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COMPARATIVE RESEARCH OF THE SOCIAL SYSTEMS IN THE BULGARIAN-ROMANIAN BORDER REGION REPORT

Objectives and tasks of the study

This report is the result of a research conducted between August-September 2017 by a mixed Bulgarian-Romanian team, implementing the project "Regional Network for Social Cohesion". The project is implemented by the Free Youth Centre Association in partnership with Association Vasiliada, Craiova, Romania and have been funded under the INTERREG V-A Romania-Bulgaria Cross-Border Cooperation Programme.

The main objectives of the research were to explore and describe the current situation of the social services field in the border regions of the Bulgarian-Romanian border, which would serve as informing, exchanging of experience and as a basis for cooperation between social structures on both sides of this border. We would like to point out that under the term "social services" we will consider to a confining definition of "social work aimed at supporting the persons assisted in carrying out the daily activities and social inclusion" as they are defined under the Bulgarian legislation and under "social structures" will mean both social service providers and any other organizations and institutions that have social services, administrative, methodological, and other functions.

The research does not have the ambition to assess the situation or in some way to has directly influence on the decision-making process but rather to ease the professionals from both countries in their orientation in national and regional specificities as well as in the search for good role models and appropriate partners. All this is in line with the strategy of the project "Regional Network for Social Cohesion", aimed at improving the conditions for a more effective cross-border cooperation in this sphere.

The achievement of the above-mentioned main objective was pursued by two tasks:

- research of social policy, legislation, priorities and development strategies (national, regional and local), methodological provision of the system, etc. through review and analysis of publicly available documents;



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- exploring the existing social services and social structures in the target area and their description, thus creating an instant overview of the situation in the particular area, taking a "snapshot" and identifying good practices.

The fulfillment of the two tasks achieves the necessary integrity because for example political decisions are not necessarily followed by concrete practical actions, and only fieldwork at the implementation level could risk not express the general overview and its expected future development. At the same time, the research particularly with regard to the implementation of its second task, does not claim to be full covered - the full description of all available structures was limited both by the resources available to the project and by the fact that, by its very nature, the implementation of activities depends on goodwill and motivation for participation by its beneficiaries, and not the enforcement of administrative compulsion.

Target region

The territory of the research included:

- on the Bulgarian side - Vidin, Montana, Vratsa, Pleven, Veliko Tarnovo, Rousse, Silistra and Dobrich;
- on the Romanian side, the regions of Mehedinti, Dolj, Olt, Teleorman, Giurgiu, Calaras and Constanta.

European policy in the field of social services

Before moving on to the description of country and regional specifics, it is good to give a general overview of the context in which the social reforms in both countries are taking place as a result of European policy in this area.

The specific nature of the organization and provision of social services for each state is due to a number of factors - traditions, financial capacities, demographics, people-psychology, etc. In their development in the 20th century, especially in the countries of Eastern Europe, ideology was also a major factor. Regardless of the baseline, it is believed that similar issues exist in this area in the individual EU Member States.

According to the European Commission, "Social services of general interest" form one of the three pillars of the *European Social Model*, play a key role in guaranteeing the civilian and economic policies of the European Union, social and territorial cohesion. Social services of general interest are related to access to basic social rights for the achievement of social cohesion and are based on solidarity. The European Commission points to the particular role of non-profit organizations and local authorities in this framework. Social services are designed to introduce values shared across Europe, including social justice, equality, solidarity and the development of democracy and freedom. Their ultimate goal is to protect the fundamental rights of citizens and respect for their human dignity.





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Well known is the fact that the accession of one country to the European Union is preceded by the harmonization of legislation with that of the community. For some areas, however, as the case of social services, it is considered inappropriate to proceed with unification because there are enough specifics to be taken into account. According to the *European Social Charter*, Member States are themselves responsible for the planning, financing and implementation of their social and health policies, including the model of their social services. Despite the national competences in this area, the European institutions are addressing the theme of social services in the framework of numerous initiatives and encourage mutual exchange of experience through the so-called "open method of coordination". It is of great importance in this process to involve the social partners and civil society structures.

The Open Method of Coordination is based on guidelines, indicators, recommendations and good practices rather than on general legislation. There are no formal sanctions if a member-state failure in keeping up to it. The expectation is that the aspirations of countries to develop increasingly effective social systems is sufficient motivation, through a similar mechanism to achieve a unified policy, integration and cohesion.

SOCIAL SERVICES

1. Definitions

According to Article 16 of the Social Assistance Act (main social act in **Bulgaria**), social services are activities in support of persons for social inclusion and independent living, which are based on social work and are provided in the community and in specialized institutions. The law also stipulates that they are provided on the basis of an individual assessment of the need for support and on the basis of an individual support plan, according to the desire and personal choice of the beneficiaries.

Under the **Romanian** Law no. 292/2011 on social assistance (Article 27, paragraph 1), social services are the activity or a set of activities designed to meet social, as well as special, individual, family or group needs in order to overcome situations of difficulty, prevention and combating the risk of social exclusion, promoting social inclusion and raising the quality of life.

2. Types of social services according to legislation

In **Bulgaria** types of social services are regulated in Article 36 of the Regulation on the Application of the Law on Social Assistance. They are divided into two main types: community-based services and services provided in specialized institutions.

Social services provided in the *community* are:

- Personal assistant;





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- Social assistant;
- Home assistant;
- Home social patronage;
- Day care centre;
- Centre for social rehabilitation and integration;
- Social service - residence type: family-type accommodation centre; temporary accommodation centre; crisis centre; provisional residence; protected residence; monitored residence; shelter;
- Social educational-professional center;
- Mother and baby unit;
- Social support centre;
- Centre for working with street children;
- Foster care;
- Public canteens.

Social services provided in *specialized institutions* are:

- Homes for children, being: for children deprived of parental care; homes for physically handicapped children; homes for children with mental disability;
- Homes for elderly handicapped persons, being: homes for elderly persons with mental disability; homes for elderly persons, having mental disorders; homes for elderly physically handicapped persons; homes for elderly persons, having sensory disorders; homes for elderly persons, having dementia;
- Homes for elderly persons.

With a view to encouraging the deinstitutionalization process, which will be discussed later, social services in specialized institutions are provided after there is no other opportunities for community service.

In addition to the regulations, the law provides the possibility, if necessary and in accordance with the needs of the population of each municipality, to establish other types of social services.

The Executive Director of the Social Assistance Agency approves methodologies and/or guidelines for work on the provision of social services. These methodologies are available on the Agency's website (www.asp.government.bg).

In **Romania** social assistance services are divided into a wide variety of types, according to the classification criteria. The Law on social assistance operates the classification of social services based on the following criteria:

- the purpose of the service;
- the categories of beneficiaries to whom they are addressed;
- assistance regime, i.e. residential or non-residential regime;





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- place of granting;
- legal status of the social service provider;
- granting regime.

According to their purpose, social services are classified into:

- assistance and support services to ensure the basic needs of the person,
- personal care services,
- recovery/rehabilitation,
- social insertion/reinsertion, etc.

According to the categories of beneficiaries, social services can be classified into:

- social services for the child and/or family,
- people with disabilities,
- elderly,
- victims of domestic violence,
- homeless people,
- people with different addictions, namely alcohol, drugs, other toxic substances, Internet, gambling, etc.,
- victims of trafficking in human beings,
- persons deprived of their liberty,
- persons punished by educational measure or non-custodial punishment under the supervision of probation services,
- people with mental illness,
- people from isolated communities,
- long-term unemployed,
- support social services for the beneficiaries' dependents

Under the assistance regime, social services are classified into:

- definite or indefinite accommodation services: residential centers, sheltered housing, night shelters, etc.;
- services without accommodation: day centers, centers and/or home care units, social canteens, mobile food services, social ambulance, etc.

According to the place of delivery, social services are provided:

- at the beneficiary's home;
- in daycare centers;
- in residential centers;
- at the home of the person providing the service;
- in the community.





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3. Brief description of social services in Bulgaria

SOCIAL SERVICES IN THE COMMUNITY

Social services provided in the community are services provided in family or close to the family environment, close to friends and relatives. They are considered to be a key factor in effective social inclusion, combating poverty and participation in the life of society of all vulnerable groups. In recent years, social services policy has been focused on developing community-based and home-based services to replace the institutional model of care. Such services are:

Personal assistant - person permanently caring for a child or adult with a permanent disability, or for a seriously ill, to meet his / her daily needs.

Social assistant - a person providing a set of services aimed at social work and consumer consultations and related to meeting the needs of organizing leisure and contacting. Every social assistant employed on a full-time basis serves two or more direct beneficiaries. The "social assistant" service can also be provided to children.

Home assistant - Home care provider, aiming at maintaining the hygiene of the dwelling, shopping and food preparation, laundry and other community-based activities. Every home assistant employed on a full-time basis serves two or more direct beneficiaries.

Home social patronage - a complex of social services provided at beneficiaries' homes related to food delivery; maintaining personal hygiene and hygiene of living quarters inhabited by the user; Assistance to supply the necessary technical aids to disabled beneficiaries; household services and more.

Day care centre - a set of social services that create conditions for a full day or weekly service to the consumers, related to providing food, meeting daily, health, education and rehabilitation needs as well as the needs of leisure and personal organization . When service is provided on a weekly basis, customers service is from Monday to Friday. Consumers are supported by professionals for social inclusion and prevention of their accommodation in a specialized institution. The service is profiled depending on the age of the consumers and the degree of disability. Children and young people with permanent disabilities are accommodated in Day Care Centre for children and / or young people with disabilities in Day Care Centre for children and / or young people with severe multiple disabilities - children and youth with over 90% type and degree of disability or permanently reduced working capacity and inability to self-service, in the Day Care Centre for adults with disabilities - adults with permanent disabilities, and in the Day Care Centre for the elderly - persons who have reached the retirement age. The social service capacity is usually 20-50 consumers, but in the case of





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children and young people with severe multiple disabilities it is limited to 30 numbers of consumers.

Centre for social rehabilitation and integration - is a form of part-time support for adults, related to rehabilitation and social and psychological counseling, assistance for career guidance and realization, rehabilitation of independent life skills, preparation and implementation of individual programs for social inclusion, including for people with addictions.

Family-type accommodation centre (FTAC) - a residential type social service that provides a living environment for different types of users - children with and without disabilities, young people (18-35 years) with disabilities, adults (with physical disabilities, mental retardation, dementia) and elderly people. Centers are profiled by type of consumers. Children are housed in a FTAC only if they have no other option at that very time to be accommodated in the family, no possibility of returning to the biological family, accommodation of relatives or foster family. The center creates a family-friendly environment, receives individualized care and support. All categories of consumers can use the service in combination with other social, health, educational and other services and according to their needs. The maximum capacity of a FTAC is 15 consumers. Children's centers are not profiled by the age of children or types and degrees of disability.

Temporally accommodation centre - a form of social service provided to homeless persons for no more than 3 months within the calendar year. The center provides a place to live, assistance for inclusion in training and retraining courses and other training and/or job training as well as social adaptation.

Crisis Centre - a complex of social services for adults who are victims of violence, trafficking or other forms of exploitation that are provided for a period of up to 6 months and are aimed at providing individual support, meeting daily needs and legal counseling to consumers or social-psychological assistance when immediate intervention is required, including through mobile crisis intervention teams. When the person is accompanied by a child and that one is his or her parent or guardian, the child is accommodated with him / her.

Provisional residence - a form of social service profiled for children at risk or for adults with disabilities. The Provisional residence for children is a service for children aged 15-18, providing accommodation for up to 8 children as a child protection measure and support by specialists for acquiring knowledge and practical skills to lead a relatively independent lifestyle and their preparation for inclusion in the life of the community. The services provided in the provisional residence, besides providing shelter and hygiene, include meals (including involvement of the beneficiaries in food preparation), health care, educational services and information, leisure time arrangements and personal contacts, etc. The provisional residence for adult is a form of social service for adults with disabilities providing



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accommodation for up to 8 people and support by specialists for acquiring practical skills for self-livelihood and preparation for inclusion in community life.

Protected residence - a form of social service for adults that is profiled for: people with mental disorders, mental retardation or physical disabilities, all with permanently reduced working capacity / type and degree of disability over 50%, who, with the assistance of specialists, lead relatively independent life in an environment close to the family. "Physical disability" is a partial or complete loss of mobility, dexterity or stamina of parts of the body resulting in impaired ability to move, self-service and / or social adaptation. Impairment of a mobility of a body should be certified by expert commission. The service capacity for all of its target groups is up to 8 persons.

Monitored residence - a form of social service for adults with disabilities or persons aged 18-25 who have been placed outside the family under the provisions of the Child Protection Act, providing accommodation and conditions for independent living. The support of specialists takes place outside of the service through psychological, social, legal and labor consultations. The capacity of the service is up to 6 persons.

Shelter - a form of social service provided for a period of no more than 3 months in the calendar year for a certain part of the day (from 17:00 on the current day to 10:00 on the next day) to homeless people and families with an urgent need to meet their basic needs related to shelter, food, hygiene and social counseling.

Social educational-professional center - a form of social service aimed at vocational training of persons with a certain reduced working capacity, who are over 18 years of age.

Mother and baby unit - provides temporary accommodation for up to 6 months of pregnant women and mothers at risk of abandoning their children, fostering parental attachment, assisting young mothers through social, psychological and legal counseling and support. The capacity is from 6 to 10 mothers and their children and is determined by the needs of the municipality and the region. The service includes:

- Providing of shelter and care to the mother and child, which implies: providing free shelter for the mother-child couple in a safe and respectful manner; providing appropriate maternity and child care facilities; assistance in accessing the health network, finding a GP for the mother and the child, providing medicines and medical examination if necessary, providing favorable conditions for the development of the child;
- Providing specialized assistance to the mother for the creation and development of mother-child attachment and development of parenting skills;
- Providing specialized assistance (counseling, accompaniment, mediation) to the mother to improve relationships with family members and the community as a whole, to improve social skills to prevent social exclusion and prepare for the successful social





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integration of the parent-child couple.

Social support centre - a form of social service in which activities related to prevention of abandonment, prevention of violence and dropping out of school, deinstitutionalization and reintegration of children, training in skills for independent living and social integration of children from residential care. In the center are carried out: social and psychological counseling of children and families at risk; assessment of parental capacity, mediation in cases of parental alienation and divorce / separation conflict, evaluation and training of future foster parents and adoptive parents, counseling and support for children with behavioral problems, implementation of social programs for children and families at risk. Social support centers are one of the most widespread social services for children and families.

Centre for work with street children - a set of social services related to the prevention of street children dropping out of school, social rehabilitation and integration of children living permanently or partially on the street through individual work with the child and his / her family, family counseling and support, medical and sanitation services, children's literacy, parental skills training.

Foster care - raising and educating in a family environment a child which is placed in a family of relatives or in a foster family.

Public canteens - social services aimed at meeting the food needs of people who can not afford it themselves.

SOCIAL SERVICES PROVIDED IN SPECIALIZED INSTITUTIONS

Specialized institutions provide a complex of social services for persons / children with disabilities, elderly people and children deprived of parental care. An important feature is that this is a form of care in which beneficiaries are permanently separated from their home / family environment.

Home for children deprived of parental care is a specialized institution that provides social services for raising and educating children from 3 to 18 years of age or up to secondary education but no more than 20 years.

Home for children with physical disabilities is a specialized institution providing a complex of social services to children with physical disabilities established by expert decision.

Home for mentally retarded children is a specialized institution providing a complex of social services to children with moderate, severe or deep mental retardation, established by



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expert decision.

Home for adults with mental disabilities is a specialized institution for people with a leading diagnosis of "mental retardation", established by expert decision, in which are created the conditions for servicing, meeting the daily, social and therapeutic needs and the needs of organizing the free time and personal contacts of users of the service.

Home for adults with mental disorders is a specialized institution for people with a leading diagnosis within the scope of mental disorders, established by an expert decision, in which are created the conditions for servicing, meeting the everyday, social and therapeutic needs and the needs of organizing free time and personal contacts of users of the service.

Home for adults with physical disabilities is a specialized institution for people with physical disabilities, established by an expert decision, which creates conditions for servicing, meeting the everyday, social and therapeutic needs and the needs of organizing the free time and the personal contacts of the users of the service.

Home for adults with sensory disorders is a specialized institution for people with sensory disorders established by an expert decision that creates service conditions that meet the everyday, social and therapeutic needs and the needs of organizing leisure time and personal contacts of consumers of the service.

Home for adults with dementia is a specialized institution providing a complex of social services to people with dementia or Alzheimer's disease, established by a medical protocol from a medical commission and / or by an expert decision.

Home for elderly people is a specialized institution providing a complex of social services to persons who have reached the age of eligibility for a retirement pension according to the Social Security Code, including those who are physically disabled and have a reduced working capacity, established by expert decision.

Social services in specialized institutions are provided right after there are no other opportunities for community service.

4. Social Services' Nomenclature in Romania

The diversity of social services that can be provided derives from both the variety of the social categories targeted by them and the wide diversity of specific social needs on each of these vulnerable categories. The structure of these social services is achieved by the decision no. 867/2015 of 14 October 2015 for the approval of the *Social Services Nomenclature*, as well as of the framework regulations for the organization and functioning of social services.





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The Social Services Nomenclature comprises 71 distinct services classified into two main categories (services with accommodation and services without accommodation) and subcategories depending on the typology of the targeted vulnerable categories and the services provided.

SOCIAL SERVICES WITH ACCOMMODATION – main categories

1. Residential care and assistance centres for other categories of dependent people
2. Residential care and assistance centres for mother and child
3. Residential care and assistance centres for the elderly
4. Residential care and assistance centres for victims of trafficking in human beings
5. Residential care and assistance centres for homeless people
6. Residential care and assistance centres for victims of domestic violence
7. Social recovery/rehabilitation and intoxication residential centres - for people with different addictions: drugs, alcohol, other toxic substances
8. Care and medical-social assistance residential centres for elderly, chronic patients in terminal phase
9. Residential centres for children within the special protection system
10. Residential centres for adults with disabilities
11. Residential centres for young people in difficulty

SOCIAL SERVICES WITHOUT ACCOMMODATION – main categories

1. Food preparation and distribution centres for people at risk of poverty
2. Reception and accommodation centres for asylum seekers and persons who have received a form of protection in Romania
3. Day care centres for assistance and support for other people in need
4. Day care centres for children: children in the family, separated children or at risk of separation from parents
5. Day care centres for family with children
6. Day care centres for adults with disabilities
7. Day care centres for addicts for people with different addictions: drugs, alcohol, other toxic substances, etc.
8. Day care centres for the elderly
9. Day care centres for homeless people
10. Day care centres for victims of trafficking in human beings
11. Day care centres victims of domestic violence and aggressors
12. Home care services for elderly people, people with disabilities, people in a state of addiction
13. Street-based services for homeless people, people with different addictions, victims of domestic violence, victims of natural disasters, etc.





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Accredited social services legislation provides for a more detailed description of the types of compulsory activities to be performed within each accredited social service. All of these activities actually reflect distinct types of services provided to beneficiaries in accredited centers. The table below describes the services provided to beneficiaries of accredited social services.

SOCIAL SERVICES WITH ACCOMODATION			
No.	Social service code	Categories of social services organized as social service centres	Main services/activities
Care and medical-social assistance for elderly, chronic patients in terminal phase			
1	8710 CRMS-I	I. Medical-social residential centres	Medical assistance and care
			Personal care
			Supervision
			Psychological counselling and emotional support
			Accommodation of indefinite period
			Meal, including the preparation of warm meal, as the case may be
2	8710 CRMS-II	II. Palliative care residential centres	Other activities, as the case may be: medical recovery, socialization, administrative activities
Social residential/rehabilitation and rehab centres - for people with different addictions: drugs, alcohol, other toxic substances			
3	8720 CR-AD-I	I. Residential social rehabilitation centres for addictions	Psychosocial recovery / reintegration
			Personal care
			Supervision
			Medical care and assistance other than hospital care
			Accommodation for an indefinite period
			Meal, including the preparation of warm meal, as the case may be
4	8720 CR-AD-II	II. Residential community-type therapeutic centres	Other activities, as appropriate: occupational therapy, vocational counselling, socialization, security, administrative activities, etc.
Residential care and assistance centres for the elderly			





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5	8730 CR-V-I	I. Home for elderly	Personal care
			Supervision
			Current medical care provided by nurses
			Accommodation for an indefinite period
			Meal, including the preparation of warm meal, as the case may be
			Cleaning
6	8730 CR-V-II	II. Respiro centres/crisis centres	Socialization and cultural activities
7	8730 CR-V-III	III. Protected homes	Other activities, as appropriate: medical assistance provided by a geriatrist, internist or family physician, physical/psychic/mental recovery therapies, occupational therapy, housekeeping, security, other administrative activities, etc.
Residential centres for adults with disabilities			
8	8790 CR-D-I	I. Care and assistance centres	Information
			Evaluation
			Planning of activities/services
			Personal care
			Health assistance
			Functional recovery/rehabilitation
9	8790 CR-D-II	II. Recovery and rehabilitation centres	Socialization and cultural activities
10	8790 CR-D-III	III. Occupational therapy integration centres	Social integration/reintegration
11	8790 CR-D-IV	IV. Training centres for an independent life	Accommodation
12	8790 CR-D-V	V. Community service and training centres	Food
13	8790 CR-D-VI	VI. Respiro centres/crisis centres	Rehabilitation and adaptation of the environment: small arrangements, repairs and the like
14	8790 CR-D-VII	VII. Protected homes	Other activities, as appropriate: physical / psychic / mental recovery therapies, occupational therapy, psycho-pedagogy, speech therapy, complementary therapies and the like





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Residential centres for children in the special protection system			
15	8790CR-C-I	I. Residential centres for children temporarily or permanently separated from their parents: placement centres, family-type houses, apartments etc.	Personal care
			Education
			Developing independent life skills
			Psychosocial counselling and emotional support
			Supervision
			Family and community reintegration
			Socialization and cultural activities
16	8790CR-C-II	II. Emergency reception centres	Accommodation during the period of protection
17	8790CR-C-III	III. Night shelters for street children	Meal: including preparation of warm meal, as the case may be
18	8790CR-C-IV	IV. Centres for guidance, supervision and support of social reintegration of the child who has committed criminal offenses and is not criminally liable	Cleaning
19	8790SF-C	Childcare services for relatives/families/persons, as well as for foster parent	Other activities as appropriate: current nursing care, social insertion/reinsertion, occupational therapy, counselling and information, vocational guidance, legal advice, guarding, housekeeping, other administrative activities, etc.
Residential care and assistance centres for mother and child			
20	8790CR-MC-I	I. Maternal centres	Personal care
			Education
			Psychosocial counselling and emotional support
			Supervision
			Family and community reintegration
			Education in childcare
			Socialization and cultural activities
			Accommodation during the period of protection
			Meal: including the preparation of warm meal, as the case may be





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21	8790CR-MC-II	II. Centres for pregnant women in difficulty	Other activities, as appropriate: current nursing care, social insertion/reinsertion, occupational therapy, counselling and information, vocational guidance, legal advice, cleaning, guard, housekeeping, other administrative activities, etc.
Residential centres for young people in difficulty			
22	8790CRT-I	I. Multifunctional centres	Counselling and information
			Psychological counselling and emotional support
			Education
			Socialization and cultural activities
			Family and community integration
			Developing independent life skills
			Vocational guidance
			Accommodation on definite period or during night
			Meal, including preparation of warm food, as the case may be
23	8790CR-II	II. Transit centres	Housekeeping
			Cleaning
24	8790CR-VD-I	I. Emergency reception centres	Other activities, as appropriate: current nursing care provided by nurses, social insertion/reinsertion, occupational therapy, legal counselling, other administrative activities, etc.
			Psychological counselling and emotional support
			Supervision
			Legal counselling
			Education
			Family and community reintegration
			Accommodation on definite period or during night
			Meal, including preparation of warm food, as the case may be
			Housekeeping
Residential care and assistance centres for victims of domestic violence			





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25	8790CR-VD-II	II. Rehabilitation centres	Cleaning
26	8790CR-VD-III	III. Protected homes	Other activities, as appropriate: current nursing provided by nurses, social insertion/reinsertion, occupational therapy, counselling and information, vocational guidance, guarding, other administrative activities, etc.
Residential care and assistance for homeless people			
27	8790CR-PFA-I	I. Residential care homes and reintegration/social reintegration centres for the homeless	Personal care
			Supervision
			Psychological counselling and emotional support
			Counselling and information
			Family and community reintegration
			Accommodation on definite period or during night
			Meal, including preparation of warm food, as the case may be
			Housekeeping
28	8790CR-PFA-II	II. Night shelters	Other activities, as appropriate: current nursing care provided by nurses, social insertion/reinsertion, vocational guidance, legal advice, guard, other administrative activities etc.
Residential care and assistance centres for victims of trafficking in human beings			
29	8790CR-VTP-I	I. Centres for assistance and protection of victims	Psychological counselling and emotional support
			Counselling and information
			Education
			Personal care
			Supervision
			Socialization and cultural activities
			Family and community reintegration
			Fixed-term accommodation
			Meal, including warm food preparation, as appropriate
Housekeeping			





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			Cleaning
30	8790CR-VTP-II	II. Protected homes	Other activities, as appropriate: current nursing care provided by nurses, social insertion/reinsertion, vocational guidance, legal advice, guard, other administrative activities, etc.
Residential care and assistance centres for other categories of addicted people			
31	8790CR-PD-I	I. Residential care and assistance centres for dependent persons (chronic, terminally ill persons, etc.)	Personal care
			Supervision
			Current medical care provided by nurses
			Accommodation for an indefinite period
			Meal, including warm food preparation, as appropriate
			Cleaning
32	8790CR-PD-II	II. Residential centres for recovery/rehabilitation of dependent persons (other than the elderly and disabled)	Socialization and cultural activities
			Other activities, as appropriate: medical assistance provided by a geriatrist, internist or family physician, psychic / mental / therapies, occupational therapy, housekeeping, guard, other administrative activities, etc.

SOCIAL SERVICES WITHOUT ACCOMMODATION

No.	Social service code	Categories of social services organized as social services centres	Main services/activities
Day care centres for elderly people			
1	8810CZ-V-I	I. Assistance and recovery day care centres	Psychosocial counselling and information
			Legal counselling
			Socializing and leisure time
			Recovery and relaxation therapies
			Organization and involvement in community and cultural activities
			Assistance and support for the elderly's family





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			Support for carrying out administrative activities and asset management
2	8810CZ-V-II	II. Day-care centres for socializing and leisure (club type)	Other activities, as appropriate: emergency telephone line, vocational orientation, charitable activities: food, material and financial aid provision, relaxation therapies, cultural activities, administrative activities etc.
Home care services for the elderly, disabled, people in a situation of addiction			
3	8810ID-I	I. Home care units	Help with the basic activities of daily life - ABVZ
			Help with performing the instrumental activities of daily life - AIVZ
			Family counselling
			Social integration and participation
			Information
			Evaluation
4	8810ID-II	II. Personal care at home (provided by carers, professional personal assistants)	Personal care
5	8810ID-III	III. Domestic services for adults with disabilities through the mobile team	Other activities, as appropriate: recovery therapies, medical care, environmental arrangement and adaptation activities, etc.
Day care centres for adults with disabilities			
6	8899 CZ-D-I	I. Day care centres	Information
			Evaluation
			Functional recovery/rehabilitation
			Social integration/reintegration
			Medical assistance
			Support services
			Personal care
			Social and participation integration
7	8899 CZ-D-II	II. Outpatient neuromotor recovery services centres	Food
8	8899 CZ-D-III	III. Assistance and support services	Rehabilitation and ambience: small arrangements, repairs and the like
			Medical assistance
Day care centres for children: children in the family, separated children or at risk of			





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separation from parents			
9	8891CZ-C-I	I. Nursery	Psychosocial counselling and emotional support
			Supervision
			Care
			Early education and development
			Assistance and medical recovery, as appropriate
			their recovery therapies
10	8891CZ-C-II	II. Day care centres for children at risk of separation from parents	Support for the development of skills for independent living
11	8891CZ-C III	III. Day care centres for children with disabilities	Socializing and leisure time
12	8891CZ-C-IV	IV. Day care centres to prepare and support the integration or reintegration of the child into the family	Family and community reintegration
13	8891CZ-C-V	V. Day care and information centres for street children	Legal advice, as appropriate
14	8891CZ-C-VI	VI. Day care centres for the development of independent life skills	Vocational guidance
15	8891CZ-C-VII	VII. Day care centres for guiding, supervision and support of social reintegration of the child committing criminal offenses and is not being criminally liable	Awareness and sensitization of the population
16	8891CZ-C-VIII	VIII. Surveillance and day care services provided by nannies	Other activities: meal and warm food preparation, housekeeping-household, other administrative activities, etc.
Day care centres for family with children			
17	8899CZ-F-I	I. Day care centres for counselling and support for parents and children	Psychosocial counselling for family and child
			Supervision
			Information
			Family counselling





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			Legal counselling
			Education in childcare
			Family reintegration
			Extra-curricular education
			Socialization and social reinsertion
			Emotional support
18	8899CZ-F-II	II. Day centres for monitoring, assistance and support of pregnant women prone to abandon their child	Other activities: administrative, etc.
Day care centres victims of domestic violence and aggressors			
19	8899CZ-VD-I	I. Counselling centres for the prevention and combating of domestic violence	Psychosocial counselling
			Information
			Legal counselling
			Emergency telephone line
			Education
20	8899CZ-VD-II	II. Information and awareness of population centres	Vocational guidance
21	8899CZ-VD-III	III. Assistance centres for aggressors	Other activities: administrative, etc.
Day care centres for addicts, for people with different addictions: drugs, alcohol, other toxic substances, etc.			
22	8899CZ-AD-I	I. Day care centres for drug prevention, evaluation and counselling	Psychosocial counselling
			Information
			Family counselling
			Vocational counselling
23	8899CZ-AD-II	II. Day care centres for social integration reintegration	Occupational therapy
			Education and socialization
24	8899CZ-AD-III	III. Day care centres for integrated assistance of addictions	Support groups
25	8899CZ-AD-IV	IV. Day care centres to reduce the risks associated with drug use	Emergency telephone line





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			Other activities, as appropriate: basic medical services, drug testing, psychiatric consultations and treatment, syringe exchange, meal, guard, administrative activities etc.
Day care centres for victims of trafficking in human beings			
26	8899CZ-VTP-I	I. Day centres for information and counselling	Psychosocial counselling
			Inform
			Legal counselling
			Emotional support
			Vocational counselling
			Occupational therapy
27	8899CZ-VTP-II	II. Day care centres for social integration/reintegration	Other activities, as appropriate: psychiatric consultations and treatments, meal, guard, administrative activities, etc.
Day care centres for homeless people			
28	8899CZ-PFA-I	I. Day centres for information and counselling	Psychosocial Counselling Information
			Legal counselling
			Emotional support
			Vocational counselling
			Occupational therapy
			Emergency telephone line
			Identification, evaluation, case management
29	8899CZ-PFA-II	II. Day care centres for social integration / reintegration	Other activities, as appropriate: psychiatric consultations and treatments, warm meal, food and non-alcoholic beverages distribution, distribution of clothes/blankets-sleeping bags, laundry and drying, administrative activities, etc.
Reception and accommodation centres for asylum seekers and persons who have received a form of protection in Romania			
30	8899 CPCS A	Reception and accommodation centres for asylum seekers and people who have received a form of protection in Romania	Psychosocial counselling
			Information
			Counselling and legal aid
			Education
			Cultural adaptation
			Emotional support





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			Vocational guidance
			Accommodation on a definite period
			Meal
			Other activities: primary medical care, facilitating access to employment, housekeeping, guard, other administrative activities, etc.
Day care centres for assistance and support for other people in need			
31	8899CZ- PN-I	I. Day care centres for victims of natural disasters	Psychosocial counselling
			Information
			Counselling and legal support
32	8899CZ- PN-II	II. Emergency/crisis support centres	Emotional support
33	8899CZ- PN-III	III. Day-care centres for counselling and information	Spiritual/religious counselling
34	8899CZ- PN-IV	IV. Day centres for social integration / reintegration	Temporary accommodation
35	8899CZ- PN-V	V. Community assistance services	Other activities: information, evaluation and elaboration of intervention plan, social integration / reintegration, primary medical care, vocational guidance, school reintegration, transport, meal, food distribution, cold food, material aid, laundry, drying, cleaning, other administrative activities, etc.
Street intervention services for homeless people, people with different addictions, victims of family violence, victims of natural disasters, etc.			
36	8899 SIS-I	I. Mobile team	Identify and monitor people living in the street
			Emergency medical assistance
			Periodic medical and social evaluations
			Transport of persons hard to be moved without dependents and without income to complex assessment services or to medical units and day-care centres Information
			Giving food and beverages, blankets and clothing
37	8899 SIS-II	II. Social ambulance	Other activities specific to the category of beneficiaries
Food preparation and distribution centres for people at risk of poverty			





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38	8899 CPDH-I	I. Social canteens	Preparation and serving of warm meals
			Preparation and distribution of warm and cold food
			Cleaning
39	8899 CPDH-II	II. Mobile feeding services - meal on wheels	Other activities, as the case may be: own household for the supply of products necessary for the preparation of warm and cold meals, foodstuff marketing, according to the law

5. Decentralization in the provision of social services

The essence of the decentralization process in **Bulgaria** is the shift from highly centralized supply to delivery of services in a free and competitive market. Until 2000 the state was almost the only provider of social services. Following the amendment to the Social Assistance Act, social service providers in Bulgaria are:

- the State;
- the municipalities;
- Bulgarian natural persons, registered under the Commerce Act, and legal entities;
- natural persons engaged in business activities and legal entities, arising under the legislation of another Member State of the European Union or of another country of the European Economic Area.

At the same time, some requirements apply only to private entities (not the first two suppliers - the state and the municipalities). They must be registered in a special register with the Social Assistance Agency, and in case they provide services for children, they must also be licensed by the State Agency for Child Protection. According to many social practitioners, it is questionable whether local authorities should also not go through a registration and licensing procedure. The current system, in a sense, restricts free competition and creates inequality, which ultimately affects the quality of services.

Opening the door to social services to individuals and legal entities as providers encouraged many NGOs to focus their efforts in this area, which had a great positive effect on social reform and contributed to the decentralization of social services.

According to the law, the mayor of the municipality manages social services on the territory of the municipality concerned, which are delegated by the state to activities or local activities, but at the same time it also has the right to delegate them to private-law providers (NGOs and companies). This is done through a competition or through direct negotiation if the applicant is the only one. Social services may also be provided as a joint activity.





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In **Romania** also the social services system is organized and operates according to the principle of decentralization so that the services can respond as appropriate as possible the identified needs and the potential beneficiaries.

The law gives opportunity of a wide range of different structures to provide social services, as public, as well as private. The interesting fact is that among the other providers of social services, we can find here religious cults.

Under Social Assistance Law, public service providers may be:

- the specialized structures within the subordination of the local public administration authorities and the executive authorities in the administrative-territorial units organized at the level of commune, city, municipality and sectors of Bucharest;
- central public administration authorities or other institutions under their subordination or coordination, which have statutory tasks on the provision of social services for certain categories of beneficiaries;
- sanitary units, educational establishments and other public institutions that develop integrated social services at Community level.

In what concerns private providers of social services, the social assistance law indicates the following types of entities:

- non-governmental organizations, associations and foundations respectively;
- cults recognized by law;
- natural persons authorized under the law;
- subsidiaries and branches of international associations and foundations recognized in accordance with the legislation in force;
- economic operators, under special conditions, provided by law.

According to the law: “To provide social services in Romania, social service providers, regardless of their legal form, must be accredited under the terms of the law.” (ART. 38, par. 1).

The social assistance law makes no mention of public-private partnership as a way of organizing and delivering social services. Moreover, the procedure for accrediting social services involves the mandatory existence of a single provider who assumes responsibility for the provision of that service regardless of how it acquires the minimum necessary resources to secure the service quality standards. Legislation on the accreditation of social services starts from the principle of "one service involving a single provider". In the accreditation of the service, the sole provider must demonstrate that it independently owns all the human and material resources necessary to provide it, even if part of these services are provided by partnership with a third party organization.



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6. Procedure for establishment of social services

In **Bulgaria** the order for establishment of social services differs depending on the source of funding. When this source is the state budget, the service is a state delegated activity, which means that the municipality will receive funds from it for its maintenance. The procedure includes a motivated decision of the Municipal council of the respective municipality, proposal by the director of the Regional Social Assistance Directorate and decision of the executive Director of the Agency for Social Assistance. The proposal must be in line with the annual plan for the development of the social services of the respective municipality. The order is the same when changes are made to the service and especially in terms of its capacity.

In case that the service is not delegated by the state, the service providers (municipalities, NGOs, etc.) are obliged to notify the Social Assistance Agency about the type and capacity of the services within one month.

In **Romania**, as well as Bulgaria in the local public administration authorities have the obligation to develop and diversify the range of social services if the existing ones do not meet the needs identified in the community. In this respect, local authorities have the obligation to provide in their own budgets the necessary funds for social services. Beneficiaries from disadvantaged areas have priority access to these funds.

The way of establishment of a new social service is accreditation. The accreditation of social services is based on the minimum quality standards, which are the minimum requirements regarding the effectiveness and efficiency of the activities carried out in relation to the needs of the beneficiaries, the objectives assumed, the expected results. The minimum standards are described in the several legal acts (orders) of the Minister.

Social services may only operate on the territory of Romania if they have an operating license. The operating license is issued for a period of 5 years for all types of social services.

7. Sources of financing of social services

Social services in **Bulgaria** are provided free of charge or with financial contributions from the beneficiary (fee). Their funding is provided by the state budget, municipal budgets, national and international programs or donations from local and foreign physical and legal entities or persons. According to their way of financing, social services are divided into:

- State delegated activities when funded by the state budget;
- local activities when funded by municipal budgets;
- activities funded from other sources.





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The fees for social services funded by the state budget are determined by the Council of Ministers. The fees for social services funded by municipal budgets are determined by the municipalities and fees for services provided by legal entities (companies and NGOs) are negotiable. Social services for children are free of charge when delegated by the state, except in cases where there is a fee written in the law. Social services, which are delegated by the state to municipalities, are funded on the basis of standards of living in one place in different specialized institutions and services in the community. It is up to municipal authorities to provide additional financial means to improve social services, in accordance with their financial capabilities.

In the years after the country's EU membership, many of the social services in the community rely on EU structural funds, mainly through the Operational Programs "Human Resources Development" and "Regional Development". While the first mentioned finances projects for the delivery of the service itself, the second one supports the creation and improvement of existing infrastructure in this area. The rural development program, which covers the smaller settlements in the country, also has its own contribution in both directions.

According to the Social Assistance Law, social services in **Romania** are financed from the following sources:

- the state budget;
- the local budget of the county, respectively of the municipality of Bucharest;
- the local budgets of the communes, towns and municipalities, respectively the local budgets of the sectors of the municipality of Bucharest;
- donations, sponsorships or other contributions from individuals or legal entities in the country and abroad;
- reimbursable and non-reimbursable external funds;
- the contribution of the beneficiaries;
- other sources of funding, in accordance with the legislation in force.

The medical services provided to the beneficiaries of social services in residential and day centers are financed from the budget of the National Social Health Insurance Fund in accordance with the provisions of the Framework Contract on the Conditions of provision of medical assistance under the social health insurance system.

Public and private providers providing care services in residential centers and, where appropriate, in day care centers provide from their own funds the usual medicines without prescription, sanitary materials and equipment necessary for the care of the assisted person, which are not funded by the Unique National Fund of social health insurance or through the programs of the Ministry of Health.

Associations and foundations as well as cults recognized by law, as private providers of social services, may receive grants from the state budget and from the county budgets/local budgets





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as a form of support for the establishing, developing, diversifying and ensuring the continuity of social services provided by them.

The subsidization of private providers from public funds is regulated by special law (34/1998), regarding the granting of subsidies to Romanian associations and foundations with legal personality, which establish and manage social assistance units.

8. Child protection and social services

In **Bulgaria**, the rights, principles and measures for child protection, the state authorities and municipalities and their interaction in the implementation of child protection activities as well as the participation of legal entities and individuals in such activities are governed by the Child Protection Act. A child within the meaning of this law is any individual until the age of 18 years.

Social services are related to some of the child protection measures provided by the law and in particular to: assistance, support and services in a family environment; accommodation in a family of relatives; accommodation in a foster family; provision of social services - resident type; accommodation in a specialized institution. The criteria and standards for social services for children for the implementation of these measures shall be determined by an ordinance adopted by the Council of Ministers on a proposal by the Minister of Labor and Social Policy.

The law attributes rights and obligations identical to those of parents to the governing bodies of specialized institutions, social services - resident type, and social services in the community. It also entitles legal and natural persons to participate in certain activities in the child protection activities, while obliging them to cooperate with the authorities of the state and the municipalities in these activities.

A specialized body of the Council of Ministers for guidance, coordination and control in the field of child protection is the State Agency for Child Protection. Among the obligations of SACP is the licensing of private providers of social services for children.

The SACP also has control functions in relation to social services for children - the agency organizes child rights and standards for social services for children and establishes violations with mandatory prescriptions for their removal. These prescriptions are accompanied by methodological instructions for their implementation.

A specialized body for implementation of the child protection policy in the municipality is the "Social Assistance" Directorate, in which a Child Protection Department is established. The Directorate is the authority that is authorized to place a child in a foster family, a resident / institution-type service, and to direct it to other existing social services in the respective territory. Under this mechanism, its decisions are decisive in terms of filling the capacity of



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services, which is the way to control the use of budget funds in state-delegated activities (the funds for this kind of services are formed on the basis of capacity).

In the field of child protection in **Romania**, the main legal act is Law 272/2004 for protection and promotion of the rights of the child. According this law the responsibility for raising and development of the child rests primarily with the parents, who have the obligation to exercise their rights and to fulfill their obligations towards the child, taking into account the best interest of the child. In the alternative, the responsibility lies with the local community of the child and his family. Local government authorities have the obligation to support their parents or, as the case may be, other legal representative of the child in fulfilling their obligations concerning the child, developing and ensuring for this purpose diversified, affordable and quality services that meet the child's needs.

State intervention is complementary; the state ensures the protection of the child and guarantees the observance of all his/her rights through the specific activity carried out by the state institutions and the public authorities with attributions in the field.

The public social assistance service has the obligation to take all necessary measures for the early detection of the risk situations that can lead to the separation of the child from his/her parents and for the prevention of abusive behavior of parents and domestic violence. Any separation of the child from his/her parents and any limitation on the exercise of parental rights must be preceded by the systematic provision of services and benefits provided by law, with particular emphasis on appropriate parenting, counseling, therapy or mediation, provided based on a service plan.

Any child who is temporarily or permanently deprived of the protection of his or her parents or who, in order to protect his or her interests, cannot be left to their care is entitled to alternative protection. Alternative protection includes the establishment of guardianship, special protection measures provided by law, adoption. In choosing one of these solutions, the competent authority will duly take into account the need to ensure certain continuity in the education of the child, as well as its ethnic, religious, cultural and linguistic origin. The child's special protection measures are: placement; emergency placement; specialized supervision.

Placement is a temporary protective measure, which may be ordered, as appropriate, to:

- A person or family;
- A foster parent;
- A residential service licensed under the law.

The placement of a child who has not reached the age of 3 years may be available only to the extended, substitutive or foster family, and his/her placement in a residential service is forbidden.



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As far as the disabled child is concerned, in Romania, he/she benefits from a double allowance, free medical care, including free medication, both for outpatient treatment and during hospitalization and a special allowance and can benefit, depending on the degree disability, from the right to a personal assistant. The parent or legal representative or personal assistant has the obligation to observe and/or follow the services provided in the recovery plan for the disabled child with classified with disabilities.

9. Human resources for the provision of social services

In **Bulgaria**, as in other countries, people providing social services are commonly referred to as "social workers". This group includes different specialists - besides those who have completed "social work" at the university, as well as different types of rehabilitators, therapists, educators, psychologists, etc. The law lacks regulations regarding social workers. In the particular social services, such specialists are appointed as needed, according to the methodology of the service itself and its capacity (the number of serviced users). There is no mandatory requirement for a social worker to have a tertiary degree in the specialty, but this is advisable. In general, social workers are not among the well-paid specialists in Bulgaria.

In the same way, in **Romania** social services are provided by multidisciplinary teams of various specialists, including social workers who practice their profession in accordance with the provisions of Law 466/2004 on the Statute of the social assistant and by psychologists who exercise their profession in accordance with the provisions of Law no. 213/2004 regarding the exercising of the profession of psychologist with the right of free practice, regarding the establishment, organization and functioning of the Association of Psychologists in/from Romania.

In the field of child protection, in both countries the candidates have obligation to pass certification procedures to receive the status of foster parent.

10. Planning of social services

In **Bulgaria** in 2010 the legal framework related to the development of social services was changed. For the first time, regional strategies have been developed in all 28 regions across the country. As a result of the trainings, a real process of assessing service needs and planning and introducing a minimum guaranteed service package has begun in all areas. On the basis of the agreement reached with Ministry of Labor and Social Policy and Social Assistance Agency for dissemination of good practices, UNICEF provided technical assistance and comprehensive structured methodological support to the national planning process in 2010.

According to the law, the District Governor organizes the development of a five-year strategy for the development of social services at the district level based on an analysis of the needs for social services in each municipality on the territory of the district. The development of the



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strategy involves representatives of the municipalities on the territory of the district, the regional directorate for social assistance, the regional education management, the regional health inspection, the regional employment service, the non-profit legal entities working in the field of social services and other interested bodies, individuals and organizations. This strategy includes an analysis of needs for social services at regional and municipal level such as types, target groups, capacity, funding opportunities.

On the basis of the approved regional strategy, the mayor of the municipality organizes the development of a strategy for the development of social services at the municipal level, with the participation of representatives of the Social Assistance Directorate, public councils and other interested bodies, persons and organizations concerned with the development of social services on the territory of the municipality. This strategy also includes an analysis of the needs for social services at municipal level such as types, target groups, capacity, funding opportunities, etc. It is endorsed by the Municipal Council which also adopts annual plans for its implementation and development of the social services in the municipality.

11. Topology of power in the field of social assistance

In **Bulgaria**, according the law, the *Minister of Labour and Social Policy* develops, coordinates and implements the state policy in the field of social assistance.

In order to implement the state policy in the field of social assistance, a *Social Assistance Agency* was set up with the Minister of Labor and Social Policy, which is assisted in its activities by the state bodies, the regional administrations, the local self-government bodies and the non-profit legal entities.

The Social Assistance Agency is an executive agency, a legal entity based in Sofia. It is represented and headed by an Executive Director. Its functions include: implementation of the state policy on social assistance; provision of social benefits; coordination and control of the activities for planning and development of social services, provision of methodological support in their provision; information service of the system; decision making on opening, closing, changing the type, location and capacity of social services (only delegated by the state); registration of entities providing social services; participation in the drafting of legislative acts in the field of social assistance and social services; keeping records of the children that can be adopted and of the foster families; and others. This activity is carried out by the Agency with the help of its territorial units.

An *Inspectorate* is in charge of the Executive Director of the Social Assistance Agency, which carries out specialized control on the lawful implementation of the social assistance regulations on the territorial divisions of the Agency and the social service providers.

The Territorial Divisions of the Social Assistance Agency are *Regional Directorates for*



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Social Assistance (RDSAs) in the 28 administrative districts and *Social Assistance Directorates* (SADs) that operate on a smaller territory, usually including several municipalities. The RDSAs coordinates and controls the activities of the Social Assistance Directorates within the respective administrative area. Among the important functions of the directorates are the decisions to direct users to use certain types of social services without which they can not be serviced at the expense of public funds from the social providers.

Specialized *Departments "Child Protection"* operate in the Social Assistance Directorates whose functions are mainly methodological in relation to child protection activities, including social services for children.

The mayor of the municipality manages the social services in the territory of the respective municipality, which are delegated by the state activities and local activities, he is responsible for the fulfillment of the criteria and standards for provision of social services and he is the employer of the managers of these services, except in cases when the mayor is delegate managing to another contractor.

In **Romania** at the central level, the Ministry of Labour and Social Justice is the authority that elaborates social assistance policy and establishes the national development strategy.

Within the Ministry of Labour and Social Justice there are National Agency for Payments and Social Inspection (NAPSI). NAPSI is the main structure that manages the social benefits in Romania and performs this role through the County Agency for Payments and Social Inspection. The Agency applies the policies and strategies in the field of the national social assistance system elaborated by the Ministry of Labour and Social Justice, having the following main objectives:

- administration of the funds allocated from the state budget for the payment of the social assistance benefits, as well as those for the social services programs, according to the law;
- ensuring an efficient and integrated system for managing and paying the benefits of social assistance at national level;
- preventing error, fraud and corruption in the system of granting benefits of social assistance and social services;
- monitoring the payment of social assistance benefits and social services programs;
- evaluating and monitoring social services based on quality and cost standards and collecting data necessary for social inclusion indicators;
- organization and provision of services for setting, recording and payment of benefits of social assistance;
- organizing and ensuring a system for recording and evaluating the beneficiaries of social assistance;
- ensure the provision of information necessary for the implementation of policies and strategies in the field of social assistance;



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- facilitating the access of the entitled persons, according to the law, to the benefits of social assistance;
- efficient management of human and material resources in its field of activity;
- exercise control of unitary application and compliance with regulations in its field of activity, the way of providing, administering and managing the benefits of social assistance and social services;
- guidance of the central and local public administration authorities, natural and legal persons, public or private, with responsibilities in the field of social assistance, in order to carry out in good conditions the activity, to improve their activity and to prevent the violations of the legal provisions.

Also, under the subordination of the Ministry of Labour and Social Justice there are three agencies, public institutions with legal personality:

- National Authority for Persons with Disabilities;
- National Authority for Child Protection and Adoption;
- The National Agency for Equal Opportunities for Women and Men;
- National Agency for Employment.

At the county level the institutions with social assistance responsibilities are:

- County Agency for Payments and Social Inspection;
- Directorates for Social Assistance and Child Protection.

At local level, local councils are responsible for:

- finance social scholarships for pupils,
- grant subsidies to NGOs with social assistance activities operating at local level,
- finance and coordinate the activity of social assistance canteens,
- finance and organize local or regional social assistance services by association with other local councils,
- coordinate the network of personal assistants for people with disabilities.

12. Civil participation in the decision-making process in social field

In the process of preparation for EU membership a number of **Bulgarian** organizations have gained considerable experience in the provision of services. Moreover, it can be said that they have been a major power of social reform and especially in the process of deinstitutionalization. In these, the civil sector has been mainly supported by external sources such as the EU PHARE program, the International Social Service - Switzerland program, the MATRA program of the Dutch Government and others. Thanks to this, the third sector in Bulgaria has won the privilege and responsibility to participate as a provider of services for children and persons financed by state funds. However, it should be noted that despite the legal possibilities, less than half of Bulgarian municipalities delegate social services to private organizations.





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In order to develop an active civic position among local communities and to promote civic control in municipalities, *Public Councils* have been set up to assist in the implementation of social welfare policy in municipalities, discuss regional strategies, programs and projects related to social benefits, coordination of the provision of social services by natural persons registered under the Commerce Act, carry out control on the quality of social services in accordance with established standards and criteria and more. Civil organizations can participate in the work of councils.

As already mentioned, the changes to the Social Assistance Act in 2010 introduced a legal requirement for each municipality and area to adopt strategies for the development of social services. Civil organizations have joined the working groups to prepare strategies under the law.

In order to protect the interests of users of social services and exercise of public control, the Implementing Regulations of the Social Assistance Act regulate that counseling can be created for users of social services, or their guardians. Councils have advisory functions in performing social service activities and monitor their quality. In cases of violations found, the councils shall notify in writing the Inspectorate to the Agency for Social Assistance.

With regard to child protection, there is also a requirement in each municipality to have a *Commission for Child* with counseling and coordination function. In the commission, besides representatives of the municipal administration, police and other institutions, the law recommends attracting non-profit legal entities and others who carry out child protection activities. The Commission is a unifying and coordinating policy unit for all children on the territory of the municipality and forms and ensures the implementation of the local child protection policy.

In **Romania** at the governmental level, the Ministry of Labor and Social Justice elaborates strategies and social policies in consultation with the civil society. Also, draft normative acts are published for public consultation.

More visible are opportunities for civil participation in the field of child protection. For instance the Law for the Protection and Promotion of the Rights of the Child, as amended, requires the local public administration authorities to involve the local community in the process of identifying the needs of the community and to solve social problems related to children at local level. To this end, the establishment of Consultative Community Structures is foreseen. They have the mission to promote the observance of children's rights in the respective administrative-territorial units, in cooperation with the structures with attributions in the field at the county level.

Members of community consultative structures are community citizens, formal and informal



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leaders who want to engage as volunteers in community-based intervention: local counselors, priest (regardless of religion) and / or religious professor, proximity policeman, the family doctor and / or the pediatrician, the school counselor, the school principal and / or the teachers, the president of an association of tenants, the representative of any other associations in the community (religious, youth, women, minorities etc.) social services, local mass media representatives, economic operators / business people, community leaders.

Community consultative structures recommend to the county public authorities actions to prevent child abuse (sexual, physical or emotional abuse), neglect (physical, medical or educational) of economic exploitation of children (through work under the legal limit, by begging, etc.), of sexual exploitation and of the attraction of children.

Preventive actions can be:

1. Informing community members on this issue (within the "parent school" or support families / families);
2. Identifying and proposing concrete solutions for children at risk of exploitation through labor, sexual exploitation and trafficking in children (day centers, counseling and support centers);
3. Facilitating the access of vulnerable families to existing support services;
4. The reporting to the county public authorities of cases of child victims.

13. Deinstitutionalization and development of social services

In **Bulgaria**, there is a consensus that the institutional type of services, both for adults and especially for children, is part of the heavy heritage left by the totalitarian state. The process of deinstitutionalization, as well as the related community-based services, are at the heart of social reform in the country. Significant is the fact that at the end of 2003 social services in the community were only 40 in number, and in 2009 - 448 services with a capacity of servicing 11789 persons. In addition to the establishment of new social services in the community, the reform in this area is also done by improving the quality of life of people resident in specialized institutions.

In February 2010, the Government of the Republic of Bulgaria adopted a basic policy document on the deinstitutionalization of the National Strategy "Vision for Deinstitutionalization of Children in the Republic of Bulgaria". The strategy has been developed in accordance with the Guidelines on Alternative Childcare adopted by the United Nations Committee on the Rights of the Child and approved by the General Assembly. It has been publicly discussed with 23 Bulgarian non-governmental organizations. It recognizes that twenty years after the beginning of the political changes, the institutionalization of childcare in Bulgaria continues to be an unresolved problem that can not be explained only by the totalitarian past. The lack of a clear political will to close down homes has led to their





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"reforming" and "restructuring", which are often perceived as repairing the building and do not lead to a significant change in the way of children care and life.

The document foresees all programs and projects aimed at deinstitutionalization and development of various services for children and families funded by the European Union or the national budget in Bulgaria to be guided by the adopted National Strategy.

As a result of the implementation of this strategic document, in the long run, in the run-up to a reduction in the number of children in institutions, it is expected that full-scale closure of the classical institutions will be achieved while institutionalization of children from 0 to 3- years after the reform is completed. The planned measures are primarily aimed at regulating the entrance of institutions, through family support and the development of services to prevent abandonment, such as family prevention services, early intervention and child support, family planning services and family mediation. Efforts are aimed at introducing foster care on a national scale as a major alternative to accommodating a specialized institution and promoting the development of adoption. Another substantial part of the activities is aimed at regulating the output of institutions and reducing the number of children going from one institution to another. It is planned to introduce special programs for children to leave homes to prepare them for their successful integration. A special place in the strategy document is dedicated to services in support of families with children with disabilities - creation of early intervention teams, mobile social services, etc. The National Strategy sets a clear and definite goal: to close down all institutions for children within 15 years from the adoption of the document and to prevent the placement and rearing of children from 0 to 3 years in residential care after the reform is completed.

The results from the implementation of the Strategy are tangible - for example, the figures for the first year of its entry into force show that children in homes have fallen by about 1,000 in just one year - 4755 compared to 5695 in 2010. According to data from 2015, the number of children in specialized institutions decreased by 78% compared to 2011, the reception in such institutions by 68% and the number of children raised in foster families increased from 855 to 2323.

In order to develop long-term care for the elderly and improve their quality of life in early 2014, a National Long-Term Care Strategy was adopted. The strategy envisages building accessible and quality community and domestic services to ensure the social inclusion of people with disabilities and the elderly and at the same time to have a preventive role in the institutionalization of these persons. A strong focus of the Strategy is on deinstitutionalization of care for the disabled and the elderly, the development of services in the home environment and the support of families with increased responsibility for the care of dependent family members. Promoting synergies between social and health services, including the development of innovative cross-sectoral services, as well as the implementation of an integrated approach, are also among the priorities of the Strategy. Among the main priorities of the Strategy is the



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creation of a more effective mechanism for funding long-term care and achieving sustainable growth of financial resources for community and domestic services.

In **Romania**, as well as in Bulgaria, the totalitarian state has left the same heavy legacy in the sphere of social services. The deinstitutionalization process was an ensemble of activities, it does not referred to the simple closing of an institution. In a general sense, it is considered that the deinstitutionalization process consists in three components:

- Preventing the entrances and the placements that are not necessary in the system;
- Detecting and developing within the community some adequate alternatives for hosting, treating preparing, educating and rehabilitating the children that don't need to be placed in a residential care;
- Improving the conditions, the care and the treatment process for the children that need the care offered by the state.

The most important steps of deinstitutionalization process were:

STAGE 1: Identifying the target group of children or the target institution.

It was recommended to take a decision of closing an institution and that institution should be closed forever. It started with institutions for children between 0 and 3 years old, in order to be sure that no young children were enter in the system.

STAGE 2: Planning and action groups

Immediately after the identification of the target group or institution, there were founded action groups, whose role was that of supervising the whole closing process. This groups had regular meetings and included:

- A representative with a high function within the County Direction for the Protection of Children's Rights (manager or deputy manager);
- The manager of the institution that was closed;
- Representatives from the part of the partner non-governmental organizations which were implied in the closing process;
- Representatives of the local authorities that were involved;
- A person with an expertise within the social assistance or in the work with a certain target group;
- An economist or a financial manager from the part of the County Direction for the Protection of Children's Rights.

STAGE 3: Principles

The deinstitutionalization process respected at least the following principles:

- The children should live with their families;
- The children should be protected from abuses and bad treatments;





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- The children should maintain the contact with their families;
- The children's opinion should be listened;
- The children should be treated as individuals;
- There should be found some substitute families;
- For some children there is necessary a special residential care;
- The movement should be the last one for the child and it should be a positive one;
- The groups of brothers should be maintained or reunited;
- Additional support for the children with special needs should be provided.

STAGE 4: Planning

The planning process was divided in two major stages, that of the analysis and that of the logistics.

I. There were done a complex re-evaluation for all the children, implying the experts.

There were discussions with the parents or with the caretaker concerning the child development and its social situation. There were done visits at home, to the natural families of the children. There were done evaluations, in order to find out the children's history, the reason for institutionalization, medical antecedents, abuse cases, etc. The evaluations were done for the children's brothers, from other institutions, too.

The aim of these evaluations was double. Firstly, it presents a general image of every child, for the child's needs and development, which will then form the basis for conceiving the service. Secondly, it offers a basis for the evaluation and the monitoring of the services efficiency after the child's movement.

The analysis of the flux of children through the institution was based on the data from a whole year, allocated on months. The data included:

- The number of the monthly entrances and exits;
- The age of the children who entrances and who left every month;
- The place from where the children are coming, on categories: natural families, extended families, alternative services, other institutions, from the street;
- The places where the children came, classified on categories: natural families, extended families, adoption.

Also, there was a general analysis for the operation costs. There was obtained both a unitary cost for child and also a total cost for the operation of the institution during a year. Based on this, the alternative services was designed so as the general costs should not exceed the budget.





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The closing plan also included plans for the building. This fact included the building modular division. In some cases, a solution was represented by the renting or by the putting into service of the building towards another authority.

II. Logistic means first of all the conceiving of the alternative services.

The alternative services included: reintegration programs and family placement, maternal support, national adoption, special residential services, community services (day center or counseling centers). The conceiving process approximated how many children will be moved in every new service. Logistic means also the financial prevision of the future operation costs. When there were some prevention services to be done, the financial prevision included the number of children that could otherwise enter within the residential system as well as the costs implied by this. Thus, was demonstrated the economic efficiency of the prevention services. There were also take into consideration the preparation needs for the staff. Based on that previsions, there was developed an action plan and a program. The plan was the basis of the closing program. The plan started with the foundation of the prevention services (if it is necessary) and was concentrated upon the services for the children that were difficult to be placed. The plan included the movement, in stages, for the children (and for the staff, if it is necessary) within the new services and a preparation program before and after the placing. During the closing program it was inevitable the operation, for a certain time, of the two systems in parallel, till the institution was closed.

The closing program followed 4 important points:

- Stopping the entrances within the institution;
- Implementing the action plan;
- Placing the children, on stages;
- Placing the staff, on stages.

The evaluation of the children's development was continuous within the new services.

At 12 months after the closing and then, in every year, there was done some evaluation of the new services.

By the data provided by the Save the Children Organization Romania showed that, in 2002, of the total of 4,965,044 existing children, 0.87% were in a residential care type, 38,599 children were in state institutions and 5.104 in non-governmental institutions.

Since 2001, an intensive program of deinstitutionalization has begun and deinstitutionalization of a considerable number of children has been achieved. The statistical data provided by ANPDC (National Authority for the Protection of Children's Rights) show that, in March 2007, 26,599 children, representing about 36% of the children separated from parents were in institutions, and 47,194 children (approximately 64%) are children protected by family type services (foster parents, relatives up to grade IV, other families / persons).





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Although government actions have sought to reduce the number of children in residential institutions, the problems faced by both children who have left the institutions and those who are still living in the residential system are still a delicate subject in child protection.

In the moment the main strategic document on social assistance in Romania is the National Strategy on Social Inclusion and Poverty Reduction 2015-2020, approved by Government Decision 383/2015, together with the Strategic Action Plan for the period 2015-2020. These two documents set out both the objectives and the major directions of intervention in the field of social inclusion by 2020.

According to these documents, the aim of the Romanian Government is that all citizens have equal opportunities to participate in society, to be appreciated and valued, to live in dignity, and their elementary needs to be satisfied and the differences be respected. Specifically, the main outcome of the strategy is to ensure the social inclusion of vulnerable groups and to reduce the number of people at risk of poverty or social exclusion by 580,000 by 2020 compared to 2008, in line with Romania's assumed target to meet the objectives of Europe 2020 Strategy.

- For children (aged 0-17), the strategy's goal is to ensure the opportunity to develop, regardless of social origin, by providing the conditions for developing skills and acquiring knowledge in order to fully achieve their individual potential as successful pupils and students, people with self-confidence, responsible citizens to contribute to the development of society.
- As regards the adults fit to work on the labor market, the objective is to ensure the opportunity for their full participation in the economic, social and cultural life of Romania.
- The goal for those who have reached active ages is to be appreciated and respected, to remain independent and to be able to participate in all aspects of life as active citizens and to enjoy a high quality of life in a safe community.

The strategy generically divides the various types of interventions into:

- Person-oriented policies;
- Zonal policies.

People-oriented policies cover policies aimed directly at reducing poverty and increasing social inclusion in several key areas: income (social assistance benefits and social security rights), energy poverty, employment, education, health, housing, social participation and social services. As poverty has a specific territorial distribution in Romania, one of the major objectives of the Strategy is that resource allocation be correlated with the distribution of needs across the country (through zonal policies).

In the field of social services, key interventions for poverty reduction and promoting social inclusion are:





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1. Complementarity of public funds available for the social services sector with EU funding.
2. Strengthening and improving social services at community level by:
 - the development of a minimum intervention package as a compulsory responsibility of each local authority;
 - financing a national program to ensure in every locality the existence of at least one full-time employee who carries out social work and works with vulnerable persons and their families;
 - financing a national program for the training of social assistance staff and developing methodologies, guides and tools to support the widespread application of Public Service of Social Assistance (SPAS) case management, especially in small municipalities and towns;
 - developing a robust social monitoring and evaluation system at Community level;
 - Financing from Regional Operation Programme (ROP) 2014-2020 of infrastructure investments needed to provide and develop social services (day centers, social canteens, home care facilities, etc.).
3. Develop community integrated intervention teams to provide social services of education, employment, health and social intermediation and facilitation at community level programs, especially in poor and marginalized areas, rural and urban, Roma and Non-Roma by:
 - development of clear methodologies, protocols and working procedures for community-based social workers, and
 - development of multifunctional community centers in the marginalized areas for the provision of integrated services to (but not exclusively) families in extreme poverty.
4. Strengthening social services for child protection through:
 - developing and strengthening community-wide prevention capacity and support services;
 - reconsidering ways and means (including social benefits) to provide support to families to prevent separation of the child from the family;
 - reviewing existing child protection services to improve the quality of care provided, while reducing the length of stay in the protection system to the minimum necessary (Key Initiative proposed);
 - de-institutionalization and transition to community-based care;
 - funding from the ROP 2014-2020 of the social infrastructure needed to provide social services for children (day centers, family houses etc.).
5. Developing social services for vulnerable groups through:
 - increasing funding for social services and social infrastructure and improving procedures for contracting social services to non-governmental and private providers;
 - strengthening the role of General Directorates for Social Assistance and Child Protection (DGASPC) in strategic planning, guidance and methodological coordination for SPAS as well as monitoring and evaluation of service providers across the county.
6. Strengthening social services for people with disabilities through:





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- developing and strengthening community-based support and prevention capacities;
- de-institutionalization and transition to community-based care;
- funding from the ROP 2014-2020 of the social infrastructure needed to provide social services for people with disabilities (day centers, sheltered facilities, etc.).

14. Social services in the Bulgarian-Romanian border region

As a result of the conducted research in **Bulgarian** target region a total number of 376 *social services* was identified with about 18 450 beneficiaries currently in the eight border districts. This number is probably slightly lower than the services actually delivered due to the fact that the research does not cover services provided by branches of the Social Assistance Agency itself and services provided at home. For example, services such as "personal assistant" or "home assistant" are not included.

Type of the social service	Number
SERVICES IN COMMUNITY FOR CHILDREN	
Day care centre for children and youth with disabilities – weekly care	3
Day care centre for children and/or youth with disabilities	19
Mother and baby unit	3
Crisis centre for children	6
Monitored residence	3
Provisional residence for children	6
Family-type accommodation centre for children without disabilities	5
Family-type accommodation centre for children with disabilities	1
Family-type accommodation centre for children/youth without disabilities	40
Family-type accommodation centre for children/youth with disabilities	35
Family-type accommodation centre for children/youth with disabilities, with the need for constant medical care	1
Social support centre	35
Centre for working with street children	4
Centre for social rehabilitation and integration за деца	10
SERVICES IN INSTITUTIONS FOR CHILDREN	
Home for children deprived of parental care	4
SERVICES IN COMMUNITY FOR ADULTS	
Day care centre for children and adults with disabilities	2
Day care centre for adults with disabilities	15
Day care centre for elderly people	12
Protected home for people with mental disorders	14
Protected home for mentally retarded persons	34
Protected home for people with physical disabilities	2





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Monitored residence	3
Provisional residence for adults	3
Crisis centre for adults	1
Shelter	1
Temporary accommodation centre	4
Family-type accommodation centre for adults with dementia	3
Family-type accommodation centre for adults with mental disorders	14
Family-type accommodation centre for mentally retarded persons	12
Family-type accommodation centre for people with physical disabilities	7
Family-type accommodation centre for elderly people	2
Centre for social rehabilitation and integration for adults	24
Home social patronage	No information
SERVICES IN INSTITUTIONS FOR ADULTS	
Home for adults with dementia	6
Home za adults with mental disorders	2
Home for mentally retarded persons	8
Home for people with physical disabilities	5
Home for adults with sensory disorders	1
Home for elderly persons	27
Total	376

The distribution of services by districts are as follows:

District	Number of services
Vidin	61
Montana	44
Vratsa	50
Pleven	35
Veliko Tarnovo	68
Ruse	57
Silistra	34
Dobrich	27
Total	376

Social services for children are 172 (45,5%), for adults - 205 (54,5%). Only one of the services for children is provided in specialized institution (home), while the remaining 171 are in the community. Community services for all kind of beneficiaries predominate in number - 326 (86,7%) on 50 (13,3%). Community services are becoming more and more popular, such as day care centers, shelters, family-type accommodation (for children), public support





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centers (for children and parents), social rehabilitation and integration centers for children and adults) as well as the popular "home social patronage", which is practically delivered in almost each municipality. A home assistant/social assistant is also very popular, but this service is delivered mostly by projects, that why is not fully described in the research.

Question with diversification of *social service providers* in the region is still not enough good solved. It is noteworthy that the majority of services, both in institutions and in the community, are delivered by municipalities. Exceptions are not a lot, only 35 NGOs manage services from the researched by autonomously or in partnership with municipalities. At the same time, the civil sector has been the initiator of creating a large part of community services created on projects that have then passed to municipalities. Positive will be the example of Ruse and Vidin Municipalities, which has delegated the highest percentage of social services to NGOs.

Concerning the diversity of accredited *social services* in the target **Romanian** counties of the analysis, there are only 17 distinct types of accredited social services. Of these, most are residential centres for children in the special protection system (159 of these services accounting for 40% of the total accredited social services at the level of the region).

Distribution of accredited social services by type of service is as follows:

Type of the social service	Number
Residential centres for children in the special protection system	159
Residential centres for adults with disabilities	63
Day care centres for children: children in the family, separated children or at risk of separation from parents	53
Residential care and assistance centres for the elderly	33
Residential centres for care and medical-social Assistance for the elderly, chronic terminally ill patients	12
Day care centres for assistance and support for other people in need	12
Day care centres for adults with disabilities	10
Day care centres for family with children	9
Residential care and assistance centres for mother and child	9
Food preparation and distribution centres for people at risk of poverty	8
Home care services for elderly, disabled people, people in a situation of addiction	7
Residential care and assistance centres for victims of domestic violence	7
Residential care and assistance centres for homeless persons	6
Not specified	4
Day care centres for elderly people	2





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Residential centres for young people in difficulty	2
Residential care and assistance centres for victims of trafficking in human beings	1
Total	397

It was noted that of the total of 397 accredited social services, only 287 passed the assessment stage and received the operating license for a period of 5 years, the remaining 110 services still being in the provisional licensing stage with a maximum duration of 1 year.

The analysis of the distribution of accredited *social service providers* in the project counties in Romania indicates major regional disparities. Thus, according to the data provided by the register of accredited social service providers, most of them are located in the counties Dolj (69 suppliers) and Constanța (60 providers) all the other counties having a substantially lower number of social service providers.

Distribution of service providers by counties

County	No. of providers
Mehedinți	13
Teleorman	14
Giurgiu	15
Olt	16
Călărași	18
Constanța	60
Dolj	69
Total	205

The analysis of the typology of the social service providers according to their organizational form indicates a dominant share of the public services. At the level of the entire analysed region of the 205 accredited providers 108 (53%) are public structures and 93 (representing 45%) are private structures.

County	Public	Private	Not specified	Total
Călărași	12	6	0	18
Constanța	16	44	0	60
Dolj	52	16	1	69
Giurgiu	5	9	1	15
Mehedinți	5	6	2	13





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Olt	8	8	0	16
Teleorman	10	4	0	14
Total	108	93	4	205

A special situation is recorded at the level of Constanta county where the largest part of providers are private structures (44 private providers compared to only 16 public providers). It should be noted, however, that a number of such NGO-registered structures are in fact quasi-public structures in the conditions in which they are founded by public structures. These are associations or foundations set up and controlled by public institutions such as the Local Councils.

The content of this material does not necessarily represent the official position of the European Union.

