and married people who want to have children.

At the time of the establishment of the Brčko District and the formation of governmental departments, the Department for Health and Citizen Service was also created. An integral part of the Department for Health and Citizen Service in the BD is the Centre (Sub-department) for Social Work.

The Centre for Social Work provides four primary services as follows:

- services for child protection;
- services for psychosocial protection;
- services for general protection and protection related to marriage and family; and
- socio-geriatric services.

The Deputy for Social Protection, who is directly responsible to the Chief of the Department, manages the distribution of services.

Each service provided through the Department has its own director who is continuously informed about current events in the Department. The manager is responsible for satisfying the needs of users and, with the whole team of providers, participates in creating measures to address the problems, as well as their causes.

A very important characteristic of this process is that employers are not only the executors of regulations, but are also the creators of the regulations, which are based on their work experiences. In contrast to the Centre for Social Work in the government Entities, social service activities in the Brčko District are being implemented and improving every day, making the staff very proud of the results that are being achieved.

The Centre for Social Work or Sub-department in the BD has 29 employees, along with Social Protection Assistants, of which 17 work in the Centre. Twelve employees do their work in socio-geriatric services that primarily provide 24-hour care for 26 users.

The government of the Brčko District is the only institution that provides a means for the implementation of selected projects developed by the Centre for Social Work in the Department for Health and Citizen Services.

Social Sector Technical Assistance Project

The Social Sector Technical Assistance Project is aimed at establishing a user database and registry for Centre for Social Work and training staff. It is funded by the World Bank's International Development Association (<http://www.dgmarket.com/eproc/np-notice-view/398383?full=t>).

Nongovernmental Sector

The nongovernmental sector in the FB&H developed during the war, thanks to the assistance of the international community. NGOs offer their assistance to endangered and vulnerable populations who are users of social services. They provide a range of services, including: food, clothing, psychosocial support, home assistance, and accommodation in NGO social service institutions for children without parental care, the elderly, and daycare for persons with disabilities.

It should also be noted that NGO funds, as well as local community funds, have been used to establish six social service institutions for children without parental care. These are the Children's Villages in Sarajevo, Gračanica, Turija-Lukavac, Međugorje, Bihać, and Kulen Vakuf, housing a total of 493 children.

Two other community-based institutions for the elderly are located in Novi Travnik and Nova Bila, providing care for 92 persons.

Over a short period, 11 day centres were established in the FB&H (seven NGOs, four cantonal government centres) to care for the mentally handicapped in the towns of Sarajevo, Mostar, Tuzla, Novi Travnik, Zenica, Srebrenik, Gračanica, and Zavidovići, among others.

In the RS, the primary social services provided by NGOs are primarily related to psychosocial assistance and support to persons who are in a very difficult situation, as well as programmes related to juvenile delinquents, use of narcotics, violence, and care and assistance to the elderly and sick persons.

Local NGOs have not shown great interest for financial participation in the implementation of programme aims of the Centre for Social Work of District Brčko. However, there is potential for stockholders and trade unions as partners. It is expected that a Centre for Social Work will be soon developed in the Brčko District to administer services that are offered by NGOs.

Provision of Services

Throughout the *Poverty Reduction Strategy Paper* (PRSP) that is focused at the state level of B&H, social protection policies include the most endangered categories of inhabitants in ensuring minimum social rights to everyone in the FB&H, in particular a minimum of social protection, compensation for civil victims of the war, and a children's allowance. Because of the lack of resources and financial means in the cantons of the FB&H, the government decided that under the same conditions the same amount must be ensured for at least a minimum of the rights for all users. Establishment of this policy decision depends on the creation of credit for the structural adaptation (Social Sector Adjustment Credit – SOSAC I and Social Sector Technical Assistance Credit – SOTAC) of the World Bank. More information on this credit programme is available on the Web at: <http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:20027006~menuPK:34470~pagePK:40651~piPK:40653~theSitePK:4607,00.html>.

The PRSP also includes the Brčko District, which informs the B&H Office of the Coordinator for the PRSP on its measures and activities.

During the preparation of the report for PRSP, it was shown that all of the major participants of the local community of Brčko District need to be involved. Thus, in drafting the reports for the strategy in Brčko District, the legislative and executive powers participated as equal members, including representatives from trade unions, stockholders, and civil society, showing that only through common efforts can the revision of the implementation strategy of existing programmes be fully achieved. This approach also allows for timely reaction in procedural matters while exploring the real possibility of implementing reforms.

Centres for Social Work have a key role in the proper implementation of social welfare programmes in the FB&H at the local level. Centres for Social Work are funded and administrated by cantonal governments. In 2002 the total number of staff in the centres was 596. This number of staff is inadequate for the total number of inhabitants and for the quantity and structure of the work they are required to carry out. Staff increases in the Centres for Social Work and related services is essential to achieve the appropriate number of trained staff, to provide ongoing staff training, and to enhance the levels of cooperation between Centres for Social Work.

In the FB&H there are 25 social security institutions accommodating 3,169 beneficiaries. These institutions include the following:

- six homes for children without parental care, in Sarajevo, Mostar, Zenica (2), Tuzla, and Gradačac, accommodating 452 children;
- three institutions for people with physical or mental development problems in Pazarić, Drin and Bakovići, housing 1,052 beneficiaries;
- six institutions caring for old people in Sarajevo, Mostar East and Mostar West, Travnik, Tomislavgrad, and Goražde, accommodating 871 elderly persons;
- one institution caring for abandoned and neglected children in Sarajevo, housing 22 children; and
- one institution in Sarajevo caring for chronically sick, disabled, and infirm persons unable to look after themselves and who have no relatives able to care for them, housing 187 beneficiaries.

Other examples in the FB&H that provide related social services are:

Child Care Centres

In B&H there are two SOS Kinderdorfs international children's care centres (Children's Villages) in which there are approximately 180 boys and girls without parental care. One Village is in Sarajevo and the other is in Gračanica. Many citizens and companies in B&H contribute financially to these institutions. More information about these projects is on the Web at: <http://www.sos-childrensvillages.org/cgi-bin/sos/jsp/wherewehelp.do?lang=en&site=ZZ&nav=2.3&ct=11564>.

Elderly People

One of the rights of social protection for old people in FB&H is home care and help at home. This includes the organised delivery of different kinds of services such as feeding, doing housework and related work, and caring for the personal hygiene of clients. Both government and NGO sectors administer this kind of support for the elderly.

There are provisions for accommodating the elderly into other families to meet older persons' life needs when these cannot be fulfilled by their own families or in any other way. This is a new approach in the FB&H because in the past, as well as currently, only children without parental care in foster families were covered. This is a more humane, efficient, and less expensive form of protection for disadvantaged groups of people that supplements the institutional form of protection as an alternative form of care.

Poverty Victims

The most common users of social protection are financially disadvantaged people in the FB&H society. Based on the availability of material resources, which are not equal in all areas of the FB&H, the government provides financial monthly benefits, including benefit coupons, to the most needy. In addition,

permanent support is also currently available in five cantons ranging from BAM 20 to 177 per month; periodical support is available in five cantons, ranging from BAM 20 to 150 per month; and children’s benefits are available only in one canton of the FB&H that range from BAM 16 to 24 per month.

Through specialised projects, NGOs also provide support in the form of food, clothing, hygiene, and other needs for the most disadvantaged persons. Unfortunately, with the departure of international NGOs, this kind of support is diminishing.

Disadvantaged Persons in Republica Srpska

In Republica Srpska (RS) there are approximately 1,476,528 inhabitants, of whom about 138,266 (9.36 percent) are socially disadvantaged persons who can be grouped into the following categories as shown in Table 1.

Table 1		
Category and proportion of socially disadvantaged populations in Republica Srpska		
Category	Number	%
Materially disadvantaged and disabled for work	25,551	18.48
Old people without family care	16,422	11.88
Invalids	10,022	7.25
Persons with socially negative behavior	2,971	2.15
Persons who require special protection due to special circumstances	59,948	43.36
Recipients of government cash benefit	23,352	16.88
Total	138,266	100.00

Table 2	
Number of refugees and displaced persons in Republica Srpska	
Number of refugees	134,359
Number of displaced persons	161,305

As shown in Table 3, there are about 5,169 disadvantaged children in Republica Srpska in seven major categories:

Table 3
Proportion of disadvantaged children in Republica Srpska

Category	Number	%
Children without parental care:	817	15.81
• Accommodated in the extended family	659	12.75
• Accommodated in social protection institutions	110	2.3
• Accommodated in foster families	48	0.93
With impaired speech and hearing	310	6.00
With impaired sense of sight	129	2.50
Persons with physical handicaps	274	5.30
Abused children with psychological problems	1,427	27.61
With a combination of difficulties	375	7.24
Children with behavior problems	1,837	35.54
Total	5,169	100.00

Characteristics of Good Practices

There are a variety of models of good practices in delivering social services in B&H, including programmes in the two primary Entities of FB&H and the RS, as well as in the BD. Some of these are briefly described below.

Dialogue on Social Reforms in B&H

An example of good practice in which service users are involved in the process of decision making is a campaign entitled “Forty Days of Dialogue on Social Reforms”. Competent Ministries of both B&H Entities (FB&H and RS) implemented this campaign in May 2003. The campaign, in terms of public hearings was carried out in the 29 largest cities in B&H. The aim of this very successful campaign was to gather the opinions and suggestions of users

in relation to the current reforms in the field of social care in both Entities. The hearings also addressed the future changes of the law and of the Rules of Procedures in the field of pensions and invalid protection.

Centres for Social Work in B&H

To be able to deliver the most efficient, most responsible, and most transparent social services, Centres for Social Work are well equipped with personnel, technical tools, and a well-organised database of social service users. For example, old people are provided with home care and help at home, and those who live in rural areas are also provided with medical protection and care. Children with mental and physical handicaps are provided with daily care and for other categories, there are special projects; for victims of violence in the family SOS phones are available. People who are employed in the Centres for Social Work, Social Help, Social Care, Social Labour, etc. receive additional education for the protection of disadvantaged groups. NGOs at the local level are completely involved, through specialised projects, in supporting disadvantaged groups. In other geographic areas and municipalities (Jajce, Banja Luka, Trebinje, Gornji Vakuf) the same or similar models or practices of good care and delivery of social services are implemented as well.

Finnish Project in Two Cities of B&H

A good practice within the context of international support is the project “Support to the Social Sector B&H” which was funded in two cities of B&H (Travnik and Prijedor) by the Government of Finland, which also implements UNDP and IBHI-B&H programmes. It is an example of a good practice experiment that is related to the delivery of social services to vulnerable categories of inhabitants (old people, victims of poverty, victims of violence, victims of abuse, invalids, dependent people, and others). Services in the municipalities in which this project has been implemented are harmonised at all levels of authority (state, entity, canton, and municipality), developing

a mixed system of social protection (complex traditional model). This means that the most disadvantaged group of people have been included, in addition to the government sector (centres for social labour, municipal organs in charge of social protection and institutions for accommodation) and the nongovernmental sector. The project represents a new model in solving the problem of social safety with the aim of developing a sustainable system of social protection. The project is characterised by a mixture of services that are oriented towards the user and community, while being funded at the local level.

Persons with Disabilities in the FB&H

A new good practice in the protection of people with disabilities (persons with physical and psychological disabilities such as: blindness, partial blindness, deafness and partial deafness, those with voice and speech imparities, physical infirmities, and those with permanent problems in development, disturbance in physical development and combined disturbance) is the opening of Daily Centres for Invalids. Since 1997, 11 centres of this kind have been opened in the FB&H. The elimination of physical obstacles for persons with handicaps is a “good practice” in all of Bosnia and Herzegovina.

Invalids are also ensured financial support for help and care by another person. This type of beneficiary (9,768 persons in six cantons of the FB&H) receives cash benefits ranging from BAM 30 to 171 per month.

Canton of Sarajevo

An example of a model for good practices in all social services is the Canton of Sarajevo, with its well-developed legislative framework, secure funding, and well-equipped local services of social protection. A description of the range of services may be found on the Web at: http://www.pkasa.com.ba/engleski/poslovni_ambijent/kanton_sarajevo/kanton_sa.html.

Habitation for Independent Life and Work in the FB&H

Another good practice is the Habilitation for Independent Life and Work that is available in four cantons of the FB&H with financial support in amounts ranging from BAM 60 to 488 per month.

Republika Srpska

Characteristics of good practice projects in the RS include:

- collaboration between the Centres for Social Work and NGOs in Banja Luka, Prijedor, and Trebinje;
- good practices in the Centres for Social Work for the protection of children with special needs;
- current Laws on Social Services;
- project of the socio-pedagogical communities;
- collaboration in financing and delivering resources for socio-humanitarian needs; and
- education of directors of the Centres for Social Work.

Child Welfare Fund in the RS

A specific example of a good practice in Republika Srpska is in the field of child welfare under the Law of Child Welfare that established the Child Welfare Fund. The Fund has created services for a great number of children, including those with special needs, especially in rural areas. The Fund is financed by contributions of two percent of payroll at the Republic level. The continuing establishment of rights under this programme has mostly proceeded as planned. It has provided a good basis for further work regarding space, staff, and information.

Equalised Distribution of Funds in the RS

Under a new strategy in the RS, users of the social and children's protective services can expect a higher level of social protection and more solidarity at the community level. It will also diminish the disproportions between developed communities and those less developed through a more adequate distribution of funds for social needs and child welfare. Users can expect new types of social protection for selected populations. This includes, for example, developing social-pedagogical life services by the family doctor, developing and operating centres for mental health, and other types of services that will result from general experiences and specific experiences with the Fund.

Coordination Body in BD

An example of good practice in the Brčko District is offering services to the drug dependent population through a community-based "Coordination Body" that was established in 2001 in an effort to decrease drug dependency. Based on a decision by the Mayor of Brčko District in 2002, this body was enlarged to 13 members to include five experts from the Department of Health, five from public security and services to the citizens (two neuropsychiatrists, two clinical psychologists and one specialised pedagogue), a representative of public health (epidemiologist), two representatives from the primary and secondary schools, two representatives from the police department, two representatives from young people's nongovernmental organisations and one representative from the Brčko District Assembly. The main task of this Coordination Body in the Habilitation for Independent Life and Work District is the prevention of drug dependency as part of a project entitled "A Drug-Free District".

Model of Collaboration in Good Practices Based on the Public/Private Partnership

Multi-participation partnership includes authorities, businesses, trade unions, representatives of the services for social support, religious institutions,

developing expertise for social labour, medical support, nongovernmental organisations, citizen unions, and other interested legislative representatives and citizens.

However, because of the very difficult situation in the FB&H as a consequence of the war and transitional procedures, the situation of social protection could be viewed as very troublesome with regard to violations of human social rights. The primary problem relative to the development of good practices in protection of the most disadvantaged categories of citizens is the lack of means and the increase of the numbers of socially disadvantaged citizens.

Relationships with Academia

Relationships between academia (universities), government, and NGOs are weak. Universities in the FB&H are organised on a cantonal level, and in RS on an Entity level. Brčko District has no universities.

There are, however, MA degree programmes in Community Mental Health in Sarajevo and Banja Luka through the Tempus project on Community Mental Health (retrieved from the Web, September 11, 2003 at: <http://www.cmhr-bosnia.org/en/edukacija.htm>).

Interviews with Key Individuals

Written interviews were conducted with high officials of ministries for social work separately from the two government entities: 1) the Federation of Bosnia and Herzegovina; and 2) Republica Srpska, as well as the Brčko District Department for Health and Citizen Service. In the five-page questionnaire information was sought relative to the following:

- data on expenditures in social work area that are important;
- tables with expenditures by specific data (sex, age, rural or city areas);
- important social service legislation;
- how to identify good initiatives in reforming social services;

- how to define and discover good practices with references to each type of vulnerable population;
- basic characteristics of good practices (definitions);
- prevailing models of cooperation in good practice based on public-private partnerships, etc.

Summary of Interviews

- There is no unique strategy for social services in all of Bosnia and Herzegovina currently underway.
- There are no unique criteria for any kind of assessment of the needs for social services.
- Three entities (Federation of B&H, Republica Srpska, Brčko District) do not have the same opinion about what is most important for the whole country.
- Three separate government Entities are administratively similar to three states. It is almost impossible to obtain answers on the same question from all Entities. The group of questions is always answered differently in each Entity. Thus, interviews had to be organised independently in three different systems (two Entities and Brčko District). The interviews show the differences in social services and the variety of strategies of the three systems of services in one country.
- It is necessary to promote collaboration between the Centre for Social Work and state and other institutions (court, schools, trade union organisations, etc.).
- There should also be collaboration between Centres for Social Labour and NGOs.
- It is desirable to replicate good practices in the local Centre for Social Work of the Brčko District.

October 2003

Bulgaria: National Report on Social Services

Maria Jeliaskova, Georgi Georgiev, Radosveta Abadjieva¹

This report addresses the delivery of social services in the Republic of Bulgaria. In particular, it focuses on recent legislative changes, characteristics of the best practices, and the role of social services in the development of social policy, while simultaneously paying attention to the impact of NGO activities on the decentralisation of social services. Social services should be conceived as forming prior mechanisms of social policy implementation. They are key instruments that work together with economic policy to ensure equitable and socially sustainable development.

Background

As a country in transition, Bulgaria has made radical changes in all spheres of life and especially in social policy. During the period of reforms of the social system there have been many alterations. Before the years of transformation, the main provider of social services was the state. Social services were limited and there were no possibilities to choose the type and/or provider of services.

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Reforms in Bulgaria are aimed at building a civil society and market economy. The necessary conditions for transposition of the *acquis communautaire* in national social policy have been established. All responsible institutions (Ministry of Labour and Social Policy, Ministry of Health, Ministry of Education and Science, etc.) have accomplished the preparation necessary for adaptation and coordination of national policy within the social sector to the *acquis* and good practices of EU member states.

Social Service Legislation

On January 1, 2003 the amendments of the Social Assistance Act came into force (*State Gazette* No. 120 of December 29, 2002). The introduction of an individual approach in social work is one of the most important legal amendments. It will be accomplished by an “individual project” for social integration, prepared by social workers from Social Assistance Directorates. Individualised social work will contribute to correctly assigning all persons’ needs to the most appropriate form of social support, including provision of a variety of services.

Social Assistance Act

The promotion of social entrepreneurship is one of the targets of the Social Assistance Act (SAA). The Act includes an opportunity for municipalities, individuals, and legal entities to actively take part in rendering social services. Under the Act, a process of registration has replaced a licensing system. Only in cases of rendering social services to children is there a requirement for a license with the State Agency for Child Protection. The chairperson of the State Agency grants the license for Child Protection. The Act also makes it possible to develop alternative services through financing by the state budget, the Social Assistance Fund, in the Ministry of Labour and Social Policy (MLSP). In addition, the law has created the legal prerequisites for the de-institutionalisation of services.

The specialised institutions and alternative social services are under the management of municipalities but they are funded from the state budget (CMD No. 612 of September 12, 2002, that came into force on January 1, 2003). This refers only to the specialised institutions, which, prior to January 1, 2003, were under the responsibility of the MLSP. By giving an opportunity to municipalities for the development of social services for people at risk, a decentralisation of the social services management has been achieved. For the first time, civil control of social services in specialised institutions and the community have been taken into consideration. It will be performed by public councils and by the councils of service consumers.

Regulation for the Implementation of the Social Assistance Act

The amendments of the Regulation for the Implementation of the Social Assistance Act (RISAA) (*State Gazette* No. 40 of April 29, 2003, entered into force on May 1, 2003) introduce criteria and standards for provision of social services in specialised institutions and for community-based services. They are compulsory for all service providers: the state, municipalities, and private sector. The Inspectorate within the Executive Director of the Agency will implement standards in the delivery of services for Social Assistance specialised for monitoring performance criteria established by the Social Assistance Act. Sanctions for non-compliance with regulation standards have been increased. The basic standards regulated by this document are: material conditions, qualification of personnel, health care, nutrition, education, provision of possibility for personal contacts and organisation of spare time, among others. Providers of social services in specialised institutions have a duty to keep a record that will document the stay of accommodated persons.

Child Protection Law

Amendments of the Child Protection Law have also been enacted (*State Gazette* No. 36 of April 18, 2003). Priority has been given to social services for children provided at the community level. Placement in specialised institutions can only occur in cases when the possibilities for keeping the child in a family

environment are exhausted. The Law stipulates a strict procedure for control on specialised institutions by the State Agency for Child Protection. Foster care and adoption, included as measures for child protection in the Law, are introduced as two of the most important features of the process of de-institutionalisation. The amendments led to a universal order that placing children with relatives, in a foster family, or in a specialised institution can be done only through the court and with an order from the director of the Social Assistance Directorate within the Agency for Social Assistance.

The relevant secondary legislation for effective implementation of the Child Protection Law has been drafted. This includes: Regulation on the Implementation of the Child Protection Law; Ordinance for Prevention and Reintegration of the Children at Risk; Ordinance for Protection of Gifted Children; Ordinance for Special Protection of Children in Public Places; and Ordinance for Terms and Conditions for Selection and Approving of Foster Families and Placement of Children Therein.

The main priority of the Bulgarian Government is the improvement of social services delivered in specialised institutions for children while decreasing the number of children placed there. The Governmental Strategy and Action Plan for Protection of Children's Rights in the Republic of Bulgaria 2000-03 has been adopted. Special attention to children in institutions and their reintegration into the community has also been a focus of the New Strategy in Social Policy. With Decision No. 217 of April 4, 2003, the Council of Ministers created a commission headed by the MLSP that includes all ministers in charge of children's institutions. The commission will prepare a plan for decreasing the number of children in specialised institutions. The plan comprises all the urgent measures and steps that have to be undertaken by the end of 2003 and up to 2005. Among the most important actions are:

- prevention of abandonment;
- training and stimulation of foster families;
- support to families with children with disabilities to look after them;
- and
- development of alternative services, such as day care centres, shelter homes, etc.

Under the plan, performance standards and criteria for social services for children will be developed. Assessment of existing institutions will be conducted and some of them, which are not relevant to state requirements, will be closed. One of the most important measures in the plan is a full assessment of the condition and needs of all children in state institutions using a systematic methodology for individual assessment. The professional capacity of the staff in the institutions and social workers will be strengthened, as well as the professional and administrative capacity of the Child Protection Departments within Social Assistance Directorates. One of the results, which we hope to achieve when the plan is implemented, is decreasing the number of children in specialised institutions by 10 percent.

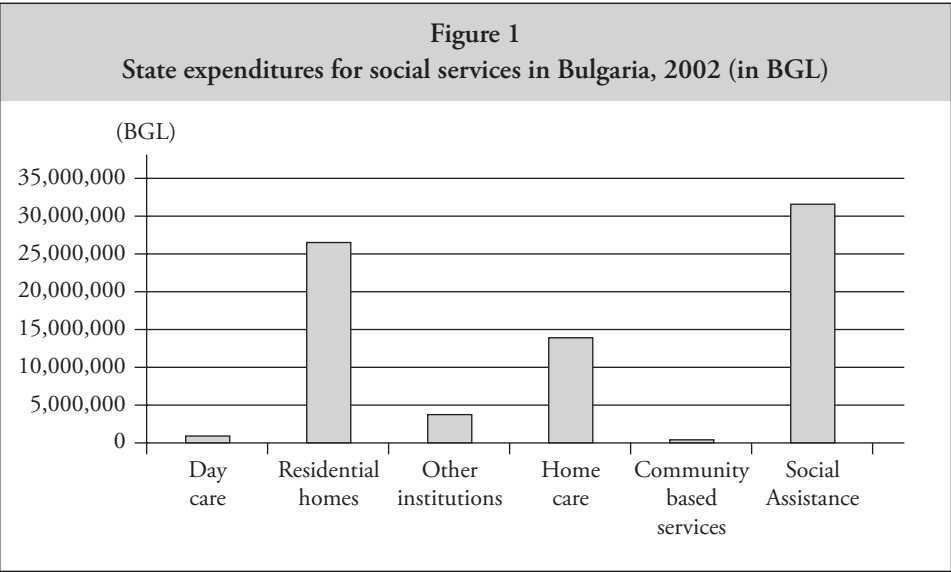
Funding and Expenditures

State Social Service Expenditures

State funded expenditures for social services in 2002 are shown in Table 1 and Figure 1 below.

Table 1
State expenditures for social services in Bulgaria, 2002
(in BGL)

	Children	Adults	Elderly people	Total
Day care	965,111	128,973	29,752	1,123,836
Residential homes	5,791,148	12,692,771	7,866,856	26,350,775
Other institutions	3,705,937	366,067	—	4,072,004
Home care	—	—	—	14,175,053
Community-based services	—	—	—	443,421
Social Assistance Directorates	—	—	—	31,174,550
Total				77,339,639



The distribution of expenditures for day care services, by population served, shows that 86 percent of the resources are for children, 11 percent goes to adults, and three percent to the elderly.

The distribution of expenditures for services in residential institutions, by population served, shows that 22 percent are for children, 48 percent goes to adults, and 30 percent to the elderly.

This is illustrated in Figures 2 and 3.

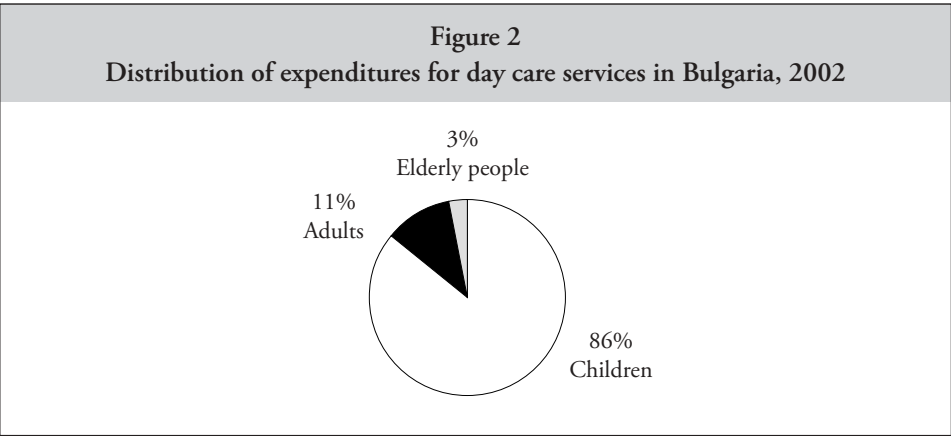
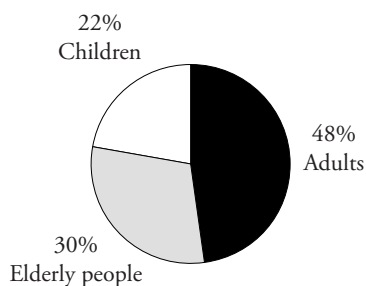


Figure 3
Distribution of expenditures for services in residential institutions
in Bulgaria, 2002



Estimated NGO Expenditures

In 2002, many local, regional, national, and international NGOs (associations and foundations) invest, allocate and/or spend resources for social services, as shown in Table 2. However, there is no assurance that the data reported here are complete and adequate because it is very difficult to gather this information.

Table 2
NGO expenditures for social services in Bulgaria, Selected Programmes, 2002

	Programmes and Funds	BGL
1.	PHARE ACCESS	
	Social services	878,111
	Integration	761,766
	Access to employment	544,173
	Protection of vulnerable groups	185,263
	Total	2,369,313
2.	European Initiative for Democracy and Human Rights	
	Human rights	583,451
	Total	583,451
3.	Bulgarian Charity Aids Foundation	
	Social services	40,560
	Integration	87,028
	Total	127,588
4.	Rehabilitation and Social Integration Fund	
	Social services	23,500
	Total	23,500
	Total	3,103,853

Financing under Reforms

There are new regulations for financing under the reform of social services. Financial sources are the state budget, municipal budgets, the Social Assistance Fund, and national and international programmes. Individuals and legal entities that are registered with the Social Assistance Agency can apply for funding from the state and municipal budgets for delivering social services.

Government Contracting

The principle of bidding for contracts (tendering) by NGOs or other private entities to provide services is now in force. All activities in the sphere of social services are delivered by a contract or by negotiation when there is only one candidate. The bidding is opened with an order of the mayor of the municipality, and a commission is organised which evaluates the candidates by given criteria. The mayor signs all contracts with the organisation that wins the bid.

Current Reform Initiatives

Main Characteristics of Legislative Reforms

Current reforms are characterised by a decentralisation of the administration of social services where municipalities are responsible for developing and managing services for at-risk populations. This change is important because it gives local authorities greater opportunities to investigate the actual social service needs of the population within the municipality. Mayors may assign the management of these institutions and services to legal entities and individuals that are registered according to the Trade Law. Private entrepreneurship is encouraged and priority is given to community-based services.

Criteria and performance standards for specialised institutions and community-based services have now been introduced. They are obligatory for all service providers: state, municipal, and private. The primary standards, regulated by RISAA, concern: facilities, staff qualifications, health care, nourishment, education, as well as opportunities for establishing social contacts and organising free time, etc. Social services providers in specialised institutions are obliged to keep a record in which the duration of residents' stay is recorded.

Reforms have also created opportunities for more effective control of social service delivery in specialised institutions and society in general. Sanctions for non-compliance with the standards were also increased, including suspending registration.

Civil society involvement in the provision of social services in specialised institutions and in the community is another new feature under the reforms. It is made more possible through the inclusion of public councils and service users in the decision-making process. The changes in SAA and RISAA were also developed in cooperation with NGOs. In fact, the preparation of all normative acts and strategic documents involving the integration of different populations at risk is always done in cooperation with NGOs.

Practical Problems of Implementing Reforms

Although the legal framework of social services is new and modern, there are still some obstacles to implementing the legislative measures. One problem is that there is not a well-developed network of the different types of social service providers. Another is that good practices are isolated and in most cases have limited capacity because of the lack of resources. In addition, there are regions in which there are no alternatives to specialised institutions either for children or for adults. This limits the possibility for a free personal choice according to the preferences and needs of people willing to use social services.

While the lack of financial and material resources is not the only impediment, it is one of the most essential obstacles facing the development of community-based services. Nationally, financial sources are not totally deficient, but there is a shortage of funds in the state budget, which is the source of funding for the SAA. This means that there are not enough resources to cover the needs of all municipalities. Moreover, there is not a clear idea as to what kinds of resources exist. There are no mechanisms foreseen for self-financing the specialised institutions that are 100 percent funded by the state budget. The institutions themselves do not have economic activities contributing to their maintenance. Fees that are collected from service users go to the state budget and the Social Assistance Fund.

The only way to invest is again through the state budget or through programmes or projects sponsored by local and foreign individuals and legal entities. But in some cases it is not necessary to increase the resources, only to spend it in more efficient ways.

There is no clear picture of the needs of the relevant communities. A good example of this is that there is no information on the number of children with disabilities within families, which means that their social service needs are not known. As noted, the principle of individual work with beneficiaries, which also includes needs assessment, was introduced with the changes in SAA, but it is limited to those asking for social assistance. A systematic and comprehensive methodology for needs assessment for each municipality is missing.

Other impediments to reform include the following:

- There are no unified standards concerning professional qualifications of personnel in specialised institutions or of personnel in alternative service centres.
- The responsibilities of the social workers increased with changes in social legislation and the new measures projected in the Child Protection Law. However, the measures taken to raise professional qualifications of social workers are not sufficient to comply with the new requirements.
- There is insufficient information among the local authorities about the legislative changes and the opportunities revealed to them for financing and managing social services at the municipality level.
- There is a lack of resources in municipal budgets for opening alternative forms of social services.
- There is a lack of clear priority goals in social services at the municipal level.
- There is a lack of municipal strategies for planning and developing social services with regard to the needs of local communities.
- There is an insufficient level of cooperation and coordination among the state institutions, local authorities, and NGOs working in social service delivery.
- There are insufficient financial resources for social services in “pre-accession funds.”
- There is low interest in social services among potential local donors, because of the low return on invested funds.
- There is an insufficiently developed capacity of NGOs and the private sector in social service delivery.
- There is insufficient incentive for NGOs to offer social services.

- There is a lack of a clear idea about the true value of the relevant social services.
- There is a lack of defined standards for each social service. This leads to unclear responsibilities of social services providers, unclear rights of users, and unclear criteria for ensuring quality services.
- There is a lack of information in the society about the problems and needs of vulnerable populations.

Structure of Delivery System

There are three main activities expected of state ministries, as identified in focus group interviews:

1. organisation of, and participation in, joint consultancies, work groups, meetings, and seminars;
2. financing projects and programmes on behalf of ministries; and
3. enforcing good practices through a system of incentives: “Ministries nominate those NGOs who provide the most qualified services. When these NGOs apply for new projects to be financed, it should be acknowledged that they have already proven that they provide quality services and have a certain advantage (priority)”.

For all three activities, it is highly recommended that they are joint initiatives based on horizontal interactions. “They cooperate somehow at a vertical level and this is the end of the cooperation. They don’t coordinate horizontally with common strategies and concrete aims. For example, helping somebody find work. In the state institutions the down-up channel of communication is very slow and difficult.” (Interview, NGO Representative)

It is anticipated that municipalities can provide the infrastructure and equipment necessary to develop social activities within a given region when working alongside NGOs that have enough experience. The structure of the social services delivery system under the reforms and related current initiatives relies on local authorities to be active by participating in publicity and communication. To do this local authorities should be clear as to what social

services are provided in their region and which are the organisations and/or the people that provide them. They should have registered the social services providers. “One of the basic conditions is for the local community to be well informed that there is somebody who provides social services. This could be done through the media – special pages in the local media and announcements at the local TV and radio, pages in the phone directory. On their side, providers of social services should declare what type of services they provide. A joint unit could be established, or joint commissions with NGO representatives, business representatives, and municipal administration.” Together, they could plan for the necessary resources in the municipal budget to support the activities of these providers. (Suggestions by NGO representatives in the interviews and the focus group.)

NGOs and state agencies providing social services are expected to be jointly involved in planning:

- joint projects;
- developing ideas;
- conducting seminars and work groups to address problems of targeted groups; and
- establishing a register of social services providers that is available for analysis.

Differences in State and NGO Structures

Outside the commonly shared characteristics of state and NGO services, there are two areas in which there are distinct differences. One difference regards financing. The other pertains to the decision-making process.

- A) Social services provided by the state are financed mainly through the state budget (sometimes supplemented by finances from international donors; for example UNDP). Whereas international donors provide the basic financing for NGOs, it is supplemented in particular cases with targeted financing from the state budget.
- B) The decision-making process differs, as well. As a rule, the NGO representatives use democratic mechanisms of decision making, based

on team multi-level discussions and feedback from users and social workers. Social services provided by the state adhere more closely to the principle of subordination.

Although the organisations provide different services to different vulnerable groups and independently from the specifics in their model of financing and decision making, the study shows shared visions on good practice characteristics and emerging problems.

Provision of Services

Social Services Provided by the State

As noted, in implementing the Governmental Operational Program, a new model of social policy was initiated at the end of 2002 (New Strategy in Social Policy). The main priority in this policy on social assistance is the development of social services aimed at overcoming social isolation. This includes the following actions:

- directing social services to the most vulnerable groups: the elderly, people living alone, people with disabilities, children at risk, and ethnic minorities (predominantly the Roma community);
- transitioning from institutional services to various forms of community and family environment services;
- reducing the proportion of residents in the institutions by 20 percent until the end of 2004 and reducing the number of the institutions – the goal is to reduce the proportion of users in institutions by 20 percent; and
- creating new alternative forms of social services: day care centres, resource centres, consultancy centres, care at home, monitored accommodation, micro-homes, domestic services;
- developing social services for the poorest persons: public soup kitchens, meals for poor retirees, etc.;

- developing a priority for social services of prevention and reintegration; placement of children at risk with relatives or foster families; and
- fully using the capacity of social institutions and gradually transforming them into day centres for social services.

The state is the provider of two large groups of services: community-based services and services delivered in specialised institutions. Community-based services that are already provided by the state include: individual assistance, domestic social services, day care centres, centres for temporary accommodation, and public food bank facilities. Specialised institutions include: homes for adults with disabilities, homes for children and youths with disabilities, social training professional institutions, homes for elderly people, and homes for temporary accommodation and asylums (shelters).

In addition to the already mentioned services, the Bulgarian legislation provides an opportunity for development of different forms of social services, according to community needs. Because of the extremely high priority of alternative services, services in specialised institutions can be delivered only in cases when the possibilities for provision of services at the community level are exhausted.

Institutionalised Services

Currently, there are 2,846 children with disabilities in specialised institutions, including:

- 31 specialised institutions for children with disabilities between three and 18 years of age, including one for children with physical disabilities; and
- 30 institutions for children with mental retardation.

There are 4,576 persons with disabilities at specialised institutions, as follows:

- 53 specialised institutions for adults with mental retardation and psychical disorders:
 - 27 – for adults with mental retardation;
 - 13 – for adults with psychological disorders; and
 - 13 – for adults with dementia.

In addition, there are 25 institutions for adults with physical disabilities, four institutions for adults with sensorial disabilities, and 48 institutions for elderly people.

These institutions were under the responsibility of the Ministry of Labour and Social Policy until January 1, 2003. Now they are managed by municipalities and financed by the state in order to decrease the number of people placed in specialised institutions and to close some of the institutions.

Under the Phare Project 2000 (BG 0005.04) reform has been carried out in 14 institutions for children with disabilities. The reform aims at introducing and implementing new approaches for managing the institutions and raising the quality of offered care by “opening” the institutions to the community. In addition, institutional renovations and civil work will be undertaken to improve the living conditions for children and, where possible, to reintegrate them into family care.

An assessment of conditions of all persons placed in specialised institutions has been undertaken. Measures for closing institutions that do not meet the state criteria, and standards for social services delivery and placing residents in buildings with better conditions, are also being undertaken. Moving residents and closing institutions will continue until 2006.

Alternative Forms of Social Services

Alternative forms of social services for at-risk populations that are provided in the community include:

- 28 day care centres,
- six centres for adults with mental retardation,
- six centres for elderly people, and
- 16 centres for children and youths with mental retardation.

These centres were under the responsibility of the Ministry of Labour and Social Policy until January 1, 2003 and are now managed by municipalities and financed by the state. Alternative forms of social services have already proved beneficial, increasing the number of children using day care centres for children and youths with mental retardation by 22.5 percent in 2002.

Social Services Provided by NGOs

The provision of social services by NGOs in Bulgaria is deeply embedded in the NGO development during the period of transition in which there was a quick emergence of large numbers of NGOs with a variety of donors (see Annex 1) and a wide range of NGO activities. A study of NGO activities reveals that the largest proportion of NGO projects is connected to education (29 percent), information (19 percent), and charity (18 percent).² Projects aimed at providing social services rank fourth (15 percent). NGO projects with the smallest share are aimed at the development of legal norms (4 percent). See Annex 2.

The projects often target specific groups, which are usually formed according to a single criterion, for example, age, ethnicity, gender, etc. Among the most often initiated projects are those connected with students and the unemployed. About 26 percent of the projects are based on age. Among them are relatively equally distributed services for youth, children, and adults who are unable to work. Projects concerning elderly people are more rare. The existing projects focusing on gender are fewer, but there is a tendency towards increasing the so-called gender projects.

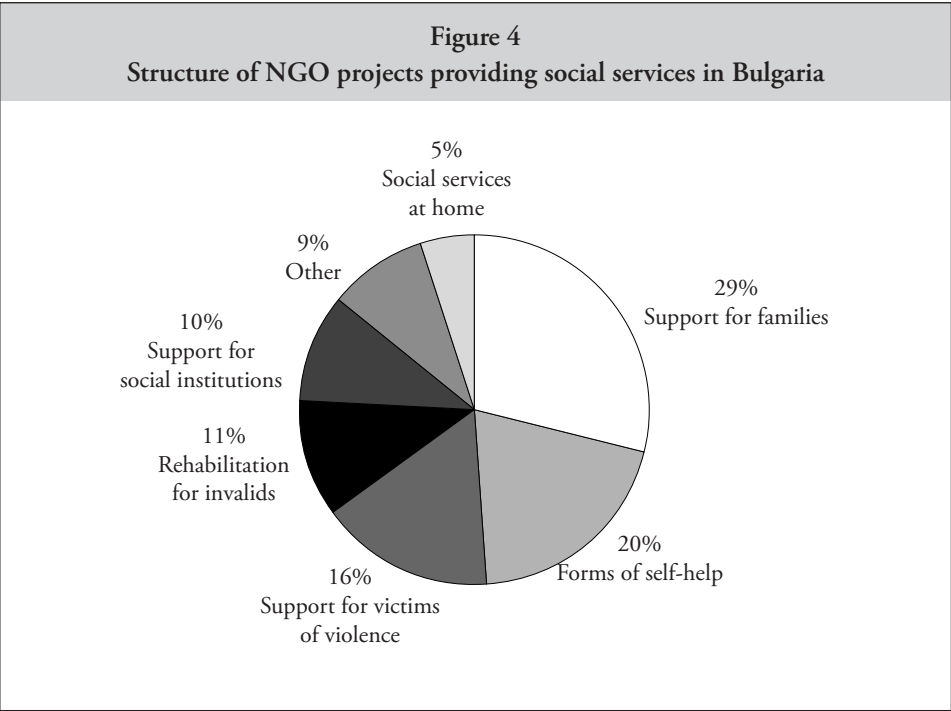
Projects specifically directed to a definite ethnic group are most often engaged with the Roma, as they are the most vulnerable group in poverty. This accounts for 14 percent of the projects, with a tendency to increase.

In the social sphere, most often anti-poverty projects are initiated. See Annex 3. A content analysis of different projects depicts that the main NGO activities are above all: training, consultation, accumulation and dissemination of information, and granting goods. NGOs in Bulgaria perform mainly as deliverers of goods and services. Social services are about one-tenth of the projects.

These projects are primarily directed towards supporting families (for example one-parent families, Roma families, etc.), and developing forms for self-aid, as well as personal aid and supporting victims of violence. The projects are mostly at the local level; usually training and charity take the biggest share.

² NGO Anti-Poverty Information Centre, 2000-01, financed by UNDP-Sofia.

The projects are seldom connected with levels of income. From the three basic strategies offered by the World Bank for fighting poverty, namely: 1) granting goods and services; 2) making easier access to institutions; and 3) redistributing goods, the Bulgarian NGOs perform activities mainly on the first strategy. As a whole the third sector rarely comes into contact with political elites, the state, or the executive power and legislature.



It should be mentioned that there are some NGOs that manage to grow into sustainable social services providers. Unfortunately they remain a relatively small share of social NGOs in Bulgaria, especially considering the somewhat narrower concept of social services incorporated by the Social Assistance Act.

As in the case of state services, the different types of social services provided by NGOs can be divided into two major groups: community-based social services and social services provided in specialised institutions.

Community-Based Social Services

Non-profit organisations introduced the practice of providing services by personal assistants. Since the beginning of 2003 this service is also rendered by the state. Bearing in mind the needs of beneficiaries, home care is one of the most popular services delivered by social assistants through NGOs. These types of services are directed towards elderly people, people with disabilities, people with mobility problems, persons living alone, and people in need, including people who need professional support. Community-based Bureaus for Social Services have also been opened. Their services are for people with disabilities and the elderly. They offer social and legal consulting, psychological support, and training, and act as a central point for rendering the services mentioned above.

There are also so-called Clubs of Disabled and Elderly People. The main aim of these clubs is organising social and cultural activities. Volunteers run the clubs. For the same target group there are specialised transportation systems and railway dispatching services.

Another type of social services provided by NGOs is the Centers for Social Integration and Rehabilitation. Many NGOs have established these centres that are performing successfully. The level of services in the centres satisfies people with disabilities, elderly people, and people in need. There are good practices and models of social work in the centres. The centres concentrate on prevention and support, a process of social inclusion, and changing public attitudes towards vulnerable populations.

Day care centres make it possible for targeted groups to stay close to their families and to be integrated and included in social life. Different NGOs provide such service for various populations: elderly people; children, youngsters, and elderly with disabilities; socially weak people; parents living alone; street children; and victims of violence, abuse and addictions. Here the users of social services can find safety, a place to talk and express their feelings, share their ideas, and receive professional advice and support.

For some of the vulnerable groups NGOs create Centres for Temporary Accommodation. This type of social service has been provided only recently. The beneficiaries of such centres are street people, victims of poverty, victims of abuse, homeless persons, and many other groups in need.

Foster care is also new and in the process of development. The first providers of foster care are NGOs. This type of service will increase because the Law for Child Protection mandates that “foster care is one of the measures for child protection”.

Frequent crises in Bulgarian society have created the need to establish Crisis Centres. The most popular target populations for this service are victims of violence, abuse, addictions, refugees, immigrants, street children, and single mothers. With regard to family protection and family related services, there are Accommodation Centres for Families. This service is for children at risk, abandoned, homeless and street children.

The public food banks are one of the social services provided by NGOs. The beneficiaries are elderly people, victims of poverty, homeless persons, street children and people, children with diabetes, and other socially vulnerable populations.

Specialised NGO Institutions

Some of the non-profit organisations provide social services in specialised institutions, where they assure the necessary comfort, professional services, medical treatment, adequate support and advice, quality living conditions and a pleasant atmosphere.

Homes for elderly people are one of these social services. These institutions provide convenience and safety for elderly people and their families. Elderly people in these facilities do not feel alone, they can talk and express their views, receive professional support and medical help, and are integrated and socialized into social life. The living conditions and personnel working there are of high quality. The NGOs providing this service have long-term experience, knowledge, and good working models.

Hospices are organized to support terminally ill elderly people.

Some of the non-profit organisations provide social services in asylums/shelters. Shelters provided by NGOs meet the requirements of quality professional help.

The following is a summary of the current features of NGOs as providers of social services:

MAIN POSITIVES	MAIN NEGATIVES
• High education and specialisation of personnel • Transitional period has been a period of NGOs' capacity building (including partnership and networking) • Local/community orientation • Coverage of a variety of vulnerable groups • Providing services in different areas (health care, education, poverty, unemployment, etc.) • Attempts to establish database (See Annex 4) • Attempts to develop strategies in different fields • Attempts at media presentations and dissemination of information to the public	• Lack of sustainability • Driven by funding streams • Danger in establishing quasi-NGOs – business orientation • Concentration • Low effectiveness • Low capacity • Unclear requirements (See Annex 5) • Lack of coordination and cumulative effect • Low inclusion with regard to mentally ill, presentation at EU media included

Privatisation of Social Services

One of the main problems that anti-poverty NGOs have been occupied with is the possibility of privatising social services (for-profit agencies). About 50 percent state that they would take part in the privatisation of social services. The percentage of those interested in such an activity is even higher (70 percent) when privatisation is conducted through the development of social enterprises.

The primary expectations of privatisation are that the state would continue granting resources for delivering various kinds of services and privatisation would find its expression chiefly in changing the deliverer, e.g. the NGOs would replace the state as the primary service provider. However, there is not much economic and social sense in this idea and when it became clear that it would hardly be possible to realise it in practice the interest in privatisation decreased. This is due mainly to the lack of resources, both on behalf of the state so as to support the privatisation of the social services, and on behalf of clients because of the lack of solvent demand.

In fact, research shows that non-state social services could be developed further, but that it is necessary to address a wide range of problems.

First of all it should be clear that the process can be carried out only in case it is directed towards attracting private resources to implement the activity, not just to change the service provider. But what private resource can social

enterprises attract? The stable development of a non-state sector in the delivery of social services can be achieved by drawing from the resources of users, e.g. a market for services for which there is a fee. However, the financially solvent segment of consumers of social services is extremely limited.

Second, a normative framework for the development of social enterprises is not developed and faces many questions: what is the price limit for different social services so that they can respond to the resources of consumers? How to fix them? What are the measures of social enterprise which are admissible at a definite number of clients, and within the admissible limits of price variations for the social service? What organisation of work in NGOs delivering social services is most adequate to this situation? What are the corresponding social services that are needed: child care, tutoring, care of old people, etc., and who is the solvent consumer they can rely on?

Since the NGOs themselves cannot solve these problems, their development as social enterprises is rather difficult. It is clear that the development of such a subsector needs support by analogy with the development of self-employment, small, and mid-sized business.

The new Social Assistance Act has “opened” social services for the private and the third sector. However, the primary problems in this course of action are: the low purchasing capacity of the possible users; the need for subsidising activities; and the financing of the programme through the municipal budgets that are reported to be permanently in deficit.

At any rate, the change in the philosophy of the social system is towards new types of alternative social services, decentralisation, and de-institutionalisation of social services, giving more power to NGOs to deliver social services, to support cooperation between the state and the third sector, and to concentrate on the development of social services for prevention and reintegration.

With the new amendments to the Social Assistance Act, the possibilities of providing for different types of social services by NGOs have increased. NGOs can contract for social services with municipalities and state authorities. The management of specialised institutions and social services can also be delegated to NGOs that have experience, knowledge, practice, and good models of social work. The quality of the social services will be controlled by performance standards and criteria for social services. This is the way to increase and reach the needed quality of social services provision.

State and local bodies encourage cooperation between state institutions, local authorities and nongovernmental organisations.

Social Work Education

“Social work,” “social activity,” and “social pedagogy” are relatively new subjects in the curriculum of many Bulgarian universities after 1989. Efforts to incorporate a wider vision of social work have been developed; bachelor’s and master’s degrees exist; summer schools are organised; and some universities send their students to practice in well-established NGOs.

However, the model of education does not fully correspond to the needs of Bulgarian social realities and somehow it remains rather abstract. A very small number of university teachers are engaged in real practice. Most of them are reported to use literature and sources that are not appropriate to the level of social work in the country. However, there are efforts to make education more practically oriented. The teachers are expected to be more involved in projects and to become tutors of students when they work on probation and practice in NGOs.

Characteristics of Good Practices

The following discussion of good practices is based on the ideas of the participants of focus groups and interviews with key individuals.

Good Practice Models

Day Care Centres: Establishing sustainable partnerships and networks among ministries, state agencies, local authorities and NGOs is considered to be a basic requirement for good practices. Bulgaria is just beginning the development of alternative social services, but there are already examples of good practices. For example, day care centres for children with disabilities work effectively and provide services of high quality. The specialists working in the centres are

well trained and employ contemporary treatment methods for children with different types of disabilities. The centres are well equipped and furnished. Besides the work with children they provide assistance for families in terms of consultation, training, etc. The children achieve high results in acquiring social skills, which is very important for their development as independent persons.

Personal Assistants: Another example of effective provision of social services is the Personal Assistant Programme of the Ministry of Labour and Social Policy. Under this programme unemployed persons are trained and hired as personal assistants for children and adults with disabilities. As of April 6, 2003, 184 persons with disabilities received day care under the programme. The main duties of the personal assistant are to provide hygiene, nourishment, dressing, movement and other services for healthy living, including emotional support, and activities for re-adaptation and re-socialisation, along with other needs.

Home-Based Services: Home-based services are well developed in Bulgaria. Funded by municipalities, the service includes provision of food, house cleaning, maintenance of personal hygiene, daily needs, shopping, payments, administrative services, assistance services, social contacts with the elderly, and services for people with disabilities.

Features of Good Practices

The features of good practices reflect the following:

- empowerment of people to cope with problems, respect for human rights and human suffering; respect for the rights and individuality of every person from the different vulnerable groups;
- social integration by providing services that have to do with human rights: education, health care, culture, sport, employment, psychological and social care, family planning, social security, etc.;
- centering on poverty and exclusion by addressing a wide range of at-risk groups who need social services: children, the elderly, victims of violence, disabled, minorities (Roma people), poor people, young people, deviants, single parent families, and socially vulnerable people. Dependency on user input through market and non-market mechanisms, for example inclusion in the process of licensing; and

- building up confidence by providing feedback and sharing information and consultancies with users.

Good Practices Based on Rules and Procedures

- internal regulations that clearly define rules on: how users are accepted, what constitutes quality services, and the process for interconnections among programmes;
- transference of knowledge and know-how by developing handbooks on best practices; carrying out national and international projects; organisational development through establishment of offices in other towns and villages; and familiarity with international developments and models (not models that have been rejected). Discussion is needed on the positives and negatives of accepting families as compared with institutionalised care. One professor in social work referring to the problems related to multiple foster care placements in the USA stated that “As far as I know, the idea about accepting families is rejected in the USA because the stress and the tensions tend to be bigger in them than in the institutionalised homes”;
- systems for qualification and professional growth require hiring highly qualified personnel; training seminars; establishing motivation for professional growth; corresponding the level of education to work, and innovative initiatives;
- decision-making processes that provide opportunities for incorporating the visions of the people working in social service organisations;
- efficient and effective uses of finances that allow for coverage of the most vulnerable groups provide the most needed services;
- accountability in the delivery of social services that is based on transparency and the involvement of multiple stakeholders in the community, as well as users;
- sustainability based on a logical framework with a consistent and common aim; continual broadening of the circle of social services; and a parallel increase in the number of towns and villages where services are provided (e.g., a multiplication of services);

- external milieu in which there is a shared understanding that the features of good practices do depend on “outside” characteristics that regulate them;
- the normative framework inherent in current legislation is reflected by:
 - a) the direction of the Law on Social Assistance is the right one and is in accordance with EU standards;
 - b) it is rather new and has not yet been fully put into practice;
 - c) it is not publicised enough;
 - d) it needs development and improvements without rapid and inconsistent changes;
 - e) there should be a linkage between the different laws that have to do with vulnerable groups;
- supervision and control of the different social service activities maintain the principles of fair competition and better allocation of expenditures;
- development of performance standards improves the quality of social services; and
- establishment of stable intra-institutional interactions allows for permanent contact with state and local authorities administering social services.

Primary Principles of Good Practices

Behind the features of good practices lie relatively clear principles that are expected to guide the various activities, simultaneously running through internal organisational mechanisms and external milieu. These principles can be summarised as follows:

- sustainability in normative framework, finance, and quality;
- multi-level consistent purposes aimed at social integration and empowerment of clients;
- transparency of internal regulations, access and financing;
- control of different stakeholders;
- developed informational flows;
- clear standards for social services provision;
- needs surveys, needs assessments, and social impact assessments. “Study of the real needs of concrete groups at risk is highly necessary. For example, many young people leave the country and their elderly parents

remain in the country and need help and support. Thus, the need for home care for aged people will grow in the future”;

- incentives for good accomplishments; and
- balance of decentralisation and centralisation: “There should be financial and managerial decentralisation. However, some kind of centralisation is necessary, as well. Someone should control the work of the different social services providers. It could be the corresponding ministry. Definite known performance indicators should be tracked. And a system with incentives for those that really provide qualitative service is important. For example, at the end of every year a book on the best practices could be published for those practices that are assessed as good by the clients, local media, local authorities and the local community as a whole. And there should be financial incentives in this regard, to give them awards, etc.”.

Obstacles to Good Practices

As can be expected, to a large extent obstacles are the opposite of good practice characteristics:

- inability to provide social services to all that need them. “The fields of social services are somewhat narrow – work with abandoned children, children who beg, and prostitutes is missing”; and
- need of parallel, well-balanced and internally connected improvements of the normative framework, “for example the Anti-discrimination Law; a Law on Social enterprises; a Law on Human Trafficking, a Law on Prevention and Protection of Victims of Violence, Human Rights Law, etc. However, permanent changes in the normative framework should be abandoned, as they confuse activities”. (Interviews and focus group, NGO representatives.)

Although such statements may seem contradictory they do reflect practical problems and are widely spread. On one side, the development of social services depends on a broader normative framework. For example, the opportunity to provide social services for some groups of women is narrowly connected with

the normative definition of victims of violence; for Roma people – with the definition of discrimination; etc. Due to this NGO representatives insist on the adoption of different laws depending on their target groups. On the other hand, analyses of the legislative framework in Bulgaria in many different fields often point out that a test for consistency is highly necessary in order for different laws and other legal documents (such as acts, regulations, etc.) not to contradict each other. Other obstacles include:

- lack of standards for the provision of social services, “for example, standards are needed for home care in order to measure the quality of services”; and
- lack of qualification and motivation of the personnel. “There should be more clear requirements for the employment of social workers – corresponding their educational level to their work; motivation and professionalism; mechanisms to oppose self-interested motives and personal profiting, and mechanisms to encourage people that take initiative”.

Financial Problems

- Lack of coordination: “There is insufficient coordination between the state and the third sector. The different specialists do not cooperate with each other. For example, in the health care institutions the medical doctors do not know which organisation provides home care for elderly people; that is a lack of coordination and cooperation.”
- Insufficient level of financial and managerial decentralisation.
- Insufficient control: “Danger exists that the privatisation of social services will follow the well-known lack of transparency in privatisation in the economy of the country.”
- Lack of study, analysis and recommendations on the problems of the different target groups, poor knowledge of their problems, poor knowledge about the services provided in the community.

The four main obstacles to develop good practices are reported as follows:

1. Most often financing of social services is mentioned. “It is important because the income of the groups at risk are extremely low. So this is the main obstacle. The clients can’t pay for the service they need. If they had the money it would be easier. This would result as well in bettering the quality of the services.” Another aspect of this problem is the lack of initiatives to attract financial resources.
2. Another obstacle is the lack of experience of the people that provide services. “It is always difficult to start something that has not existed until now. In Bulgaria there are no traditions in this respect, particularly as far as social services for home care for elderly people are concerned. People are ‘thrown in’ to start work; they should not be punished, but trained.”
3. A third obstacle is poor knowledge of the problems of the target group. “This is an obstacle because you can’t satisfy needs if you don’t know them. Preliminary investigation is necessary.”
4. The forth obstacle is the reported poor communication and weak level of cooperation.

Good Practices Summary

In summary, the primary elements identified as good practices are:

- established office principles and procedures, including well-prepared, qualified, and motivated workers;
- concrete and practical solutions of the problems of the targeted population, and provision of services that correspond to the real needs of users;
- sufficient financial resources;
- confidence in the user and society; and
- good cooperation among different institutions.

Focus Groups and Interviews

In order to obtain a closer look at current developments and to examine different views on good practices in social service delivery, focus groups

with key individuals were conducted in the course of preparing this national report.

The circle of respondents included representatives from NGOs, state social services, and social work education. All respondents have higher education degrees, most of them being women; their ages vary from 27 to 46. They hold a variety of positions in their organisations, ranging from managerial staff to social workers directly involved in providing social services to users.

The respondents represent organisations that deliver social services to different vulnerable groups: disabled, aged people, women, children, young people, Roma people, the unemployed, and families. They provide a wide range of individual and/or institutionalised social services: health care, education, services for employment, psychotherapeutic help, support with financial means and technical equipment, legal services, transportation services, individual and family consultancies, and cultural services. All the organisations represented already have accumulated much experience in social service provision. These organisations are well-established; they tend to broaden the range of services following their own experience and financial streams; they are better described by their target groups than by the services they provide; and they make more or less successful attempts to transfer their activities to other towns and villages.

October 2003

Annex 1

Donors

Foreign Donors with Agencies in the Country

Most of the organisations (79 percent) state they have received resources from foreign donors with agencies in the country. This type of donor has provided the largest number of projects and the amount of resources provided by them is considerable. The most frequent donors are: the Know-How Fund of Great Britain; Democratic Network; the Development of the Civil Society Foundation; Commission on Democracy at the American Embassy; United Foundations of Holland; Office of the European Council; EU Phare programme; UNDP; Bulgarian-German Educational Centre; USAID; Open Society Foundation; Embassy of Holland; World Bank; Catholic Services for Help; and the British Anti-Crisis Fund.

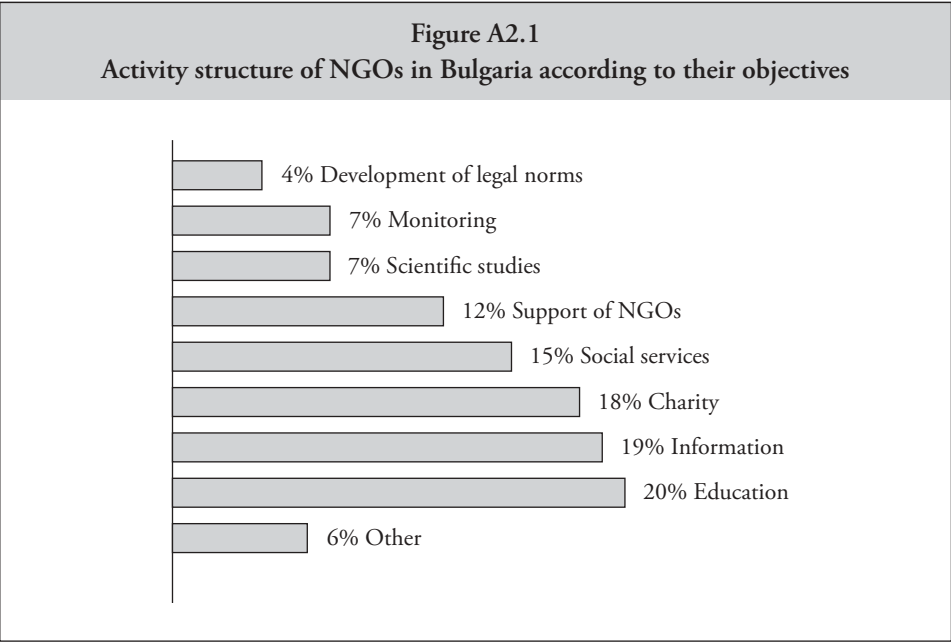
Internal Donors

There are more internal donors, but many of them provide single support for projects. Different NGOs receive resources from different internal donors. For example: Help for Charity; the Stara Zagora Bishopric; Foundation for a Reform in the Local Self-government; educational institutions; municipalities; “Interethnic Initiative” Foundation; International Centre for the Problems of Minorities and Cultural Interactions; Committee for Youth, Physical Education and Sports; Union of Bulgarian Foundations and Associations; and private companies and persons.

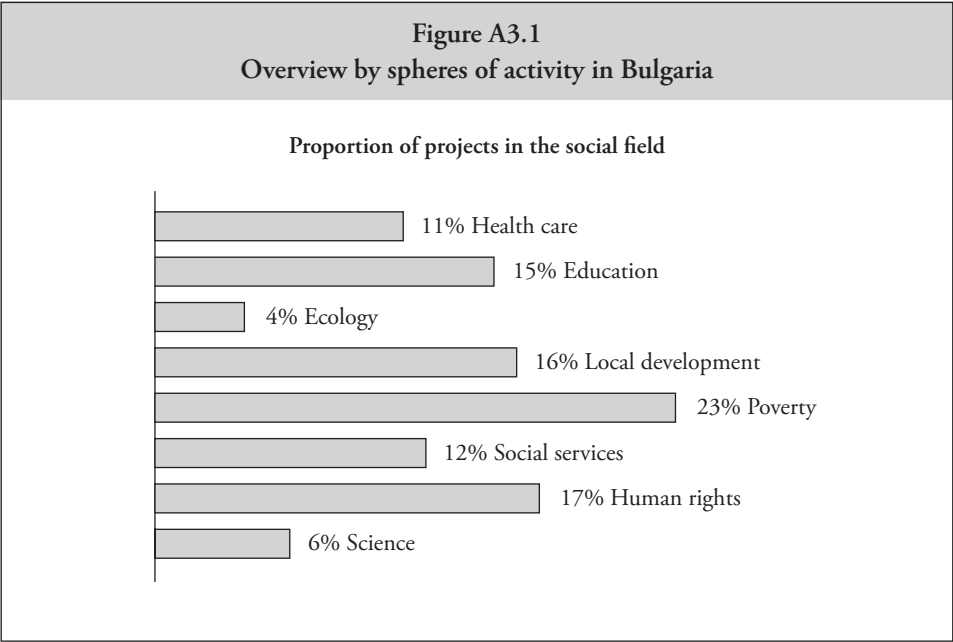
Other Donors

Considerably more rarely, NGOs receive support from other foreign donors. For example: CAF – America; ILO; Eladian Church – Larisa; E.C.C.D.; European Youth Foundation at the EC in Strasbourg; Open Society – Hungary, and others.

Annex 2



Annex 3



Annex 4

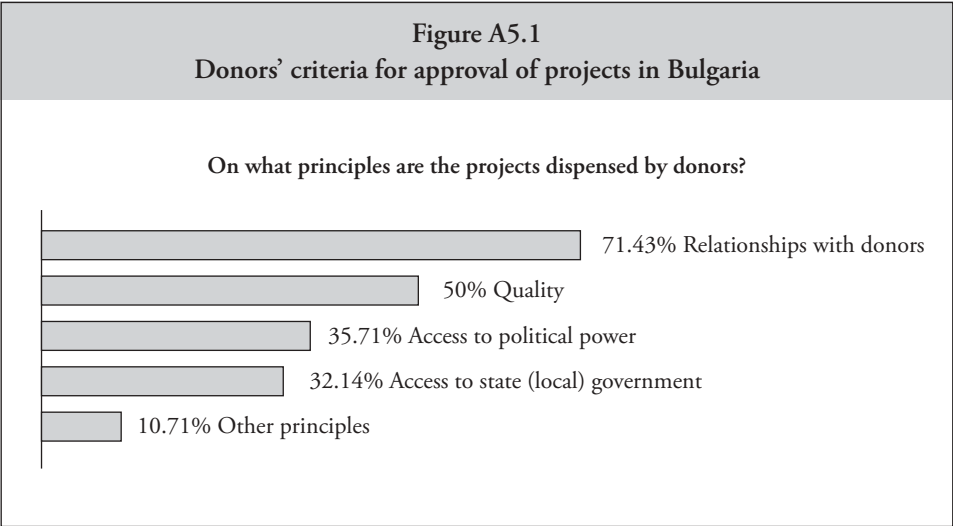
Table A4.1
Number of children in asylums, centres, and homes for street children
in Bulgaria, March 2003³

Total	Boys included	Girls included	Up to 7 years old included	7–14 years old included	14+ years old included
320	183	122	19	158	127

Note: Home Ronkali works with a permanent contingent of 15 children between ages six and 15, who are included only in the total number.

³ *Bulletin* No. 65, 2003, National Information Centre on Problems of Homeless Children.

Annex 5



Annex 6

Field Work

The report is based on secondary analysis of existing research, expert evaluations, in-depth interviews, and focus groups.

In-depth interviews have been accomplished with representatives of NGOs and state institutions. More specifically, the following organisations have been included:

- 1) Foundation Animus;
- 2) National Centre for Social Rehabilitation;
- 3) National programme “Personal Assistant;”
- 4) Project SANE;
- 5) Home Social Patronage;
- 6) Home for Medico-Social Care;
- 7) Social Assistance Offices in the towns of Pravets and Bourgas; and
- 8) Foundation “Women’s Alliance for Development,” Arcadia Association.

Focus groups with university teachers in social work, researchers, and representatives of different NGOs (National Centre for Social Rehabilitation; Think Tank “Perspective,” Roma NGOs) took place as well.

Croatia: National Report on Social Services

*Nino Žganec*¹

Social Service Legislation

The social security system in Croatia consists of the retirement and health system, social protection of the unemployed, family policy, and the system of social assistance and social welfare in the narrow sense of the term (in the broader sense, these two systems are referred to as “social welfare”). In the attempt to heal and overcome the consequences of the recent Homeland War, there has been broad intervention by the government regarding the welfare of war victims: displaced persons, refugees, returnees, veterans, war invalids, and the families of the dead and missing.

In general, after the Homeland War, the socially vulnerable population in Croatia has perceptibly increased and government intervention has grown, so that there have been considerable increases in the total government social expenditures. In preparation for economic development and European integration, the government is attempting to restructure the social sector, reduce its expenditures or partially transfer them to the citizens and civil society.

¹ Assistant Minister of Labour and Social Welfare, Republic of Croatia.

Legal Regulations

The Social Welfare Act of 1997 is the basic law regulating the manner of performing and financing the activities of social welfare; beneficiaries, rights, conditions and procedures for exercising these rights, and other questions of significance for the performance of these activities.

The Family Act regulates marriage and the legal relationships in marriage, the relationships of parents and children, adoption, guardianship, the consequences of an extramarital union between a woman and a man, and the procedures to be followed by the authorised bodies in connection with family relationships and guardianship. Taking into account certain conventions on the rights of children, this act assures a high level of protection for the rights of children and the responsibilities of parents.

A new act from July 2003 has gone a step further so that in addition to the already recognised rights of children, there is improved protection in the application of existing institutions. This is especially evident in the institutional guardianship by which a child is appointed a guardian as a special representative in cases in which his interests are endangered, i.e. in conflict with the interests of the parents. For example, in addition to the possibility of appointing a guardian in a case of disputed maternity and paternity, according to the new act a procedure has also been established for already revoking parental guardianship from the submission of the proposal to the court.

It is also important to emphasise that in adoption procedures, only one form of adoption exists, which is irrevocable, thereby strengthening the position of the child in the adoptive family. Furthermore, it is anticipated that some authorisation will be transferred from the centres for social welfare to the courts for the more effective protection of the child, in compliance with the stipulations of the European Convention on Human Rights and Fundamental Freedoms.

The Same Sex Union Act dated July 2003 regulates same sex unions and the legal consequences of the existence of such unions, for the protection of this group of citizens from discrimination.

The Juvenile Courts Act of 1997 consists of stipulations on courts, criminal proceedings, the enforcement of penalties and the legal protection of children

and minors. This law refers to the young perpetrators of criminal acts (minors and young adults) in material criminal law.

The Humanitarian Assistance Act of 2003 defines the concept of humanitarian assistance, which is understood to mean the collection of material and financial goods, professional and lay psychosocial assistance and services intended for socially vulnerable persons, victims of natural and other catastrophes, as well as persons whose incomes are below the national poverty line. This act is applicable for associations, religious communities and other domestic and foreign non-profit legal entities registered in the Republic of Croatia for which one of the statutory goals is to provide humanitarian assistance.

Humanitarian organisations that provide humanitarian assistance with the goal of protecting the health of the population, insuring and improving the quality of life; insuring conditions for education, and assistance in the renewal and rebuilding of residential, public and other objects; assembling and organising work with children, young persons and young persons with special needs; and working for the general good enjoy a special legal position. Such organisations, as well as the citizens and legal persons who contribute to such organisations, enjoy customs, tax and other privileges that are established by special regulations.

The Professional Rehabilitation and Employment of Disabled Persons Act of 2002 is oriented toward the most equal possible participation by persons with disabilities in the open labour market. In this regard, tax, customs and other benefits or incentives are anticipated for employers. For persons who cannot be employed on the open labour market or who remain employed by an employer with the receipt of benefits, employment under special conditions is anticipated. This includes employment in special basic institutions or companies for employment, self-employment and employment on family farms. There are also plans for the introduction of a quota system of employment with the purpose of determining the obligations of employers to employ a certain percentage of persons with disabilities.

In general, such a concept of professional rehabilitation and the employment of persons with disabilities means changing the position of persons with disabilities from a heretofore symbolic and status position to a dynamic relationship in which they have equal rights.

A series of stipulations regulates the conditions and manner for achieving protection in individual areas in greater detail.

Funding and Expenditures

There are several sources that finance social welfare today. The most significant funds are provided by the central government via the Ministry of Labour and Social Welfare. The major part of these funds comes from the budget and a smaller part comes from the assets of the institutions of social welfare that are registered as assets of the Ministry of Labour and Social Welfare. Units of local and regional self-management also participate in the financing of social welfare.

Of the total gross domestic product in Croatia, 26 percent goes to social expenditures, which include the retirement system (51.09 percent), the health system (32.29 percent), social welfare (5.04 percent) and other (11.58 percent).

The expenditures from the government funds (including the funds of the institutions for social welfare) in the financing of the social welfare system were as follows:

2000	HRK 1,972,724,000	or	1.25 percent of the GDP
2001	HRK 2,188,203,000	or	1.29 percent of the GDP
2002	HRK 1,848,614,379	or	1.05 percent of the GDP

The increase in the expenditures for social welfare from 2000 to 2001 is a consequence of the fact that some social rights from the retirement system (allowances for assistance and care) were transferred to the social welfare system, while the decrease in expenditures in 2002 can be explained by the decentralisation of the residential institutions for the elderly and infirm, and the centres for social welfare regarding activity in connection with some forms of material assistance.

According to the data for 2002, the units of local and regional self-management for social welfare set aside HRK 988.5 million, of which approximately HRK 814 million were spent in Zagreb. Accordingly, in the majority of the local and regional units, the assets of the central government were the only source of financing for social welfare.

The structure of expenditures for social welfare in 2002 covers the following (in HRK):

1. Assistance and compensation	1,231,594,312	(66.6 percent)
2. Expenditures for employees	429,702,627	(23.2 percent)
3. Material expenditures and other expenditures	162,271,350	(8.8 percent)
4. Maintenance and acquisition of capital assets	25,046,090	(1.4 percent)

Assistance and compensation intended for the beneficiaries of social welfare in 2002 comprised 0.70 percent of the gross domestic product.

Social welfare in Croatia is directed at eliminating poverty, social endangerment and exclusion. It comprises the final social-safety network for the purpose of providing for and including the socially most vulnerable or socially sensitive populations in society.

Current Reform Initiatives

Strengthening Abilities, Education and Advanced Professional Training

Among the reforms of the social welfare system, emphasis is placed on raising the educational level of personnel in the social welfare system, the introduction of postgraduate studies and continuing education.

The professional workers of institutions of social welfare, who in general have two-year or four-year college educations, are included in various forms of continuing education that are carried out in cooperation with institutions of higher education, scientific institutions and nongovernmental organisations, and are financed by the Ministry of Labour and Social Welfare or foreign organisations.

During 2001, for the first time a public competition was held in which legal and physical entities were invited to submit bids for the education and advanced training of workers in the social welfare system.

The Ministry of Labour and Social Welfare in various ways attempts to advance the work of the social welfare service in providing services to citizens, as well as to inform the public to a greater extent on the rights in social welfare and the manner of exercising them. For this purpose, during recent years a large number of counseling sessions, conferences, symposia and other types of meetings on current topics were organised in this area, for example: the care of older persons, the care of persons with disabilities, the care of children lacking suitable parental care and children with behavioural disorders, the war on addiction, etc.

In order to acquaint citizens with their rights, the Ministry of Labour and Social Welfare and other institutions provide information to the public via the press, radio, television etc., which is also accessible on the Internet page www.mrss.hr. A series of useful scientific and professional articles, translations, reviews and information are the contents of magazines that have been published since 1994 by the Study Centre of Social Work, School of Law, University of Zagreb, with the financial support of the Ministry of Labour and Social Welfare.

Structure of Delivery System

The Goals of Social Policy and the Legal Framework

Social policy in Croatia is implemented by the Government of the Republic of Croatia with the basic goal of improving the position of the most vulnerable part of the population, so that special priority is given to combating and eliminating poverty by the creation of incentive conditions for economic growth and development, an active employment policy, and the development of human resources. In the implementation of social policy, the Ministry of Labour and Social Welfare plays an important role, under whose authority are the areas of employment, retirement insurance, family policy, and social welfare.

There are various professional and advisory bodies in the Government of the Republic of Croatia for determining vulnerable groups (children, persons with disabilities, the elderly and the infirm, children and young persons with

behavioural disorders, drug addicts and persons addicted to other intoxicating substances, the promotion of women's rights, etc.).

At the beginning of 2001, a macro project was inaugurated in Croatia on the *Strategy of the Development of the Republic of Croatia: Croatia in the 21st Century*, which in 29 separately developed and mutually connected entities includes the existing conditions, developmental goals, and measures for achieving these goals. The strategy is oriented toward an open civil society, based on knowledge, personal initiative and responsibility; a legal, socially responsive and politically stable country, and accelerated and ecologically sustainable economic growth under the conditions of global linkage. The basic development document, *Principles of the Development of the Republic of Croatia*, dated 2001, is an integral part of this strategy. In this document, the total developmental framework for the transformation of Croatia into a civil, economically successful, and democratic society is established.

Such a social orientation increases readiness for the initiation, acceptance and implementation of reforms, and has begun with a series of reforms that will provide opportunities for individual initiatives and creativity, promote the undertaking of responsibilities and the acceptance of risks in life.

The social security system is marked by changes in the area of family policy, employment, social welfare, retirement insurance, health care, and education. With the goal of the successful implementation of reforms, for which a consensus is necessary among all those involved in their various aspects, the government signed a contract with representatives of employers and unions entitled "Partnership for Development," that contains the main common goals in the area of economic and social policies.

Within the framework of the *Strategy of the Development of the Republic of Croatia: Croatia in the 21st Century*, the *Strategy for the Development of the Retirement System and the Social Welfare System* was accepted, which established an overall framework for the advancement of these systems.

Generally speaking, the goal is to establish a new, more rational and more effective social welfare system oriented toward the socially most vulnerable citizens, i.e. the most socially sensitive groups. In this document, the development of the social welfare system is described to date. It should be emphasised that the established weaknesses of the current system serve as a basic starting point for defining the direction of reform.

Within the framework of the long-term goals of reform, it is actually possible to speak of two categories of measures: raising the level of the effectiveness, as well as the modernisation and democratisation of the system.

Raising the Level of the Effectiveness of the System includes:

1. improving the transparency, informational and scientific foundations of the system;
2. raising the educational levels of personnel engaged in social welfare, introducing postgraduate studies and continuous education; and
3. improving the level to which the population is informed about social rights and social programmes: ratification of the European Social Charter.

Modernisation and democratisation of the system includes the following measures:

1. the establishment of new criteria for the exercise of rights within the systems of social assistance and social welfare;
2. the decentralisation of the social assistance and social welfare systems;
3. the removal of government controls and the de-institutionalisation of the systems for social assistance and social welfare; and
4. the establishment of a new function for social welfare within the process of integration within the labour market and society.

In June 2003, a final report was prepared by consulting teams with proposals and recommendations for the implementation of reforms of the social welfare system, covering the areas of fiscal decentralisation, improved focusing of social spending and improved social services, dissemination of data on the rights from the social welfare system, de-institutionalisation, administrative improvement and strengthening of cooperation with nongovernmental organisations, and improving methodology for the monitoring of poverty. Accordingly, new regulations will be prepared regarding the area of social welfare, according to the prevailing criteria in the countries of the European Union. As one of the more significant results, it is anticipated that the determination of the national poverty line as a parameter will improve the quality of the planning and implementation of social programmes with the goal of combating poverty.

For the purpose of combating poverty, the Government of the Republic of Croatia has issued the *Programme for the War on Poverty and Social Exclusion*,

that includes a series of measures in the area of labour legislation, wage policy, employment policy, protection from unemployment, tax policy, the retirement system, health care, housing, education, family policy, social welfare and the civil society. Since this involves a multidimensional problem, emphasis is placed on coordinating the activities of the participants from all areas of significance for the prevention and alleviation of poverty.

For the purpose of protection, affirmation and inclusion of socially sensitive groups in society, particularly in the life of the local communities, a series of programmes has been prepared that includes protection of children, youth, families, persons with disabilities, drug addicts and persons addicted to other intoxicating substances, victims of human trafficking, ethnic minorities, and others. This concerns the following documents: the *National Programme for Activities for Children*, *Priority Activities for the Welfare of Children in the Republic of Croatia for the Period from 2003 to 2005* as an amendment to the existing programme for children, the *National Programme for Activities for the Young*, the *National Strategy for Eliminating Drug Abuse*, the *National Plan for Combatting Traffic in Human Beings*, the *National Family Policy*, the *National Strategy of Uniform Policy for Persons with Disabilities from 2003 to 2006*, the *National Policy for Promoting Sexual Equality*, the *National Programme for Roma* and others.

Provision of Services

State of the Social Welfare System

The social welfare system is defined by the Social Welfare Act, which is the fundamental law that establishes the means of performing and financing the activities of social welfare, the rights of beneficiaries, procedures for exercising these rights, and other questions of significance. Relatively frequent changes in these regulations are due to attempts to meet the increasingly complex and numerous needs of beneficiaries with available assets, and to coordinate the system of social welfare with the other initiated reforms and changes in the area of social policy.

The Social Welfare Act, that came into force in July 1997 and has been applied since January 1, 1998, defines the system of social welfare based upon the principle of subsidiarity and affirms the responsibility of the individual and family for their own social protection.

The beneficiaries of social welfare are individuals or families who do not have sufficient income to cover the basic necessities of life, children with disabilities, psychologically ill children or children toward whom there is or would have to be applied measures of family law or penal protection, persons experiencing misfortune due to troubled relationships within the family and other forms of socially unacceptable behaviour, and adults who require assistance due to disability, age, psychiatric disorders, permanent health changes, addictions, or other reasons.

Concerning the implementation of social assistance, there are two specific categories of beneficiaries. The first are those who consider themselves to be poor because they do not have any income of their own or their income is insufficient to cover the fundamental necessities of life. The other category includes persons who receive social assistance for the purpose of meeting specific needs that arise due to disability, age, psychological disorders, addictions, etc. This category also includes children and young persons who lack adequate parental care, children and young persons with behavioural disorders, and victims of family violence. This means that all the beneficiaries of social assistance cannot be called “poor”, since there are several categories of social assistance that are not connected with low income but, rather, with high levels of expenses.

Within the system of the social assistance for the poor but also other socially sensitive groups, various types of assistance are provided.

The level of assistance is established as a certain percentage of the base amount that, according to the stipulations of the Social Welfare Act, is determined by the state government. The base amount that the government established in a decision dated March 2001 in the amount of HRK 350.00 has been replaced by today's base amount of HRK 400.00. With an increase in the base amount, the level was raised for all social welfare assistance.

The determination of the base amount is not connected with the monitoring of the cost of living, average wages, lowest pensions or some other adequate amount that would require continuous changes in the base

amount. Although in the Social Welfare Act it is only stated that the base amount is determined by the Government of the Republic of Croatia, and not the criteria for its definition, it is obvious that these criteria should issue from the definition of social welfare as an activity by which assistance for meeting the basic living requirements of the socially vulnerable, invalids and other persons is assured and implemented. This refers to the needs that these persons, due to unfavourable personal, economic, social or other reasons, cannot meet by themselves or with the assistance of family members.

Poverty in Croatia

Since Croatia did not have representative poverty studies until 1998, the *Study on Economic Vulnerability and Social Well Being*, which was prepared by a team consisting of members from the Government Bureau of Statistics and the World Bank, to a great extent contributed to the understanding of the situation in relation to the extent of poverty.

The study shows that the rate of absolute poverty in Croatia is very low (according to the international poverty line that has established purchasing power of USD 4.30 per capita, the rate of poverty is four percent, while according to the national poverty line it is 8.4 percent). The sample consisted of 3,123 households with 9,433 persons. However, the investigation did not include the regions of eastern Slavonia and the Dalmatian hinterland. According to the estimate that the inclusion of previously occupied regions would raise the poverty rate by a maximum of one-fifth, the poverty rate in terms of the international poverty line would be 4.8 percent, and according to the national poverty line it would be 10 percent. The absolute poverty threshold is HRK 41,500 annually for a married couple with two children or HRK 15,474 for “an equivalent adult person”. Only approximately 10 percent of the citizens were below the stated national poverty line.

In contrast to absolute poverty, the percentage of subjective poverty is very high, so that 80 percent of the citizens questioned consider themselves to be poor.

The gap between the rich and poor in Croatia is greater than in other transition countries, especially in regard to the distribution of income. This

is shown by one of the most frequently applied measures of inequality, the Gini coefficient, that is 0.39 in Croatia. It can be said that those who are poor, or become poor, need considerable time to extricate themselves from such a situation, which is certainly contributed to by the high rate of unemployment.

Regarding the structure of poverty, the largest number of impoverished households are headed by persons without education or with no more than an elementary school education, unemployed persons, elderly persons, retired persons or persons from rural areas. In such cases, the risk of poverty is two to three times greater than average.

The regional differences and the differences according to the place of residence do not play a large role in the distribution of the risk of poverty, which is important from the aspect of conducting geographically targeted social policies. A larger number of poor people live in urban communities (56 percent) than in rural communities (44 percent).

Description of Rights under the Social Welfare System

The social welfare system offers a broad spectrum of rights that briefly can be divided into financial assistance, services and institutions, or extra-institutional forms of assistance. See Table 1. One of the largest and most important forms of financial assistance is support assistance, intended for persons who do not have funds for supporting themselves at the stipulated level, and are not in a situation in which they can earn income with their labour, property, or in some other manner.

The amount of assistance for support is calculated by applying the corresponding percentage (depending on the personal characteristics of the beneficiary) from the legally stipulated scale of the rate for the establishment of the base amount. The range of rates for the categories of beneficiaries from individuals (able-bodied persons) to four-member families/households (for example, two able-bodied adult members and two children) in Croatia is from 100 to 340 percent.

Since the level of assistance for support is determined according to the number of family members, their ages, working ability and other characteristics,

the amount for assistance is not uniform, which makes it possible for a socially vulnerable family (for example, with a large number of members who are not capable of working) to receive a larger amount of assistance. The structure of the beneficiaries of assistance for support in the majority of cases includes the unemployed, followed by mature adults and elderly persons who have no retirement income.

One-time assistance is a monetary form of assistance that can be approved for an individual or family who, due to momentary circumstances, cannot partially or entirely cover the expenses for the basic necessities of life, in the opinion of the centre for social welfare. The centre for social welfare can independently approve assistance for payment to cover some necessities up to an amount that is three times the base amount for social assistance, while for larger amounts it is necessary to obtain permission from the Ministry of Labour and Social Welfare.

A large number of requests concerns the *procurement of medicines* that are not on the list of the Croatian Bureau of Health Insurance, medical procedures that cannot be covered by health insurance, the construction and adaptation of housing facilities, the procurement of building materials, etc.

One-time assistance can be approved for the *purchase of required school textbooks* for elementary and high school students who are beneficiaries of support, who live in socially vulnerable families or are living with foster families.

Assistance for meeting housing costs is intended to cover the costs established by an apartment rental contract, that concerns the rent or that is paid in connection with the tenancy or maintenance of the apartment (payment for municipal services, electrical energy, gas, heating, water, sewage, etc.). Assistance for meeting housing costs can be approved for an individual or family whose income is not higher than the limit established for receiving assistance for support. An individual or family that heats with wood, within the framework of housing expenses, is permitted once a year to procure three cubic metres of wood or is approved the monetary amount for covering this expense. The units of local and regional self-management provide funds for such assistance.

Allowance for assistance and care is monetary assistance for providing funds for the payment of those services necessary for performing basic daily activities or meeting specific needs that a person is not in a position to meet without

the assistance of others. This assistance is implemented within the conditions of the property qualification census, in the full or reduced amount, depending on need. A certain category of this type of assistance can be implemented independently of income.

Personal disability benefits are intended for persons with severe disabilities in order to help them to conquer their difficulties in meeting increased specific needs within the circle of their families.

Assistance for the personal needs of the residents of institutions (pocket money) is monetary assistance intended to meet the additional needs of the beneficiaries as they so choose.

Compensation until employment is monetary assistance for persons with disabilities who have trained successfully for independent work and is provided as long as they are unemployed.

Monetary assistance for covering transportation expenses is paid to persons with disabilities who are trained for independent life or work with the goal of covering transportation costs from the place of residence to the institution at which they are being educated or trained through special rehabilitation programmes.

Assistance for funeral expenses can be approved for the funeral of a person who at the time of his or her death was a beneficiary of assistance for support or was placed in a foster family or a residential institution for social welfare, based upon the ruling of the centre for social welfare, and does not have a legal or contracted person under obligation to provide support. Payment is made directly to the funeral enterprise.

As part of *assistance for meeting the costs of lodging in student dormitories*, the possibility is offered for paying these costs for children of school age who live in socially vulnerable families. Payment is made directly to the dormitory.

Assistance for clothing and shoes can be approved for a person who lives in difficult material conditions and is not able to obtain clothing and shoes through donations or in some other manner.

Assistance in food is a service that can be approved for helpless or other socially vulnerable persons who are not able to prepare meals by themselves or with the help of family members. Assistance in food is provided through the delivery of meals, and a condition for receiving this assistance is the amount of income of an individual or family.

Assistance and care in the home is a service that is provided depending on the nature and abilities for organising such a form of care in the region of the residence of an individual. Such assistance includes various types of services regarding the performance of daily work and meeting other needs provided in the house or apartment of the beneficiary.

Training for independent work is a service that includes schooling according to special conditions and curricula for persons with disabilities who can be trained for independent work in suitable full-time jobs.

Training for independent life is provided for persons with disabilities in order for them to acquire the necessary knowledge and skills for caring for themselves through special rehabilitation programmes.

Assistance in overcoming special difficulties is a service that a person can receive for overcoming setbacks and difficulties such as illness, age, the death of a family member, problems in raising children, disability, prolonged medical treatment and other unfavourable circumstances or crises.

Counseling is a service that includes systematic and programmed assistance, with the purpose of successfully overcoming difficulties, creating conditions for the preservation and development of individual opportunities, and the suitable relation of an individual toward himself/herself, the family and the society.

Care outside of one's own family is provided via institutional and extra-institutional forms of care. This concerns a network of centres for various categories of beneficiaries, foster families and organised residence, in which lodgings are provided to a beneficiary. Care outside one's own family is applied only in such a case when an individual and his or her family cannot help within the framework of other rights or such a form of care is determined to be the most appropriate form for raising, educating, training, psychosocial rehabilitation, care, concern for health, etc. In recent years, various forms of extra-institutional assistance are acquiring an increasingly important role.

Family benefits can be considered the rights of the parents of a child with a serious developmental disorder, which includes the right to a leave of absence up to the child's seventh year of life and the right to work half workdays. A parent can exercise one of these rights due to the care of a child, and for the time during which the parent does not work he or she can receive compensatory payment.

Table 1
Type of assistance and number of beneficiaries in social welfare
in the Republic of Croatia, 2000–02

Government assistance	2000	2001	2002
1. Assistance for support			
1.1. Total assistance	44,413	50,406	53,119
1.2. Total number of persons covered	93,472	112,034	121,778
2. Personal disability allowances	8,870	9,904	10,711
3. Allowances for assistance and care	23,307	31,165	39,143
4. Compensation paid to the parent of a child with serious developmental disorders	2,997	3,471	4,088
5. One-time assistance ¹	97,206	101,723	81,208
6. Assistance for personal needs of a beneficiary of residential care (pocket money)	9,543	10,092	11,014
7. Food assistance	709	624	653
8. Clothing and shoes assistance ¹	863	941	839
9. Paying fuel expenses ¹	36,828	125 ²	—
10. Paying funeral expenses ¹	1,249	1,289	1,275
11. Free required textbooks and one-time monetary assistance for purchasing textbooks ¹	13,299	18,713	24,446
12. Training for independent life and work (12.1. to 12.3.)	5,727	6,222	6,248
12.1. Training for independent life	611	595	630
12.2. Training for independent work	1,722	1,961	1,964
12.3. Compensation until employment	3,394	3,666	3,654
13. Assistance and care in the home	462	499	569
14. Care outside a beneficiary's own family	16,143	16,967	19,444
14.1. Placement with a foster family	4,489	4,658	5,175
14.2. Placement in a residential institution for social welfare (government, county, private)	11,654	12,309	14,269
15. Counseling ¹	—	—	250,687
16. Assistance in overcoming particular difficulties ¹	—	—	40,480
Local and Regional Assistance			
1. Assistance for covering housing costs	22,964	27,367	26,546
2. Covering fuel costs ¹	—	36,349 ³	49,310

¹⁾ The number of instances of assistance or services is shown.

²⁾ Data refer to the period from January 1 to June 30, 2001.

³⁾ Data refer to the period from July 1 to December 31, 2001.

The number of beneficiaries shown in Table 1 is according to the status at the end of the year, with the exception of one-time payments in which the total number of payments made during a year is shown.

For beneficiaries, the presented legal assets were secured by the Ministry of Labour and Social Welfare (government budget and the ministry's own earnings), except for assistance for covering housing expenses that are financed from the budgets of the municipalities, cities and the City of Zagreb, and the covering of costs for fuel that as of July 1, 2001 was transferred to the counties, although the government provided approximately 50 percent of the funding during that year.

The same beneficiary can receive various forms of assistance at the same time.

Social welfare assistance is implemented via the government network of centres for social welfare, residential institutions for social welfare and centres for assistance and care.

In Croatia, there are 79 centres for social welfare with 25 local branches that perform over 146 functions that can roughly be divided into public authorisation in the area of social welfare, family legal and criminal legal protection, professional analytical work, financial and other work.

Residential institutions for social welfare provide the services of housing, day care, food, dressing, maintenance of personal hygiene, health care, training and education, professional training, work activities, psychosocial rehabilitation, organised free time, care, etc.

There are 67 government residential institutions with a total of 7,748 beneficiaries, 46 county residential institutions for the elderly and invalids with 4,232 beneficiaries, and 53 residential institutions founded by others with 2,288 beneficiaries. The government residential institutions can be divided into residential institutions for persons with disabilities of all types and degrees (24 residential institutions, 2,854 beneficiaries), residential institutions for children and young persons without suitable parental care (14 residential institutions, 1,182 beneficiaries), residential institutions for children and young persons with behavioural disorders (11 residential institutions, 838 beneficiaries), and residential institutions for psychologically ill adults (18 residential institutions, 2,874 beneficiaries). Residential institutions founded by others perform activities of social welfare in connection with taking care

of persons with disabilities (10 residential institutions, 608 beneficiaries), psychologically ill adults (three residential institutions, 311 beneficiaries), victims of family violence (two residential institutions, 161 beneficiaries), and persons addicted to drugs or other intoxicating substances (one residential institution, 134 beneficiaries).

Table 2
Number of employees in government institutions of social welfare in Croatia in relation to the number of beneficiaries

Social welfare residential institutions	Number of employees	Number of beneficiaries	Number of beneficiaries per employee
Residential institutions for children and young persons without suitable parental care	493	1,182	2.4
Residential institutions for children and young persons with behavioural disorders	436.5	838	1.9
Residential institutions for persons with disabilities	1,685.5	2,854	1.7
Residential institutions for psychologically ill adults	1,064	2,874	2.7
Total in residential institutions	3,679.5	7,798	2.1
Centres for social welfare	1,890.5	202,634	107.2

Table 3
Number of employees in Centres for Social Welfare in Croatia in relation to the number of inhabitants

Total number of employees	Number of inhabitants	Number of inhabitants per employee
1,890.5	4,437,460	2,347.9
Number of professional employees	Number of inhabitants	Number of inhabitants per professional employee
1,217.5	4,437,460	3,644.7

The centres for assistance and care, 88 in number, offer the services of organising meals, performing household chores, maintaining personal hygiene and meeting other needs.

In 2002 within the system of social welfare, there were 5,570 persons employed in the government institutions. Of this number, 1,890.5 persons were employed in centres for social welfare and 3,679.5 in residential institutions for social welfare. Tables 2 and 3 show the number of persons employed in comparison to the number of beneficiaries and the number of inhabitants.

Characteristics of Good Practices

Foster Care

Although foster homes in Croatia can be considered a traditional form of care, which according to some data has existed since 1902, only in recent times has there been systematic research in this area. Since the Homeland War, when foster homes appeared as a spontaneous response to the need to care for refugees and displaced persons, today, there is an increasingly systematic approach to the development of this form of care. Currently, the number of persons living in foster homes (5,175) and the number of foster families (2,443) is significantly higher than the approximately 2,500 who were lodged 10 years ago. Foster care is possible for nearly all categories of beneficiaries: children and young persons without suitable parental care, children and adults with disabilities, HIV-positive children, elderly and helpless persons, psychologically disturbed persons, persons addicted to alcohol, drugs and other intoxicating substances, etc. Foster care for children and young persons with behavioural disorders is a new approach for caring for this category of beneficiaries, and therefore is still very infrequent.

The largest number of persons in foster families are children without suitable parental care, followed by elderly and helpless persons, persons with disabilities, psychologically ill persons, persons addicted to alcohol, drugs and other intoxicating substances, etc. In general, the number of adults and elderly persons is somewhat greater than the number of children and young persons.

The structure of foster families in the majority of cases is women from 40 to 60 years of age, while the fewest foster care givers are 30 years of age. The

level of education ranges from not having completed elementary school to the completion of higher education, so that the majority of foster care givers are persons who have graduated from secondary school. The majority of the foster care givers own their own house or apartment, and the largest number care for a single beneficiary.

Regarding the distribution of foster care, there are great differences among regions and it can be said that there is greater social acceptance of foster care in the northern part of Croatia.

The level of compensation to a foster care giver depends on the age, specific needs and health of the beneficiary.

Regarding orientation toward such an undoubtedly more humane manner of care under conditions of a family atmosphere, with the most recent legal changes dated June 2003, a better quality approach has been made possible for the development of foster care. This primarily refers to the issuing of work permits and their renewal, mandatory attendance of classes for care givers, a reduced number of persons who can be cared for in a family (a maximum of five beneficiaries), the establishment of detailed conditions that must be met by the foster family, etc. The possibility is being introduced of organising a foster family home as a new way of providing social assistance for six to 20 beneficiaries, which guarantees better services.

Organised Housing

In the social welfare system, financial assistance and placement in residential institutions dominate, while other forms of care and various services, assistance and care in the home, support to the families who care for members with disabilities and others are still poorly and inadequately developed.

As a response to the need for systematic changes in this area, the process of de-institutionalisation has begun with the ultimate goal of raising the level of the quality of the services for socially sensitive groups of beneficiaries. The goal of de-institutionalisation is being achieved through changes in the ratio between institutional and extra-institutional forms of care, with emphasis on extra-institutional approaches.

Regarding the positive effects produced by this form of caring for adult persons with mental retardation, there are plans for providing this form of care for other categories of persons with disabilities, adult persons with psychological disorders, and children without parents and suitable parental care.

For the purpose of determining the range and dynamics for the process of de-institutionalisation, as well as the professional and financial justification for this type of care, a “Preliminary Study on the Deinstitutionalisation of the Special Assistance System in the Republic of Croatia” was prepared.

Moreover, the implementation of a series of activities is planned (projects, analyses, etc.) that should result in indices regarding beneficiaries, employees, property, etc., i.e. to indicate the advantages and/or weaknesses of this concept in practice.

There are two associations in Croatia that promote inclusions in Zagreb and Split. Several years ago, the Association for Promoting Inclusion of Zagreb began the implementation of an experimental project of de-institutionalising adult persons with mental retardation. More precisely, this concerns the organisation and promotion of independent life by persons with mental retardation who had been housed in institutions for many years. The Ministry of Labour and Social Welfare provided professional and financial support to this project and for this purpose paid the costs of renting apartments and utilities. Since with time this form of care has shown good results, in 1999 the association established the Home for Independent Living, i.e. an institution of social welfare.

Currently there are 65 beneficiaries who live in Zagreb and Osijek. The Home for Independent Living provides services of lodging in an apartment or house intended for a small group of adult persons with mental retardation, with daily professional monitoring and assistance in daily life. The professional assistance is based upon mastering situations of daily life, adapted to individual abilities, interests, desires and needs of the individuals, including organised leisure time and working activities. Such a form of care certainly offers more natural living conditions, participation in various daily activities, increased social interaction and integration, and the opportunity to achieve personal independence to a significantly greater measure than is possible in an institutional setting. In the territory of the city of Bjelovar, a process of preventing the institutionalisation of 30 adult persons with mental retardation is being

implemented. These are beneficiaries who after the deaths of their parents continued to live in their own farming households. The beneficiaries are provided with professional assistance and support via the Association for Promoting Inclusion.

In 2001, the Lastavice Association for Inclusion of Split began the implementation of a programme of de-institutionalisation for children without suitable parental care and adult persons with mental retardation. Currently, this involves 12 persons.

The most recent legal changes dated June 2003 define the concept of organised housing as housing one or more persons together, generally up to five persons, for 24 hours daily, with organised constant or occasional assistance by professional or other persons in securing the basic necessities of life as well as social, working, cultural, recreational, and other needs.

Care of Elderly Persons and Invalids

Although 15.7 percent of the population in Croatia is older than 65 years of age, so that Croatia is among the countries with a very old population according to the criteria of the United Nations, only two percent of persons over 65 are living in institutions.

Within the framework of the goals of reforming the social welfare system, legal changes in 2001 have secured the normative prerequisites for the gradual decentralisation of the system regarding the organisation and financing of residential institutions for the elderly and invalids, particularly by creating the prerequisites for the transfer of initial rights over state residential institutions to the units of regional self-management. Accordingly, on January 1, 2002, the original rights for residential institutions for the elderly and invalids were transferred to the counties, so that in Croatia there are now 46 county residential institutions in operation, categorised according to the quality of the services provided. There are also 34 residential institutions for the elderly and invalids in the private sector. Many people are on waiting lists for residential institutions, and sometimes several years are required.

Within the context of welfare policy regarding the elderly, extra-institutional forms of care are assuming an increasingly important role.

Some of the residential institutions for the elderly and invalids provide day care services, by which they promote the model for the development of day care centres with the possibilities of selecting services, allowing elderly persons to continue to live in their own homes.

There is an increasing trend to care for such persons in foster families. Comparing the care provided to the elderly and invalids in the early 1990s, when caring for elderly persons at home was only available from government assistance, today it is possible to speak about significant changes regarding the inclusion of local communities. Thus, today approximately 30 residential institutions provide assistance and care in the home for the elderly and invalids. One example of good practice in the development of the initiatives of the local community is providing of these services to elderly persons and invalids within the framework of the joint activities of the local network of centres for social welfare, residential institutions for the elderly and invalids, centres for assistance and care, and the units of local self-management in Rijeka. With the programme, a series of services are secured for approximately 400 beneficiaries.

The residential institution for elderly and infirm persons coordinates such services as clubs of retired persons and soup kitchens that provide meals for the socially vulnerable population. A lifeline telephone service has been recently introduced, which is accessible 24 hours per day to those elderly and infirm persons who are receiving care from the local network.

Cooperation with Organisations of Civil Society

With the goal of greater cooperation with the civil sector, in late 1998 the Government of the Republic of Croatia established an Office for Associations. Attempting to give the civil sector the role of an equal partner in the implementation of social policy, in 2001 the government adopted the Programme for Cooperation between the Government and the Nongovernmental Non-profit Sector. With this programme, the development of a code of positive practices, standards and measures for providing financial support to the programmes and projects of the associations are planned.

In 2002, the Council for the Development of Civil Society was established as an advisory and professional body of the government for the purpose of promoting the applications and continued development of the Programme for the Cooperation of the Government of the Republic of Croatia with the Nongovernmental and Non-profit Sector, strategies for the development of the civil society, the development of philanthropy, social capital, partner relationships and inter-resource cooperation under the conditions of a decentralised system of decision making and financing. For the purpose of continued development and providing incentives for volunteer work, as one of the important components of the civil society, the Council for the Development of the Civil Society has established a separate national committee for the development of volunteerism. The basic goals are to promote volunteerism as a socially useful engagement of citizens in the community, the legal regulation of the area of volunteer work, and support for the development of volunteerism in the organisations of civil society and volunteer centres.

It can be said that in Croatia the civil sector has marked the past 10 or more years. The numerous nongovernmental organisations that appeared during the war period created a significant civil sector that contributed to the preservation of social cohesion under the difficult wartime conditions. The most important are the domestic humanitarian organisations of Croatian Caritas and the Croatian Red Cross.

The activity of the civil sector in Croatia, that today consists of approximately 21,000 registered organisations of citizens, is confirmed by the existence of an entire network of organisations of the civil society that are engaged in the protection and promotion of human rights, social welfare, easing unemployment through the development of social entrepreneurship, support for children and young persons, extra-institutional education, democratisation and development of the civil society, improving the quality of life, protecting and conserving the environment and sustainable development, and the protection of cultural goods and the cultural heritage. According to the content of their activities, the organisations of the civil society can be classified as associations for children and young persons, associations of persons with disabilities and parents of children with disabilities, associations of chronically ill persons and persons addicted to alcohol, drugs and other intoxicating substances; voluntary and humanitarian associations, associations

of war veterans and war victims; professional associations in the areas of health, education, sports, social welfare, culture, technology, science, agriculture, environmental protection and others.

In the area of social welfare and humanitarian assistance, today in Croatia approximately 1,300 associations are operating that are engaged in the protection of socially sensitive groups (displaced persons, refugees, returnees, immigrants, persons with disabilities, persons with psychological disorders, children, young persons, women, the elderly and infirm, the unemployed, victims of violence, the homeless and others). In addition to domestic and foreign associations, in this area there are also endowments, foundations, religious communities and others. Their activity is oriented toward providing psychosocial assistance (psychological assistance and assistance in social adaptation) and social services with the goal of the integration of beneficiaries, and helping them acquire professions and skills in order to enable them to overcome the state of social exclusion and poverty. The majority of these associations are comprised of representatives of socially sensitive groups of citizens whose interests are represented by individual associations.

The Council for the Monitoring and Promoting of the Work of the Associations established by the Ministry of Labour and Social Welfare is comprised of representatives of various nongovernmental organisations who participate in the process of creating and directing social policy, especially during the preparation of legal regulations. According to an inquiry by the Ministry of Labour and Social Welfare conducted in April 2002, the cooperation of the institutions of social welfare with the organisations of the civil society on the local level primarily involves securing basic necessities of life (assistance in food, clothing and shoes, hygienic supplies, etc.) followed by psychosocial assistance and providing social services (assistance in social rehabilitation, integration and employment). In the smallest percentage, cooperation occurs in the area of caring for socially sensitive groups in shelters for the homeless, women, child victims of violence, etc.

The funding for the work of these associations is secured from the government budget and from games of chance. Funds are secured for financing the primary activities of the associations of persons with disabilities and programmes and projects of associations that provide for various socially sensitive categories of the population.

The regulations stipulated for social welfare established in 1997 provide broad possibilities for the activities of private and nongovernmental organisations in the social sector, followed by the establishment of several residential institutions for social welfare, particularly for the elderly and infirm, expanding such social services for citizens.

With the new Humanitarian Assistance Act of 2003, greater cooperation with the civil sector was established and new forms of humanitarian assistance were introduced.

In the reformed system of social welfare, the role of the centres for social welfare should be significantly changed, including the organisational structure, the manner of financing primarily from the county budget, definition of the minimum guaranteed programmes and additional compulsory programmes, so that in this context the nongovernmental organisations will be new partners in social welfare which will assume the implementation of individual services (for example, counseling, assistance and care in the home, community nursing and others). Within the framework of local social planning, the significant role of the centres for social welfare and nongovernmental organisations is emphasised in the social councils, which momentarily act as advisory bodies in some local units.

Structured Interviews

Goal

The goal of the recently conducted structured interviews is to investigate good practices in connection with cooperation of the bodies of the government and local authorities with the nongovernmental agencies that provide social services in the local communities. One of the goals of the inquiry is to determine the degree of satisfaction of the persons interviewed with the social services that are provided for beneficiaries at the local level, i.e. to what extent do certain characteristics of good practices influence the quality of these services?

Method of Work

Sample of the Persons Interviewed

The sample of the persons interviewed consists of nine representatives of the interests of individual vulnerable groups in the general population, as follows: persons with disabilities, elderly persons, children, young persons, women, the poor, persons addicted to drugs and other intoxicating substances, and children and young persons with behavioural disorders. This involves representatives of nongovernmental organisations, the professional-advisory bodies of the Government of the Republic of Croatia, units of local self-management, residential institutions for the elderly and infirm, scientific institutions and health institutions.

Of the total of nine persons interviewed, three were males. Seven of the persons interviewed have college degrees and two are college professors (School of Medicine and School of Education-Rehabilitation, University of Zagreb). Two of the persons interviewed had secondary school educations. The persons interviewed represented a variety of professions (physician-neuropsychiatrist, graduate traffic engineer, two graduate social workers, a special needs teacher, a graduate psychologist, a graduate sociologist, a machinist and a traffic technician).

Of the nine persons interviewed, five were representatives of nongovernmental organisations, one was a representative of a health organisation, one was a representative of a residential institution for the elderly and infirm, one was the representative of a body of local self-management, and one was a representative of a professional body of the Government of the Republic of Croatia for the prevention of disorders in the behaviour of children and young persons. Four were representatives of nongovernmental organisations, one was the head of a hospital ward, one was the head of a residential institution of social welfare, and one was a professional associate investigator in an association. Two of the persons interviewed were also representatives of scientific institutions. The interviewed persons had working experience ranging from 16 to 32 years. Six of the persons interviewed were permanently employed, and three of the persons interviewed were volunteers in their associations.

Eight of the persons interviewed represented a vulnerable group (persons with disabilities, elderly and infirm persons, children, young persons, women, the poor, persons addicted to drugs or other intoxicating substances, and children and young persons with behavioural disorders) and one person interviewed was a representative of a local unit of self-management. Since several of the persons interviewed perform several functions simultaneously, they spoke from various positions about the presented contents. The inquiry was conducted in late July 2003 in Zagreb.

The Process for Conducting the Inquiry

The inquiry was conducted in such a manner that each of the persons underwent a structured interview according to questions on a questionnaire.

Measurement Instruments

For the purpose of the inquiry, two series of questions of original construction were used. The first series of questions consisted of general information about the person being interviewed (sex, educational level, profession, occupation, years of working experience, job, working status and the group s/he represented).

The second group of questions covered information in connection with examples of good practice and cooperation of the government and local bodies with nongovernmental organisations, and the interviewed persons' degree of satisfaction with the social services provided in the local community.

Methods of Data Processing

The indices obtained through this inquiry are presented descriptively.

Results of the Inquiry

The majority of the representatives of the nongovernmental organisations cooperate with bodies of local self-management which implement social programmes, and programmes of education and technical culture via which

social programmes are realised. Cooperation primarily concerns the financing of programmes and projects that the associations offer the local bodies as well as the government bodies. In relations with persons addicted to drugs and other intoxicating substances, and children and young persons with behavioural disorders, there is greater cooperation with the ministries and nongovernmental organisations than with the bodies of local self-management and the institutions that operate in the local community which are under government authority.

In the area of addiction to drugs and other intoxicating substances, they point out certain elements that hinder the exercising of the rights of these persons, while as an example of good practice they cite cooperation with nongovernmental organisations which work as therapeutic communities for the rehabilitation of addicts. Similarly good cooperation is also achieved with organisations which work on programmes for reducing damages with addicts, and those that work on the prevention of addiction: associations of Roma, associations of parents and associations of young persons. However, as a shortcoming they cite the poor control over the implementation of programmes and the expenditure of financial assets by the nongovernmental organisations. In contrast to the bodies of government and local authorities that are generally satisfied with their cooperation with nongovernmental organisations, nongovernmental organisations are satisfied to a lesser extent with their cooperation with the bodies of the local authorities, with the exception of the representatives of women and persons with disabilities who expressed particular satisfaction.

The majority of the representatives of nongovernmental organisations are of the opinion that the obstacles to better cooperation with the bodies of local authority are that they are poorly informed, bureaucratic relations, insufficient knowledge of the work of the nongovernmental sector, lack of interest in programmes for providing services, duplication of programmes and a lack of continuing education in these bodies.

The majority of the persons interviewed are of the opinion that the centres for social welfare are more oriented to providing administrative services to beneficiaries, while the nongovernmental organisations are more oriented to providing direct social services but they lack quality education and professional supervision.

For the purpose of improving the cooperation of the government and local bodies with nongovernmental organisations, the persons interviewed agreed on the need for establishing criteria for the financing of nongovernmental organisations, decentralisation and greater autonomy for local self-management units, assuring quality education for all persons providing services, quality professional supervision, the establishment of a system for the control of financial affairs and the evaluation of the programmes of nongovernmental organisations, better coordination of the various systems, better coordination of the nongovernmental organisations and the government with the local bodies, a better level of providing information and a better flow of information, and greater professionalism by employees in providing social services.

The persons interviewed are of the opinion that it is necessary to improve the providing of social services by nongovernmental organisations and bodies of local self-management in such a manner that the beneficiaries and their representatives are included in the planning, decisions and evaluation of social services, the establishment of standards for social services, providing information, assuring greater funding, recognising the needs of individual vulnerable groups and the establishment of local networks for providing services.

Focus Groups on the Protection of Elderly Persons in Rijeka

A focus group met in July 2003 in Rijeka. Twelve persons participated in the work of the group, including representatives of the Ministry of Labour and Social Welfare, units of local self-management, centres for social welfare, residential institutions for elderly and infirm persons and associations of retired persons.

In the introductory portion, all the participants briefly presented their areas of work in the protection of elderly persons, with emphasis upon the city of Rijeka. As an example of good practice, the Kantrida Institution for Elderly and Infirm Persons in Rijeka was singled out which, in addition to its residential services offers services of extra-institutional care for the elderly through its service for assistance and care in the home. This programme is part of the municipal programme for the care of elderly persons. The basic

characteristic of this programme is good cooperation and networking of the services with others who care for elderly persons.

The participants received assignments, which each participant had to write individually and then explain. The assignments were to note the following:

1. The three main characteristics of good practice in the area of cooperation by the local administration and the nongovernmental organisations that directly provide social services.
2. The three main characteristics of good practice in the work of the local social services.
3. Two significant obstacles to good practice on the local level.
4. The three best ways to develop cooperation between the social services and the local communities.
5. The three best ways to develop cooperation between the centres for social welfare and the nongovernmental organisations.
6. The four best ways to include educators in the area of social work in acquainting the local communities with examples of good practice.

Within the framework of the first item, the participants emphasised that factors contributing to good practice are: being well informed about the programmes that are being offered, coordination of the programmes that are implemented, partner relations, professionalism from both sides, understanding of the needs of the civil sector, good situational analysis and programme evaluation.

Within the framework of the second item, the participants emphasised the importance of social initiatives, promoting combined social policies and social entrepreneurship, the level of the development of the services and networks, timely reaction, and the mutual cooperation and partner relations among the various social services.

Within the framework of the third item, the rigidity of professionals was mentioned as the most significant obstacle, followed by the lack of time for the problems of the community or for preparing analyses of the conditions and needs of the community (overburdening with work in individual cases), the lack of inter-resource cooperation, the lack of informing the public about the programmes that are implemented and the forms of protection, the lack of controls, the lack of the inclusion of volunteers, the lack of funding for

social programmes, the lack of preventive work, insufficiently rapid process of decentralisation – the phase of de-concentration, the lack of evaluations of the programmes of the nongovernmental organisations and the lack of local social planning.

Within the framework of the fourth item, the need was emphasised for complete decentralisation, taking into account all the subjects included, education in order to recognise the social needs in the community, deregulation of the existing system, the application of principles of subsidiarity, and greater sensitivity to the problems and needs for strengthening the units of local self-management (currently there is excessive territorial fragmentation).

Within the framework of the fifth item, the use of the resources of the nongovernmental organisations was proposed for an additional level of protection (above the basic standard that the government guarantees for its entire territory), providing information on the programmes of the nongovernmental organisations (at the centre for social welfare a registry of associations has been established which implement social programmes), changes in the law (the determination of various criteria for the establishment and operations of associations, depending on the area of their work).

Within the framework of the sixth item, the need was stressed for closer cooperation with the colleges and educators, the implementation of investigations and the formation of teams for problem solutions that would later be implemented through education, evaluation of all the programmes that are implemented, inclusion of the media in the education and sensitisation of the public, and the implementation of a programme of stress management.

It was concluded that the greatest obstacle to the successful implementation of the social programmes in the local communities was the marked lack of a professional-analytical or scientific basis regarding the situation and the needs of the local community, the lack of evaluation of the programmes being implemented, excessive centralisation of the system, and insufficient provision of information to potential beneficiaries on their social rights and the programmes being offered.

For advancing the work of all the subjects included in the system for the social protection of elderly persons in the local communities, recommendations were made for the additional education of the professionals and volunteers involved in the care of elderly persons, raising the level of informing the public

about social programmes and the social rights of elderly persons, the complete decentralisation of the system, and more significant inclusion of research work in the social planning of the local communities.

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Macedonia: National Report on Social Services

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Social Service Legislation

Framework of Social Protection

In the Republic of Macedonia the state retains the exclusive responsibility for policies relative to social protection and, at present, is the primary provider of such services. The private sector provides only minimal social services, as nongovernmental activities are hampered because there is no policy or legislation that creates opportunities to cooperate with the state.

Primary Social Services Legislation

The Social Protection Law (1997) is considered to be the main instrument of social legislation. The law introduced a broad framework for social protection rights that are briefly described as follows:

- the right to social prevention;
- the right to out-of-institute care (social assistance services, information and counselling, home help services, day care and support, placement in foster family provided in Social Work Centres);

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- the right to institutional care (including people with disabilities); and
- the right to additional financial assistance (financial allowance, health protection and services related to housing).

The Family Law (1992) represents a supplemental legal instrument that specifies implementation of social protection activities referring to family protection. This law covers marital issues, parental issues, adoption, guardianship, dependant persons and their maintenance, and introduction to precisely defined court procedures related to matrimonial and family disputes. It includes egalitarian types of marriage and family, in accordance with constitutional provisions.

The Child Protection Law (2000) is the main instrument that regulates child protection. Specific rights and forms of child protection include:

- the right to child allowance;
- the right to replacement income due to care of a child with disabilities; and
- the right to participation in benefit package for babies.

Special or Secondary Provisions of the Social Protection Law

Secondary resources of the Social Protection Law are included in bylaws dealing with more precise issues of the development, implementation, and monitoring of social protection systems. These bylaws are briefly described below:

- The Law on Local Self-Government (2001) is a new legal framework on the authority and functioning of municipalities.
- The Law on Associations of Citizens and Foundations (1998) covers the establishment and functioning of various associations and foundations, except those motivated by political and moneymaking goals.
- The Law on Employment and Insurance in Case of Unemployment (1977) specifies employment standards of persons with disabilities.
- General Administrative Procedures Law (1987).
- State Officials Law (2002).
- The Criminal Law covers definite provisions referring to the treatment of social protection target groups. These provisions deal with criminal

responsibility, i.e. criminal responsibility of children, as well as the role of the Social Work Centres.

- The Law on Criminal Procedure gives Social Work Centres a very important role during criminal procedure brought against criminally responsible children.
- The Penalty Law includes legal standards for the function of public Social Work Centres in executing penalty measures undertaken against children.
- The Law on the Personal Name provides for inclusion of Social Work Centres in handling newborns.
- The Law on Registration (1995) regulates the method by which Social Work Centres intervene in cases of parentless children or newborn children without parental care.
- The Law on the Public Budget covers criteria and financial procedures of associations including NGOs in the field of social protection.
- The Law on Lottery and Games of Chance (1997) also covers means of financing associations including NGOs in the field of social protection.

Key Conclusions

The “key conclusions” presented here and throughout this report are based on existing data along with consultations and discussions recently conducted with key interested parties in the field of social protection. A complete list of agencies and organisations that participated in these interviews are listed at the end of this report.

The conclusions relative to social service legislation are:

- In practice there are no viable active prevention programmes being implemented by the public sector. This can be explained by the fact that the existing legal framework covering the work of principal providers of out-of-institutional services, i.e. the Social Work Centres, does not include explicit provisions on undertaking preventive action for persons exposed to high risks.
- Experts employed in Social Work Centres stress the need to develop legislation that promotes active preventive services for specific groups

of persons exposed to high risk and in particular to children and young persons, as well as identifying disability cases.

Funding and Expenditures

Public social services provided under the Social Protection Law are primarily financed through the state budget. In accordance with the provisions, there are also other sources of funding such as donations and legacies, etc. Insured persons covered by the social insurance fund also pay contributions to public institutions rendering social care services; whereas uninsured persons who do not have sufficient individual or family funds have the right to obtain services free of charge. Table 1 shows a summary review of expenditures for most social protection programmes, including institutional care and Social Work Centres in 2002.

Table 1
Expenditures for social protection in Macedonia (2002)

Type of Costs	Amount (MKD, 2002 budget)	% of MLSP budget	% of state budget
Administration (MLSP including the Social Work Centres)	141,226	1	0.2
• Salaries	89,700		
• Capital funds	21,000		
• Goods and services	30,000		
Institutional care costs	329,794	2.2	0.48
• Salaries and compensations	169,794		
• Operative costs	160,000		
Allowances costs in accordance with the Social Protection Law (transfers)	3,246,740	21.9	4.7

Type of Costs	Amount (MKD, 2002 budget)	% of MLSP budget	% of state budget
Child protection programme costs (according to the Child Protection Law)	1,188,332	8	1.7
• Salaries and compensations for kindergartens and child resorts	594,856		
• Capital funds	24,913		
• Goods and services	68,563		
• Child allowances (currently paid to children up to 3 years of age).	500,000		
Transfer to the Pension and Disability Insurance Fund	5,871,000	39.5	8.6
Transfer to the structural reform programmes	3,568,000	24	5
Transfer to other categories	501,300	3.4	0.7
• War invalids compensation	400,000		
• Civilian invalids compensation	35,000		
• Family provider during his military service absence	6,300		
• Returnees from EE countries	24,000		
• Refugees from other countries	36,000		
Total	14,846,392	100	21.5

Current Reform Initiatives

The Ministry of Labour and Social Policy is facing the challenge of introducing and developing new policies, particularly in the following areas:

- partnership between the public and private sector;
- de-institutionalization;
- decentralisation of services;
- developing new fields within social policy (e.g. addressing social exclusion); and
- integration within the EU and globalisation.

Structure of Delivery System

Fundamental Principles of Service Delivery

The fundamental principles of service delivery are based on international standards related to social services, as follows:

Ratified legal instruments within the European Council:

- European Agreement on Implementation of Children's Rights
- European Agreement on the Legal Status of Illegitimately Born Children
- European Convention on Recognition and Implementation of Guardianship over Children and Reestablishing Guardianship over Children
- European Agreement on Child Adoption

Ratified UN legal instruments in the field of social protection:

- Universal Declaration on Human Rights
- International Agreement on Economic, Social, and Cultural Rights
- International Agreement on Civil and Political Rights and Optional Protocols
- Agreement on Elimination of all Forms of Discrimination against Women
- Agreement Regulating the Status of Refugees
- Agreement on Children's Rights
- UN Rules on Standardizing Opportunities for Persons with Disabilities

Social Protection Implemented by the Public Sector:

- determines the problem and offers means and services to address the problem; and
- provides counselling services and refers to related care givers in case the problem is regarded as one that requires additional handling.

Cooperation with PHARE

The Ministry of Labour and Social Policy is cooperating with European Profiles, Consultants Group, financed by the PHARE programme, on the project:

“Development of Social Sector and Sector of Employment: Building Capacity for Institutions and Development of Social Care and Social Welfare.”

The primary aim of this project is to provide technical support for the Ministry of Labour and Social Policy. The technical support covers two important components: Component 1 is related to the Ministry of Labour and Social Policy and Component 2 is related to the Centres for Social Work and Institutions for Social Welfare.

Component 1

Development of Policies and Strategies

- Organisational restructure (sphere of action: Component 2)
- Institutional revision of Centres for Social Work and Institutions for Social Welfare
- Training for professionals from Centres for Social Work and Institutions for Social Welfare

Component 2

- Provide technical equipment for the Centres for Social Work and Institutions for Social Welfare

Reform initiatives under this project include:

- developing the private sector in providing social welfare;
- determining the appropriate role of the private sector;
- developing the role of NGOs in the social welfare sector; and
- establishing NGOs and the social welfare sector.

Potential problems and barriers to reforms include:

- establishing national programmes of social care with clear targets, as well as preferential and concrete policies;
- establishing policies related to work;
- establishing consultation with, and involvement of, social welfare users; and
- establishing cooperation between the different bodies that are included in the process of social service delivery (e.g. Ministry of Health, Ministry of Education).

Existing Processes to Involve Users in Decision Making and Programme Implementation

Efforts to equalise the rights of individuals with special needs, including the involvement of users in planning and implementing programmes, are part of a national strategy that involves representatives from various ministries, including:

- Ministry of Labour and Social Policy;
- Ministry of Health;
- Ministry of Education;
- Ministry of Finance;
- Ministry of Justice;
- Ministry of Transport and Communications;
- Ministry of Local Self-Government; and
- National Strategy Bases.

The national strategy is based on analyses indicating the need for making appropriate decisions within the government of the Republic of Macedonia relative to protection, education, rehabilitation, training, and employment of persons with disabilities especially with regard to:

- prevention, early detection, early diagnostics, and early therapy;
- pre-school education, primary school education, high school education and university education for all those for whom it is possible;
- training and employment, family, social and cultural life; and
- providing assistance (in families, half-day and full-day care centres as well as care in small sized institutions and in flats where small groups of people with disabilities would live) for all those persons with higher-level disability who need such assistance.

National Strategy Contents

The national strategy covers personal development within the primary family, health and social protection, education, rehabilitation, and all other forms of individual family life, including:

- family and personal development;
- prevention;
- consciousness raising;
- health protection;
- rehabilitation;
- accessibility to services and helping devices;
- education of persons with disabilities;
- employment and work;
- providing income and social security;
- social protection;
- protection and therapy of autistic and CP children;
- housing;
- cultural life;
- recreation and sports;
- religion;
- information and research;
- economic policy;
- policy creation and planning;
- coordination of work;
- nongovernmental organisations for people with disabilities;
- evaluation of programmes on people with disabilities; professional personnel for work with people with disabilities;
- international cooperation; and
- monitoring and strategy implementation.

Provision of Social Services

Out-of-Institution Care

The state provides both out-of-institution and institutionalised care for vulnerable populations. Table 2 shows the target groups, type of services, and percentage of cases handled by Social Work Centres for out-of-institution social service care in 2002.

Table 2
Out-of-institution care services in Macedonia offered by the Social Work Centres in 2002 in accordance with the Social Protection Law

Target group	Kind of benefits or services	Real provision (%) [*]
All target groups	Immediate social service help (counselling and information).	2.1
Disabled of all ages Single parent families Children placed in foster family, under custody or supervision	Day care (mainly including beneficiary home visits before making the decision about granting a service or benefit).	12.0
Elderly	Day care centre for performing a productive activity. Day care centre. Placement in foster families.	0.1
Young couples prior to marriage	Pre-marital counselling offices.	5.7
Risky families	Settlement of disputes.	0.7
	Assigning the children to one of the parents in case of divorce.	0.6
	Preparing information and submitting an opinion to the court in case of divorce.	0.3
	Regulating the relations between children and parents after the divorce.	0.6
Children without parents or parental care aged 0-18	Adoption.	0.2
	Placement in foster family.	0.2
Minor delinquents to 14 years of age	Placement under custody.	0.3
Minor delinquents aged 14–18	Placement under supervision.	
Other socially excluded persons (homeless, children in the streets, drug addicts, etc.)		0.1

^{*} Percentage of cases handled by Social Work Centres out of the total number of cases during 2002.

Key Conclusions

Based on interviews with key individuals, conclusions on out-of-institution social service care are:

- Home care services are still not fully developed, even though there is a greater number of potential beneficiaries of these services (i.e. sick elderly people who live alone). Social workers must make preliminary administrative visits to assess the client's needs before contacting the appropriate NGOs to develop a strategy at the local level.
- Development of open care services is promoted by establishing day care centres that were recently started by the MLSP in cooperation with UNICEF and certain NGOs.
- There is a lack of services that target socially excluded persons. The Social Work Centre staff confirms the existence of these groups and firmly suggests that appropriate actions be taken since, until now, the main initiatives have been coming from NGOs.

Institutional Care

Table 3 shows the target groups, type of services, name of institution, and number of beneficiaries in institutional care in 2002.

Table 3 Institutional care: providers and beneficiaries of services in Macedonia			
Target group	Kind of benefit or service	Institution	Number of beneficiaries in 2002
Children with mental health disabilities	Institutional care including health care, help in food, clothes, and counselling	Demir Kapija Topansko Pole (Skopje)	405 135
Children and adults with physical disabilities	Institutional care including health care, help in food, clothes, and counselling	Banja Bansk (Strumica)	62
Children without parents or parental care	Open institutional care including education	11 Oktomvri (Skopje)	109
Infants and small children, 0–3 years of age without parents or parental care	Institutional care including development programmes	Childrens' home (Bitola)	79
Educationally neglected children between 7–18 years of age (males)	Institutional care including education and rehabilitation	Ranka Milanovic (Skopje)	39

Table 3 (continued)
Institutional care: providers and beneficiaries of services in Macedonia

Target group	Kind of benefit or service	Institution	Number of beneficiaries in 2002
Children with social problems	Open institutional care including education	25 ti Maj (Skopje)	58
Elderly persons including chronically ill adults	Institutional care	Zafir Sajto (Skopje)	160
		13 Noemvri (Skopje)	107
		Kiro Krsteski (Prilep)	100
		Sju Rajder (Bitola)	145

Nongovernmental Sector

While NGOs provide only a small proportion of social services, they are engaged in a wide range of services. The following information on NGOs is derived from interviews with key individuals working in social service NGOs. The principal areas of activities are mostly in work with children, youth, and individuals with special needs, whereas the groups least covered are non-qualified persons and addicts to psychotropic substances.

These priorities are related to funding possibilities and not to the real expertise of the NGOs in the specific areas of activity. Currently, children and other persons with special needs represent an area that is a rich source of financing by the international community. Most donations are targeted for work with children (furthermore, the intent is to focus on the provision of seminars and workshops that are also easily deliverable).

Social Services Delivered by the NGO Sector

Services provided by the NGO sector include the following:

- services for the elderly;
- recreation centres for the elderly;
- institutionalisation of the elderly;

- services for children;
- institutionalisation or homes for children;
- children's centres;
- services for children;
- centres for social rehabilitation;
- services for persons with learning and physical disabilities;
- centres for professional orientation of people with disabilities;
- centres for special care;
- social-health centres for long-term residence;
- kindergarten;
- recreation centres;
- special programmes for targeted populations:
 - drug users:
 - centres at the local level for training in the rural environment;
 - medical centres for drug users;
 - services for help (only for alcoholics and drug users);
 - homeless;
 - women:
 - centres for short-time residence;
 - services for orientation and diagnosis;
 - services for homeless;
 - services for help;
 - centres for rehabilitation;
 - centres for short-time residence;
 - children with learning disabilities; and
 - immigrants.

There are three NGO sponsored institutional care homes for the elderly. Two of these are in Skopje and are the property of a private firm “Meri Terzieva” with a capacity for 52 persons since 1996. The third institutional facility was opened in 2000 in Negotino with a capacity for 30 persons.

Determination of Target Population by NGOs

NGOs frequently determine their target population by surveillance, using existing databases and work in the field, as well as by direct contact. Most frequently, beneficiaries receive information about NGOs and their services through the media, newspapers, and personal contacts. The first contact for potential beneficiaries is usually initiated by the NGO itself and, in general, it is based on direct communication in the form of an interview.

Partners

The principal partners of NGOs are other NGOs, municipalities, and foreign organisations and foundations. Businesses and ministries are the most frequent partners with NGOs.

Financing

Most NGOs receive funds for specific projects from donors and international organisations, with an insignificant part coming from the state. NGOs typically submit financing application directly to donors; it is very rare for the donors themselves to contact NGOs. Subsequently, there is no regulatory organ that supervises performance standards or effectiveness of services rendered by NGOs.

Problems Facing NGOs

- The major problem is long-term financing;
- further education and training of its members; and
- lack of technical equipment.

Key Conclusions

- The representatives of the NGOs who were interviewed were not fully prepared to give details on their budgets. The analysis of available budget information shows a slight total increase in expenditures in the period

1999–2002 for those NGOs targeting services for women, children, and people with disabilities. In contrast, a reduction in budget is noticed for NGOs that focus on distributing humanitarian help.

- As noted above, NGO resources mainly come from funds intended for specific projects. For over half of the participants who replied to this question, special projects comprise between 90 and 100 percent of the total financing. Only 25 to 40 percent of income is from charges for services. This clearly indicates the need for development of self-supporting activities.

Characteristics of Good Practices

The information obtained from key individuals and related sources suggest that there are five categories of characteristics of good practices in state and NGO institutional and out-of-institution social services. These are as follows:

1. Three primary characteristics of good practice in local social service agencies:
 - good communication with local government and local NGOs;
 - good cooperation with health services on local level; and
 - good cooperation with special and ordinary schools.
2. Two major impediments to good practice at the local level:
 - constant high level of distrust or absence of interest; and
 - constant stereotypes that NGOs are incompetent and that they are established only to pursue the interests of the founders or for financial profit.
3. Three best ways to develop partnerships between government social service providers and the community:
 - local authorities should offer professional and technical support;
 - help in the organisation on the campaigns and participation in some parts in the project; and
 - consultation, contacts, and general support for the activities and better sense of the needs of the local population.

4. Four best ways to develop sustainable and effective partnerships between government ministries and local NGOs:
 - more financial support from the government ministries to local NGOs;
 - establishing a coordinating body composed of representatives of government ministries and local NGOs for planning and implementing programmes at the local level;
 - cooperation and support in the organisation of campaigns at the local level by government ministries; and
 - coordination of activities in some areas because some of the current activities are unnecessarily repeated.
5. Four best ways to involve social work educators in the delivery of good practices at the local level:
 - training professionals in social services;
 - establishing programmes for developing social work;
 - research in the field of social work; and
 - disseminating information about new social service trends in other countries.

Model of Good Practices

Three models of good practice in local government and community-based NGOs that provide direct social services are:

- day centres for children and adults with learning disabilities;
- day centres for old people; and
- centres for women victims of abuse.

The best model of good practices in the Republic of Macedonia is the system of Day Centres for Children with Learning Disabilities. However, for this system to continue to be a good practice it will be necessary for the Ministry of Labour and Social Policy to:

- continue to provide financial support for these centres;
- provide financial support for additional NGO day centres; and

- make a five-year plan for the development of these centres and work toward establishing de-institutionalised programmes for persons with learning disabilities.

Key Conclusions

- There is a lack of a general strategy for developing partnership models between the nongovernmental sector and the state.
- There is a lack of an adequate legal and regulatory framework relating to:
 - establishing NGOs working in the field of social protection;
 - conditions for the delivery of social protection services (accreditation system, registration system, monitoring system and evaluation); and
 - financing criteria and procedures, including contracts and grants.
- There is need for a clear legal framework referring to business development, all NGO activities, and providing the opportunity to develop informal economic activities.

Primary Data Sources

The primary data used to prepare this report were obtained from the following sources:

- a detailed institutional review of 30 Social Work Centres and 11 social protection institutes in the period March-April 2002;
- interviews conducted with 20 selected NGOs that are most active in the field of social protection;
- interviews conducted with a number of private enterprises that provide social care services; and
- interviews conducted with open care services working in the Republic of Macedonia.

The “key conclusions” presented in this report were based on consultations and discussions with key interested parties in the field of social protection.

These included representatives of:

- The Ministry of Labour and Social Policy;
- The Ministry of Local Self-Government;
- Privatisation Agency;
- Ministry of Finance;
- Project on Local Self-Government Reforms, financed by USAID;
- PHARE project on local self-government;
- Project on Public Administration Reforms, financed by DFID;
- UNICEF;
- Soros Foundation;
- World Health Organisation;
- State Officials Agency;
- UNDP; and
- The Faculty of Philosophy, St. Cyril and Methodius University, Skopje.

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October 2003

Moldova: National Report on Social Services

Alona Dorosh, Ala Lipciu, and Paulina Tudos¹

Social Service Legislation

Legislation

The Republic of Moldova has not yet adopted the Law on Social Assistance. However, it has been adopted by the Parliament in the first reading. Moreover, other decisive steps have been undertaken to improve the national legal framework with reference to social assistance, as reflected in the following legislation: Regulations regarding social assistance services providing social assistance at home to lone elderly people and people with disabilities (1994) have been established in all sectors of the country.

The Law on Public Associations (civil societies) (1996) regulates social relations concerning the establishment of the right of citizens to associate and stipulates the principles of creation, registration, development, and termination of civil associations activities.

¹ Ala Lipciu and Paulina Tudos, Experts, Ministry of Labour and Social Protection of the Republic of Moldova and Alona Dorosh, Consultant, National Centre of Studies and Information on Women's Issues, social academia institutions, and NGOs.

The Law Regarding the Rights of the Child (1998) provides for special rights (inclusive of social assistance provided by the state), especially for children at risk.

The Strategy Reform of the Social Assistance System (1999) stipulates three major objectives: establishment of the legal framework in the field of reference, administrative and organisational, and financial aspects, with the following objectives:

- identification and stimulation of some social-professional activities to provide adequate assistance to persons and families at risk and other potential applicants of social assistance;
- training and providing specialised guidance to the social worker in helping to deliver adequate social assistance to users and families;
- identification of new services to replace institutionalisation by providing social assistance to some categories of minors in difficult situations, to adults with disabilities, and elderly people, as an alternative to institutionalisation; and
- involving NGOs and the private sector as partners in promoting social actions.

The National Programme of Social Protection, Rehabilitation and Integration of the Disabled (2000) facilitates involvement of beneficiaries, members of their families, and the representatives of civil society in collaboration with the government in developing programmes, including;

- establishing Day Centres for children with disabilities; and
- legal support of rehabilitation activities and social services delivered by the civil society, donors, etc.

The National Conception of Child and Family Protection (2002) has the following objectives:

- promoting the initiative of establishing community social services;
- creating a national system of monitoring and evaluation of the situation of the family and the child; and
- promoting the participation of the civil society in the process of social protection of the family and the child.

The Law on Veterans (2003) – No. 190-XV – facilitates obtaining the right to social services offered by social assistance institutions, public food distribution services, free access to rehabilitation centres, etc.

The Law on Social Assistance Canteens (2003) regulates the delivery by local public administration authorities of free services to the most vulnerable populations. It also encourages the support of sponsors, philanthropic organisations, NGOs, and natural and juridical persons of organised activities.

The Law on Humanitarian Aid (2002) regulates juridical relations regarding the introduction, reception, maintenance, distribution, and evidence of humanitarian aid provided to the Republic of Moldova from abroad. The Law determines the eligible categories of beneficiaries of humanitarian aid from the most vulnerable and disadvantaged segments of the population. They include: solitary pensioners, orphans, children without parental care, children with disabilities, families with many children, invalids, etc.

The Law on Local Public Administration (2003) delimitates the fields of competence between the levels of territorial administrative units. Responsibility for social services delivery rests with the first level territorial administrative units, including the protection of young families and big families with many children, the protection of the mother and the child's rights, the protection of elderly persons and solitary old people, also the supply of services that are not in the competence of other authorities. Responsibility for delivery of social assistance benefits and maintenance of the medical-sanitary and social buildings and premises rest with the second level territorial administrative units.

The Regulations of Activity of Family-Based Children's Homes (2002) stipulates the new relationship of these families with state authorities and determines the competence of the involved parties and partners (family-child-state).

Governmental Decision: "Minimum Quality Standards for Family-Based Children's Homes" (2003) approves 16 standards, sets the objectives, ways and means of implementation of the standards that comprise: admittance-evaluation/re-evaluation, the individual plan of services, leaving the family home, harmonised development of the child, living conditions, feeding, etc.

Regulations of NGOs

The legal framework regulating the third sector (NGOs) in Moldova includes, in addition to the Fiscal Code, the Constitution of the Republic of Moldova (1994), the Law on Philanthropy and Sponsorship (1995), the Law on Public Associations (1996), and the Law on Foundations (1999). The new Civil Code has recently been approved by Parliament and the Law on Non-Commercial Organisations is currently being considered by Parliament. Together, these instruments provide a legal basis for the activities of the third sector and for activities that can help its development. The Law on Foundations provides a definition of “socially useful” foundations and regulates the funding of such entities. It also stipulates that public finance can be used to support activities administered by associations only on a competitive basis.

According to the *Study on the Development of the Nongovernmental Organizations in the Republic of Moldova*, conducted by the National Assistance and Information Centre for the NGOs in Moldova “CONTACT” in 2002, there were about 1,770 NGOs: 1,150 (65 percent) at the national level and 620 (35 percent) at the local level. Six percent (about 122 NGOs) give priority to social services, approximately 65 at the local and about 57 at the national level.

The types of services provided by NGOs are divided into the following groups and categories:

- socially disadvantaged groups (40 percent);
- services to young people and children depending on identified needs (19 percent);
- community-based services (14 percent); and
- mixed services (27 percent).

About half of the NGOs (48 percent) rely on the activity of volunteers in accordance with the Law on Volunteers.

Although the financial basis of the nongovernmental sector is still undeveloped, a great majority of NGOs conduct their activities efficiently despite the lack of offices, equipment, communication, resources, etc. Only nine percent of the NGOs have an office residence of their own. However, the *Study on the Development of NGOs in the Republic of Moldova*, conducted in 2001–02 by the Centre “CONTACT,” states that the majority of NGOs

carry out their activities without a concrete evolution/development strategy, which could help them to improve the organisational management and service delivery. In fact, fewer than 10 percent of NGOs have a strategy of development.

According to the study, in the last two years 30 percent of NGOs had developed and implemented diverse projects; only 9 percent established strategies of development, addressing a range of community problems and consolidating social partnerships. Involving communities in this process is practised by only 6 percent of NGOs dealing with economic and community development and social services delivery. Most NGOs (75 percent) deliver services at the request of persons or organisations, as well as a result of their own initiatives. Approximately 70 percent of the total number of NGOs deliver free services. Free services are offered to beneficiaries in rural areas by 83 percent of the NGOs; 67 percent in urban areas; 63 percent at the national level; and 81 percent at the local level, as well as 100 percent serving ethnic minorities. Other NGOs usually charge a fee for service, but offer free services, as well. Only three percent of NGOs deliver only paid services and these are located primarily in urban areas.

NGO Alliance

At the Third Forum of NGOs, convened in 2001, the idea of establishing a network of the NGOs that deliver social services took shape. On August 1, 2002 a Memorandum of Collaboration established an Alliance of nongovernmental organisations active in social services. The key message of the establishment of the network is that only by joining efforts is it possible to promote the ideas and build the structures necessary to strengthen social services.

Constitution of NGO Alliance

The mission of the Alliance is to join the common efforts of associated sectors in the social field and stimulate partnerships between NGOs and the governmental sector, thus contributing to the promotion of coherent social policies in the field, improving the legislative acts, developing strategies, etc.

The specific goals of the Alliance are to:

- strengthen the capacities of NGOs active in the field of social protection;
- share information on NGO activities, identification of uncovered fields, and strengthen the capacities of NGOs in the fields of reference;
- develop mutual training and education; and
- participate in lobbying in decision making at central and local levels, introduce amendments to legislation, and change administrative mechanisms that are used to implement practice.

The most active NGOs are involved in:

- providing general social services;
- protecting the family and the child;
- protecting people with disabilities;
- protecting elderly persons; and
- providing services for HIV/AIDS, drug addiction, alcohol dependent people, etc.

Funding and Expenditures

The Gross Domestic Product (GDP) in 2002 was MDL 22,040 billion, representing an increase in comparable prices of the previous year of 7.2 percent. The average level of GDP was MDL 6,084 (per inhabitant) or 7.4 percent more than in 2001. The total budgetary expenditures for 2002 were MDL 5,194 billion or 23.6 percent of the GDP.

As shown in Table 1, total expenditures for social services provided during 2002 were MDL 150,800,000 or 0.7 percent of the GDP.

Table 1
Expenditures for social services in Moldova

	2001	2002
Gross Domestic Product (GDP), MDL	19,052 billion	22,040 billion
Total budgetary expenditures, MDL	4,327,000,000	5,194,000,000
as % of GDP	22.8	23.6
Inclusively:		
Expenditures for social assistance services, MDL	114,300,000	150,800,000
as % of GDP	0.6	0.7
Of which:		
Ministry of Labour and Social Protection, MDL	47,500,000	62,700,000
as % of GDP	0.25	0.29
Ministry of Education, MDL	46,100,000	60,500,000
as % of GDP	0.24	0.28
Ministry of Health, MDL	6,400,000	7,900,000
as % of GDP	0.03	0.04
Local budgets, MDL	14,300,000	19,700,000
as % of GDP	0.08	0.09

Funding of Government Institutions

Ministry of Education

Government social service institutions administered by the Ministry of Education are financed from the state budget. In 2002 the allocation was MDL 60,500,000, which is 31.2 percent more than for 2001. The extra-budgetary resources constituted MDL 812,700. The amount planned from the budget to be allocated for 2003 equals MDL 73,700,000, i.e. 21.8 percent more than in 2002.

Local budgets finance 23 social institutions with 3,528 children. For 2002 financing amounted to MDL 19,661,200 or 38 percent more than for the year 2001. According to the information of the Ministry of Finance for the

year 2003, a budgetary plan of financing these institutions from local budgets has not yet been approved.

Ministry of Health

Expenditures for financing institutions administered by the Ministry of Health in 2002 were MDL 7,945,100, which was 24.2 percent more than in 2001. For 2003, planned expenditures are 15.2 percent more than 2002.

Ministry of Labour and Social Protection

Since 2000, institutions under the administration of the Ministry of Labour and Social Protection are financed from the state budget. In 2002, expenditures for institutions increased by 21.8 percent over 2001. This included 26.2 percent from the state budget and 4.6 percent from external funding sources (donors, humanitarian material aid, etc.). The total expenditures from the state budget in 2002 were 82.6 percent, or three percent more than in 2001, while the total external financing was 17.4 percent, a decrease of three percent from 2001. Recently, there has also been an increase of external financial support, mostly in humanitarian aid donated to the institutions.

Rehabilitation Centres under the Ministry of Labour and Social Protection

Expenditures for the two rehabilitation centres for pensions and invalids (described in more detail below) in 2002 were MDL 13,581,600, which was 16.7 percent more than in 2001. This includes MDL 12,352,400 from the state budget, 19.2 percent more than in the previous year. External financing (donations, humanitarian aid, etc.) amounted to MDL 1,226,700, which was 96.6 percent of the volume of the previous year. The total amount of expenditures from the state budget for year 2002 was 90.9 percent or two percent more than in 2001. The total amount of external funding was 9.1 percent, which was two percent less than in the previous year.

NGO Funding Sources

The results of the study elaborated by the Centre “CONTACT” states that the main source of financing of NGOs are from grants of external donors, along with contributions of the members of the NGOs and from sponsoring organisations.

There are more than 20 institutions, programmes and projects that offer support to NGOs registered in the Republic of Moldova. Among these are the Soros Foundation in Moldova, REC (Regional Environmental Centre) in Moldova, UNICEF, USAID, USIS, UNDP, TACIS, DFID, and the Council of Europe.

It is very difficult (if not impossible) to identify the amount of expenditures for social services delivered by NGOs. This is illustrated by a survey conducted by the Centre “CONTACT” which shows that only 23 percent of NGOs prepare financial reports and only three percent of them monitor their bookkeeping. This indicates that there is a need for greater transparency among NGOs in carrying out their activities.

Current Reform Initiatives

The Republic of Moldova is at the beginning of developing social assistance programmes as an independent sector, as it has until recently been an integral part of social insurance. In this context, its evolution has been subject to thorough examinations made by government and nongovernmental bodies, as well as by international organisations represented in the country. Recent reports offer a wide range of useful recommendations and advice aimed at promoting a coherent policy related to a successful development of a system of social assistance. Some of these reports are briefly noted below.

The *Annual Social Report for 2002* (2003) of the Ministry of Labour and Social Protection, certifies that:

- The existing social institutions in the Republic of Moldova are large enterprises separated from society; thus there is the danger, especially for the institutionalised children, of a lack and insufficiency of education

and training and their successful integration in the society and life outside the institution. On one hand, the institutionalised protection of each individual is of great importance, given that persons that require specialised protection and care on behalf of professionals and experts that have been helped to overcome health, social, personal, and educational difficulties can receive a specialised assistance only in an institutionalised framework. On the other hand, the maintenance of these institutions is very costly and they are not ideal conditions of life and development of children/adults for an extended period of time. Today we have a better understanding of the essential quality components in social institutions and priority is now given to placement in family homes. This offers an opportunity for interaction with the external world, recognising that the beneficiary no longer constitutes a separate, isolated social group.

- Local public authorities and the civil society, associations and NGOs play a significant role in the development and diversification of social services, opening centres, addressing special needs and problems such as: preventing abandonment, rehabilitation of street and homeless children; social and educational rehabilitation of children with special needs; special care of the elderly and persons with disabilities. The majority of the centres have been opened with the help of different organisations: FISM, Every Child, Amici dei Bambini, and Caritas-Moldova. These centres are developed outside public structures, but are to be integrated in the future by local public authorities.
- These projects demonstrate the need for the decentralisation of social assistance services to the community level. The shift from centralised universal social policies to the community level is leading to a massive increase of civil society and public participation. Participation of the community in the process of solving the entire range of existing social issues and services should be expanded.
- A system of social assistance is in the process of reform. The intent of the new system is to place the primary responsibility at the level of local public authorities through territorial social assistance divisions. This began with support for individuals with traditional social problems that are largely covered by legislative and institutional frameworks, but identifying new problems that are generated and amplified by the transition. The

new problems are identified as: persons who are abused, neglected, and/or trafficked; those conflicting with the law and deviate in behavior; people leaving social institutions; socially orphaned children whose parents are leaving the country in search of a job; street and homeless children, etc.

Elaboration of Mechanisms of Social Assistance at the Local Level (2002), DFID, Great Britain, in partnership with the Ministry of Labour and Social Protection, identified the weakest points and drawbacks of the social assistance system:

1. attests to the existence of a general policy in promoting the system and pays special attention to the lack of action plans in the field that could help achieve a successful implementation, the absence of systematic testing means, and the inability to evaluate if one or the other way applied practice helped to reach the expected results;
2. identifies the fragmentation of the organisational structure at the local level, which complicates achieving a consecutive and permanent satisfaction of needs for the individual and the community at large;
3. attests to the delay of implementation of laws and regulations in the field of social assistance;
4. points out the fact that the degree of centralisation in the system is excessive and that the roles and responsibilities are not clearly defined;
5. attests to the existence of a range of difficulties at the local level;
6. emphasises the fact, in regard of the question of allocation of financial resources, that social assistance is not a priority field and is not paid much attention;
7. attests to the existence of insufficient numbers of professional staff in the social field; and
8. notes that the role of civil society is not sufficiently appreciated.

Proposed recommendations to improve the situation in the field include:

- promote a simple and easy system of identification of persons in need;
- implement a practical plan of reducing institutionalisation and developing community based alternatives;
- develop a flexible structure of partnership between central and local public authorities and civil society organisations;

- give local decision makers the authority to identify and evaluate the needs of the individual and the society at large, making the choice from a large range of services, based on the situation at the moment and the volume of resources available, but able to respond to the needs of beneficiaries;
- provide social workers/assistants with adequate professional abilities by offering training of high quality; and
- encourage the civil sector, facilitating the participation of the NGOs, volunteers, other population groups and associations in the process of social assistance and social service delivery.

The Overview of Disability in the Republic of Moldova (2002) of the European Commission, Food Security Programme states that people with disabilities in Moldova have a large number of issues. The main issues of people with disabilities are the following:

- exclusion from society;
- lack of specialists for identification and prevention of disability in early stages;
- lack of services for social and medical rehabilitation;
- employment of persons with disabilities;
- lack of special educational programmes; and
- inappropriate involvement of disabled persons in the process of development of state supported disability programmes, etc.

Prevention of Women's Trafficking (2002): The International Centre for Protection and Promotion of Women's rights "La Strada" identifies the causes and reasons behind the spreading of trafficking of women and profiles of potential victims, geographical areas of major risk, etc. It suggests the need for continuously promoting social integration services for victims of trafficking.

The Current Situation in the Field of Human Rights in the Republic of Moldova (2003), UNDP, in partnership with the Parliament of the Republic of Moldova, identifies the degree of observance of human rights as regards the social assistance field, emphasising the drawbacks and weak points as follows:

- considers that the public system of social assistance is insufficiently developed;

- only half of the persons identified in need of help at their place of residence have access to adequate social services, as a consequence of a lack of financial resources in local budgets;
- living conditions and education in social institutions for children are classified as unsatisfactory; and
- community services are considered to be underdeveloped.

At the same time, the report makes the following recommendations:

- implement methods for determining the evaluation criteria of the poverty level in the Republic of Moldova;
- transfer social workers to the subordination of the Ministry of Labour and Social Protection, which will allow for adequate and fair remuneration of each social worker;
- establish a system of training of social workers at all levels;
- reintegrate the elderly from social institutions into mainstream society;
- expand the network aimed at training and the formation of the specialists in the field of social assistance services delivered to children and families by creating specialised departments in pedagogical and medical colleges; and
- develop an efficient partnership between the state structures and civil society;

The Situation of Institutionalized Children in the Republic of Moldova (2001) conducted by UNICEF and *The Situation of Institutionalized Children in the Republic of Moldova (2002)* conducted by the Public Policies Institute: the authors of both studies show a critical attitude towards the situation of institutionalised children. In their conception the children under institutionalised care and education are in a difficult situation that is deplorable and diminishes their development. The reasons for this phenomenon are:

- care institutions are too large;
- the institutional system is a closed system and very rigid;
- the community and secondary education schools are not involved in solving the problems of vulnerable children; usually they refuse to give assistance to the child at risk;
- institutions are placed in old buildings and not appropriately equipped;

- the relations between children and the family in the majority of cases are superficial and occasional; and
- the management and the organisation of activities of such institutions are inefficient and bureaucratic and do not focus on the needs of the child.

The strategies suggested are as follows:

- re-evaluate the legislative, juridical, and social protection system;
- develop human resources in nursing and care and education and rehabilitation of vulnerable children;
- community development: education and communication with the family;
- efficient utilisation of financial resources;
- creation of community models;
- modernisation of existing institutionalised system;
- encourage, on a legal basis, civil society with competence in the field, to develop a constructive partnership with the state agencies; and
- prevent the phenomenon of institutionalisation by active intervention, including:
 - *At the family level* – by measures of social protection of the family, health and psycho-pedagogical assistance of children in difficult situations, financial support, juridical assistance, conciliation, etc.
 - *At the school level* – implementation of efficient programmes of development, education and recovery of vulnerable children, organising free time for children from vulnerable families with communication and relationship difficulties.
 - *At the community level* – involvement of the local public authorities in establishing alternative care services, education, recovery and rehabilitation of vulnerable children, changing attitudes and outlook of the authorities and society towards them and their problems.
 - *At the national level* – restructuring the actual model of institutionalisation, implementation of programmes and occupational development of the personnel involved in the process of recovering, rehabilitation and integration of vulnerable children. Establishing alternatives for institutionalisation in rural areas.

The Possibilities of Stakeholders' Involvement in TACIS Programming Documents, Including Civil Society (2002). The Centre for Strategic Studies and Reforms and TACIS-Moldova mentions that it was only in March–April 2002 that the President of the Republic of Moldova, understanding the role of NGOs in the society as a factor of stability, initiated a dialogue with civil society organisations as regards a social agreement. The nongovernmental sector plays a significant role in monitoring events, on a permanent basis, and is ready to initiate constant dialogue with authorities in order to identify the best solutions and maintain social stability. But there are some problems in the way of establishing constructive partnership between government and the civil society, including:

- Government authorities do not know much about civil society organisations and what they stand for; sometimes they resent the posture of moral superiority adopted by many civil society organisations and often feel that their interests are directly threatened by the action of such organisations.
- Civil society organisations, on the other hand, may know better what the government and the private sector do, but often criticize it, sometimes in very sharp terms. Many NGOs tend to regard the government with blanket suspicion as uniformly inefficient and corrupt. They often see the government as serving interests with which they deeply disagree. Because of these antagonisms, dialogue and cooperation are not always easy.

The unfortunate attitudes of suspicion and mistrust mentioned above must be overcome if Moldovan society is to derive full advantage from the development of civil society that has taken place in recent years. State and civil society has to be complementary in such a way that by collaborating, they increase each other's efficiency and effectiveness. For this reason, it is important to create opportunities and incentives for dialogue and cooperation between state and civil society organisations, at both levels of policy formulation and implementation.

The Transition: Retrospectives and Perspectives (2002) – The Association for a Participating Democracy offers a range of suggestions aimed at making the activities in the field of social assistance more efficient, in general, and the delivery of social assistance services, in particular:

- creation and improvement of the legislative basis in the field (first of all the “Law on Social Assistance”);
- continuous development of the administrative-organisational structures at all levels (central and local);
- evaluation, creation, and implementation of the system of testing financial means and the incomes of the population, aimed to increase the orientation of social assistance towards specific users;
- implementation of social policies of social assistance based on monitoring;
- creation of a computerized information system in the field;
- elaboration and implementation of personal assistance, as well as of family assistance;
- development of new forms of social assistance through families, as alternatives to institutionalisation;
- increase the standards of social assistance (according to the principle “better fewer users, but more qualitative services”);
- continuous training of social workers; and
- development of a constructive partnership between the central and local public administrations and civil society in providing social assistance services.

Process of Promoting Reforms

In the process of promoting reforms in the field of the social assistance system, including legislative reforms, the Ministry of Labour and Social Protection have incorporated many of the recommendations from the studies mentioned above. The implemented projects mentioned below demonstrate this fact.

The Project Law on Social Assistance (adopted in the first reading on December 5, 2002) is the legal framework that regulates the organisation, functioning, and financing of the national system of social assistance. It identifies the principles, objectives, benefits, and services of social assistance, target groups and training of the unit of social assistant in the municipalities. It also encourages civil society to be a constructive partnership with central and local public authorities.

The Project Law on the Protection of the Child in Difficulty provides for the development of new forms of child protection as alternatives to institutionalisation, compatible with the international standards, as follows:

- institution of professional parental assistant units;
- establishment of family-based placement centres and daytime centres;
- determination of responsibilities in the field of child protection, with reference to vulnerable, at-risk children, etc.
- collaboration of the local Councils for child protection and the stakeholders from the civil society, NGOs, and other partners dealing with the protection of the child and the provision of rehabilitation services, integration of children in the society, mechanisms of empowerment of NGOs with the capacity of delivering social assistance services of high quality; and
- establishment of a well-run system of professional training of specialists in the field of reference.

Project Regulations

There exists a type of social and medical assistance at the homes of elderly persons and people with disabilities that provides for the activity of a multi-disciplinary team composed of professionals: social assistants, medical assistants, and social workers.²

Regulations regarding personal assistants' activity as an alternative solution for providing assistance at the place of residence to the immobile, very old or people with disabilities: the regulations establish the function of personal assistants in the framework of services delivered at home under the authority of territorial social assistance bodies. The objective is to promote social services in the community and enhance the quality of life for the most vulnerable members of society.

² Social assistants are trained to collect and process information and assess users/beneficiaries. Social workers are mostly untrained personnel used to perform unskilled tasks.

The project, “Strategy of Enhancing Economic Growth and the Reduction/ Eradication of Poverty” (with the assistance of the World Bank) provides for the development of the social assistance system in general, and of social services in particular. The need for this goal results from the poor development of the national system of social protection. Insufficient social service alternatives to institutionalisation for children, persons with disabilities, and the elderly, as well as the lack of adequate standards of providing these services, gives the right to intervene and provide assistance to the micro-family group at the primary crisis level; the latter, in its turn, favoring institutionalisation as a dominant form of social protection.

The development and diversification of the social services at the community level is proposed as an efficient and effective mechanism to offer possibilities of maintaining individuals in their own family and community. At the same time, in view of providing and observing the rights of the persons in institutions, it is necessary to establish a certain range of quality care standards, which should be respected by each institution, as well as the implementation of specific quality evaluation indicators of the services delivered. The major focus is being made on replacing institutionalised forms with a special accent on the active measures of supporting institutionalised individuals (children, persons with disabilities, the elderly, etc.), aimed at helping them to find an independent way of life and existence.

Structure of Delivery System

In 2000 the national government adopted the national programme of poverty eradication, and in April 2002 it approved the preliminary strategy of poverty reduction, based on three objectives:

1. Sustainable and comprehensive economic development able to offer the population the possibility to be employed.
2. A policy of human development based on increased access to basic services (especially to primary health services and secondary education).
3. Social protection of the most vulnerable populations.

Social assistance is one of the mechanisms able to address the risks that enable the state to reduce the impact of shock produced by a negative income or a constantly small income and offer the poorest segments of population a decent standard of living. Social assistance includes:

- money transfers (with incentives for labour);
- in-kind benefits and services; and
- subsidies.

The present report aims to highlight the real situation in the field of social services provided in the Republic of Moldova in a partnership between central and local public authorities, nongovernmental organisations, the civil society, and the community in general.

In recent times central and local public authorities have paid special attention to social services through the implementation of social policies, as well as civil society, and external donors. This is taking place because it has been acknowledged that social services are essential in the process of the establishment and development of a society open to each of its members.

The basis for development of the public system of social services is relatively recent, leading to the creation of structures that are responsible for the development of social assistance services that address the entire range of disadvantaged segments of the population, especially the most vulnerable groups of people.

At the national level, the relevant bodies include the Ministry of Labour and Social Protection (the Office of Social Assistance, the Department of Equal Opportunities and Family Policies and the Republican Fund for Social Support of the Population), Ministry of Health and the Ministry of Education. These ministries are responsible for the explanation and implementation of policies designed to guide, coordinate, and enforce the new system of public social assistance services. Specialised services for institutionalisation of persons with disabilities or solitary elderly persons without a family, and for children with disabilities have been created at the national level.

At the territorial level, in connection with the administrative-territorial reform, passing from a *judet* (county administrative-territorial regional unit) to a district system, the organisational structure of social assistance services has undergone significant changes.

By July 1, 2003, at the *judet* level, there were Social Assistance Divisions with the responsibility of specifying drawbacks and problems, identifying priorities in the *judet*, and organising available resources for adequate implementation. Offices of Social Assistance were organised at the sector level to provide services to areas with a specified number of communities and villages. Three to five such offices were established in each *judet*.

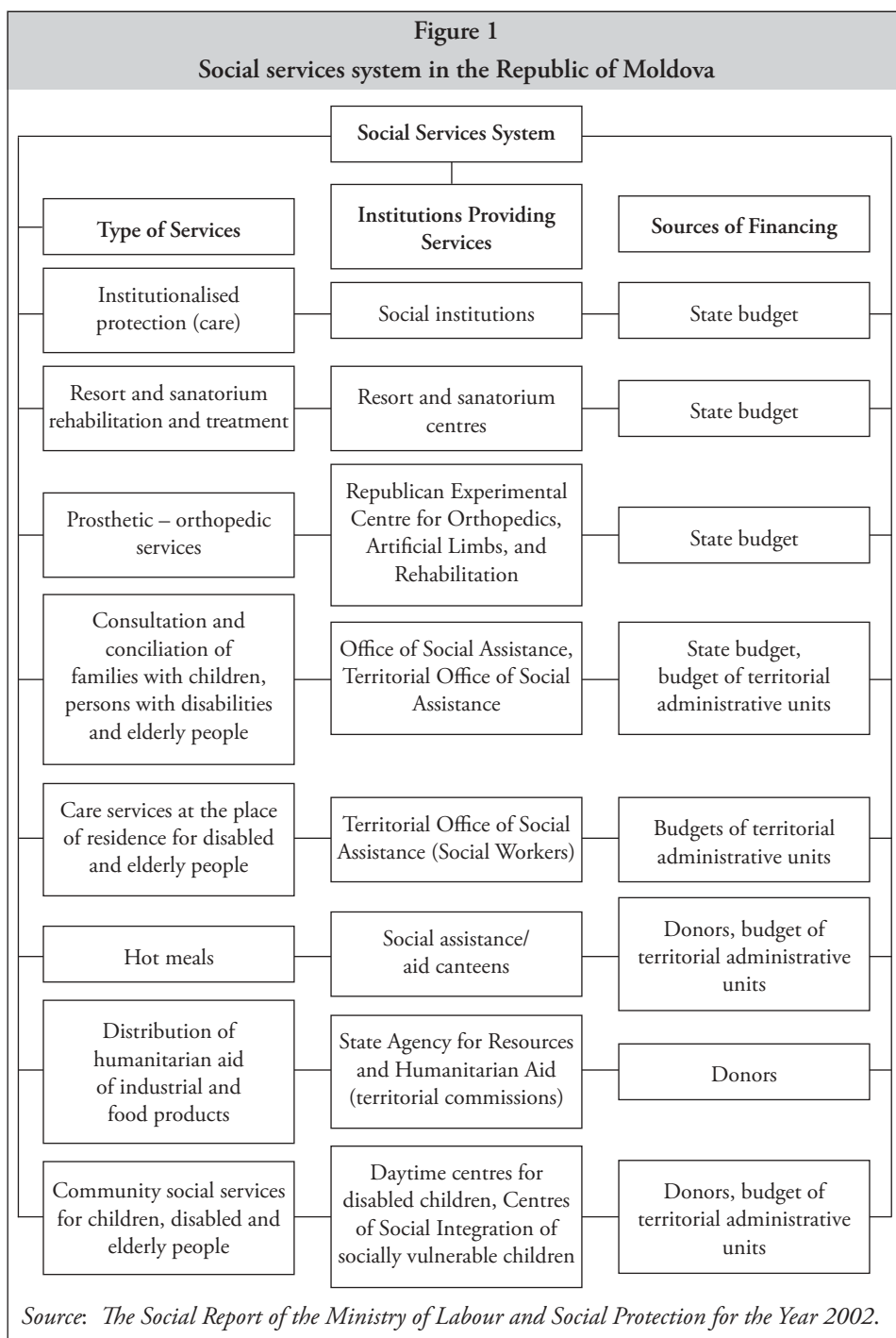
Since July 1, 2003, the former Social Assistance Divisions at *judet* levels, each with three to five local Offices of Social Assistance, have been reduced to Offices of Social Assistance and Social Protection of the Family at local levels (composed of social assistants and social workers managed by local administrative public authorities), in which specialists responsible for the delivery of in-kind assistance and of humanitarian aid have also been included.

The integration of the two administrative structures at the district level (the divisions and Office of Social Assistance with the local funds of social assistance) will improve the activities of social assistance and social services provided to the population, making these services more efficient.

At the local level, services provided at home by the Office of Social Assistance and Family Protection, as well as by Centres of Social and Health Rehabilitation or other types of initial services delivered by local public administration or civil society organisations, will be efficient responses to the needs of the communities or regions.

Some services are provided in combination with, or presume the presence of, other types of services, which normally are not part of social services, but still contribute to supporting people in difficult situations. Among these are services of a spontaneous character or of a limited period of time, repeated at certain intervals of time, such as the following: food products and meals in social aid canteens, summer camps organised for children coming from families with limited finances, orthopedic devices, artificial limbs and other motion equipment and means of communication, and diverse humanitarian and in-kind aid and assistance.

In the Republic of Moldova social services represent an integral spectrum of services supplied to the population. The type of services, the institutions that deliver them, and the financial sources are shown in Figure 1.



Provision of Service

Services of Institutionalised Protection

Currently, there are three ministries that coordinate government social welfare institutions: the Ministry of Labour and Social Protection, the Ministry of Health, and the Ministry of Education.

The objectives of these institutions are to provide decent living conditions, education and rehabilitation, and protect the life and health of the beneficiaries.

Ministry of Education

There are 37 institutions under the administration of the Ministry of Education with 7,725 children in residence. This includes 14 boarding-secondary schools with 4,784 children, 19 boarding schools with special provisions for 2,580 children, a sanatorium boarding school with 202 children, and three children's homes with 149 children.

Ministry of Health

The Ministry of Health administers four institutions, including a centre of rehabilitation and placement for children under age six (with different diseases and diverse psycho-physical deficiencies, orphans or abandoned children) in Chişinău with 200 beds. There are also three centres for physio-pneumonological rehabilitation of children with 355 beds where children are provided the necessary treatment. After reaching age seven, the children are transferred to the residential educational institutions administered by the Ministry of Education. The children with psycho- and severe neuro-physical deficiencies are transferred to an institution administered by the Ministry of Labour and Social Protection.

Ministry of Labour and Social Protection

There are eight institutions administered by the Ministry of Labour and Social Protection. Their 2,585 beneficiaries are children, adults, and elderly people with severe mental or physical disabilities. The specific populations served are:

- children with deficiencies (555 or 20.72 percent of the total) composed of 303 boys and 252 girls;
- elderly persons (417 or 21.64 percent); and
- persons with psycho-permanent diseases (1,613 or 57.64 percent).

The composition of institutionalised persons by gender is:

- in the case of children under 17 years old, 55 percent are male and 45 percent are female;
- in the case of adults 17 years old and older, 62 percent are male and 48 percent are female.

Resort and Sanatorium Rehabilitation and Treatment Services

Under the administration of the Ministry of Labour and Social Protection there are two rehabilitation centres, for pensioners and other persons with disabilities. They are:

- the Centre “Victoria,” c. Sergheevka, Odessa region, Ukraine; and
- the Centre “Speranța,” c. Vadul lui Vodă, Moldova.

These two centres offer services free of charge to persons with disabilities, unemployed persons, pensioners and persons with disabilities who suffered repression under the Soviet regime and who have been rehabilitated. In 2002 these two centres rehabilitated 8,424 persons, about 52 percent of whom are retired persons, 45 percent are disabled and 3.2 percent are war invalids and former participants in war and military actions.

Due to the existing economic situation the resources of these two centres have been greatly reduced so that is impossible to provide services to all persons with special needs. To redress the situation, the Ministry of Labour and Social Protection decided to reduce the number of days required for rehabilitation

(from 24 to 21 days of treatment), a measure that permitted the delivery of this type of assistance to a greater number of beneficiaries, an additional 1,200 invalids and pensioners.

In 2002, the maintenance cost per person over a period of 21 days at Centre “Speranța” was MDL 1,319. For the Centre “Victoria” it was MDL 1,431. For 2003, the costs have been estimated at MDL 1,176 and MDL 1,467, respectively.

Services Providing Artificial Limbs, Orthopedic, and other Locomotive Devices

Orthopedics and related services are delivered free of charge by the Republican Experimental Centre for Orthopedics, Artificial Limbs, and Rehabilitation under the Ministry of Labour and Social Protection.

The beneficiaries of the centre include persons with disabilities and participants in military conflicts with diseases and locomotive problems. The abovementioned Centre has 55,000 patients with a range of severity of diseases, malformations and maladies of the locomotive system who need orthopedic help (artificial limbs, locomotive devices).

In 2002 services provided by the centre benefited more than 18,100 persons, which was 40.0 percent more than in the previous year. This was only 76.4 percent of the total number of applications. Expenditures of MDL 11,879,800 were spent in 2002 for orthopedic devices, footwear, artificial limbs, bandages, repair work and maintenance of personnel. This was 2.24 times more than in 2001. For 2003 expenditures are projected to be MDL 15,699,800 or 32.2 percent more than for 2002.

Social Assistance Services at the Territorial and Local Levels

Reform of the institutional framework of the social assistance system in 2001 provided for the establishment at the territorial and local (municipality, city, town, village, mayoralty) levels of specialised bodies designated as Offices of Social Assistance. These offices are designed to deliver social assistance services

to families with children in situations of risk and to elderly persons and persons with disabilities, as well as promoting equal opportunities in society.

In a relatively short period of time since the establishment of the new system, the efforts of the Ministry and of the public authorities in the social services, supported by the civil society and international organisations, have achieved many positive results and successes.

In view of developing a new and a more efficient system of social services, the Office of Social Assistance consolidates national legislation in the field of social assistance and social protection. They provide a collaboration with public institutions and local organisations for the purpose of solving the social problems and needs of all categories of elderly persons and persons with disabilities, families with children and persons at risk, and all other vulnerable populations at any municipal administrative unit.

Social services at the local level include:

- social services provided at home to solitary pensioners and citizens who are unable to work;
- social services provided to families with children at risk; and
- social services delivered to persons who are unable to take care of themselves.

On April 22, 1994, Order No.16, the Ministry of Labour and Social Protection, in coordination with the Ministry of Finance, approved the Regulations for Social Aid Sections that provide services at home to solitary elderly people and citizens who are unable to work in all districts of the country. These are subordinated to Social Assistance Divisions.

Decision No. 689 of June 10, 2003 “Regarding the Structure and Personnel of the Apparatus of the Chairperson of the District, Divisions, Sections and other Subdivisions Administered by the District Council” approved new norms and regulations for delivering largely unskilled services by social workers. Thus, social assistance will be established for 30 social workers, where a social worker will deliver services to eight to 10 persons in rural areas and 10–12 persons in urban communities. At the same time, each district will have one medical assistant-orthopedist who will select persons among the most disadvantaged applying for dental orthopedics (false teeth). Increasing the norms for delivering services at home for a social worker will permit coverage

of a greater number of users, acknowledging the fact that this may lead to a lower quality of services.

The Office of Social Assistance provides services for 111 cases of home-based social aid and assistance to a minimum of 80 to 160 persons, which include a staff of 1,854 social workers. The social worker visits a beneficiary three times per week. In conformity with the provisions of government regulations, social workers deliver services at home to 19,658 beneficiaries per week.

Given that the local budgets are very poor and do not have the necessary means for increasing the number of social workers, many elderly persons (about 18,000) with disabilities are not able to receive social services at home. For the purpose of providing the opportunity to a greater number of applicants to receive social services at home, and given that the social workers today deliver social services to a greater number of beneficiaries which exceeds the established norm, the staff of social workers should be increased and even doubled.

In addition to the financial problems, the legal framework regulating services is outdated and does not correspond to the real needs of individuals. The limits and conditions imposed by the legislation hinder the adaptation of the activities necessary to address the real needs and requirements of the beneficiary.

Social workers offer users a wide range of unskilled services, as follows:

- procurement and delivery of hot food products;
- providing hot lunches;
- payment of public utilities and services;
- procurement of medicines;
- providing help in procurement and transportation of fuel at the place of residence;
- heating stoves;
- organising housekeeping activities (cleaning, washing);
- organising the maintenance of land around the house and harvesting crops;
- providing assistance to persons eligible for benefits and compensation according to the legislation and other in-kind material and humanitarian aid; and
- mediating communication and maintenance of correspondence.

Daily practice shows that the regulations mentioned above have become out of date and inefficient. The supply of social services at the local levels is poorly developed given the fact that the number of persons that require care services at home is increasing, while the number of social worker staff is decreasing because of very small salaries (an average of MDL 250 per month).

Social Services Delivered to Families with Children at Risk

This section gives an overview of some positive changes in the activities performed by the Office of Social Assistance; namely, the process of moving from office to on-site activities and providing direct services to the beneficiary. Throughout 2002 specialists in Office of Social Assistance organised home visits for about 1,100 families with children at risk.

The process of social services delivery starts with the identification of potential beneficiaries and evaluation of their needs. The evaluation is usually conducted at the home of each eligible beneficiary, a social investigation form is completed, and according to the situation in each particular case, the type, actions, and activities of social assistance are established. A family file is compiled for each family at risk which includes the application for social assistance, the social investigation form, the documents that contain the information on all members of the family, the type of social services requested, as well as the decisions on providing the social assistance in cash or supplying services to each member of the family. An important role in solving the problems of the beneficiary is given to the cooperation between the persons/families benefiting from services and social assistance benefits, and the specialists. The form, quantity and the essence of the social assistance should be adequate to the situation of the person and the family, thus justifying the social assistance that is delivered.

A database on families at risk has been established from an examination of the family files. In 2002 about 83,220 families were registered in the Office of Social Assistance.

Families at risk are confronted with obstacles and problems generated by a range of negative interrelated phenomena. For instance, the precarious material/financial situation; state of health (disabilities, trauma, injuries); violence in the family; alcohol and drug abuse; trafficking of human beings; abandonment of children and elderly persons; parents leaving the country in search of a job and, under the best circumstances, leaving the children with grandparents or relatives.

Table 2
Social services delivered by social assistance specialists in Moldova, 2002

Type of problem	Number of persons (Files)
Family violence	154
Alcohol abuse	73
Practising prostitution	31
Drug abuse	74
Illegal dismissal on basis of gender or age	12
Persons with sexually transmissible diseases	42
Persons returned from places of detention	35
Victims of trafficking of human beings	58
Conciliation	1,783
Providing material aid	95,755
Families with children at risk	1,100
Assistance provided at the place of residence to elderly people left without help and care	19,658

The wide diversity of problems and obstacles in major cases surpasses the responsibilities of the social assistance specialists, a fact that provides an incentive to collaborate with other specialised services. As a result, cooperation with police collaborators, prosecutors, Health Divisions, and the representatives of municipalities, has organised actions of prevention to diminish violence in the family, the victims of which are mostly women and children.

The role of the Office of Social Assistance consists of generating efficient conditions of work, providing assistance according to the needs of persons in trouble, helping them to overcome the difficulties that cannot be fought

alone in their own capacity and means. Regulations for delivering services and control of quality is specified under the provisions of the *Regulations on Social Assistance Services and the Job Responsibilities of Specialists*.

The type of problem and the number of persons that have benefited from social services delivered by social assistance specialists in 2002 are shown in Table 2.

Social Assistance Canteens

Social assistance canteens are designed to improve nutrition, based on a regime of calories and vitamins, for elderly people and vulnerable persons. Social assistance canteens are established by the local public administration authorities to deliver services free of charge to socially vulnerable persons. The activity of the social assistance canteens is primarily funded from contributions of economic units, NGOs, and local public administration bodies.

Limited to the financial resources of local public administration authorities, services of the social assistance canteens mostly benefit the following categories of socially vulnerable people, the monthly income of which for the previous year was equal to one to two minimum pensions:

- persons who reached retirement age (homeless, without legal successors to take care of them, without any income or a low income);
- persons with disabilities; and
- children under the age of 18 (in families with many children, mono-parental ones and from other families considered socially vulnerable, evaluated on the basis of the social investigation forms completed by the municipal Office of Social Assistance).

Social assistance canteens deliver the following services:

- preparing daily meals per person (usually lunch);
- free delivery of meals to the place of residence for socially vulnerable persons who are unable to move to the place where the canteen is located; and
- preparing and distributing food products by mobile services centres.

In 2002 there were 44 functioning canteens, which delivered services for 2,795 persons daily; 600 old people benefited from hot meals provided at the place of residence. In 2002, the greatest number of social assistance canteens was in Chişinău municipality (16), and districts Bălţi (10) and Ungheni (five). Persons in need have requested that social assistance canteens deliver food products or hot meals to the place of residence. The Office of Social Assistance, jointly with the local authorities, are investigating the economic and financial situation of the applicants and, as a result, have proposed a specific type of assistance, only after verifying their eligibility and the existing possibilities of service supply.

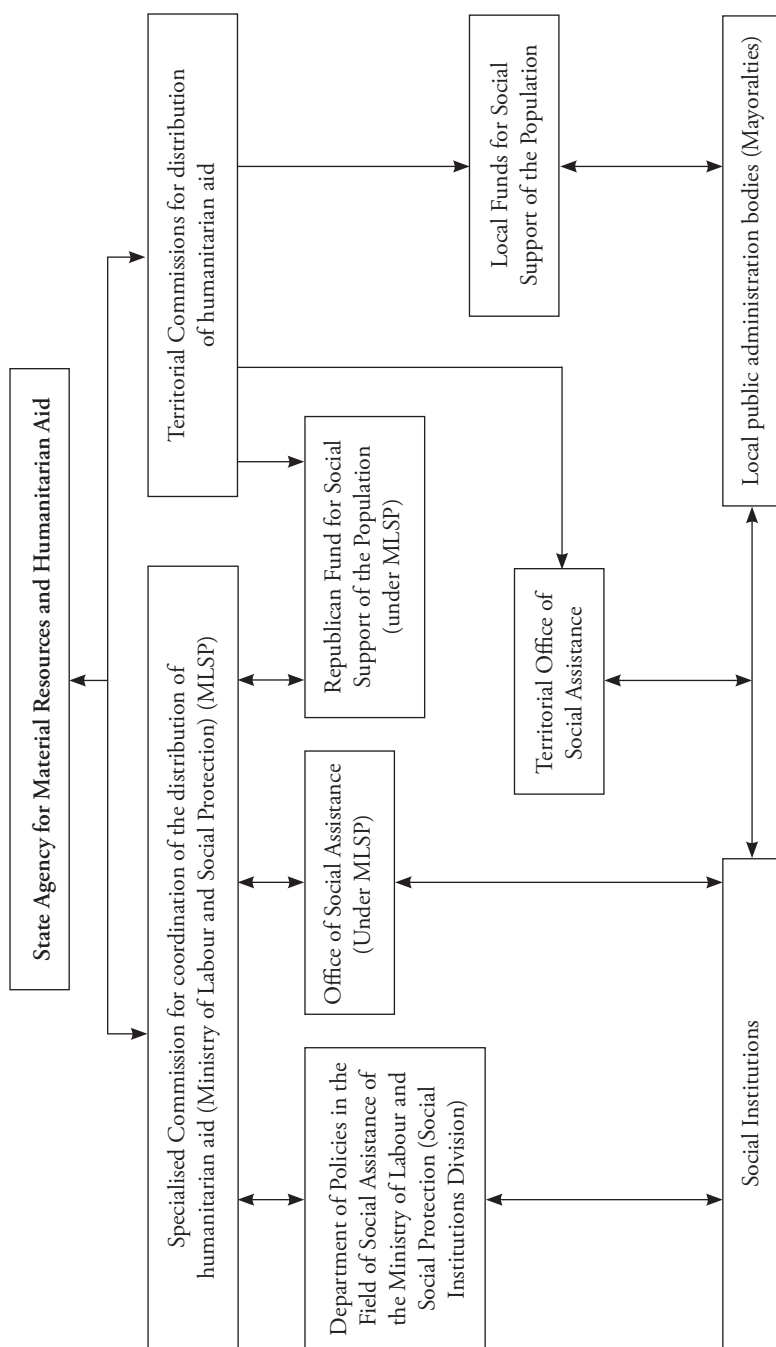
Humanitarian Aid

Humanitarian aid is distributed according to Law No. 1491-XV of November 28, 2002 on Humanitarian Aid provided to the Republic of Moldova. The organisations that administer and coordinate the activities of receiving and distributing humanitarian aid are outlined in Figure 2.

The list of beneficiaries of humanitarian aid, distributed through the system of social assistance, is processed and updated by the local public authorities jointly with the social assistance sections, the local funds of social assistance and support of the population, and territorial commissions for distribution of humanitarian aid, according to the economic and social situation of the beneficiary. Involved in the distribution of humanitarian aid are NGOs and a range of commercial markets, which deliver food products (parcels) to the beneficiaries who are among the most vulnerable populations.

The territorial Office of Social Assistance under the Ministry of Labour and Social Protection distributed MDL 56,950,800 in humanitarian aid in 2002. The territorial Office of Social Assistance distributes about 60 percent of the total amount of humanitarian aid to the population. Twenty-seven percent is distributed through local funds of social assistance and 13.2 percent of the humanitarian aid is distributed to the social institutions under the authority of the Ministry of Labour and Social Protection.

Figure 2
Administration of activities of reception and distribution of humanitarian aid in Moldova



Community Social Services

Community social services constitute an alternative form of institutionalisation. Currently there are 33 Centres of Social and Health Rehabilitation for Children, Elderly and Disabled and 29 family homes for children. These centres are developed outside the public structures and will be undertaken later by local public authorities.

Twenty-four of the total number of rehabilitation centres are open for children and deliver the following services:

- services provided to street/homeless children;
- reintegration social services provided to orphaned children in the post-institutional period;
- family-type institutionalisation services; and
- rehabilitation services for children with mental deficiencies, etc.

Nine centres provide services to elderly people, mostly with disabilities. Thirteen of the centres are in the capital city of Chişinău, 15 are in the central part of the country, three are in the northern part of the country and two are in the south.

In the 29 family-type children's homes are 149 minors. The total number of children maintained and educated in these families is 343; some of them are studying at universities and other higher educational institutions and continue to maintain links with the foster family.

Results of Interviews and Focus Groups

A number of interviews and informal discussions held with the representatives of the government, NGOs, and civil society (various stakeholders) identified a number of actions that should be initiated and undertaken in view of continuously promoting reforms in the field of social assistance and establishing a highly efficient system. These suggestions include the following:

- continuous expansion of the necessary legal framework (The Law on the Minimum Existence, the Law on Social Assistance, the Law on Social Assistance for the Elderly, etc.);

- the establishment of the Social Protection of the Population Centre, where the Ministry of Labour and Social Protection services are decentralised at the level of the territory (the territorial “*casse nationale*” Fund of Social Insurance, the Social Assistance Office, the local Fund for Social Support of the Population, the employment office and the Labour Inspection);
- creation of teams responsible for social assistance on the personnel of the rural/village mayoralty in the community;
- establishing a single computerised system of monitoring the applicants affected by poverty, requesting social protection and social assistance services;
- collaboration and contribution with NGOs in programmes and projects, in view of solving the major issues and drawbacks in the field of social protection of all disadvantaged populations;
- elaboration of methods of determining criteria for the evaluation of the poverty level in the Republic of Moldova;
- establishing an educational system for training social workers of all levels;
- maintaining independent life in the family or community of elderly persons by developing social services;
- formation of multidisciplinary teams; and
- initiation and development of an efficient partnership between the state structures and NGOs.

Activities of NGOs in Delivering Social Services

Reciprocal training as an important factor in raising the degree of professional skills of personnel:

- training leaders of NGOs active in the social field on the provisions of national legislation and international acts;
- developing managerial capacities and action skills; and
- training on models and skills of lobbying in the social field.

Establishing a system of mutual information and documentation of the NGOs:

- facilitating the communication of the member organisations of the Alliances by establishing an efficient system of communication, managed by a Secretariat;
- informing the state structures and local administration about the constitution and the goals and missions of the Alliances;
- familiarising providers of the national and international practices and experiences in the field of social protection;
- organising an exchange of experiences and positive practices of the NGOs, organising round tables, press conferences, etc.;
- establishing a Web page of the Alliance; and
- establishing a database of NGOs in the social field.

Constitution of a multiple partnership of the nongovernmental sector in social services:

- models of partnership: NGO-NGO, NGO-governmental institutions, NGO-donors;
- mediating positive practices regarding the development and implementation of projects of cooperation and exchange of experiences between NGOs and potential donors;
- in order to strengthen the capacity building of the NGO Alliances in Social Services, it is necessary to constitute Coordination Councils, which will be elected once a year. The members of the Councils would be responsible for the implementation of action plans.

The relation of the NGOs with the state and local public authorities – the existing situation:

A concrete step undertaken by the Ministry of Labour and Social Protection in recent years is establishment of the Office of Social Assistance, the activity of which is focused on the implementation of policies in the social assistance field. Among its first activities is a constructive dialogue with a large number of NGOs that deliver services of mutual interest and who are already partners of the Ministry of Labour and Social Protection, as well as with academic institutions that are educating and training social assistants. This model of collaboration generated some positive results, including: initiation of a common framework of information about the population; mutual, reciprocal

consulting services between the partners and implementation of common actions; and training courses of forming and improving the working skills of public employees in the field of social assistance.

In the same context, it should be noted that the representatives of the Office of Social Assistance and the Equal Opportunities Department of the Ministry of Labour and Social Protection are participating in the regular meetings of the Networks of NGOs Active in the Social Field. The framework of these meetings has confirmed the fact that the partnership between the government and the NGOs constitutes an important factor in approaching and discussing the major issues of common interest with the intent of solving the problems encountered by the society.

The most frequent form of collaboration is a Memorandum of Understanding (MOU). In 2002 the Office of Social Assistance concluded a range of Collaboration Memoranda with NGOs in the social assistance field, including: The Centre for Prevention of Trafficking of Women, “The Civil Initiative,” the Political Club of Women “50/50,” Gender Centre of the State University of Moldova, “The Association of Women Journalists 10+,” etc. A good number of these MOUs deal with organising workshops, seminars, and round tables to train public employees and representatives of civil society involved in delivering social services. A great many of the seminars were organised under the slogan “Partnerships between NGOs and Local Public Administration.” In many cases there has been a special focus on training teams in the field of community services. The collaboration of NGOs and civil society and their contribution to the social service delivery system involves other aspects, as well.

Active representatives of civil society have also participated in establishing minimum standards on nursing children with disabilities in social institutions, as well as for the National Strategy regarding the Child and Family Protection in the Republic of Moldova, and for the Laws on Social Assistance and Social Protection of the Child in Difficult Situations. For this purpose, and with the assistance of UNICEF, a mixed working group has been created composed of representatives of ministries with responsibilities in social assistance along with NGOs involved in social services.

The Ministry of Labour and Social Protection consults with representatives of civil society on every proposed project/bill of law, seeking their points of

view, suggestions and recommendations, as well as their assistance in implementing programmes. For instance, a working group has been established for implementing the National Programme of Protection, Rehabilitation and Social Integration of Disabled Persons for 2000–2005, as well as for the Pilot Project Programme “Invalid Children.” The working group is composed of representatives from the ministries with responsibilities in social services and from civil society, including: NGOs, academia, and the private sector. The Working Group developed an Action Programme that will be implemented over the next two to three years, including concrete goals for each specific service sector.

Another example is the elaboration of the Study on the Situation in the Field of Human Rights Observance and the National Plan of Actions in the field of Human Rights in the Republic of Moldova for 2004–2008 that has actively involved representatives of state bodies and organisations, as well as the representatives of civil society organisations, NGOs, and the private sector, etc.

Good Practices

Positive Partnerships Practices between the Central and Local Public Authorities and Social Partners (NGOs, Users, etc.)

Judet Orhei

The level of cooperation between central and local public authorities and NGOs in the district Orhei is a good example of positive practice. The cooperation consists of a workshop aimed at solving, in the shortest time frame, problems concerning needy and at-risk children. Members of a multidisciplinary team include representatives of the territorial unit of Social Insurance Fund (“*casse nationale*”); the Section of the Guardianship Authority from the General Division of Education, Youth and Sports; Inspectors of the Minors and Manners Office; Prenatal and Maternity Centre; the Civil Registrar’s Office; the Evidence and Documentation of Population Office; the Commission for Medical Expertise and Vitality, etc. This collaboration allows for efficient and optimal decisions of prompt, adequate intervention in crisis situations.

Development of Social Work in Moldova

A project “Development of Social Work in Moldova” was launched in 2002 for the purpose of achieving success in the development of social services and support to families with children at risk. The project includes the following sub-projects: “Children and Teenagers at Risk,” and “Nursing Elderly and Disabled People” financed by the Swedish International Development Agency (SIDA) and implemented by the Zenith International Team.

The principles listed below form the framework of these projects:

- the role and need of the social assistant in the community;
- training profile specialists to accumulate experience in nursing children, assisting their families, and providing assistance to the elderly and people with disabilities;
- rehabilitation and integration of children at risk and children with disabilities in families, schools, and society; and
- providing services to the elderly and people with disabilities at their place of residence and delivering social assistance at the community level.

In addition, in district Orhei an agreement has been reached for medical-social collaboration between the District Council and the Department L’Aisne from France. The goal of the agreement is to provide scientific and practical help to social and health workers from the district in social and health services, especially in services for the elderly. In establishing this agreement, specialists in Moldova have been introduced to the principles of organisation and administration of social assistance in France.

Gender Leadership and Communication Network

A “Gender, Leadership and the Communication Network” project has been begun by the United Nations Development Programme (UNDP) in Moldova in collaboration with the Ministry of Labour and Social Protection. The intent is to establish teams of leaders in local public administrations reflecting gender leadership at local levels. The project has been established in Gender Centres by Social Assistance Divisions in Soroca, Hîncești, Cahul, Cantemir,

and Comrat. There are plans to open four more Gender Centres in Orhei, Ungheni, Taraclia, and Edineț. The Gender Centres have as their major goal the promotion and implementation of the Gender Equality Conception of all human beings, as well as providing equal opportunities for women and men in the society at the local levels.

Sector Levels

Table 3
Main partners and methods of their participation in Moldova

Partners	Method of participation
Ministries and departments	Comments on the project
Employers' and trade union organisations	Proposals, suggestions
NGOs/civil society organisations	Participation in working groups Participation in the process of seeking input from vulnerable groups Written comments
Territorial structures of the Ministry of Labour and Social Protection, National Social Insurance Fund ("casă națională"), Office of Social Assistance, Fund for Social Support of the Population	Presentation of the necessary information Responding to questionnaires Written comments
Local public administration bodies at the mayoralty levels	Presenting the requested information – responding to questionnaires Written comments Transmitting information and questionnaires to sectors and mayoralties
Socially vulnerable groups	Responding to questionnaires Discussions with target groups Written comments
Ministry of Economy	Comments on the project Suggestions, recommendations

Source: *Action Plan on the Organisation of the Participating Process*, the Ministry of Labour and Social Protection.

A new element in social service that can be considered as a good/positive practice is the incorporation of a highly participatory process of social partners in the development of strategies at the sector levels. Toward this end, the Ministry of Labour and Social Protection has implemented a plan that identifies the main partners, the methods and mechanisms of their participation, and the anticipated results, see Table 3. The Plan also includes indicators of obtained results.

The Action Plan on the Organisation of Participation was implemented in the period of November 2002–February 2003. The best results in the participating process have been obtained in the organisation of the participation of nongovernmental organisations. This has resulted in more common meetings of the Working Group, in which representatives of NGOs and employees of the Ministry have discussed different aspects of the sector strategy, looking for compromising solutions.

Opinion of NGOs

According to the study conducted by the Centre “CONTACT” mentioned above, more than half of the NGOs are not satisfied with the collaboration with the state, because of a lack of efficient communication between them and because the NGOs are insufficiently involved in discussions and decision making. Each of the eight NGOs surveyed considers that the state organisations are not adequately and sufficiently informed on the activities of NGOs, including their goals, objectives, and form of service activities. It is suggested that the activities of NGOs are underestimated and their capacities and potential are not appreciated. This leads to suspicious and mistrustful relations between NGOs and state organisations and institutions. The dissatisfaction of some NGOs results also from the tendency of local public administration (LPA) and state bodies to treat NGOs as subordinates, a fact that is incompatible with any sustainable partnership and is not in conformity with existing legislation. The NGOs also manifested dissatisfaction with collaboration because of a lack of transparency in the activities of LPAs, state institutions (12 percent), and limited access to public information (eight percent).

Opinion of Public Authorities

Public authorities consider that residential institutions and NGOs that provide social services are lacking qualified specialists who are knowledgeable in social policies, social assistance, psychosocial therapy, etc. In particular, there is a great deficit of highly specialised techniques and procedures which form a complex professional profile of social assistance. The specialists working in the system are either specialised in other fields, are of low qualifications, or are mostly unskilled.

Education and Development of Social Assistants and Social Workers

Moldova has never had a specialised school for either social assistants (trained professionals) or social workers (untrained service providers). The profession of trained social assistants is new, having been introduced in the Classification of Occupations in 1998 and continues to be searching for its identity at the country's three universities:

- The State University of Moldova, Chişinău.
- The State Pedagogical University I. Creangă, Chişinău.
- The State Pedagogical University A. Russo m. Bălţi, Moldova

State University of Moldova (SUM)

There are 308 students (attending daytime courses and by correspondence) at the State University of Moldova (SUM) who are studying at the faculty of Social Assistance. Only 61 students are funded from the state budget. The period of education is five years for graduates of secondary general schools and four years for holders of diplomas of high school graduation exams. Two classes have graduated (17 students in 2002 and 11 in 2003), obtaining the qualification of Bachelor of Social Assistance: Social Assistant. The curriculum for social assistants at SUM is primarily focused on family and child issues.

The low number of graduates, including graduates from the other two universities is far too small to cover all the needs of qualified professional social assistants in social services. Ideally, the ratio of social assistants to the population should be 1:1,000. To obtain this ratio, the Republic of Moldova needs at least 4,000 social assistants.

Community Administration Law

In 2003 a new faculty was opened at SUM on Community Administration Law. This faculty is the product of educational plans that have been coordinated with institutions from Romania, Great Britain, Sweden, and Germany. The professors are contributing to the process with their own research, including:

- “Practical Guide (in the field of social assistance),”
- “Fundamental Concepts of Social Assistance,”
- “Methods and Techniques in the Social Assistance Field.”
- “Street Children in the Municipality of Chişinău;” and
- “Young People at the Crossroads of the Millennium,” etc.

The relationship among professors, students, and the community is realised especially through the Republican Fund for Social Support of the Population, an NGO founded in 1998 by the Education Department with the support of UNICEF. The Centre helps to organise seminars, courses, and summer schools to improve the skills of workers in diverse state institutions and NGOs involved in delivering social services, as well as professors of educational institutions that prepare social assistants.

The State University A. Russo, m. Bălţi

The “Social Assistance” Section of the State University A. Russo in m. Bălţi was established in 1993 with a distinctive academic profile in a four-year programme. There are 147 students attending courses in social assistance. Of these, 63 are studying by correspondence and 84 attend daytime courses. The first graduation was in 1996 with a total of 154 social assistants having

graduated as of 2003. Through partnership and collaboration with other institutions including: Fachhochschule Düsseldorf (Germany), University of Bucharest, UNICEF-Moldova, and the Republican Fund for Social Support of the Population through the State University in Chişinău new methods of training for this category of specialists have been established. These new partnerships contribute to permanent and continuous improvement of the skills of the staff of the university who are involved in training social assistants.

During 1997–2000, with the assistance of the Ministry of Labour and Social Protection and the financial support of the representation of UNICEF in Moldova, a programme of improving the skills of personnel working in social assistance was implemented. The financial support made it possible to cover all costs necessary for developing the quality programme noted above. The programme has trained and improved the skills of 250 persons.

Graduates of the Social Assistance curriculum now chair several Centres of Social Assistance, including: Youth for the Right to Live, Uventus, Foişorul, and SOMATO.

State Pedagogical University “Creangă” (SPU)

Preparing highly qualified staff in social assistance at the State Pedagogical University (SPU) “I. Creangă” started in 1994–95. Currently, there are 157 future specialists attending daytime and correspondence courses. The Chair of the Faculty cooperates with a range of centres from abroad, including universities in St. Petersburg, Moscow; Iassy, Bucharest, and Kiev. Professors from Sweden, The Netherlands, Belgium, France, Russia, and Romania have been invited to conduct lectures and discussions.

With the support and the assistance of UNICEF, the Department of Psychology and Special Psycho-Pedagogy of SPU is working on a Centre of Social Assistance Resources. The goals of the Centre, in collaboration with the Faculty Chair, are to contribute to the formation of specialists in providing services to persons with special needs, raising public opinion awareness as to the need for social and professional integration of disadvantaged populations, as well as the establishment of training and skills development of persons involved in delivering social services.

The Centre for Resources has signed a MOU with a social service NGOs and has become a leader of the NGO Network. In April 2002, the Alliance of NGO “Professional Groups” (13 NGOs) was established and the Centre for Resources became the Coordinator of this Alliance. Recently, the Centre submitted a proposal to DFID and the representative of the international organisation “Every Child” in Moldova to establish a continuous training Centre for NGOs active in social services.

Recommendations of Educators

At the request of the authors of this national report, the educational institutions responsible for the education of human resources in social services offered their conclusions and recommendations for the development of high professional social assistance standards through diverse ways and means, as follows:

1. immediate adoption of the Law on Social Assistance, which would provide a legal framework for tackling the most urgent issues of vulnerable and needy populations;
2. development of a National Strategy of Development of the social assistance system, which would put an end to the sporadic attempts to establish an institutional system of care;
3. establish a network of social assistance services. The existing services have been developed on an occasional and fragmentary basis, and mostly at the initiative and financial support of the non-profit sector and international organisations;
4. development of an adequate legal framework, to enable local public administration agencies to provide support for services developed and delivered by the NGO sector; and
5. training of specialists in the social assistance field as one of the major interests and activities of the state, by:
 - offering a necessary number of vacancies financed by the state budget for students studying in the field of social assistance at the universities training social assistants; and

- providing adequate evidence of the jobs in social assistance, centralised job assignment, and employment of graduates of the specialty of social assistance;
- 6. facilitating the opening of new specialties, such as “Administration of Community Law” (Probation), which is of major importance in the work with delinquent minors;
- 7. managing and addressing a part of financial resources from international organisations, toward selected educational institutions;
- 8. organising post-university studies for specialists in the field of social assistance by opening post-graduate courses;
- 9. providing adequate support in the process of formation and managerial professional development of human resources from the state and NGOs involved in social activities, using short training sessions and long distance education to train them according to existing professional standards; and
- 10. creating new jobs/vacancies for social assistants in the ministerial organisations: Labour, Health, Education, Justice and Interior.

Results of Interviews

Decision makers from central and local public authorities, representatives of NGOs, academic educators responsible for training of social assistants, and other stakeholders participated in interviews. They were asked questions relative to identifying principles of activity, mechanisms and methods (applied or unutilised) in promoting social services, social partnership between the government and civil society, positive applied practices and good experiences (or the necessary ones). Their answers are below, placed in order of priority, according to their recommendations:

1. *What, in your opinion, contributes to good practice in local government and community-based NGOs that provide direct social services?*
 - integrated application at the local level of the legislation in the field of social protection and social assistance;
 - access to information regarding the number of socially vulnerable persons in need of social assistance; and

- cooperation between local public administration and NGOs by focusing resources on the poorest segment of the population.
2. *What, according to your opinion, are the primary features of good practice in local social service agencies?*
- awareness of the concept of “social assistance” by civil society and the community;
 - increasing the number of persons and beneficiaries of social services;
 - developing social services, attracting foreign investments/donors;
 - correct evaluation of needs, based in part on information supplied by the beneficiaries themselves;
 - including all interested actors in planning and delivery of services, within the framework of existing legal provisions;
 - continuous education and training in the field; and
 - developing capacities of delivering services in different geographical areas.
3. *What are the primary impediments to good practice at the local level?*
- insufficient financial resources;
 - the lack of a legal-regulatory act in the field, for instance, the Law on Social Assistance;
 - underdeveloped, insufficient partnerships between central public authorities and local public authorities;
 - underdeveloped, insufficient partnerships between public authorities and civil society;
 - difficulties in identifying the categories of beneficiaries (for instance, the lack of a poverty threshold);
 - insufficient and unqualified staff (one employed social worker in the service of social assistance at the place of residence per 9.95 beneficiaries);
 - insufficient political support in developing reforms;
 - excessive number of vulnerable people in need of social assistance, which exceeds the existing human resources involved in care services;
 - the existence of an outdated outlook in society;
 - maintenance of the administrative-organisational system;
 - the lack of an informational system in the field of social assistance;
 - insufficiency, in some cases total absence, of electronic equipment;

- delay in introducing to the personnel of mayoralties the positions of social assistants and the unification of the child protection structures; and
 - impossibility of implementation and development of some pilot programmes at the territorial levels financed or sponsored by diverse governmental bodies or nongovernmental organisations.
4. *What are the best ways to develop partnerships between government social service providers and the community?*
- developing programmes in the social assistance field at the community level;
 - development of a strategic concept of social assistance services and identification of priorities;
 - improving the level of professional skills in the field of social services; and
 - participation of civil society in the development of the legal framework in the field of social services delivery.
5. *What, in your opinion, are the best ways to develop sustainable and effective partnerships between government ministries and local NGOs?*
- development and diversification of social assistance programmes;
 - encouraging initiatives;
 - decentralisation of funds;
 - cooperation/coordination and flexibility;
 - avoiding double activities;
 - transparency in goals;
 - sufficient financing; and
 - improvement of management.
6. *What are the best ways to involve social work educators in the delivery of good practices at the local level?*
- access to informational and educational/training means, providing necessary equipment (transportation, telephone, etc.);
 - adequate remuneration of the social assistant's work; and
 - academic sphere (social assistant profile) can be involved in organising seminars on social topics, conducting summer schools, providing training courses for specialists, social workers from the territorial social assistance structures.

7. *What are the disadvantages of the current social service system?*

- maintenance of an administrative-organisational system, divided at the territorial level with parallel duties, in some cases complicated by which needs require greater financial expenditures;
- lack of promotion of an integrated policy in the field of social protection and social assistance, every governmental institution adopting its own standards, although the user is encountering the same social-occupational issues;
- benefits and social services inadequate to the circumstances – in some cases the social assistance is not justified;
- a lack of incentives of social-occupational integration of the beneficiary, the provisional aid provided becoming a form of permanent benefits;
- a lack of initiatives of the organisers and humanitarian national and international associations in providing social assistance activities because of the absence in the territory of a single partner, with duties and responsibilities well determined, able to support and supervise the activity of these organisations;
- attitude of mistrust towards local and central public administration on behalf of the social assistance beneficiary, who, in order to benefit from social assistance, is forced to apply to other institutions;
- the impossibility of establishing a computerised database aimed at maintaining evidence and providing integrated statistics of social assistance beneficiaries for forecasting; and
- the impossibility of implementation and development of pilot programmes on the territorial level financed or sponsored by diverse governments or NGOs.

September 2003

Montenegro: National Report on Social Services

Vjera Šoć¹

Social Service Legislation

Constitution

There are three major Articles in the Constitution of the Republic of Montenegro that are related to rights for social insurance and in-kind social services.

1. Article 55 of the Constitution provides for a compulsory social insurance system in which employees provide for themselves and for the members of their families.

This Article also provides financial support for citizens who are not capable of working and have no means of income, as well as for citizens who are capable of working, but who have no means of income.

2. Article 56 provides social services for persons with disabilities.
3. Article 59 obligates parents to take care of their children and to raise and educate them. Adult children are also obligated to take care of their parents who need help.

¹ Adviser for Family Care, Ministry of Labour and Social Affairs, Republic of Montenegro.

Recent Legislation on Social Services

- Law on Social and Child Protection;
- Law Concerning Domestic Relations;
- Law on Privileges of Persons with Disabilities in Internal Traffic;
- Law on Nongovernmental Organisations;
- Law on Local Self-managing;
- solving housing problems of persons in state of social need – municipality regulations;
- home help, single payment and gifts for newborns – municipality regulations; and
- regulation on maintaining cemeteries and funerals – municipality regulations.

There is also a Law on Nongovernmental Organisations (*Official Gazette of the Republic of Montenegro*, No. 27/99, July 29, 1999) that regulates procedures of incorporation, funding, registration, activities, and termination. Nongovernmental organisations are both nongovernmental associations and nongovernmental foundations that are not-for-profit. Domestic and foreign legalised persons may establish NGOs. Their work is open to the public.

Funding and Expenditures

Funding Levels and Sources²

- Central government expenditures for both social insurance and social services constituted about six percent of the total 2003 state budget. Social services expenditures account for a small proportion of the six

² Data provided by the Department for Information and Analysis – Statistical Matters and Planning, Ministry of Labour and Social Affairs, Republic of Montenegro, June 2003.

percent. Expenditures for in-kind benefits (vacation and recreation for children from the most indigent families, help for buying school books for children who are recipients of family care benefits) amount to EUR 1,456,619 (0.34 percent of the total budget).

- The limited amount of expenditures available for social services, as defined in this report, is insufficient to address the growing needs of vulnerable families and groups.
- Foreign in-kind donations for social service programmes (food, clothing, fuel, hygienic materials, heating oil) have been declining and now exist only sporadically.

NGO Funding

- Fees, charitable donations, gifts, financial subventions, dividends, rental fees and other means regulated by law are funded by NGOs.
- The amount of funds which NGOs and humanitarian organisations provide for social and child protection projects is unknown.

Government Contracting

The central government gives financial support to nongovernmental social service organisations. According to legal regulations, NGOs may submit funding proposals in response to a previously announced competition, in order to obtain funds for their programmes. These funds are provided under the state budget of the Republic of Montenegro. Therefore, the state finances only NGO programmes that are considered to be in the public interest and worthy.

Current Reform Initiatives

Recent Social Service Policy Reforms

For the last three years the Republic of Montenegro has been in the process of instituting reforms in all social service areas. The reforms will be described in a document that is being prepared, entitled: “Development and Poverty Reduction Strategy.” One segment of this document will be a national programme for social and child protection and it will detail a vision of development. The primary aim of the reforms is to incorporate European standards, international conventions, and previous experiences into future legislation with particular attention to the unique characteristics of the culture and economy of the Republic of Montenegro.

The reforms in this initiative are designed to promote greater cooperation between local communities and NGOs in solving particular problems of citizens. Every effort will also be made to convert users of social services from passive to active participants in solving their own problems.

The government is also working on a new Social Protection Law that will provide guidelines for social rights. The basic assumption for social rights will include financial support for family care. This social protection system would provide a compilation of specific rights in order to focus funds and services to populations that need them the most.

Impediments to Reform

Among the possible problems that can impede the establishment of reforms is the lack of experts in social service administration and delivery (social workers, psychologists, pedagogues, lawyers). A Department of Social Work and Politics has been established at the University of the Republic of Montenegro in Podgorica as one way of addressing part of the problem.

Another problem in establishing reforms is the lack of funds for modernising working conditions related to professional and technical development. There

is also the problem of low salaries and wages of employees, which does not motivate them to make more effort in delivering social services.

Other impediments to improving direct social services include:

- outdated legislation;
- limited budget;
- lack of knowledge and skills;
- fear of changes due to new legislation, including fear of losing jobs and disrupting familiar ways of working;
- untrained staff and administrators;
- undeveloped partnerships at the local level;
- weak economy;
- lack of good data on number of needy populations or who is in need;
- linking appropriate social service providers to needy populations;
- exclusion of users in decision making and implementation of programmes at the local level;
- insufficient strengthening of cooperation with local NGOs;
- unsatisfactory salaries and wages for trained staff that results in a lack of motivation to work;
- population uninformed about social problems, need for social services and availability of services; and
- lack of public trust in institutions and staff.

Structure of Delivery System

Fundamental Principles of Service Delivery

Current social service programmes and reform measures are based on several specific principals. These include:

- respect for the personal dignity of users;
- non-discrimination of recipients;
- support for development of all individual potential users with special efforts to strengthen the capacity for self-sufficiency in the primary family;

- focus on users as active participants in decisions related to service interventions;
- respect right for choice in existing plural service systems with responsibility distinguished between users and service providers; and
- creating a network of social protection services that deliver programmes through the following:
 - centres for social work;
 - institutions of social care and child protection;
 - nongovernmental organisations;
 - private service providers; and
 - local communities;
- social protection activities have an obligation to mitigate circumstances of poverty in the whole population, especially in vulnerable families and social groups;
- social protection programmes must be an advocate for those who are in social need because these people are not able to provide for their families and themselves;
- because available funds for social protection are very limited, it is necessary to provide them for those categories where most needed. This includes families and persons that are vulnerable, especially:
 - children with special needs;
 - children without parental care;
 - children whose development is affected by family problems;
 - children with socially inappropriate behaviour;
 - children and women who are victims of violence;
 - persons with disabilities;
 - elderly persons; and
 - other groups with social service needs.

Regulation of NGOs

Legislation regulating the work of NGOs is the Law on Nongovernmental Organisations. This law regulates government financial support to nongovernmental organisations.

The Social and Child Protection Law regulates that subjects who deal with economic or other activities, as well as citizens, can also offer social and child protection services (housing, nutrition, children without parental care, old and adult persons with disabilities without family care, neglected children, and home care for the elderly and persons with disabilities).

The Ministry of Labour and Social Affairs provides monitoring of the professional work of institutions and citizens who deal with certain problems in the social and child protection areas.

The citizens of the Republic of Montenegro still do not see any financial advantages or incentives for dealing with these kinds of activities.

The government is not authorised to supervise the work of the NGO sector except in projects that are determined to be in the public interest and projects that the government finances or takes part in as a partner.

Provision of Social Services

Institutional Services Provided by Ministry of Labour and Social Affairs

The Ministry of Labour and Social Affairs (MoLSA) provides a variety of in-kind social care services and institutional care for vulnerable populations. These include the following services and public institutions:

1. Centres for Social Work;
 2. institutions for children and youth;
 3. institutions for adults and the elderly, and
 4. institutions for vacation and recreation of children.
- There are 10 Centres for Social Work in 21 municipalities funded by MoLSA. These centres provide a range of social work counselling services.

The populations served and the services provided in MoLSA institutions are:

- Public institutions for retired, needy elderly, mentally ill adults, adults with chronic conditions, and elderly with disabilities. These provide

housing, social activities, care and nutrition, health services, and social work services. As of April 2003 there were 290 users.

- Public institutions for children and youth without parental care. These provide housing, social activities, and education. Services are provided until conditions have sufficiently improved to return to their families or until they become capable of being independent or until the end of their education, but no longer than six months after it is finished. The number of users was 134 in April 2003.
- Institutions for education and rehabilitation of persons with hearing and speaking disabilities. These provide housing, social activities, health protection, education, and professional training. There are 95 users.
- Institutions for education and professional training of people with disabilities. These provide housing, social activities, health protection, education, and professional training for the blind, children and youth with physical disabilities, and persons with multiple developmental problems.
- Special institutions for children and youth with severe disabilities. These provide housing, social activities, health protection, education, and professional training. This includes autistic children and children with multiple developmental problems. The number of users was 132 in April 2003.
- Institutions for education and professional training for children and youth with mild mental illnesses, known as “1st June” institutions. These provide social activities and services for developing capabilities.
- Institutions for education for children and youth with inappropriate social behaviour. These provide housing, social activities, education, and professional training. The number of users was 29 in April 2003.
- Public institutions for vacation and recreation of children known as “Lovcen – Becici” programme. These provide housing, social activities, nutrition, and vacations until the age of 15.
- Pregnant women and self-supporting mothers with children up to the age of three years who need temporary care and help (because of lack of financial support, bad family relations, or inadequate housing).
- Adults with disabilities with severe kinds of chronic diseases and mentally disabled persons with inappropriate social behaviour. Some people in these categories are placed in families or foster care. This is mostly for children without parents to care for them.

Users who are placed in government institutions provide housing costs from their own funds if they are able to do so. When they do not have the resources, funds are provided by the state budget.

Additional MoLSA Services

In addition to institutional care, MoLSA provides several in-kind social services, including:

- advising families and individuals concerning domestic problems, such as delinquency, marriage quarrels, parent-child relations, drug addiction, and alcoholism; and
- providing recreation and vacations for children from financially endangered families.

Major Services Provided by Municipalities

At the local level direct social services are provided by Municipal Secretariats for Labour, Health and Social Protection.

The Municipal Secretariats are responsible for the following social services:

- social protection rights related to housing and nutrition and placing old and adult persons with disabilities and without family care into institutions or families;
- providing home care and assistance for elderly persons with disabilities;
- child protection rights considering recreation of children, housing, nutrition and placing children without parental care and neglected children in homes or institutions;
- solving housing issues of persons in need of social benefits who, according to social and child protection law, are already users of financial care;
- protecting the rights of displaced persons, according to regulations for taking care of displaced persons – this includes providing lump-sum payments, EU help for hosts when displaced persons are from Kosovo, registering people from Croatia and Bosnia & Herzegovina, distributing coupons for electricity, and sending children without parental care on summer vacation; and
- providing coverage for funeral costs for citizens without relatives.

NGO Services

NGOs in the Republic of Montenegro primarily provide help for the most vulnerable populations, especially disabled persons, women, and children who are victims of physical and psychological violence and abuse.

The most prominent NGOs in the Republic of Montenegro that deliver direct social services to vulnerable people are:

- Association of Parents of Children with Special Needs;
- Humanitarian;
- Centre for Girls – Ksenija;
- Montenegrin Women's Lobby;
- SOS phone for women and children who are victims of violence;
- Caritas in the city of Bar;
- International Orthodox Christian Charities (IOCC);
- Save the Children (United Kingdom);
- United Nations Children's Fund (UNICEF);
- Foundation "Home" in the city of Bar; and
- Alter Modus.

Extent of Partnerships between Government and NGOs

Cooperation between government and NGOs is very evident and it is improving every day. New ways for working on joint projects are constantly being found. We are together working on strengthening our cooperation.

Extent of Partnership between Service Providers and Academia

Cooperation between service providers and academia has reached a very impressive level. There are joint projects where responsibilities are designated among all partners, including the participation of university staff in creating different programmes and projects.

The Department of Social Work and Politics at the University of the Republic of Montenegro in Podgorica has been established and will begin work this year. The government intends to establish firm cooperation with both professors and students in the new department.

Policies to Strengthen Capacity of Local Communities

Existing strategies in the area of social services are implemented into the Social and Child Protection Law, which regulates social rights and defines executors of social rights and their users. The law also makes it possible to deliver social services by legally sanctioned persons, not only by state institutions.

The Law on local self-managing (*Official Gazette of the Republic of Montenegro*, No. 42/03 dated July 16, 2003) gives authority to municipalities to establish institutions of social and child protection. Municipalities can also establish social and child protection rights related to housing, nutrition, old and adult persons with disabilities without family care, home care and home help for the elderly and persons with disabilities, solving housing problems, nutrition, vacation and recreation for children without parental care, and for neglected children. In these institutions the municipality acts as the founder.

Establishment of a sustainable system of social protection at the community level will depend on:

- improving professional, technical, and financial conditions of work;
- improving professional competence and motivation of professionals with continuing education and training;
- defining performance standards for social services;
- developing partnerships with NGOs;
- strengthening the role and responsibility of users by defining ways of ensuring their active participation in decision making; and
- strengthening interdisciplinary cooperation in developing services.

Characteristics of Good Practices

Good Practice Models

Good practices in the delivery of direct social services in the Republic of Montenegro depend on a well-designed system of social care, which recognises problems, defines them, and provides services regulated by law.

The major problem in creating and sustaining good practices is the insufficient level of benefits and services, which cannot be raised because of the present economic situation. This is the primary reason why users of social services are not satisfied. Low amounts of financial benefits and low levels of social services do not motivate many vulnerable persons and families to initiate the procedure for receiving benefits and services to which they are entitled.

Good practices in direct social services are projects that are based on partnerships. There are examples in projects that provide protection for children without parental care, protection of children with developmental disabilities, prevention of juvenile delinquency, and the continuing education of experts in social and child protection institutions.

More specific examples of the characteristics of good practices in delivering direct social service include the following:

1. identifying, defining, and understanding the problem;
2. organising seminars and training for staff and managers of centres for social work (example: UNICEF and Ministry of Labour and Social Affairs have organised training on the topics of human rights and case management); and
3. promoting government-NGO partnerships to improve services that are guaranteed by law. Examples include:
 - a. Ministry of Labour and Social Affairs in cooperation with Save the Children Fund UK established the project, “Promotion of Home Care System” for children without parental care;
 - b. memorandum of understanding between the Government of Montenegro–Ministry of Labour and Social Affairs, Municipality Bijelo Polje, Association of Parents with Children with Special Needs and UNICEF. This partnership opened day centres for children with special needs in Bijelo Polje; and

- c. memorandum of understanding between Ministry of Labour and Social Affairs and Save the Children Fund UK on creating adequate systematic space for prevention of undesirable social behaviour of children and youth in the Republic of Montenegro.

Focus Group

A focus group was conducted in Podgorica with the intent of learning more about the characteristics of good practices in the delivery of social services. The focus group consisted of the following participants:

1. Humanitarian – NGO Niksic;
2. Centre for Social Work, Podgorica;
3. Institution for Housing of Children and Youth without Parental Care “Youth” – Bijela;
4. Institution for Education and Professional Training of Persons with Disabilities;
5. Save the Children UK, Podgorica; and
6. Centre “1st June,” Podgorica.

The questions and responses by the focus group participants are briefly detailed below:

Results of a Focus Group on Good Practices

1. *What do you think contributes to good practice for direct social services?*
 - Providing more funds for social protection;
 - developing wider network of institutions with different treatments;
 - continuing education and better-informed professionals;
 - respecting the basic principals in delivering social services without regard to race, religion, sex, level of education, or social status;
 - increasing trust between the government and NGO sectors;
 - coordinating work between the government and NGO sectors;
 - defining priorities in establishing programmes;
 - providing social services at the local level;

- providing for equal participation of all NGOs;
 - complementing the work of government and nongovernmental organisations;
 - obtaining trust of users;
 - not promising services that cannot be realised;
 - not working with a too formal attitude;
 - defining problems of local populations within the context of economic development and cultural habits;
 - government understanding for NGO work and accepting partnership role in most projects;
 - expecting the government to implement good ideas in practice;
 - cooperating with the media and providing information;
 - providing advisory and consulting work;
 - visiting families with children with disabilities; and
 - providing the opportunity for parents to rent a room in institutions where their children are receiving care.
2. *What are the primary impediments of good practice in social service delivery?*
- Unwillingness to create programmes on prevention and protection of vulnerable populations;
 - inadequate funds and staff;
 - depression among users;
 - insufficient professional ability of staff;
 - mistrust of users towards institutions and staff;
 - indecisiveness;
 - insufficient motivation of social workers;
 - excessive centralisation of work;
 - insufficient motivation of professional staff for new research and its usage in practice;
 - not giving rewards to professional staff that perform a high quality and useful job using newly learned techniques for social services users;
 - insufficient proportions of young professionals in centres for social work;
 - lack of helping activities from universities;

- insufficient monitoring over performance of social work centres by Ministry of Labour and Social Affairs;
 - insufficient information on the number of persons with disabilities or the nature of the disability;
 - insufficient work on solving individual problems;
 - lack of money;
 - uneducated staff;
 - excessive strictness of rules and regulations, lack of flexibility; and
 - distrust in institutions and professionals who work with needy populations and suspicion of their capabilities to solve problems.
3. *What are the best ways to develop partnerships between government social service providers and the community?*
- Develop common projects;
 - precisely define roles of each partner;
 - oppose political orientations that lead to negative experiences;
 - equalise and define rights to social care;
 - place certain social care services at the local level;
 - stimulate citizens to self-organise and involve them in solving their problems themselves;
 - move social policy to the local community level that can recognise and better understand needs of the citizens because the community is much more aware of its own capacity and resources for social service delivery;
 - partner in solving a concrete problem;
 - better integrate in providing services; and
 - improve communication that will provide quality information.
4. *What are the best ways to develop sustainable and effective partnerships between government ministries and local NGOs?*
- Partner on extending projects;
 - obligate institutions to involve good projects in their practice;
 - introduce new techniques and methods;
 - equalise professional procedures;
 - work on common projects;
 - interest donors in projects;

- provide government support to NGO projects;
 - distinguish between government tasks and NGO tasks;
 - place certain social service activities with NGOs;
 - improve communication between government and NGOs;
 - change tax policy in order to stimulate donations;
 - strengthen cooperation between ministries and NGOs;
 - ministries should have control over all projects concerning activities in their jurisdiction;
 - NGOs should be responsible for their work;
 - ministries should be supportive of NGOs that establish good projects;
 - involve NGO sector in creating legal regulations;
 - respect and use good practice in work with other institutions and organisations;
 - define joint goals in order to save money and energy; and
 - make good use of media.
5. *What are the best ways to involve social work educators in the delivery of good practices at the local level?*
- Require social work education for professional social service staff;
 - design memorandum of professional procedures for cooperation;
 - educate more professional staff from diverse backgrounds;
 - develop continuing education for service providers;
 - ministries should obligate centres for social work to use good practices in their work;
 - involve educators in the social service delivery system network; and
 - exchange experiences during seminars and lectures.

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Romania: National Report on Social Services

Alina Ioana Marinoiu, Elena Zamfir, Valentin Vladu¹

Social Service Legislation

Over the last decade, Romania has made good progress in promoting and ensuring fundamental human rights, in respecting the equality of rights for women and men, and in ensuring equal opportunities and preventing discrimination. From a legal perspective, there are evident changes aimed at ensuring the process of bringing national legislation into conformity with international laws and making them compliant with EU provisions concerning the observance of rights, elimination of gender discrimination in regard to living and working conditions, and respecting the needs and aspirations of the population. An important study of developments that have been taking place over the last few decades in human resources and the socio-economic conditions was produced in 2003. The study makes it possible to highlight the way in which the government of Romania has assumed responsibility for implementing new measures designed to improve the situation in all the critical fields so as to be able to adopt the *acquis communautaire* (body of

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common rights and obligations in the European Union) in accordance with the provisions sanctioned by the EU Amsterdam Treaty.

Within this context, social assistance cannot be measured only according to the availability of resources, but must also be based on the need for social services that are vital to address the increasingly varied requirements of distressed persons. Difficult situations for individuals and families are generated by a multitude of personal circumstances. In response, efforts have been made to develop a structural approach intended to clarify the general outlines of the need for social assistance with specific measures directed towards the following conditions:

- severe poverty situations;
- personal situations of abject difficulty (abandoned children, children living in the streets, old dependent persons, handicapped persons, etc);
- the need for remobilisation and reintegration of recovering persons with disabilities; and
- dependent persons, juvenile delinquents, alcohol and drug abusers and limited or distorted capabilities for a normal and responsible social life (disorganised families, tendencies towards abandoning control over personal life, etc.).

The emerging structural approach has four strategic objectives:

1. providing emergency housing for homeless people;
2. eliminating the “street children” phenomenon;
3. reforming the system of prevention and treatment of juvenile delinquency; and
4. setting up national and local level support systems for youths discharged from institutions and for abandoned children.

Law No. 705/2001 on the National System of Social Assistance aims at rendering more efficient the national system of social assistance by setting up a unique framework for the organisation and coordination of the system, whereas in the field of social assistance benefits it mainly envisages the setting up of a unitary system of social benefits oriented towards the most disadvantaged groups, in order to avoid their social exclusion. The law creates the Inter-Ministerial Commission on Social Assistance in order to achieve

a unitary and coherent policy, as well as to ensure the general consensus in sorting out the issues in the field of social assistance.

Government Decision (GD) No. 773 in July 2002 approved the organisation and functioning of the Inter-Ministerial Commission on Social Assistance which is coordinated by the Minister of Labour and Social Solidarity and includes a Secretary of State from each of the following: Ministry of Health, Ministry of Administration, Ministry of Public Finance, National Authority for Child Protection and Adoption, and National Authority for Persons with Disabilities, as well as a representative from the Department for Social Policies. In exercising its prerogatives the Commission ensures the following:

- endorsement of the national development strategy and the national plan for social assistance, as established by the Ministry of Labour and Social Solidarity;
- endorsement of the sectorial strategies and plans for social assistance;
- advisory notification on the draft laws on social assistance;
- notification of national programmes on social assistance financed either by internal or external resources;
- periodical analysis of the way the national system of social assistance operates, and setting up of new lines of action;
- analysis of the proposals issued by ministries and other public institutions for social assistance and establishment of measures for their implementation;
- periodical information of the government on activity carried out in social assistance; and
- setting up cooperation in social assistance with relevant international bodies.

Continuing reforms in future social assistance acts will address the following goals:

- organisation of the system of social assistance services and quality standards for these services;
- organisation and functioning of the Commission for Social Mediation;
- minimal criteria for the organisation and functioning of the institutions for social assistance; and

- procedures for the accreditation of institutions that provide social assistance.

At the same time, in order to ensure good quality, efficient, and specialised services, there will be a continuous monitoring of the training process of the personnel who work in social assistance programmes.

Child Legislation

Based on GD No. 261/2000, Regarding the Reorganisation of the Institutions of Child Protection, in April 2000 the Institutions of Child Protection were transferred for coordination under the General Directorates of Child Protection of County Councils.

The integration of new institutions into the local child protection system was made possible with the allocation of the necessary financial resources directly to the County Councils and through the National Interest Programmes.²

Based on GD (No. 380/2000 and No. 610/2000), two additional National Interest Programmes were financed for the social integration of street children, and for increasing the quality of services provided to institutionalise children with disabilities. These programmes continued in 2001 based on the provisions of GD No. 552/2001. The amounts were increased as follows: “Continuation of the reform concerning the system of services and institutions for care, protection and child’s rights promotion” (ROL 1.183 trillion) and “Restructuring the residential institutions that have been transferred to the specialised public services, according to GD No. 261/2000” (ROL 50 billion).

In the same year (2001), a new National Interest Programme was established: “Promoting the Protection of Children in Need with Handicap or

² The National Interest Programmes are those programmes that contribute to accomplishing the objectives of the social service reform process and institutions for care, as well as protection and promotion of children’s rights, and ensuring the proper functioning of the system in order to improve the performance indicators of the services and institutions.

Suffering from AIDS in Foster Care”) for which ROL 60,192 trillion was allocated. Funds that have been used as staff expenses for 1,800 foster parents are differentiated according to the degree of disability of the child under care. Under these conditions, the amount allocated for children with disabilities increased in the year 2001 (84.44 percent from the total amount allocated for 2001, compared with only 43.25 percent for 2000).

For the year 2002, from the national budget ROL 144 billion was allocated in order to close down five institutions for children with disabilities, which is approximately 67 percent out of the total allowance for that year.

Abandoned Children

According to Law No. 47/1993, the abandoned child is “the child who grew up in a state care institution or was placed in legal conditions to a private person and was declared abandoned by court decision as a consequence of the fact that the parents willingly ignored him/her for a time period longer than six months.” However, in day-to-day understanding, every child living in a child care institution is generally referred to as an “abandoned child,” although s/he does not meet the legal conditions. Law No. 47/1993 on child abandonment will be abrogated through the new child protection law. In this respect, the new law on child protection will integrate the following topics related to child abandonment:

- establish clear measures for investigating and identifying categories of families and persons with high risk of abandonment at birth, during childhood or adolescence;
- define abandonment, *de facto* and *de jure*, to make it much clearer than as described in Law No. 47/1993;
- abandonment may be declared exclusively by decision of a court, under much stricter terms than those contained in Law No. 47/1993;
- with the declaration of abandonment, a legal guardian should be appointed to legally represent the child until age 18; and
- establish obligations in terms of the decisions and rights of tutors.

For children who do not have parents, the specialised public services for child protection try to establish a permanent solution (extended family or an adoptive family). For those children considered abandoned, in the day-to-day meaning of the word, public services provide those types of services required by the specific situation of each child in order to maintain a relationship with the natural parents, to integrate/reintegrate the child into the natural or extended family, and to identify a permanent solution.

Social Integration of Street Children

In 2001, the government approved a new budget of ROL 15 billion for the National Interest Programme on “Social Integration of Children Living in the Street.” The programme’s budget represented 1.18 percent of the total budget allocated by the government for the National Interest Programmes run by the National Authority for Child Protection and Adoption throughout the country in 2001. This funded 14 projects in 12 counties and two sectors of the capital city of Bucharest. Six new shelters were set up and another eight were developed. A total of 862 street children were the final beneficiaries of these projects. Newly developed services included a centre for assistance, care and social reinsertion of children, and a service for the prevention of abuse and neglect.

A new budget of ROL 50 billion was allocated for the continuation of the National Programme on Street Children in the year 2002. The main objective of this new programme was to assist the reduction of the number of children living on the streets. The activities aim to create networks of “maternal assistants” (foster parents) specialised for street children, as well as to continue to set up and further develop shelters (both for day and night), to set up networks of street social workers, and to strengthen services for integration/reintegration of children through counselling and assistance for the families as resources for street children. Four projects were approved within this programme, and the main new element about them is that in 2002 a new mechanism was implemented that allows the public funds allocated for child protection reform to be spent by nongovernmental organisations who won the projects, under the supervision of the National Authority for Child Protection and Adoption.

Through a programme financed jointly by the World Bank, the Development Bank of the Council of Europe and other donors, five centres were created for the coordination of professionals involved in working with and for street children, and seven shelters in four counties plus three sectors of Bucharest. The budget allocated for this purpose was about USD 1 million for a five-year programme that will be completed in June 2003. Another significant contribution came from the Austrian Government who also financed the creation of a night shelter in Bucharest and covered programme costs for the first three years (EUR 600,000).

*National Action Plan Against Child Abuse,
Child Sexual Exploitation, and Child Labour*

The Constitution includes a provision according to which children and the young shall enjoy special protection and assistance in the pursuit of their rights, as well as a provision stating that the exploitation of minors or their employment in activities that might be harmful to their physical or moral health or endanger their life and normal development is prohibited.

The National Action Plan against sexual exploitation of children for commercial purposes was established in 2001, according to the commitments made by Romania in 1996 in Stockholm following its participation at the first World Congress against the sexual exploitation of children for commercial purposes. It was established by a working group coordinated by NACPA with representatives from several other ministries (Ministry of Interior, Ministry of Justice, Ministry of Education and Research, Ministry of Health and Family, Prosecutor's Office), as well as international bodies (UNICEF, WHO, IOM) and nongovernmental organisations (Save the Children, ARAS, GRADO). The Plan was presented at the second World Congress that took place in Yokohama in December 2001.

The Project for the Elaboration of Standards in Child Protection Against Any Form of Abuse, Neglect and Exploitation was initiated by NACPA in 2002 and will be completed in 2003; its implementation is coordinated by NACPA in cooperation with other ministries (Ministry of Labour and Social Solidarity, Ministry of Education and Research, and Ministry of Health and Family).

The Romanian-American partnership in child protection, the ChildNet Programme, funds the project. The allocated amount is approximately USD 25,000. The objectives of the project are the following:

- formation of standards for continued training in the field of child protection against any form of abuse, neglect, and exploitation for professionals who interact with children;
- creation of a database with the trainers and institutions/organisations that provide continuous training in child protection against any form of abuse, neglect, and exploitation;
- formation of a methodological guide regarding child abuse and neglect, the complex system of identification, registration, reporting, and referral of child abuse and neglect cases, and the methods of observation of the consequences of these cases;
- formation of minimum standards for prevention services and resource centres for the prevention of child abuse, neglect and exploitation; and
- formation of minimum standards for an intervention service using a hotline with a multidisciplinary team of intervention for cases of child abuse, neglect and exploitation.

Children with Disabilities

The last five years have witnessed the development of assistance and counselling services provided to families of children with disabilities and of educational and recovery alternatives, including services provided at home to children who cannot relocate, with a view to removing their isolation and integrating them into the society, as much as possible.

Following the decentralisation and the diversification of financial sources for the institutions of protection, the Government of Romania passed Emergency Ordinance No. 163/2000 allocating the necessary funds from the state budget for the protection of persons with disabilities. This measure was incorporated in the law in the 2001 state budget. Accordingly, the contribution to the local budgets from the state budget will cover the salaries of personal assistants and their common urban transportation. Also, these funds will cover the expenses of the institutions of special protection for persons with disabilities. The local

authorities have the obligation to make up the balance of necessary funds with allocations from local budgets.

The Law on the Special Protection of Children with Disabilities includes specific provisions which are meant to gradually remove architectural, administrative, transportation, educational, economic, and social barriers and to build an environment in which disabled children are accepted among children of the same age group, in which they should be involved in similar activities and which should facilitate their insertion into the life of the community.

As an addition to specific laws, in 1995 the Law on National Education and the Rules and Regulations for the Organisation and Operation of Specialised Education stipulated the rights of children with disabilities of preschool and school age to a regular, as well as a specialised, education. Educational services, as well as preventive medical care and treatment and recovery services, are free of charge. School children with special needs integrated into the ordinary education system benefit from medical grants irrespective of their performance in school.

The solution to the specific problems of children with physical and mental disabilities is the object of the government's policy and the explicit aim of more than 100 active NGOs.

These general goals of the policies are designed to:

- improve living conditions in institutions;
- develop alternative services for children with disabilities (day care centres, specialised family-type homes);
- approach the child protection system with respect for the principle of non-discrimination; and
- attempt to achieve a meaningful social integration of these children.

More specifically, the objectives are to:

- reduce birth defects by at least 20 percent by the year 2002;
- integrate children with disabilities into the regular education system by up to at least 20 percent by the year 2002 and by 50 percent by 2005;
- develop recovery and rehabilitation centres so that by 2002 all children with disabilities have access to these centres for individual programmes of recovery and social integration;

- decrease the number of children with disabilities in residential care and increase the number of children with disabilities who are protected through adoption and family placement; and
- develop a network of day centres with a national intake of at least 2,000 by 2003.

According to current legislation, the funds allocated to the school services for children with disabilities come from the County Councils (meals, accommodation, equipment, state allowance, free transportation, free participation in children's leisure camps).

Starting with 2002, the National Authority for Persons with Disabilities allocated large amounts for the projects co-financed by parents' associations. These projects have been developed in economically less-favored areas, such as: Valea Jiului, Medias, Bacau, Neamt, Suceava, and Mizil. Their purpose is to increase the nutritional support necessary for medical treatment, which very often cannot be supported by the family.

Nongovernmental Organisation Subsidies

The 2003 budget allocated to the Ministry of Labour, Social Solidarity and Family for providing subsidies to NGOs included ROL 36,630 million. There were 83 requests submitted by associations and foundations in 2003.

Social Services for Persons with Handicaps

The National Authority for Handicapped Persons has the responsibility for organising and developing social services for persons with handicaps (Ordinance No. 14/2003). The National Authority for Handicapped Persons is a specialised body with legal authority for coordination with the Minister of Labour, Social Solidarity and Family. The Authority implements activities for special protection and promotes the rights, strategies and standards, assuring control of the special protection activities.

The Authority makes all decisions concerning the following:

- development of alternatives to family-based care;
- establishment of standards concerning the quality of the services offered to persons with handicaps;
- financing or co-financing social services programmes;
- development of a system of information and consulting accessible to persons with handicaps and their families;
- support for the creation of a national network of the protected units;
- development of a database concerning persons with handicaps, compatible with that of the social assistance national system; and
- evaluation of the necessary services and their quality, and establishing development plans in accordance with the real needs of the community.

Subordinate to the Authority are eight Regional Inspections organised at regional levels as public institutions with legal authority. The Regional Inspections have control of monitoring the legal provisions.

The County Councils also have an important role in financing and administering social services for handicapped persons. The level of implication at each local council depends on the number and type of services delivered in the territorial administrative units. Some County Councils have also been involved in supervision of the activities of personal assistants and in services delivered to persons with handicaps.

The special protection measures addressed to persons with handicaps are complementary with those offered by the national social assistance system and are granted according to degrees of handicap established by evaluation by the Commission of Medical Expertise. The special protection measures contain the same types of social services granted at home or in specialised or residential centres (a generic term for all centres offering accommodation for a specific period of time, not just day activities).

For this category of beneficiaries there are the following centres:

- pilot centres;
- care and assistance centres;
- recuperation and rehabilitation centres;
- integration and occupational therapy centres;

- protected homes by family type;
- day centres; and
- early intervention centres.

The state budget can sustain financially the administration of the centres only if this is mentioned in a national programme stipulated in the Budgetary Law.

Government Decree No. 329/20 of March 2003 approves the framework of organisation and functioning for each type of centre. A particularity of the centres is that some legal persons may set up a contract of association for developing such centres. The association contract stipulates the source of financing, the contribution of each partner for sustaining the investment and functioning expenses, the period of association, and the modality to administrate the patrimony of the centre.

The principal attributions of the centres are:

- assure housing, food, equipment, and hygienic/sanitary conditions in accordance with the number of assisted persons, and also the maintenance and the efficient use of the material base and goods;
- assure the current and specialised medical assistance, recuperation, care and permanent supervision of assisted persons with handicaps;
- organise internal and external cultural, education, and socialisation activities;
- organise ergo-therapy activities;
- assure counselling and information both for families and beneficiaries concerning social, material, and psychological problems; and
- grant support and specialised assistance to prevent dangerous situations that put the lives of persons with handicaps in danger.

Persons with handicaps have the right to the following types of social services:

- services for prevention and early intervention;
- education and scholarship at home of persons who cannot walk;
- services for therapy and recuperation at home;
- services for pregnant women to prevent abandonment by providing monitoring, assistance, and support;

- temporary residential family-based services; and
- other services that provide for the welfare of the person within the family.

Social Services for the Elderly

The Romanian government is attempting to develop adequate services for elderly people who represent a category of population with special interests and needs. Until recently, the specific issues for this important segment of the population were tackled primarily by the social security system, mainly with reference to the pension system. But, advanced age is often accompanied by an increase in the risk of illness and invalidity, which can lead to handicaps and dependency. Without a steadfast and long period of social and medical assistance, the period of dependency of elderly people is extended.

Law No. 17/2000 concerning social assistance for elderly people includes the following provisions:

- Elderly people have a right to social assistance in accordance with their socio-medical situation and their own economic resources.
- Development and diversification of social assistance services for third age persons is provided, including community services for care at home and in social assistance institutions, such as hostels, day centres, temporary care houses, flats, social dwellings, and so on.
- Community services may be provided at home relative to socio-medical services and medical services.
- Financing is provided, in principal, from local budgets and by adjustment of subsidies to cover the necessary income of the hostels. Local budgets ensure the financing of expenditures for community services' organisation and functioning, including those that are provided at home, funerals where there is a lack of family support, or when the family cannot carry out obligations for economic or health reasons. Funds from the state budget assure expenditures for investment and general overhauls for social assistance institutions in disadvantaged areas, as well as other priority expenditures provided in budgetary laws. It is important to mention the provisions of Article 22, which

established the financing procedure for construction, endowment, maintenance, modernisation, and functioning expenditures of elderly people's hostels.

- In order to sustain informal caregivers the local councils can hire, with half-time work or full-time work, the husband/wife or the beneficiary's relatives with payment guaranteed at the monthly gross wage level of a beginning social worker with middle education. Under Law No. 17/2000, Article 13, the Directorate of Dialogue, Family and Social Solidarity, in accordance with Order No. 392/2000, authorise persons who provide care to elderly persons.
- Staff providing home care are employed by the local councils and are also paid. Under Order No. 356/1999 of the Minister of Labour, Social Solidarity and Family, the Minister of Health and Secretary of State of the National Authority for Handicapped Persons approves "The training programme concerning the practice of the home caregiver profession" which is comprised of both practical and theoretical courses.
- Elderly access to hostels is a priority for persons in a dependent situation and who need permanent care, persons without legal support, persons who cannot be cared for at home, persons who cannot live independently, persons without housing, and persons without income (Law No. 17/2000, Article 16).
- The right to social assistance at home and in institutions is established by the Mayor or by the Executive Director of the Directorate of Dialogue, Family and Social Solidarity based on social enquiry and recommendations under the National Scale of Social and Medical Needs Evaluation; in fact it is a national assessment scale of social and medical needs.
- Restructuring hostels into separate sections for dependent elderly persons, semi-dependent persons, and persons who are not dependent in order to avoid transferring beneficiaries from one institution to another.
- Development of partnerships with associations and NGOs (the services provided at home can be developed by local councils alone or in partnership with NGOs).
- Evaluation of a dependent elderly person is based on a modern methodology in conformity with a National Grid of Evaluation established by

the Minister of Labour, Social Solidarity and Family, notified by the Ministry of Health and approved under GD No. 886/2000.

- Prevention of any abuses related to personal goods; tutelary authority assists elderly people when they involve juridical acts and monitor the obligations stipulated in juridical acts.
- Under the law, the decision concerning the approval, rejection, suspension, or cessation of the rights to social assistance services organised at the local level, care in hostels, and care at home is the mayor's responsibility.

Services Delivered at Home

There are two modalities for delivery of at-home services or in specialised centres under Law No. 17/2000, Article 8:

- a) social services concerning the prevention of social marginalisation and support for social reintegration, judicial and administrative counselling, support for payment of services and current obligations, cleaning the house, help for the housekeeper, and cooking; and
- b) socio-medical services concerning help for personal hygiene, re-adaptation of physical and psychological capacity, adaptation of housing based on the person's needs and involvement in economic, social, and cultural activities, and temporary care in day centres, night shelters, or in other specialised centres.

Elderly Services in Hostels

Care of elderly persons in hostels represents an exceptional approach to social assistance, taking into account the criteria for priorities (Law No. 17/2000, Article 16). The principal objectives of the hostels are to assure the maximum autonomy and security, supervision services, and the necessary medical care. The aim is to ameliorate physical and intellectual capacities and to stimulate the elderly persons' participation in social life. The community services assured to the elderly persons in the hostels are:

- housekeeping support;
- juridical and administrative counselling; and
- modalities to prevent social marginalisation and promote social reintegration in accordance with psycho-affective capacities.

In 2002, there were 19 hostels for elderly persons coordinated by the Ministry of Labour, Social Solidarity and Family with a capacity for 2,056 residents, as shown in Tables 1 and 2. The average number of persons assisted was 1,847. For 17 hostels expenses were met by the local budgets of town halls. For the hostels in Alba Iulia and Sibiu expenses were met from the state budget by a fund in the budget of the Ministry of Labour, Social Solidarity and Family.

Table 1
Elderly persons in public hostels,
1994–2002

	1994	1995	1996	1997	1998	1999	2000	2001	2002
Total capacity of the institutions (places)	2,101	2,034	1,977	1,972	2,079	2,056	2,001	1,996	2,056
Average number of assisted persons	1,759	1,741	1,808	1,741	1,845	1,816	1,836	1,843	1,847

Source: Ministry of Labour, Social Solidarity and Family.

Table 2
Beneficiaries and expenditures for
private elder hostels, 2002

Number of units	Number of beneficiaries (average number/month)	Capacity at end of the year (number of places)	Number of the claims in waiting at the end of the year	Total expenditures (ROL, thousands)
19	745	767	589	53,595,016

Source: Ministry of Labour, Social Solidarity and Family.

Juvenile Justice

The situation of children in re-education centres is far better than that of children in penitentiaries. Apart from better accommodation and food and hygiene, re-education centres run educational programmes and cultural and sporting activities suitable to the children's ages, with qualified personnel. However, in both cases, there is a lack of structure and shortage of certain categories of qualified personnel (such as social workers, psychologists, psycho-pedagogues) to look after the re-education and family, as well as social integration of the minors and the preparation of the family to take the minor back. The expenses of the re-education centres are shown in Table 3.

Table 3
Expenses for re-education centres

Year	Expenses budgeted for re-education centres (ROL, thousands)
2000	137,301
2001	198,654
2002	213,700

Source: National Authority for Child Protection and Adoption.

Funding and Expenditures

In addition to the expenditures noted for various programmes above, a number of other government decisions have provided support for social services. Some of these are highlighted below.

Government Decision No. 260 regarding the approval of the National Interest Programmes in the field of child protection was issued in April 2000. According to this GD, the National Authority for Child Protection and Adoption co-finances programmes with funds from its own budget, together

with county/local councils, based on conventions concluded between the two parties. This GD implemented the following National Interest Programmes:

1. "Sustaining Function of Specialised Public Services" with a budget in 2000 of ROL 329,427,040,000. In general, the objective was to assure the function of services and institutional system for the protection of children in difficulty. The budget was increased by ROL 34.355 billion by the end of 2000.
2. "Promotion of the Familial-like Environment Protection of the Child in Difficulty" with a budget of ROL 72,840,372,000. Its general objective was to promote children's rights to being raised and cared for by a family.
3. "Reorganisation of Residential Institutions" with a budget of ROL 47.940 billion to reorganise 20 residential institutions. The budget was allocated according to the identified needs of protected children, the type of their disability, and the takeover institutions' situation, based on projects approved by the county/local councils and accepted by the National Authority for Child Protection and Adoption. Its general objective was to reorganise the residential institutions and to develop alternative services.
4. A fourth National Interest Programme, approved in May 2000, had a budget of ROL 2.5 billion. Its general objective was to analyse the street children phenomenon and to intervene in order to improve street children's situation.
5. A fifth National Interest Programme (No. 610) approved in 2000, had a budget of ROL 286.7 billion. Its general objective was to improve the living conditions for children protected in the transferred institutions.

The national interest programmes that were developed in the year 2001 were approved by GD No. 552/June 2001 and, respectively, by GD No. 611/July 2001, as follows:

1. Continuation of the reform concerning the system of services and institutions for care, protection and child's rights promotion (ROL 1.183 trillion) in order to secure the adequate running of the system of services and institutions within the specialised public services.
2. Prevention of abandonment and protection of children in their family environment in order to promote the protection of the child's right to be

raised in his/her own family or in the family of a professional maternal assistant, as an alternative to institutionalisation.

The budget allocated for 2001 was ROL 212.398 billion which has been used for:

- services for 33,535 children from ROL 560,000 for four months;
- salaries (ROL 2.2 million/month) for a number of 5,200 professional maternal assistants;
- restructuring the residential care institutions that have been transferred to the specialised public services, according to GD No. 261/2000 and GD No. 1137/2000. This was ROL 50 billion for an estimated 30 institutions; and
- promoting the protection of children in need with handicaps or suffering from AIDS in professional maternal assistants' (foster care) families in order to promote children's right to be cared for in a family.

For 2001 a budget of ROL 60.192 billion has been used to cover staff expenses for 1,800 professional maternal assistants (PMA), differentiated according to the handicap degree of the child under care, as follows:

- PMA fostering children with low and medium handicap, ROL 2.64 million a month;
- PMA fostering children with pronounced handicap, ROL 2.86 million a month; and
- PMA fostering children with severe handicap or suffering from AIDS, ROL 3.3 million a month.

For the year 2002, ROL 215 million were specified within the NACPA budget for the financing of four National Interest Programmes:

- closure of old-type institutions for children with handicaps/special needs, which cannot be restructured/ rehabilitated, with a budget of ROL 144 million;
- social integration of street children, with a budget of ROL 50 million;
- social and vocational integration of children/ young persons in the care institutions that have turned 18 years of age, with a budget of ROL 14.5 billion.

- the training of human resources in the child protection system, with a budget of ROL 6.5 billion.

NGO Funding

No information is available.

Government Contracting

Government contracting for social services delivery is covered under Law No. 34/1998.

Current Reforms

The reform of the system initiated in an emergency procedure by the Government of Romania in March 1997 is based on the following principles:

- a) the principle of the priority of the child's best interest, which is the reason for the establishment of all measures of protection;
- b) the principle of non-discrimination, which allows every child whose development, security, and physical or moral integrity are in jeopardy to benefit from the measure of protection stipulated by law;
- c) the decentralisation of decision-making power and delegation of responsibilities to local public administration; and
- d) the development of family-based alternatives to residential care of children in difficulty.

Department for Child Protection

A Department for Child Protection was established in January 1997 as part of the government's executive structures, as a result of reorganising the system and implementing the new law. In a relatively brief interval, using limited

resources, the department managed to introduce a legislative framework that makes decentralisation possible and supports the concepts defined in the Convention on the Rights of the Child and Recommendation 1286 of the Parliamentary Assembly of the Council of Europe. The abovementioned changes were established by a number of emergency ordinances and governmental decisions.

The strategy proposed by the National Authority for Child Protection and Adoption, promoted in the normative acts mentioned above, is focused on the protection of children in difficulty, in an approach focused on the restriction of central authority with respect to administrative and financial responsibility and its delegation to local levels. This includes consolidating the capacity of local institutions in order to offer the possibility of providing effective services, promoting alternatives to the current system of residential care, and consolidating the role of civil society in the domain of child protection by involving local communities and NGOs.

Project to Reform the Child Protection System

In 1998, the government initiated the “Project to Reform the Child Protection System for the Years 1999–2001” in partnership with the authorities of the local public administration and with the involvement of international organisations (World Bank, Social Development Fund of the Council of Europe, UNICEF, USAID, EU/PHARE, and the Spanish and Swiss Governments). The major objective was to promote and observe the rights of the child by restructuring and developing the service system.

The first component of the project refers to the establishment and development in Romania of a child protection system, based on more active involvement of the local community, to prevent children being abandoned and institutionalised, to promote their removal from institutions and to stimulate the quality of care in residential institutions by changing them into family-type institutions capable of responding to the real individual needs of children.

The second component of the project is represented by the “Street Children Initiative,” a set of complex activities whose aim is to diversify and multiply

services for street children, as well as to intensify efforts towards reducing their number by integrating them into their own families and achieving social integration/reintegration.

The third component in the development of the project is to be centred on institutional reform, as well as on training and raising awareness among the public, monitoring and evaluation. This dimension of the project involves the improvement of central institutional capacities of the national child protection system.

The final aim of all the activities undertaken is to reduce the number of children in residential care units, to increase the number of children who are offered protection in natural families, or through adoption or placement in host families, to improve care in residential units, and to reduce the number of street and abandoned children in the health care system (maternal homes, paediatric department, division for psychomotor recovery of children, etc.).

Commission for Child Protection

Several bodies have been established: the Commission for Child Protection, specialised bodies of the County Councils presided over by the county secretary, as well as specialised public services for the protection of the rights of the child, placed under the authority of the commission and acting as their executive body.

The Commission for Child Protection is a specialised body with decision-making powers in the field of the protection of children in difficulty and adopted children (GD No.1 205/2001, Article 1).

The reforms represent the most important process of decentralisation after 1989, involving over 30,000 employees and over 2,000 units.

In the course of the restructuring process, child protection services have been diversified. Maternal care centres, day care centres, and day and recovery centres for disabled children have been established with the rights of children to be raised in their original families fully in mind. The newly created services provide for active participation by civil society in child protection, they have a profoundly community-oriented character and are in line with Romania's sectorial strategy for accession to European structures.

Family Environment and Alternative Care Reforms

In general, paternalism is still being promoted in children's education, being excessively based on parental authority and, very often, domestic violence. Family is still considered a "taboo" environment where professional interference, focused on the best interest of the child, is discouraged.

There are no counselling or advisory services for young couples, more particularly for future parents, except for prenatal medical check-ups. In the current educational system, there is no real concern for educating the younger generation in the spirit of family values, parental responsibilities, and the rights of the child.

As a consequence, the government's strategy for the reform of children's rights, primarily pursuing the child's best interest, is focused on keeping children under the care of the natural family and on developing social services to support them. These objectives are achieved both through the specialised services within the Regional/Local Directorates for the Protection of the Rights of the Child, as well as by promoting and diversifying social child protection services.

Impediments to Reforms

Experience shows that the unfounded mandates create the greatest problem that negatively impact equity and efficiency. Although decentralising social services slightly improves screening for the needy, the quality of delivery, responsiveness and accountability, and the risk of inequitable coverage across localities become even higher, because of several factors such as:

- inadequate level of resources at the local level;
- lack of qualified staff;
- lack of outreach programmes that can raise awareness;
- poor communication;
- lack of information at the NGO site and local counties regarding sub-contracting of social services;
- lack of quality standards for service provision;

- responsibilities for delivering social services are fragmented, thus increasing administrative costs (e.g., two decentralised public social assistance services at the county level);
- the system is addressing the identified needs and not the isolated and socially excluded groups, and is not preventing social problems like abandonment and homelessness; and
- real needs often fall through the holes of the system.

Structure of Delivery System

Fundamental Principles of Service Delivery

While much information on the principles of service delivery is included in the foregoing discussion, it is important to reiterate that a major principle in the reform of the national system of social assistance is to increase the degree of involvement of local councils. This is being done in order to identify the real social problems inside the communities and to elaborate viable strategies for social development at the local level.

In this respect, both at the local level and at the level of county councils, public services of social assistance will be organised that will answer to the demands of the new system, as regulated by law. These public social services will be organised and will operate depending on the type of administrative and territorial unit (i.e. county, municipality, city) and the social problems of the community. The public services will ensure protection of children, families, single people, elderly, and disabled people, as well as any person in need. These regulations are provided for in Government Decision No. 90/2003 regarding the Framework Regulation for the organisation and functioning of these services that was adopted in March 2003.

Under these regulations public local authorities were to start establishing and organising public social assistance services, a process that was to end by December 31, 2003. Employing experts of various qualifications that have special competences, responsibilities, and prerogatives in this domain shall ensure the functioning of these services. In two years' time, local authorities

are obligated to complete hiring the necessary staff, either with new specialised staff or by training existing staff. At present, there is a series of programmes carried out on the training of the existing staff while analysing future needs to introduce new training modules.

The state assumes the task of carrying out social assistance measures by means of specific laws and transfers its attributions and financial means to local authorities. Decentralisation was expanded even more in 2003 with the distribution of responsibilities between the various levels of government (counties and local authorities) that also involved a large-scale participation of the private sector by subsidising social programmes. As a process, decentralisation advanced with little planning or analysis and no previous training or financial authority was given to local governments.

At both local and county levels, public social services were set up to take over some of the most important services; namely, children, families, single people, the elderly, and persons with disabilities, as well as any person in need. However, the local councils finance only the distribution of minimum guaranteed income, emergency aid, and social assistance institutions. In most of the areas local administrations only add a small contribution to the state budget allocated funds.

Performance Standards for Services to Persons with Disabilities

Quality standards for services delivered by Protection Centres for Persons with Handicaps were approved by Order No. 22 in March 2003 of the Secretary of State. The quality standards represent an obligation for residential institutions of adults with handicap.

The principle objectives of the standards are:

- Potential users must have access to information concerning the capacity of the units to satisfy needs, empowering them to make a decision.
- Users of services are accepted in the unit only if the unit responds to life's demands, care, and the process of recuperation, as established by a complex and multidisciplinary evaluation.
- Each user is entitled to a personalised plan of service, according to health needs and needs for personal care, recuperation, and socialisation.

- Users placed in temporary assistance must have access to services for the development of personal autonomy.
- Users have a contract with the service provider stipulating the conditions of placement.
- Data concerning service users are recorded and archived and kept confidential.
- The location of services gives users free access to all the community services and facilities.
- Users have access to the common space and are assured respect with regard to the proper functioning of the centres.
- Users have adequate food, proper conditions for personal hygiene, assistance, and therapy in the event of an illness.
- Users benefit from an individualised plan for recuperation, proper material conditions, and qualified staff.
- Users are encouraged and supported to maintain a permanent relation with their family and to be integrated in the community.
- Users are encouraged to exercise their rights and control their lives, being protected from any type of abuse.

Units are managed by principles such as transparency, openness, and participation of everyone who is involved in the service plan, developing an active partnership with other institutions.

Provision of Services

State Government Services

Between, 1994–2002, on an annual basis, more than 80,000 children with various disabilities benefited from protection, education, treatment and recovery within various residential or open institutions, public and private. In 2002, the total number of the children with disabilities was 69,438 children (in placement centres public and private, foster care children with professional maternal assistant, children in families), as shown in Table 4 below.

Table 4
Number of children with disabilities in Romania, 2002

Degree of handicap	Number of children
Low handicap	3,246
Medium handicap	17,369
Accentuated handicap	16,179
Pronounced handicap	31,550

Source: National Authority of Child Protection and Adoption.

In addition, there are 28,587 other children who are attended to at home by specialised employees (personal assistants). Special efforts are made for the training of such employees in medical, educational, and social skills, with a view to securing adequate assistance that meets the needs of such children. The number of children who benefited by alternative services (day centres, centres for recuperation) is 18,303.

Services Provided by Municipalities or Local Governments

The county councils, directorates, and local councils in the sectors of the Municipality of Bucharest set up conventions of cooperation concerning the organisation of activities for the protection of the rights of children. The development of partnerships involving NGOs is a critical form of cooperation between state authorities and civil society.

The new legislation decentralising responsibilities to local levels continues to be plagued by the failure of a planning capacity at the local level. There is strong need to consolidate a process through which county councils and public social services, in consultation with community voluntary and private sectors, agree to both a strategy vision and action of each of the partners in promoting the development of social services in their localities in line with the specific needs of the population. This will enable local administration to improve the services provided through a more coordinated approach. It will also ensure that the development and delivery of locally based services is complementary

to the national policy, reducing disadvantages. In this regard, there is a strong need to improve the involvement of stakeholders in the process of planning, providing, and developing services.

Placement Centres

The protection provided in placement centres is temporary in character: the individual protection project for each child provides solutions for his or her (re)integration into the family as early as possible. Shortening the duration of institutionalisation is a fundamental principle for placement centres. Its implementation involves the building up of mechanisms, including:

- developing relationships with the family (if possible, the extended family);
- preparing and applying alternatives for care in substitute families (maternal assistant or adoptive family) in close coordination with the other services aimed at child protection; and
- diversifying services offered by the public service specialised in child protection (for instance the gradual shifting of focus from care to prevention services) and, in the process, achieving the professional re-conversion of the staff working in placement centres.

The activities performed in placement centres are open to society. By their organisation and operation and by the relationship they promote, placement centres become a service integrated in the community. By definition, placement centres are part of a county level service system for child protection provided by public services specialised in child protection, being a community service, known and supported by the community. To actually engage society, the following requirements need to be fulfilled:

- at the level of institutional capacity building: to design and apply communication strategies, strategies to promote the image of the centre, as well as to involve community structures (individuals, schools, the church, etc.) as partners in implementing the institutional project/activities coordinated by specialised public service in child protection; and

- at the level of the individualised child protection plan: to integrate children into social life in a manner similar to ordering children in the same age group, to support the child's direct participation in activities within the community (isolated or permanent activities).

The staff of placement centres is part of the team of the public service specialised in child protection and it is integrated in the system of human resources involved in implementing the county level strategy for child protection. The actual implementation of the new manner of providing protection to children in difficulty presupposes the involvement of the staff that comes in direct contact with children in all the activities in a responsible, conscious and motivating spirit. The reorganisation of the institutions will involve modifications in their statutes, overcoming difficulties in communication, and understanding and assimilation of change in placement centres in the team working for the directorates for the protection of the rights of the child. But integration should be real, by:

- the inclusion in the management of human resources at directorate level of the resources in the former institutions, in the perspective of recognising and turning to good account the accumulated professional experience, and of actually involving staff in the implementation of reform; and
- consulting, informing, and training all categories of personnel in restructuring institutions on a constructive basis, starting from the principles for implementing reform in the child protection system.

Another task of the public service specialised in child protection is the granting of assistance and support to a child capable of forming an opinion. This multidisciplinary counselling service offers children the capacity of forming an opinion and to have their opinions considered in all matters or procedures affecting them; the service includes a counselling centre, a mobile team, and a hotline.

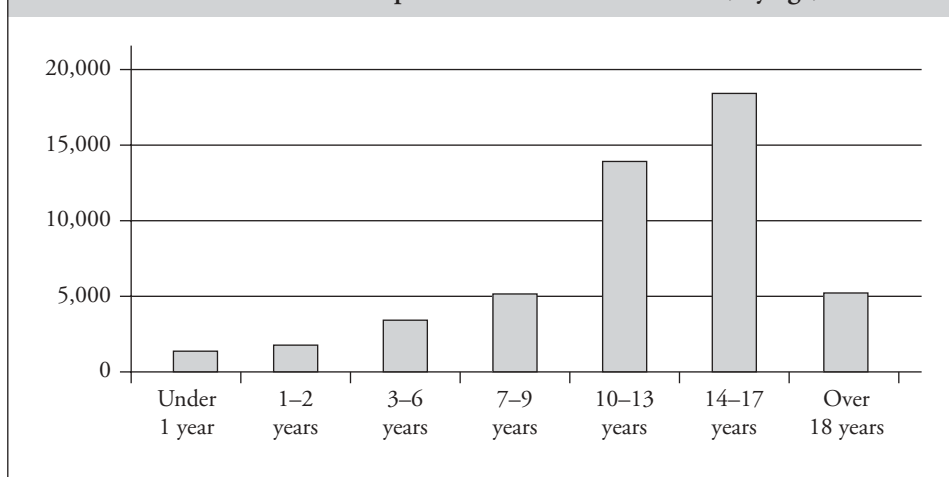
Data on the number of children separated from their parents was 57,087 children in 1999, 87,753 in 2000, and 87,518 in 2001. The numbers of those placed in residential centres and adopted are shown in Table 5. Figure 1 shows the age structure of children in placement centres in 2001.

Table 5
Total number of children separated from their parents in Romania
for whom a temporary protective measure (family or residential) was instituted

Year	Placed in residential institution (placement centres)		Placed with foster families	Adopted	
	Subordinated to specialised public services	Subordinated to authorised private organisations		Domestically	Inter-country
1999	30,069	3,287	3,058	1,710	2,575
2000	53,335	3,846	5,157	1,291	3,035
2001	45,422	4,543	8,370	1,274	1,521

Source: National Authority of Child Protection.

Figure 1
The structure of children in placement centres in Romania, by age, 2001



International Assistance

Several international assistance programmes (Phare 1998, 1999, 2001, UNICEF, DFID, USAID) were designed to respond to Romania's established priorities and to complement national resources.

Phare Programme

Among international financial sources, the most relevant programme is the Phare Programme 2001 (EUR 7.5 million) that focuses on the development of alternative services leading to the closure of large institutions, particularly those housing infants and children with disabilities. The closure of these institutions is probably one of the biggest challenges of the reform process. Despite continuous refurbishment made by local authorities, by NGOs, or by the European Union (Phare Programme 1998), these institutions needed further intervention.

Developing more appropriate services to children's needs is accompanied by a training process of the human resources involved in the management or directly working with the children. In this respect, we want to underline the bilateral cooperation programme with the French Government, through which 29 staff in 11 counties benefited in 2001 from specialised training for the specific needs of this target population; this training was also extended for 2002.

Social Canteens

Meals at social canteens (Law No. 208/1997) are provided to families with children in care, as well as other disadvantaged categories of the population, for free or a personal contribution, according to their income. By extending the services to a larger segment of the population the social canteen can supply, as the case may be, a hot meal or food at purchase prices. The level of daily allowance in social aid canteens set by GD No. 1003/2002 is ROL 37,000 per beneficiary. Community services are set up as partnerships between NGOs and local councils.

Domestic Violence

The prevention of, and fight against, domestic violence is covered under Law No. 217/2003. The main objectives are as follows:

- promote familial values, understanding, and mutual aid, and prevent violence between family members;

- support family members who are in difficulty as a result of violent acts;
- support victims with programmes for recuperation of health and social reintegration;
- assist violent aggressors through treatment for alcoholism, intoxication, and psychological and psychiatric conditions; and
- protect victims, especially children, by respecting their rights to confidentiality.

At the same time, the law opened new possibilities to the local councils to create centres for victims of family violence to provide protection, accommodation, care, and counselling. Activity in this field is developed by NGOs, including pilot centres.

NGO Services

The development and the diversification of social services by partnerships with NGOs are a permanent concern. To this end, Law No. 34/1998 was adopted to give Romanian associations and foundations the legal right to establish and manage social assistance units that receive subsidies from state or local budgets. This legislation was intended to give financial support to NGOs to improve the quality of social assistance services, as well as to increase the level of social solidarity between the public administration and civil society.

The procedures for subsidies from state or local budgets are as follows:

- from the state budget, through the Ministry of Labour, Social Solidarity and Family under a process of selection by a National Commission; grants may be received only by NGOs that have developed services for persons coming from more than two counties; and
- from the local budgets, through local councils, under the same procedure, which grant social assistance services for persons in one county.

In 2001, at the initiative of the Ministry of Labour, Social Solidarity and Family the GD No. 1153/2001 established new methodological norms for the implementation of Law No. 34/1998 in order to improve the activities of subsidised partnerships. At the same time, through this regulation, the average

monthly level of the subsidy from the state budget for an assisted person was increased from ROL 450,000 to ROL 600,000.

NGOs play an important role in the delivery of social services. Their role has been facilitated by legislation that allows NGOs to receive state government contracts for service delivery. During 1998–2002, the percentage of recipients of services provided by associations and foundations subsidised from the state budget were as follows:

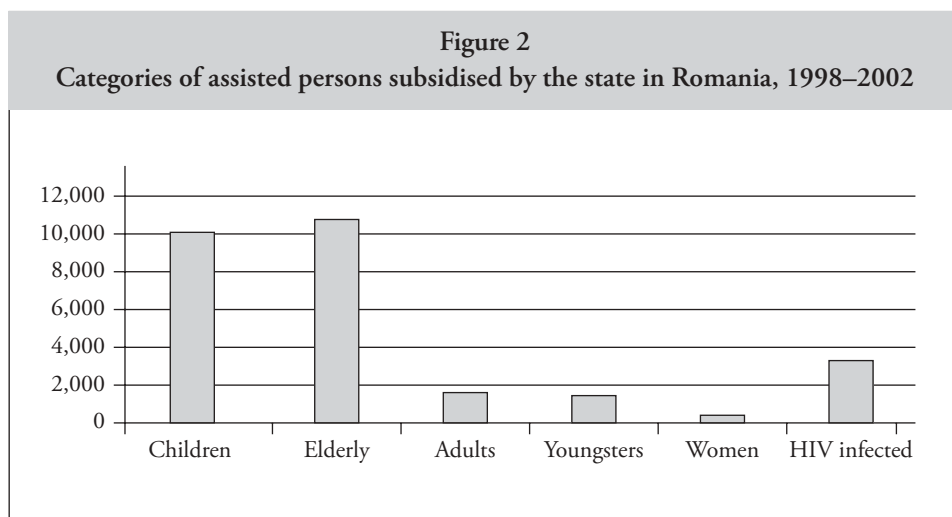


Table 6
Categories of persons subsidised by the state in Romania (%)

	1998	1999	2000	2001	2002
	%				
Children	36	26	40	45	36
Elderly	48	54	39	38	39
Adults	4	2	3	5	7
Youngsters	4	4	4	3	5
Women	1	1	1	1	1
HIV infected persons	7	13	13	8	12

Source: Ministry of Labour Social Solidarity and Family.

As noted above, NGOs can contract for subsidised services. Table 7 shows that in 2002, there were 6,500 persons who benefited from partnership subsidies financed by the state budget for NGO services, as follows:

Table 7
Partnership subsidies for social services in Romania

	1998	1999	2000	2001	2002
Associations and foundations that requested subsidies from Ministry of Labour and Social Solidarity	40	46	56	70	84
Selected associations/foundations	32	36	53	60	63
Social assistance units	60	76	120	157	130
Number of assisted persons	2,087	3,017	5,471	7,377	6,560
Children	755	814	2,177	3,354	2,333
Elderly	994	1,634	2,146	2,817	2,591
Adults	90	80	175	343	457
Youngsters	98	149	203	216	349
Women	10	10	10	16	17
HIV infected persons	140	420	760	631	813

Source: Ministry of Labour, Social Solidarity and Family.

Partnerships

The process of government subsidies to NGOs described above is a good example of partnering. Another example of government partnering is with social work professionals in child welfare under the development of a social work network. The purpose of the network is the continuation of a children's protection system that is decentralised to local levels, making the local community accountable, and strengthening social cohesion within the context of children's rights. The budget allocated for 2001 for this initiative was ROL 11.088 billion to cover staff expenses (ROL 2.2 million/month) for 420 social workers.

The current picture of nongovernmental organisations' activity in providing social assistance services is fragmented. NGOs develop their activities as a response to individual interest and opportunities provided by the availability of donor funding. This has resulted in some activities that do not necessarily reflect local needs. There is also an inequitable distribution around the country. Some very poor areas are not sustained by NGOs. This will require a proactive approach by these administrations to encourage the representatives of civil society to develop partnerships and to be productive. The national strategy envisages this partnership as central to future delivery and quality and regards civil society as having a central role in not only the planning but the delivery of social assistance services.

Good Practices

Role of NGOs

1. The role of the NGO sector was crucial in the post-communist period, adapting social services from western countries to the Romanian environment and culture;
2. NGOs are an important source of ideas, expertise, knowledge, and models of good practice;
3. partners in local initiatives;
4. partners in development durable/sustainable services in the community;
5. fund raising for the social sector;
6. implementing/improving/making proposals for (new) legislation; and
7. training for disseminating models of good practice.

There is a strong representation of NGOs in social services in Romania in number, diversity of services, impact on the population, quality of services, and capacity to be a model of good practice that can be replicated at the regional/national level. There was no previous experience in the NGO sector during the communist period before 1989.

The development of NGOs grew gradually in the 1990s and was logistically and financially supported by the foreign NGOs that brought the knowledge, expertise, and money for social services development to different parts of Romania. From 1990 to 1998 NGOs were pioneers in the development of social services in Romania, adapting western models of service to the Romanian environment and making proposals for implementing services on a large scale from public funds.

This period was characterised by a huge development of the social sector related to NGO activity. The main result of activity was the development of practical services for different target populations: children, the elderly, adults, families, and women at risk based on the western experience and local needs assessments.

Examples of Good Practices

Romanian Social Development Fund (RSDF)

The RSDF is a public interest-oriented legal entity, administratively autonomous acting under the authority of the Romanian Government. Its mission is to assist the process of development in poor communities through grants awarded to sub-project proposals based on community demands and contracted with community-based organisations and intermediary organisations. The programme is aimed at:

- improving the livelihood of sub-project beneficiaries in poor rural communities and disadvantaged groups; and
- increasing local level organisational and self-help capacity.

The most important activities of the RSDF are “social funds” that:

- **directly finance** small community managed sub-projects and help empower the poor and vulnerable;
- **allow** poor people to become actively involved in the development of their communities; with social fund financing and technical assistance,

communities identify their own development priorities, hire contractors, manage sub-project funds, and on completion of construction manage and sustain the sub-project; and

- **appraise, finance, and supervise sub-project grants.**

Foundation for Community Support in Bacau

The objective of the programme is to support disadvantaged groups in the community through educational programmes and to initiate and support the partnership between the governmental, nongovernmental, and private organisations at the local and regional level. The target group is street children.

The programmes include:

- day centre “Stefanita” that offers the following services: educational programmes, medical services, social evaluation, bath, a hot lunch, clothes, and supplies;
- day centre “Doinita” that offers training and counselling for mothers of these children; the objective is to promote the concept of self-help by training mothers in finding jobs;
- public campaign with the aim to change the mentality of the community-related problem that exists in the community of Bacau. The goal of the campaign is to discourage citizens from offering money or other goods to children that are on the street by providing an alternative.

The programme is designed and administered in partnership with all the community actors: the Local Council, local and foreign NGOs, District Health and Labour Authority, and School Authority.

Foundation MGH for children with AIDS in Constanta

The intent is to implement a model of services for children affected by AIDS based on a new organisational structure in an institution where a “mother” cares for small groups of children. The programme started in 1991 in a wing

of a public hospital in Constanta by organising a new structure of family care groups. Each group was composed of a maximum of five children and one “mother” and the creation of a family environment based on love, trust, and the elaboration of a care plan on a long-term basis for every child. The result was an alternative package of services for a vulnerable group of children and the demonstration that it is possible to change an existing institution by training the staff and changing the mentality. The existing model of care can be replicated at regional and national levels.

“Casa Ioana” Association

This programme provides services for homeless adult people for their social reintegration based on the philosophy that such persons are an active but neglected part of the society. The services provided are: night shelter, a hot dinner, social and primary care services, training for finding a job, and encouragement for self-maintenance of the centre. The good practices of Casa Ioana are characterised by:

- implementing a new social service for a new vulnerable group – homeless people; and
- creating a multiple partnership with local authorities, hospitals, Romanian and foreign NGOs, and local authorities.

Foundation for Community Care Services

The Foundation for Community Care Services is an integrated model of home care for older people at home as an alternative to institutional care. Beneficiaries are referred either from the community or by the hospitals. The main criterion for admission in the home care programme is the level of dependency. The programme has been disseminated through a training programme in other 12 districts (out of 40) in Romania. The network of home care providers has produced manuals for practice in home care, quality standards, and integrated care for older people. The elements of good practice within the programme are:

- designing a cost efficient model that can be replicated based on similar standards in other areas;
- developing new projects based on the needs of the community;
- maintaining a high quality of services by providing a continuing education programme and adequate human resource management;
- involving community stakeholders and policy makers in developing home care and social services; and
- designing a common strategy between medical and social sectors for this vulnerable group of people.

Ruhama Foundation

The Ruhama Foundation provides assistance to the Roma population in rural areas from the northwest region of Romania. The programme has the following components:

- a community centre for information and counselling;
- a day centre for Roma children; and
- connection to electricity for a small village (Cordau) for 37 inhabitants.

The result of this programme is to develop a complex/comprehensive community approach for the Roma population that can be replicated in other rural areas from the region that have similar needs. The most innovative component is the creation of the Association for Community Development from Sinmartin that includes Roma leaders that analysed and initiated two new projects: a social canteen and a day centre for Roma children in the village of Haieu, district of Bihor.

World Vision International – Regional Office Iasi

World Vision is targeted to young people over 18 years old that must, according to the law, leave the orphanage. The programme helps to integrate these young people into the community (professional and social) by:

- selecting and evaluating the teenagers that are eligible based on recommendations and referrals made by the Local Department for Child Protection Iasi;
- identifying host families that will accept for a certain period of time to care for one teenager, and preparation and counselling for these families;
- identifying jobs in partnership with the Local Agency for Unemployment and Professional Training;
- training programmes for life skills;
- social integration; and
- financial and material support for social and professional integration.

The programme promotes a model of care, a partnership between non-governmental organisations and local governmental institutions, and a direct implication of the community through host families that targets a vulnerable group of people with the aim of gradually creating an independent life skill. The training programme that is also a consistent part of this innovative programme, covers all the key actors: young people, host families, governmental organisations, and volunteers.

Asklepios, Cluj-Napoca

This programme establishes a one-to-one relationship between an adult and a volunteer in order to assure/increase the development and education of children. The service is similar to Big Brother/Big Sister that exists in the USA and is the only service in Cluj. The method used in this programme is called “case work”, a method that is also used in the medical field: a “social diagnostic”, followed by a “treatment”. These elements are included in a care plan that is under the responsibility of a case manager. The services and activities that are offered consist of: education, visits, games, and walking. Involving the community through the volunteers is an important element in implementing the project, making the community more responsible in addressing social problems.

*Community Care Department of the Local Council of ARAD
(Western Romania)*

This is an example of good practice of a local authority in partnership with NGOs (Romanian and foreign), beneficiaries of services, and other community service providers.

The Direction for Community Care is a public service of local interest, a legal person functioning under the authority of the Local Council of Arad Municipality. The current and capital expenses of the Direction are financed from the local budget.

The object of the activity of the Direction of Community Care is the establishment of measures, programmes, professional activities, and professional services for the protection of groups in need and who have neither proper means nor possibilities to pursue a normal and decent way of living.

Projects developed by the Local Council of Arad in partnership with Romanian and foreign NGOs are shown in Table 8.

Table 8
Projects developed by the Local Council of Arad in partnership
with Romanian and foreign NGOs

Project	Objective	Target group	Activities
Network of day centres for children	To prevent children from dropping out of school	Children from poor families	Assist children to attend school; daily lunch
Children's village of 30 family houses	To protect and integrate abandoned children	Children from (institutions) orphanages	8–10 orphans live in a small residential house in a village for children with “parents” until they reach 18
Advisory centre for parents	To prevent the abandonment of children; to support the children's education	Single parent families; families with low educational level	Advice for parents who are unable to educate their children
Residential centre for old persons	To provide institutional care for selected eligible elderly;	Older people that need intensive care or elderly that are dependent and have no home	Social and medical services that are offered in this institution
Centre for family therapy	To support families in crisis; to prevent child abuse and aggressiveness in the family	Families (couples) who are in crisis	Psychological counselling
Support Centre for women	To improve the quality of life, through social reintegration for 300 women	Abused women	Temporary shelter (2-3 days) for 1,200 women/year; information for women from disadvantaged groups
Support centre for young people	To support the social integration of young leaving institutions	Young people from institutions	Social and counselling services
Day centre for homeless children	To improve the life of homeless children	Homeless children	Lunch, health care, recreational activities
Night shelter	To offer accommodation in a shelter for homeless	Homeless people who are ill, disabled or without relatives	Social integration, accommodations, database
Home care	To prevent the social isolation and marginalisation of older people	Elderly people	Social services, administrative problems, lunch for immobilised persons
Support Centre for people with HIV/AIDS	To support people with HIV/AIDS	People with HIV/AIDS	Group therapy, emotional support

Focus Group Representatives

A focus group took place in Bucharest on August 21, 2003 with the following individuals:

Name and Organisation	Activity/Target Group
Malina Dumitrescu – <i>Executive Director</i> Hospice Casa Sperantei	Hospice
Marian Daragiu Ruhama Foundation	Roma
Jan Tilling – <i>President</i> Casa Ioana Association	Adult homeless
Dr. Stefan Ciobanu – <i>Executive Director</i> Community Support Foundation	Children
Dr. Hancu Liliana Foundation for Community Care Services	Elderly
Adina Barcutean – <i>Psychologist</i> Parada Asociation	Street children
Gabriela Oancea Local Department for Child Protection District of Buzau	Local authority – children
Silvia Constantinescu – <i>President</i> Equal Chances for Women, District of Dolj	Social services and training for unemployed women
Gabriela Cantaretu – <i>Director</i> Local Authority of Sector 1, Bucharest	Local authority – social services

Results of Focus Groups

The questions and results of discussion in the focus groups were:

1. *What is the definition of “social services” in your organisation?*
 - A set of activities organised to involve and train the target population in need in order to have a decent standard of life;
 - reinsertion, self esteem;
 - counselling and facilities;
 - a set of activities that have the objective of developing individual capacities to cope with a difficult situation when the person in need or her/his family is not able to provide a solution;
 - a part of the holistic approach for caring for terminally ill patients;
 - a set of services that are offered to all people in need that are complementary to other services offered by other service providers (medical services, for example); and
 - a wide range of social supports from governmental and nongovernmental organisations that are offered to people in need or at risk of being marginalised.

2. *Does your organisation have a development strategy for your social services? If yes, please briefly describe.*
 - The strategy is based on: development of the existing social programmes, finding new financial sources, encouraging partnerships at the local level, strengthening the organisation through a continuing education programme, and increasing the “ownership” of professionals in the organisation.
 - The lack of sustainable financial sources for NGOs makes it difficult to have a strategy on a long-term basis.
 - The development of a community support network exists (both governmental and nongovernmental organisations).
 - The strategy is based on the development of new social services that will not duplicate existing services.
 - The strategy is based on the reform of social services and child protection and is applied based on the identified local needs.

3. *What are the criteria that you consider when you decide to develop a certain type of social service?*
 - The strategy for development of the organisation;
 - an analysis of the target group;
 - the chances in future financing of the programme;
 - the capacity of the organisation;
 - identification of the needs of vulnerable groups of people;
 - creation of social services in areas where the services do not exist; and
 - the social needs should be identified by the authorities or at least recognised by them.

4. *How do you conduct the needs assessment for development of social services?*
 - The needs assessment is done by specialists: they use a specific methodology by analysing external factors (e.g., demographic trends), by analysing internal factors (e.g., the experience in implementing a specific service), and by analysing the needs of the target group through different sociological methods.
 - The social needs are reflected in an increased number of cases with a common need.
 - The needs assessment is focused on analysing the “official documentation” usually from the local authorities, by a field assessment to see the practical problems, and by conducting interviews and focus groups to have a final and clearer image of the community stakeholders.

5. *Please describe the collaboration with public institutions that are responsible for social services.*
 - A viable partnership, a common view on the development of social services are key for the promotion on a long-term basis for community development.
 - All the projects implemented by our foundation are in partnership with public institutions.
 - Collaboration is made according to legislation and the identified need of the client.

Note: A common comment is that in order to have a sustainable social service there is a prerequisite to have a good partnership with local authorities that may support the costs for the services on a long-term basis. The local authorities have the opportunity to learn about implementing social services in a new philosophy of care that is based on “making services based on client need”.

6. *If there is collaboration (conventions) with different public and private institutions, please make a brief description on the main elements of the convention.*

The structure of the answers to this question is divided in two parts: one group of answers explains the elements of the convention as an object of the collaboration, contribution of each part, period of the collaboration, etc. The second part describes the target group of the population that will be the target of future activities, type of activities, and future sustainability.

7. *What do you think needs to be improved regarding institutional collaboration?*

- A more permissive legislation, more attention of the local authorities to civil society;
- a more professional approach of the local authorities and NGOs in providing social services;
- a transfer of the responsibilities in social services, at the local level, based on competition, to the NGO sector; and
- a more clear and permissive legislation that would facilitate the participation and involvement of the private sector.

8. *In the process of providing social services are you based on the principle “to involve the beneficiaries?” If yes, how is it implemented?*

Note: The answers were focused on describing the process of implementation of social services based on the fact that beneficiaries are the centre of the system.

- The first step is to evaluate the beneficiaries' needs in a large partnership of community actors.
- The second step is to establish priorities and to make a proposal for action that is convenient for everyone.
- The third step is to set up a set of activities to solve the problem by a direct involvement of beneficiaries in the caring process.
- The fourth step is to organise meetings with beneficiaries, their informal network, and the community network to evaluate the implementation of services and if it is necessary to make corrections.

9. *What are the qualifications of your staff that are involved in providing social services?*

Note: The answers included a wide range of professionals depending on the capacity of the organisation and the field of the activity within social services.

A structure of the qualifications based on the answers is:

- medical qualification: doctors, nurses, and kinetotherapists;
- social qualification: social workers, psychologists, and home carers; and
- other qualifications: teachers, economists, secretaries, and jurists.

10. *How do you encourage continuing education?*

- There is a staff policy based on the development of skills and capacity for each member of the organisation; every year there is an evaluation of individual performances and objectives are established for the next period.
- There is a staff policy in continuing education that is known and respected by all employees; the needs for continuing education are visible both by having focus groups and by supervision of the staff and evaluation of the procedures.
- For every type of project (that has a different type of activity in social services) there is a special training programme: child care, home care, counselling.
- Through the participation in national and international events.

- Through the participation of scientific meetings in social services and management of social services.
- By organising meetings with experts, exchange visits, and training programmes with similar organisations in the country.

Note: The conclusion of the discussion on this question was that both governmental and nongovernmental organisations have a strong component of continuing education:

- For the NGOs continuing education is necessary as a prerequisite to provide social services with a good quality; this makes it easier to access public or private funds for long-term sustainability of the social programmes.
- For local authorities this is a crucial time due to the fact this is a period for implementing Law 705/2002 which provides the framework for the social service system in Romania.

11. *Do you consider your activity as an example of good practice? If yes, please explain.*

Note: We selected representative organisations that are examples of good practice in Romania. All these organisations were examples of good practice; we selected their answers/arguments regarding “how an organisation can be an example of good practice.”

- Through an integrated approach; social services are integrated within the complex services that are provided to beneficiaries (medical services, psycho-emotional, spiritual).
- There is a model of collaboration with public institutions or specialised services from the public institutions.
- The interdisciplinary team provides a complex package of services based on beneficiaries’ needs.
- The model of services can be replicated in other areas based on professional standards.
- Regarding child protection within our organisation, a model of care was established that includes all the aspects of a complex service for

this target group: working in the street, residential centre, day centre, and a counselling centre.

- In our organisation for the first time seminars for specialists from the child protection institutions were introduced; this activity was related to the children with handicaps protection programme.
- The model of community care services for older people was presented as a model of good practice for the region and it is disseminated in other areas.
- One major result as an organisation that provides social services for older people at home is that none of our clients want to be admitted to an institution for the elderly.

12. *What are the characteristics for an organisation to be considered as an example of good practice?*

- The quality of services provided to beneficiaries, the network of partners, a professional approach;
- existing professional and quality standards for social services that are provided;
- working with a coherent strategy that uses needs assessment, designing services, analysing results, and analysing the social impact in the community; and
- new projects and solutions, efficient for a vulnerable group of people, that can be replicated in other areas.

13. *What are the constraints you face at the local level if you want to develop social services?*

- Lack of collaboration at different levels;
- lack of a coherent legislation;
- lack of sources of predictable funding;
- lack of professional and quality standards; and
- an unclear understanding of the NGOs within the social sector.

14. *Do you consider that the national legislation supports the development of social services?*
- There is too much bureaucracy in this sector.
 - Partially.
 - There is no specific legislation on social services; each domain has established specific regulations without having connections with others, and without having quality standards.
15. *What are your proposals to improve legislation in this field? Please give concrete examples.*
- The Ministry of Labour and Family needs to launch legislation regarding a coherent social service system.
 - In the field of child protection there are a number of problems that were identified, such as the situation of young people over 18 years old that leave institutions (the law is not specific and does not establish a process for gradually leaving orphanages).

Recommendations

- Training programmes for specialists that will implement practical services with marginalised students;
- increase the importance of alternative educational training programmes;
- integration of children that are marginalised;
- children with handicaps to be admitted within the regular training programmes;
- the integration of children from the Roma population;
- educational programmes for children that are in prison or are admitted on a long-term basis in different medical units;
- increasing the efficiency of alternative methods (non-institutional) for children;
- not to admit children aged zero to seven years into institutions;
- reducing the period of admission of children into institutions as short as necessary;

- organisation of an independent monitoring system in order to respect professional standards;
- increase the professional level of staff from each level of care by organising training programmes; and
- create clearer criteria for children that are eligible to leave institutions/orphanages, organised at the local level, utilising care in hostels, and care at home in order to avoid discrimination.

October 2003

Serbia: National Report on Social Services

Jelena Brajović¹

Social Service Legislation

The negative impact of economic and social crisis on the structure of the social protection system in the Republic of Serbia has most adversely affected social welfare beneficiaries and needy children. This includes the poverty-stricken, persons with disabilities, and recipients of special benefits, as well as the unemployed, pensioners, farmers, and other categories of citizens who are at risk. Particularly at risk are families with many children, mothers, aged households, certain ethnic groups (especially Roma), displaced people, refugees and expellees who have been forced to leave their homes due to military threat. There are two primary laws that relate to rights under social welfare aimed at addressing the needs of these populations. They are aimed at assisting individuals and their families when they come to the state for social services and when they require the assistance of the community to meet their minimum living necessities. These laws are:

Law on Social Welfare and Provision of Social Security of the Citizens of 1991 (*Official Gazette*, No. 36/91), with changes and amendments (*Official Gazette*, Nos. 79/91, 33/93, 53/93, 67/93, 46/94, 48/94, and 52/96). There is a new bill under consideration in the Parliament.

¹ Special Assistant, Ministry of Labour and Employment.

Law on Social Child Care of 1992 (*Official Gazette*, No. 49/92) with changes and amendments (*Official Gazette*, Nos. 29/93, 53/93, 67/93, 28/94, 47/94, 48/94, 25/96 and 29/01).

The Law on Social Welfare and Provision of Social Security for Citizens governs social welfare and provision of basic social security of citizens. Basic rights pertaining to this law are attributed to an individual and cannot be transferred. The rights stipulated by this law are:

1. financial support (monetary support for an individual or family with low income or without income or property);
2. allowance for aid and care of another person (as monetary support for persons unable to provide for their own needs);
3. assistance in acquiring qualifications for work;
4. assistance in housekeeping, day care, lodging in a social welfare institution or foster home;
5. provision for lodging in a social welfare institution (purchase of shoes and clothing); and
6. lump sum financial assistance to a person who suddenly becomes in a state of social need.

The Law on Children's Social Care governs the social care system for children, based on rights and obligations of parents to take care of raising and educating their children, right of a child to have living conditions enabling the proper psychophysical development, and the obligation of the state to provide it.

Rights within social care of the children and in the sense of this law are:

1. compensation of income during maternity leave;
2. mother's allowance;
3. help for a newborn baby;
4. allowance for children;
5. compensation for the cost of kindergarten for the third child;
6. kindergarten education and upbringing of orphans;
7. educational programme in the year preceding elementary school;
8. subsidy of the costs of kindergarten, holidays, and recreation for children; and
9. holidays and recreation for children up to 15 years of age in youth hostels.

Funding and Expenditures

Under these laws, the state budget of the Republic of Serbia allocates funds to various social services (Table 1), including:

- the provision of benefits under the Law on Social Welfare and Provision of Social Security of Citizens;
- Social Work Centres vested with public powers under the Law on Social Welfare and Provision of Social Security for Citizens; and
- construction, equipment and modernisation of institutions of social protection for accommodation of beneficiaries, as well as the Social Work Centres arrangements for the accommodation of beneficiaries pursuant to the Law on Social Welfare and Provision of Social Security for Citizens.

Municipal (City) Budgets

Many services are also funded under the budget of municipalities, namely cities. Such funds are allocated for the implementation of other rights provided under the Law on Social Welfare and Social Security for Citizens. This includes the right to a helping hand at home, daily care, and equipment for the beneficiary for accommodation either in a social care institution or with another family, grants, and other social work services, as well as funds for construction, equipment, and modernisation of the institutions administered by the municipality.

Current Reform Initiatives

The Republic of Serbia, as a member of the state union of Serbia and Montenegro, inherited a system of strong, impartial, and beneficiary-oriented social services. Although unfavourable developments in the last two decades undermined the quality and impact of social services, human and institutional resources of the system of social protection have withstood many challenges and still have a significant potential that could be further developed through

Table 1
Serbian budget allocations for social services

Year	Social Work Centres	Social services for in-patient institutions	Shelter in social care institutions	Non-institutional shelter (family accommo- dation)	Total	Budget expenditures	% (7/8)
1	2	3	4	5	6	7	8
2000	187,255,508	52,192,863	345,625,332	45,661,955	630,735,658	31,550,452,618	2.00
2001	383,797,480	108,758,648	403,157,200	70,756,876	966,470,204	125,069,574,814	0.77
2002	614,798,985	181,124,927	770,479,375	118,329,767	1,684,733,054	217,797,603,436	0.77

Notes: The amounts are expressed in Dinars (CSD). Column 4 presents the costs of accommodation of beneficiaries (wages to employees, food for beneficiaries, electricity, heating, water supply charges, etc.). The share of 2.00 percent in the budget for the year 2000 is the consequence of payments of a big debt in the system (e.g. the wages were five months late or more), so that no decrease in real terms in social expenditures occurred from 2.00 percent to 0.77 percent.

reforms. The Social Work Centres in the system of social protection are of special importance and represent the owners (people or institutions who are responsible for implementing reforms of the system).

Reasons for Reform

There are three main reasons to reform the overall system of social welfare:

1. The populations at risk have increased considerably over the last decade, in terms of individuals, families, and groups, including the evolution of new types of groups at risk, such as refugees, and internally displaced persons (IDPs). Although funds allocated to support social allowance cash benefits have also increased, they cannot meet the growing need.
2. The overall social and economic systems are in the process of transformation; hence the issue of regulating funding is still unresolved.
3. New political proponents have joined to support lifting economic, social, cultural and other barriers and open the Republic of Serbia to Europe and the world and to the social and economic spheres (NGOs and international organisations and institutions). Coordination of their work (activities and results) is a difficult task.

Reform Strategies

Reform strategies include the following:

- supporting further development of the system of social welfare through changing existing institutions and utilising the potential of NGOs and related private sectors;
- de-institutionalising the system of social protection through promotion of the natural environment (families and communities where beneficiaries live) as a basic framework for the protection of particularly vulnerable groups (children, the elderly, handicapped, and persons with special needs);
- legislating reforms aimed at the objective of reforming social welfare;
- creating conditions conducive to quality and timely services to citizens;

- paying attention to the best interests of the family, particularly children, persons with handicaps, and other especially vulnerable populations;
- implementing support for service beneficiaries in full observance of human dignity and their rights;
- accentuating the participation of beneficiaries in the process of planning and decision making; and
- establishing innovative services in partnership between governmental and nongovernmental sectors.

Goals

Goals in the social protection system include:

- investments in technical, housing, and material conditions for work;
- competence building and motivation of professional work in innovative approaches;
- continuing education and training of employees;
- development of partnerships with NGOs and institutions of civil society;
- changing and strengthening the responsibility of beneficiaries for themselves and their families;
- support for initiatives for a multi-ministerial approach;
- support for families and the framework for protection of all their members;
- priority development of alternative non-institutional support to children, families and individuals;
- prevention of social isolation and in-patient protection for the children who have no parental care, children in special need and victimized children, as well as marginal social groups; and
- openness and support for innovative programmes that reflect the general goals of reform of the social protection system.

Family Legal Protection

The Ministry of Social Welfare is implementing five basic reform processes related to family legal protection:

1. promoting active participation of beneficiaries of social services in shaping and ensuring benefits;
2. developing a comprehensive approach to addressing the needs of individuals in the context of family and community;
3. creating a higher degree of effectiveness and efficiency in the delivery of social services in local communities;
4. offering beneficiaries a plurality of services and opportunity of choice; and
5. encouraging multiplicity of service providers.

Reform of family legal protection includes the following projects:

- developing integrated social protection at the local community level;
- developing a strategy of family accommodation, including placing children without parental care with another family. If there are no families interested in adoption the government pays for foster care;
- connecting formal/legal and professional procedures in the implementation of family and social legal protection;
- developing a process for transforming social services from institutional care;
- developing performance standards for professional work in Social Work Centres;
- identifying and protecting children at risk in early stages of development;
- providing parental training;
- creating schools to educate and train kindergarten teachers; and
- developing a more systemic and comprehensive approach to services for families.

The significance attached to reforms is in keeping with the purpose of the Fund for Social Innovations (established on July 7, 2002) with the Ministry of Social Welfare; it manifests the desire to spur the development of new services and improve the quality of existing services while ensuring better access to social services with as wide a range of coverage as possible.

The following legislation is being drafted to facilitate the processes and goals listed above:

Family Law (Ministry of Social Welfare) – Round table discussions are being arranged to obtain a final version of the draft law that has not changed

for the last 20 years. The new law would include, for the first time, a recognition and regulation of such social problems as: domestic violence, facilitating procedures for adoption, support to foster families, and tackling problems more oriented to the best interest of the child.

Law on Employment of Persons with Disabilities (Ministry of Labour and Employment) – The final version of the text of the Law was expected to enter discussion under the parliamentary procedure in September 2003.

Objectives of the Forthcoming Law

- Increase employability of the handicapped;
- provide favourable conditions for integration and employment of persons with handicaps; and
- regulate the sphere of employment of the handicapped in keeping with international law and positive results of the best practices in the countries implementing this type of legislation.

Specificities of the Law

Some of the special characteristics of the new law on employment of persons with handicaps include the following:

- It is the first such legislation in the area.
- It provides for specific measures that actively facilitate employment.
- It defines the conditions for startup and operation of enterprises for occupational training and employment of the handicapped.
- It provides for more complete protection against discrimination in employment of the handicapped.
- It will provide a foundation for professional training and employment of the handicapped.
- It has been developed by active participation of the most influential and significant organisations and associations of the handicapped.

Impediments to Reforms

Despite the significant effort by government institutions to overcome the problems of the past and to integrate society in the prevailing trends of the developed and modern family of European states, adverse factors continue to hinder the achievement of specific objectives at the level desired. Some of the factors that impede reforms include:

- The integration of the country into the transition process has resulted in considerable unemployment and consequent impoverishment of workers resulting from restructuring large economic systems (bankruptcy, liquidation, redundancies).
- The government is faced with the problem of a tight budget and scarce finances for institutions of social care (old age homes, shelters for children without parental care, children in special need, etc.).
- The actual number of persons in need of social services is difficult to establish due to the grey economy that remains widespread.
- The increase of persons in need of social services is expected to continue following the enactment of the Law on Citizenship when some refugees will obtain citizenship and apply for social services and state allowances.
- The public at large is insufficiently informed of the characteristics and problems of individual social groups (handicapped persons, Roma population, etc.), which result in social barriers and isolation of such groups, preventing their homogenization into the social environment.
- In the past, little attention was paid to social rights. Instead of the reform of social transfers in terms of addressing needs and higher efficiency, the prevailing tendency has been to transfer the responsibility for social services from the state to other entities in an effort to avoid reducing the volume of social benefits and ensure distribution to a wide population.

Under such circumstances, it is requisite to ensure strengthening market elements that justify the connection and conditionality of the economic and social situations. What is needed is to stimulate individual initiatives and responsibilities to start building a system of social protection based on modern scientific achievements and world experiences, with due respect for tradition and national peculiarities. Experience shows how much errors cost

and questions the existence of a clear concept of social change as an integral part of economic and social development based on market principles.

The problems are complex. They require a multidimensional approach, but the will of all the competent institutions is there and the first steps have been taken. That is the right track for successful integration of all the planned objectives and tasks.

Structure of Delivery System

The structure of the social service delivery system has been greatly influenced by the political, social, and economic changes of the recent past. When “self-managing socialism” collapsed in the early 1990s and the process of transformation to a market economy started, the Federal Republic of Yugoslavia (FRY) was a medium-developed country with per capita income of USD 3,000 and purchasing power per capita of USD 5,000. The average income per household in 1990–91 amounted to somewhat above DEM 1,000, and Yugoslavia had a reputation as one of the countries with the best prospects for successful integration into the family of the developed market economy countries.

An exceptionally difficult situation in the FRY economy and the war and international blockade resulted in a constant decline of the social product (from USD 24 billion, in the early 1990s, to USD 12 billion at the end of 2000) accompanied by a drop in the industrial output and standard of living. In the same period, the purchasing power of the population dropped by 60 percent in real terms.

The social product of FRY dropped to its lowest level in 1993 (about 40 percent of social product of 1987) at the time of hyperinflation and collapse of the economic system, and again in 1999, during NATO intervention.

Impact of Economic and Social Crises on Republic of Serbia

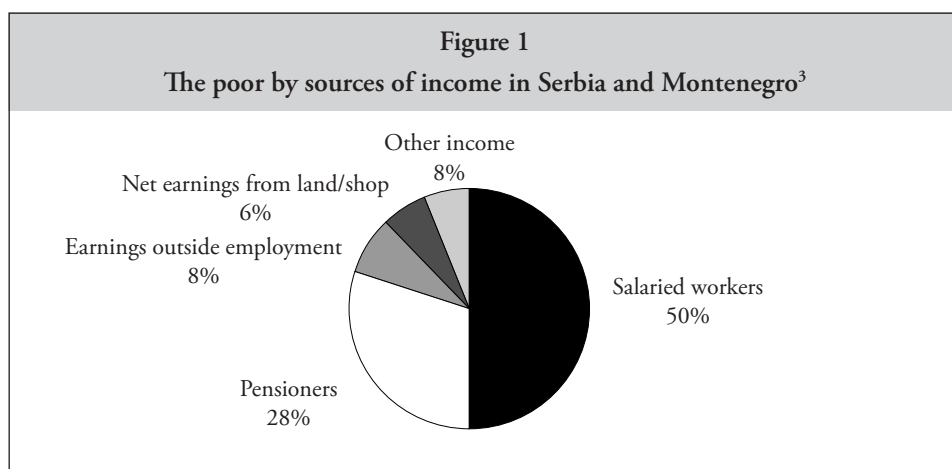
There were numerous social consequences of the economic crisis, but the major one is wide-ranging poverty, with about one-third of the total population of the Republic of Serbia below the poverty level.

The poor may be classified in three main groups:

1. families of unemployed, single parents and poorly paid workers with children;
2. elderly families with low income (pension as the only source of income);
3. refugees and internally displaced persons.² According to data from the Ministry of Social Welfare of the Republic of Serbia, in May 2003 the characteristics of the socially deprived (poor) were as follows:
 - 951,270 unemployed;
 - some 700,000 refugees and IDPs (of whom about 40,000 are housed in collective shelters);
 - more than 800,000 are beneficiaries of various social allowances; and
 - about 200,000 pensioners receive the lowest pensions (between CSD 3,028 and CSD 4,042).

There are three main causes of poverty:

- low incomes;
- limited employment opportunities; and
- significantly reduced allocation of money for social services and assistance.



² Vukovic, D., *Proceeds of VI Congress of Social Workers of Yugoslavia*, Federation of Social Workers Associations, Yugoslavia, 1998.

³ RZTR: *Bulletin*, February 2003.

According to official data of the Republic Employment Agency, over 50 percent of employees (in some industries) earn income below the minimum and rank among the poor.

The deep economic crisis and entry of the Republic of Serbia into the processes of economic transition resulted in higher unemployment. According to the data of the Republic Employment Agency, 951,270 unemployed persons were registered in Serbia in May 2003 (persons registered with REA), of whom 517,163 were women. In real terms, 30-40 percent of the active population belongs to the group of fictitiously employed persons, e.g., hidden unemployment.

The negative economic and transitional trends required social transfers in social pensions and disability insurance and other forms of insurance, but also in the framework of families, children, categories of unemployed, the poor, and persons with handicaps. The number of persons in social need is constantly growing, while the material resources of the state for public services and social security funds are shrinking.

However, progress is evident in the sphere of social policy and mitigation of social problems since the new government in the Republic of Serbia has taken a serious approach to the problem. Competent institutions and authorities of the state and other organisations and institutions are uncovering the new tendencies and applying systemic measures to address the problems of the socially disadvantaged.

There has also been considerable assistance from the international community in terms of the following:

1. problem identification;
2. new approaches (concepts) to the problem; and
3. analysis and tracing ways to tackle the identified problems.

Since the assistance of humanitarian organisations, irrespective of the status or significance held in the humanitarian family, is not permanent in character, needs continue to increase because new hotbeds of crisis are opening up daily. The responsibility of continuing the process of further mitigation and improvement of the position of persons in need of acute social assistance is shifting to the agencies of the Republic of Serbia and its institutions.

The projection of future development of the social safety network in the Republic of Serbia should take into account the need for reform in all the fields as a condition of economic and social development along market principles. The accomplished level of industrialisation, relatively small market, high degree of industrial dependence on foreign investments and debt service impose the necessity to promote a development policy focusing on privatisation, economic restructuring, and implementation of a social system as part of overall development process along market principles.

The accomplishment of fundamental changes at both macro and micro levels in the spheres of economic, social, cultural and political life and social relations based on true humanistic values is a first step in the process of redressing the current problems.

Hence, alleviation of those problems and prevention of their further expansion constitute a priority task for our society, the successful achievement being conditioned on profound cooperation and coordination of the activities of the ministries in charge (through the network of state institutions), with the active participation and assistance of the international community and their representatives.

Positive changes in the political life of Serbia and the admission of the state union of Serbia and Montenegro into important international institutions have created a good basis for practical action of the state institutions in mitigating social problems of the majority of the population.

The first and most significant result of the activities in this area is the enactment of legislation on social welfare, as a precondition for further activities. The new legislation, *inter alia*, established new criteria for entitlements in the system of social security, which shall make only those in real need eligible to apply for certain benefits.

That is why we started compiling the data on work force in social need, to refer them to the labour market and via their employment make the first and foremost step in meeting their needs and the needs of their families.

A higher degree of cooperation was established with competent state institutions, cooperation with the nongovernmental sector, and civic associations with active participation of the beneficiaries of social services and grants themselves.

Poverty Reduction Strategy

One of the positive results is the elaboration of the Poverty Reduction Strategy (PRS), which is not only a governmental project, but an integrated strategy of all segments of society, including: the Ministry of Social Welfare, international development partners (World Bank, UNDP, UNICEF, FAO, Danish Refugee Council, UNHCR and others), NGOs (Institute G17, Centre for Autonomous Living of the Disabled, etc.) and private businesses. Detailed information on the project is available in English on the Web at: <http://www.prsp.sr.gov.yu/main.asp?lang=en>.

The work on the elaboration of PRS was preceded by a questionnaire on the living standard of the population of the Republic of Serbia, in the period May 15–June 15, 2002 on a random and representative sample of 6,886 households; namely 19,725 individuals. The aim was to build a basis on which to conceive the strategy, on the one hand, and better enable the formulation of social policy of the Ministry of Social Welfare, on the other.

The significance of the questionnaire was not only to provide the most recent data on the level of poverty in the Republic of Serbia, but also to get an abundance of data compiled with a new methodology that shall provide the basis for concrete measures in different areas.

The analytical results of the questionnaire offered, *inter alia*, data about the structure of the poor population (by region, age, education, social and economic status, etc.), groups of those most susceptible to risk (uneducated, unemployed and supported persons in rural areas, children between seven and 14 years of age, households with five or more members, rural population, etc.). Individuals in employment are least susceptible to risk, such as the more highly educated. Hence, one of the basic tasks in the future is to prepare the poor for a new market economy by investing in human resources; namely, equal access to education and new jobs.

Changes in Institutional Care

The focus of the new approach to the structure of delivering social services is on a progressive shift of financial responsibility for reforms from international

institutions and donors to the state apparatus, because true reforms can be achieved only in confronting the problems at all levels and shouldering full responsibility in tackling them (e.g., new standards were determined and criteria for prices charged by old age homes were established, along with commercialisation of one part of the capacities (number of available rooms).

The approach to the transformation of the network of social institutions is one of the significant results of change towards more efficient and higher quality service. It also involves the expansion of the capacity, as well as improvement of the conditions, in old age homes (increase of 196 beds in six homes) and homes for the mentally ill (from 200 to 400 beds).

In the area of family and child care, the staff was trained in municipal services of child care for the implementation of the Law on Financial Support to Parents with Children (eight localities, 460 participants). Briefing employees in the Social Work Centres about the changes in and development of the standards of professional work with needy persons shall be carried out through educational processes for about 100 trainees.

Social Work Centres

The problem of domestic violence, which is not included in the state social welfare budget, is being addressed by a network of consultancies in the Social Work Centres throughout the Republic. The network emphasises cooperation between the relevant institutions and community organisations (social services, judiciary, police stations, and NGOs).

Veterans' Benefits

Data on veterans and disability care are compiled at the local level relative to the status, rights, and needs of potential beneficiaries, as well as data on the social status of families of beneficiaries (data gathering is under way) for the sake of offering as adequate protection as possible.

A revision of legislation on recognised rights to social benefits is under way. In addition, a new law on veteran and disability care is being drafted.

Nongovernmental Organisations

The problems confronting NGOs in Serbia, stemming from their local structures, are that most of their suggestions and actions aimed at addressing the existing problems of groups of deprived persons get diluted in the local environment and never reach the more general regional or state levels. At the same time, coverage of people by their activities in smaller areas (cities, municipalities) is insufficient.

Coordination of activities among specialised NGOs is virtually nonexistent, but it could be raised to the global level, with active participation of the representatives of the more important NGOs in the processes of brainstorming and implementing the system reforms as a whole.

In view of the complexity and seriousness of the problem facing the Yugoslav society in the last fifteen years, it should be noted that large international organisations offer significant direct support to reducing poverty and social deprivation. They include the International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC), the Humanitarian Bureau of EU, and the UN High Commissioner for Refugees (UNHCR).

Provision of Services

State Services

Social services provided by the state are as follows:

1. allowances for the support and care of other persons;
2. support for employment retraining;
3. household assistance, extended day care centres, accommodation in institutions or another family;
4. social work services;
5. equipment for beneficiaries for accommodation in social welfare institutions or with another family; and
6. grants.

These benefits are provided through a network of the social welfare institutions that includes 128 Social Work Centres and 65 specialised institutions which sheltered 16,953 individuals in 2002, as follows:

- 9,738 elderly in gerontology centres and homes;
- 2,500 children and youth in social welfare institutions; and
- 4,715 mentally handicapped children, mentally ill, and persons with disabilities.

Nongovernmental Organisations

According to data from the Centre for the Development of the Non-Profit Sector, in 2002 more than 1,500 autonomous, alternative, and innovative NGOs were registered in the Republic of Serbia. These are shown in Table 2 below by area of activity.

Table 2 NGOs in Serbia and Montenegro by area of activity	
Culture and arts	188
Education, science and research	172
Ecology, eco-movements and societies	176
Welfare organisations	224
Youth and student organisations	128
Local community development	156
Protection of human rights	153
Think tanks	22
Peace groups	51
Autonomous women's groups	87
Refugees and displaced persons	42
International cooperation	12
Others	58
Total	1,529

Federation of Nongovernmental Organisations

The Federation of Nongovernmental Organisations of Serbia (FENS) has 367 NGO member organisations. Table 3 shows the range of the membership of FENS.

Table 3
NGOs specialising in social and human services in Serbia and Montenegro

Organisations for the rights of women	38
Ecological organisations	20
Development of local community and democracy	121
Organisations of the disabled	16
Roma organisations	13
Organisations focused on minorities	13
Humanitarian and social organisations	70
Educational organisations	35
Youth organisations	41
Total	367

Note: The Belgrade NGO network evolved in the period 1990-95. Within the network are: The Belgrade Circle, Humanitarian Law Fund, Women in Black, Belgrade Centre for Human Rights, Centre for Cultural Decontamination, SOS Phone, Eco Centre, etc.

In these groups of humanitarian and social organisations (federations, associations, societies) those concerned with protection of children, youth, and women and child victims of violence predominate. Their work is mainly based on psychosocial support to vulnerable groups through workshops, debates, group work, and consultation.

Hence, the activities of NGOs cover the most vulnerable categories. It is difficult to define the dominant areas of work of many NGOs in view of the fact that a large number have two or three main fields of work, changing relative to the social situation.

Good Practices

The following activities related to social services can be singled out as characteristic of good practices, especially those that have been built on strong partnerships between the government, international organisations, and NGOs.

The Poverty Reduction Strategy (PRS)

As noted above, in September 1999 the World Bank and IMF introduced the Poverty Reduction Strategy (PRS) as a concrete tool to link the debt burden reduction and poverty alleviation through active participation of the civil society in the development of policies affecting the lives of the poor. Since April 2002, the FRY has been included as a developing country by the World Bank within the context of the PRS. Both Serbia and Montenegro completed the starting framework for PRS with the support of eminent experts from civil society (media, trade unions, nongovernmental sector, etc.) in its implementation, along with self-governance bodies, Parliament and the international community. The process of drafting the PRS implies a close inter-ministerial cooperation and consultation of all relevant institutions and potential beneficiaries.

In March 2002, UNDP started a programme of involving civil society in Serbia and drafting a process for implementing the PRS. UNDP and Catholic Aid Services are coordinating a project known as “Involvement of Civil Society in Poverty Reduction in Serbia”, aimed at assisting 20 local NGOs. The programme facilitates the compilation of essential data for poverty assessment, analysis of local government policies concerning the poor, aid to local government and social institutions, and raising public awareness of poverty, etc.

Training Partnerships

The project “Social Policy Reform-building and Strengthening of Partnership of Civil Society and the State Conducive to Reduction of Poverty and Social Exclusion in Serbia” implemented by Birks, Sinclair & Associates, Ltd. includes

a training programme: “Partnership between the State, Public Sector and Civil Society.” The participants include representatives of the Ministry, NGOs, trade unions, and local communities. It constitutes but one in a series of initiatives towards building inter-sector cooperation and confidence among partners, particularly state and social organisations.

Soup Kitchens

The International Committee of the Red Cross (ICRC) from July 1999 to July 1, 2001, with the assistance of the Yugoslav Red Cross, the Red Cross of Serbia, and local Red Cross organisations, implemented a programme of soup kitchens. Hot meals in urban areas or lunch packages in rural areas have benefited 100,000 of the poorest citizens of Serbia. When the international donors withdrew (such as the German Red Cross, the Danish Red Cross, Italian Red Cross, Canadian Red Cross, American Red Cross, Belgian Red Cross, and Austrian Red Cross) the programme evolved into an official project at the local level (City Halls of Belgrade, Nis, Municipality of Kragujevac, etc.). However, this meant that the number of beneficiaries of the meals was considerably reduced to only 30,150 in March 2003.

Apart from the soup kitchens organised and implemented by ICRC in some regions (Sandzak and Vojvodina), the NGO “Merhamet” has also run soup kitchen programmes for Muslim beneficiaries, and the NGO “Iekumeni” for Roman Catholics.

Internally Displaced Persons

The Internally Displaced Persons (IDP) programme, also run by ICRC with the help of the Yugoslav Red Cross, is a relief programme for temporarily resettled persons from the territory of AP Kosovo and Metohia. A large number of the 228,5000 IDPs received monthly rations of food, sanitary, and baby packages (for babies under two years old). According to the Yugoslav Red Cross, during the month of March 2003, assistance was distributed to 135,649 refugees, along with 750 tons of food and sanitary packages.

Care for the Elderly

Since August 2000, the International Federation of the Red Cross and Red Crescent Societies together with the Yugoslav Red Cross and the Red Cross of Serbia and municipal Red Cross organisations have financed the programme “Care for the Elderly”. This programme is designed to do the following:

1. help elderly, ailing persons, and the disabled in meeting basic needs (food, personal hygiene, environmental hygiene, services, basic medical care and psychosocial support);
2. enable the elderly, ailing, and disabled with self-help;
3. initiate volunteer work among youth;
4. extend cooperation in local communities to help the elderly, ailing, and persons with disabilities; and
5. create conditions for professional work in old age care, patients, and persons with disabilities.

Currently the programme covers 47,126 persons in 37 municipalities in Serbia and Montenegro. A spirit of unconditional humanity and impartial assistance without any vested interests characterises the activities of all these organisations.

Interviews

Brief consultations in the form of interviews were conducted with the experts noted below who deal with various social issues. This was done for the purpose of having a better understanding of the present situation in social welfare at all levels of organisation. The intention was to define the problems encountered within programmes providing assistance to socially endangered persons (those who are in a state of social need), as well as to identify the specific initiatives for surmounting the problems.

1. Dragica Kljajić: Associate for social programmes (The Red Cross of Serbia);
2. Jelica Brajović: Social worker (Gerontologic Centre, Belgrade);
3. Sneana Mirović: Social worker (Centre of Social Work, Belgrade);

4. Sanija Sagdati: Sociologist (Ministry of Social Welfare of Serbia);
5. Ivana Tomić: Associate for work with persons with disabilities; and
6. Dragana Radovanović: Advisor to the head of the section for professional rehabilitation and employment of disabled persons (Ministry of Labour and Employment of Serbia).

Questions and Responses

1. *What are the aspects that contribute to the achievement of positive results between local authorities and nongovernmental organisations rendering direct social services?*

The majority of interviewees pointed out that mutual goals and interests of both local authorities and nongovernmental organisations exist; that there is mutual engagement in preventing the appearance of the state of social need; that information is exchanged in due time and that it is transparent; that well made, long-term common programmes and projects are created and realised, as well as that there must be coordination and cooperation in the work of experts and authorities at the local level like that of nongovernmental organisations including their education.

2. The majority of interviewees mentioned as major characteristics of good practice in the Social Work Centres the existence of a diversified network of Social Work Centres; coordinated collaboration within a Centre of Social Work; Ministry and social security institutions; collaboration of Social Work Centres and nongovernmental organisations in relation to concrete programmes for socially endangered persons; multidisciplinary team work; and field work with monitoring and continuing specialist education for experts.
3. The most important obstacles in reaching positive results are: an insufficient budget; slow change of old and slow development of new legal regulations; absence of good long-term planning; absence of active identification and registering of persons in need, as the current situation

is passive registering of such persons that apply for themselves declaring their demands and problems; insufficient number of experts compared to a large number of socially endangered persons that need appropriate help; constant increase of beneficiaries as a result of an unfavourable economic situation in the country, and a modest number of well-educated personnel in consideration of the number of persons in need.

4. Interviewees are of the opinion that development of successful and effective partnership between governmental and local authorities in charge of implementation of social services can be reached through the creation of trust between governmental and local authorities by the introduction of social dialogue; constant exchange of information regarding each and every crucial question raised within the issues that are the subject of common engagement; and common work in projects and mutual performance and defense of goals and interests with the authorities (ministry).
5. To the question, *What are the best ways to create and improve good partnership between ministries and nongovernmental organisations on the local level?* interviewees emphasised the need to employ educators who are well acquainted with problems of social welfare at the local level; and in conducting programmes of education to use the experience and expert knowledge of universities (School of Political Science, Department of Social Policy and Social Work) and the Institute of Social Policy to carry out professional and permanent education in fields of social work.
6. According to the interviewees, obstacles to achieving good partnership relations between ministries and nongovernmental organisations include: mistrust of the ministries toward nongovernmental organisations and vice versa; existence of many nongovernmental organisations without clearly specified goals and working plans; lack of relationship with and coordination of nongovernmental organisations in their actions at ministries with their insufficiently professional and not well educated personnel.

7. Relative to priority tasks that should be mutually performed, the interviewees mentioned the following: preparing and adopting new legal regulations; creating and implementing programmes covering preventive measures in social welfare; and provision of updated unique database and increasing well educated personnel.

Focus Group

The following individuals participated in the focus group:

- Velimir Pekić: The creator of the soup kitchen programme, a project of the International Committee of the Red Cross;
- Razija Sagdati: The coordinator of the Legal Department at the Centre of Social Work in the municipality of Novi Beograd;
- Vera Pesut: The head of the Department for Professional Rehabilitation and Employment of Persons with Disabilities (Ministry of Labour and Employment of Serbia);
- Vera Zivković: Associate for social welfare programmes (The Red Cross of Vojvodina);
- Dijana Petrović: Advisor (National Agency for Employment); and
- Biljana Jovančević: Advisor for Parliamentary work (Assembly of the Municipality of Savski Venac).

The focus group worked on the following subjects:

1. *Name three examples of good practice in the field of social welfare services that are the result of successful work of local authorities and nongovernmental organisations.*
 - a) Involvement of representatives of local authorities and local non-governmental organisations in making legal regulations (e.g., The Law on Children's Social Care);
 - b) involvement of partners in the creation and implementation of projects (e.g., Strategy for Poverty Reduction, National Strategy for Adult Education, Social policy reform – building and growth of partnerships between the state and civil society for the purpose of

- reducing poverty and social exclusion in Serbia, inclusion of children from Roma families into the process of preschool education); and
- c) connecting local authorities and nongovernmental organisations for the purpose of prevention and rehabilitation of social problems (e.g., help to endangered persons with food, clothing, work engagement, etc.).
2. *Name three characteristics of good practice in social welfare centres.*
- a) Establishing and keeping good cooperation between Social Welfare Centres, health institutions, Ministry for Internal Affairs, schools, and municipal organisations of the Red Cross (at the local level) with constant information exchange on certain cases; coordinated co-work on solving individual cases; planning shared activities in prevention; registering individuals who are in need of direct help of social services, etc.; cooperation with nongovernmental organisations;
 - b) active participation of social welfare beneficiaries in activities of Social Welfare Centres; and
 - c) additional education of employees in the Social Welfare Centres, as well as education of social welfare beneficiaries for the purpose of finding an optimal solution (the principle of self-help).
3. *What are two main obstructions to the realisation of good practice in the area of social welfare at the local level?*
- a) Involvement of expert employees in solving the problem of social endangerment of beneficiaries; in current conditions there is still not enough support of institutions at the local level with modest possibilities for the government to provide financial support to individuals and families with various problems; and
 - b) the problem of incomplete decentralisation, which leads to the creation of mistrust among social welfare beneficiaries that their problems can be solved by involving service experts at the local level.
4. *The three best ways for developing successful partnership between government and the local community named by members of the focus group are:*
- a) mutual comprehensive monitoring of the factors that affect a problem (e.g., a holistic approach);

- b) creation of trust, common planning and implementation of such plans for the purpose of prevention, especially with extremely sensitive categories (children and teenagers), through cooperation with medical, educational institutions, and nongovernmental organisations; and
 - c) mutually creating and implementing programmes and projects; constant mutual education.
5. *The four best ways to develop good partnership between ministries and local nongovernmental organisations, according to members of the focus group, are:*
- a) reciprocal approval of the activities and methods that both parties use in their work;
 - b) creating a constant flow of information referring to problems and the activities that are implemented for the purpose, addressing them by holding regular meetings;
 - c) formation of working teams from representatives of both sides; and
 - d) monitoring the implementation of common projects and evaluation of the results.
6. *Members of the focus group mentioned three best ways to include social work educators in generating good practices in rendering social service at the local level:*
- a) Creating conditions for good cooperation of all concerned parties between the local community and university;
 - b) compulsory engagement of experts specialised in certain social issues in the process of implementation of programmes and projects at the local level (e.g., role of observers and consultants); and
 - c) educators will, by getting to know our practices in comparison with the practices of developed countries, point out possible models of development with positive results that might be followed.

October 2003