

SOCIAL POLICIES PLANNING AND REGIONAL DEVELOPMENT IN SERBIA

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Abstract: *As a socialist country, Serbia has provided average services, although easily accessible: free education and medical assistance, funded rent for social apartments, as well as other subventions for other services (child care, transportation and food). These services were provided directly through statutory social agencies, but also through other firms, syndicates and social actors. Official social services (social protection, professional help and subsequent direct payments) were provided through a social work network (CSW) and through residential institutions. Even though joint philanthropic activity was poorly developed there have been a number of humanitarian organisations (such as the Red Cross) and associated organizations (such as associations for invalid people, for the blind, etc) involved in humanitarian work. Implementing social policies clearly was beneficial for community development and life quality growth (especially through the effects it had on demographics – increased life expectancy, decreased child mortality, a higher level of education, etc.) of both Serbians and the minorities living in this area, among whom are also the Vlachs. Although the minorities are variously structured and engaged in politics and, to some extent, take part in governing, they do not achieve own state organization, which is why they can only assume the role of monitoring governing institutions. Although great efforts have been made in developing and implementing social protection measures, social policies have failed to stimulate. For example, even though payment according to productivity has not been banned in companies, Yugoslavian work managed firms have tended to provide more equal wages than other firms. This led to increased evenness in income.*

Key words: *bullying; prevention; Romanian schools; strategies.*

1. Reforms in social protection and policies

Starting with 2000, the Serbian government has started reforms in social protection and policies. The main objectives have included:

- community care development, in order to reduce tensions on residential institutions and to create better services;
- stimulating the development of financial and local administration services;
- stimulating the human potencial of professionals in the statutory social services, in order to encourage community work rather than clerk-like attitude.

Approaches have included reform development (resulting in a national strategy for social protection development and initiative support, implemented through the Social Innovation Fund, SIF).

In order to test how these objectives are best met (in statutory services), data from all 135 CSWs have been taken from the annual CSW report on 2005. The information has been further analyzed and grouped in order to:

- compare the number of residential care users to that of alternative community assistance;
- compare the number of people receiving financial help through local administration to central government financed services;
- compare the number of people receiving help with payments to the number of people receiving employment assistance.

According to 2005 data, in the 135 social assistance facilities in Serbia (i.e. 5% of the total population) 407.045 people were served, which means that a small percentage of the population turn to CSWs when in need. However, the pressure has constantly increased. In the last three years the number of users has increased by 10% per year.

There are 2761 people working in CSWs. An employee supports 147,5 services users throughout one year. Out of the 2761 employees, 1875 are professional workers (the others being either managers or administrative employees), consequently the number of clients is 217 per professional worker. A great part of this activity involves administration and documents drafting, and so no time is left for prevention (professional workers on CSW constantly report that they are more administrators than social workers).

Services are provided for 19.250 users in residential care (irrespective the age), while 3700 users were reported in foster care, 749 in social housing, 3800 in home care and some 2000 in social and daily care. In conclusion, residential care is more used than community services for difficult cases (people in need of placement, shelter, or who cannot look after themselves). However, this is but a passive measure. For example, the beneficiaries of home care, who can sometimes prevent the need of residential care have increased by 20% since the previous year, and the number of residential care beneficiaries only by 2.5% (Cukic-Vlahovic, 2005).

Approximately half of the beneficiaries are receiving central government administered and financed service, while the other half are receiving locally financed services. Consequently, the system can be considered both **centralized** and **non-centralized**.

In addition, irrespective the funding source, almost 80% of the centrally financed services and 77% of the locally financed services concern direct payments (MOP, grants, unique assistance, etc.). This shows that services mostly concern payments; however, some services unrelated to payments have not been reported.

In conclusion, these data show that a transition is currently taking place:

- more services are being financed by the local administration;
- the number of community care services and that of social services beneficiaries is increasing.

2. The social protection law, community services and civil society organizations: social protection service in Serbia

The new Social Protection law was adopted in March 2011. The process of social protection reform, which started in 2001, received a new legislation frame and consistent support for a continuous development and establishing solutions for all areas.

Legal measures, among others, encourage the institutionalization process, that is the process of group protection and integration in a less restrictive environment, promoting community services and changing the position of services users.

The law established a new concept of social protection development, changed the position of the user as an active participant in all the processes related to him/her and brought in other social services providers.

The Social Protection Law stipulates a service system consisting in:

- **assessment and planning services:** assessment of state, needs, strengths or risks of users and other people involved;
- **daily community services:** daily room, home care, social canteens and other services that support the remaining of users within a family;
- **support for independent life:** social homes, personal assistance, independent life education and support for active participation of users in community;
- **therapeutic and social consulting services:** intensive services for family support during crisis; parent counseling, foster parent counseling; maintaining family ties and reuniting families; counseling on domestic violence; family therapy; mediation; SOS phone calls; other counseling and education activities;
- **placement services:** placement in the birth family, parent assistance, adoptive families for elder people; home placement; shelter placement.

Competency in creating and financing social protection services falls under the Serbian Republic competency, the Autonomous Region competency and local self-governing.

Within this division, local autonomy social protection services are:

- **daily community service**
- **independent life support services**
- **therapeutic and social education consulting services**
- **placement services (sheltering and others).**

This defines taking over local self-governing responsibility for right enforcement and meeting social protection needs, through community service development. Social assistance services under local self-government are most oftenly called community social protection services. They meet users rights to live in a natural environment, to integrate and develop in a social environment.

3. Social work services and their beneficiaries

Social protection services are programmes for providing support and assistance to people and families in need, for improving or maintaining quality of life, for reducing and eliminating the risk of unfavorable life circumstances, as well as for creating opportunities for independent life within a society.

In general, the objective of all local community services is meeting users needs in their natural environment, thus preventing employing services in a restrictive environment. This aim, depending on the group of users, is achieved through various activities, from keeping existent resources to developing missing knowledge and skills, which allow better integration of users into community. The content of services represents activities groups through which the desired results are obtained.

The social rights law offers a general definition of social protection: "A family or person that needs help and support to overcome social and existential difficulties and creating conditions to meet base needs. The users of these services fall into groups of children and youngsters (minors and young adults up to 26 years old), adults (26-65) and elderly people (65+). Details of certain services beneficiaries are provided by the regulation of detailed conditions and standards for providing social protection services.

Only when local self-governing officially establishes, through proper decision, a service and when safe financing sources, continuity and service availability are provided, when the decision defines target group, purpose, contents and receiving criteria, only then is social protection service within community founded according to social protection law.

The social protection system was based on a network of residential care facilities. These facilities not only offered placement, but were also used for education, professional training and protected work force employment (of disabled people). These offered orphans protection and also aimed at isolating children with mental or physical disabilities (Tobis, 2000, p. 5). Unlike former socialist countries, in Western Europe and in the USA, in the late 20th century, the professional public firmly required closing big residential facilities and developing community services. The main determining factor was the cost of this service, as different studies had shown that alternative care costs less than residential care (Ibidem, p.30). The data

in Serbia show the same tendency: the average cost for residential placement is 201 monthly¹, while the average cost for foster care is 152 (Lianin, 2005).

Nonetheless, community care is considered more beneficial, as in residential care there is no emotional attachment, nor an individual treatment, life has to be strictly organized and there is isolation and labeling (Milic, 2000). Furthermore, some research show that 1 out of 10 underage criminally offenders were raised in residential care (Tobis, 2000, p. 33). Specialised foster-like care development in daily facilities, admission centers, shelters etc. and care leaving programmes (that is all the services developed through SIF) have two complementary functions. They serve as mechanisms for maintaining communication and also allow successful reintegration into community of those who have left the care system.

In Serbia, there are currently 19000 people living in residential care. Amongst these are 2700 children under placement (including 1600 children with no parental care, 900 disabled people, and 200 underage offenders).

Due to the great efforts of the programme for developing foster care implemented by MoLESP, there currently is a larger number of children in placement institutions than in residential environment; in 2005 a number of 2900 children were under foster care. In 2003, the number of children increased by 60% , and that of foster parents by 70% (Grujic, 2005). This programme created functional areas all over Serbia, focusing on extending this form of social protection.

Shelters - the Center for Social Work (CSW) in Priboj, a town in a poor area of Serbia, opened a shelter for domestic violence victims through SIF funding. The shelter was successful as part of CSW. Over time, the number of beneficiaries increased, as domestic violence victims in neighbouring areas also asked for support. Although this was considered good credentials for the shelter, the large number of beneficiaries threatened the budget of the project. In order to ensure service flow, CSW initiated a process of regionalization of the shelter. In consultation with the Ministry of Labour, Employment, Veterans and Social Affairs and SIF, a list of service pricing was made and CSW started to charge these prices on behalf of the beneficiaries of services in the original shelters. This service is more efficient than institutionalized placement of violence victims and, in the same time, economically more viable for authorities (Kragujevac, Leskovac and Zajecar).

Home care – the NGO Lighthouse in Loznica received financing for home care services for the elderly. They collaborated with Primary Healthcare Center, the CSWs in Loznica and the neighbouring authorities (four of these). The Lighthouse managed the service and the CSWs, while the Health Center provided for the health. After one year, the medical nurses and carers were trained, the CSWs learned how to organize themselves and the local governments took over financing. The Lighthouse gathered

¹ The highest cost is placement of children with no parental care (238), followed by residential care (198), residential care of disabled people (167). These costs do not include health care, equipment or investments (Lianin, 2005).

actors from other three underdeveloped neighbouring areas and extended them. This experience shows once more that regions can be formed from the inside can even serve as a temporary form, and can be extended or reduced, according to necessity. There are at least five examples which serve to show how people can function within regional association when need be: Prijepolje, Vrac, Leskovac, Pirot and Valjevo. The alternative to this form would have been financing five independent services which would have cost more and could not have started, due to lack of management and professional training. NGO involvement in this case did not mean better management (in all cases CSW data were used, as in many programmes supported by SIF²), but this meant proper coordination and management.

These experiences have a major impact on future planning of social policies. If there are mutual interest matters (such as victims of violence protection, protection of the elderly) and solving them exceeds local administration possibilities, and they can be less efficiently solved by central administration, intercommunity associated activities will take place. If there are successful examples (and there are) that this activity accomplishes, it should be encouraged and facilitated.

Conclusions

The Serbian Republic does not have a well defined strategy to offer guidance for social protection development, which renders local planning more difficult. The legal project on system planning introducing mandatory planning will contribute to meeting this challenge. The programme for reforming labour force employment and social policies (2016), within the accession process to the EU5, as well as a programme for 2018-2020, emphasized redefining social protection priorities, considering that social assistance and financing benefits towards local administrations represent the biggest expenses for the government budget.

Social protection system reform which started in 2000 had as main objectives reducing poverty, addressing one result of the Yugoslavian division - the second biggest and longest hyperinflation in world history (1992-1994), international isolation and economic sanctions.

The main reason for social protection decentralization was the fact that the state cannot properly address citizen needs, especially with regards to social services. For the community, developing services for the elderly, the disabled

² Many authors stress that NGOs involvement in service provision can bring about better targeting. However, some argue that NGOs differ from reality in this respect (Clayton et al., 2000). SIF experience shows that better targeting cannot benefit NGOs providing services. The CSW most common activity, with various partnership projects (Caloevievic, 2004) was providing lists of beneficiaries, including membership and self-help organizations. NGO advantages are management skills, innovation and organization.

children, or people is a priority and it is difficult to estimate decision planning nationwide.

Within a decentralized system some services remain local, some central³, while others (such as shelters, mediation, or home care) are administered regionally. In order to establish such a system, there has to be either regional government involvement or institutional stimulation or intercommunity association regarding social policies. Even in their absence, the region could be seen as a right, and not an obligation, and creating regions from the inside has better results in social services.

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³ Experience shows that residential care should remain under central government management. If jurisdiction is locally transferred, there is no simulation for their change or closing, as these maintain increased employment rates (Fox & G testam, 2003: 19, 23).