

# MAPPING SOCIAL WELFARE SERVICES WITHIN THE MANDATE OF LOCAL GOVERNMENTS IN THE REPUBLIC OF SERBIA



GOVERNMENT  
OF THE  
REPUBLIC OF SERBIA



SOCIAL INCLUSION  
AND POVERTY  
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GOVERNMENT  
OF THE REPUBLIC  
OF SERBIA



ТИМ ЗА СОЦИЈАЛНО  
УКЉУЧИВАЊЕ  
И СМАЊЕЊЕ СИРОМАШТВА



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## List of Acronyms

DC	Day care
LG	Local government
NGO	Non-governmental organisation
PWD	Person with disability
PA	Personal assistance
HCA	Home care assistance
SIPRU	Social Inclusion and Poverty Reduction Unit
CLDS	Centre for Liberal Democratic Studies
SWC	Social work centre

# 1. Introduction

*Mapping Social Welfare Services*, initiated by the Government of Serbia Social Inclusion and Poverty Reduction Unit and UNICEF Serbia in collaboration with the Ministry of Labour, Employment and Social Policy, was implemented between September 2012 and February 2013. The survey was carried out by the Centre for Liberal Democratic Studies (CLDS).

## *Mapping Objective*

The objective of this survey (mapping exercise) was primarily to collect data on the existing non-institutional social welfare services within the mandate of local governments. The social welfare services mapping exercise was designed with a view to:

- providing a better overview of social welfare services within the mandate of local governments with respect to availability, efficiency and quality of services provided;
- enabling a better insight into service sophistication, prevalence and sustainability;
- collecting data to serve as inputs in future analyses and proposals for enhancing service provision;
- providing a basis for the establishment of a system for ongoing collection and monitoring of data on social welfare services within the mandate of local governments;
- identifying potential challenges of further improving local social welfare services.

## 2. The Mapping Process

The survey was carried out in late 2012, and the data on social welfare services in 2011 and 2012 were collected throughout Serbia, in all **145 local governments**<sup>1</sup>. The mapping process entailed efforts to scan all existing social welfare services within the mandate of local governments in Serbia from the aspects of availability, efficiency and quality, irrespective of whether they were funded from the local or national budget or donor projects, or which sector provided them.

From the outset, the focus was on balanced involvement of local governments, social work centres and the non-governmental sector in the process. All local governments, as well as social work centres, had been notified of the forthcoming survey in writing through the Ministry of Labour, Employment and Social Policy and the Standing Conference of Towns and Municipalities. The involvement of NGO service providers, civic associations, associations of parents of children with disabilities or associations of persons with disabilities (PWD), as well as non-state organisations such as the Red Cross or Caritas in the mapping process was facilitated by representatives of municipal administrations or social work centres, as well as through direct contact. Certain state service providers, such as gerontology centres, were involved in a similar manner.

Prior to the social welfare service mapping exercise, the questionnaire was piloted and tested in a dozen cities and municipalities, which, with minor modifications, led to the conclusion that the design of the questionnaire enabled comprehension of the requested data. Yet, an intensive/direct support plan was prepared for about 50% of the municipalities and cities, which were deemed to be in need of more intensive support and communication during the mapping exercise to ensure reliable data on the existing social welfare services.

The municipalities and cities that were deemed not to require intensive support in data collection were offered direct and ongoing communication with both CLDS and mentors – survey interviewers, who were involved in supporting local communities throughout the process. A total of five mentors – survey interviewers were engaged.

The mapping exercise progressed without major problems in most local communities, except a few that required additional, even more intensive support. In a small number of cases, the Ministry of Labour, Employment and Social Policy, National and Provincial Social Protection Institutes, Social Inclusion and Poverty Reduction Unit and Standing Conference of Towns and Municipalities provided crucial direct support in the final mapping stage.

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<sup>1</sup> The total number of local governments covered is 145; the cities of Belgrade and Niš were counted as single units, at the city level, without counting individual metropolitan municipalities.

### **Key Challenges in the Mapping Process:**

- 1. The data collected are not part of regular records; hence, a number of local governments required additional intensive communication and support.*
- 2. The key problem for LGs concerned data on expenditures on services, including service funding sources.*
- 3. It should be highlighted in particular that the mapping process was the slowest in major cities with many non-standard services, as well as many different service providers.*

## **3. Mapping Findings/Results**

An overview of the findings obtained by mapping social welfare services in all local governments in Serbia is presented by groups of social welfare services falling within the mandate of local governments and defined by the Social Welfare Law.

- **Community-based day services** include the following main services:
  - day care,
  - home care assistance and
  - drop-in centre.

Within this group, local governments may provide other services also aimed at supporting beneficiaries to remain with their families and in their natural immediate environment.

- **Support services for independent living** entail the types of services, i.e. support required for beneficiaries' active social participation, such as:
  - personal assistance for adults with disabilities;
  - supported housing for youth during their transition into independent living;
  - supported housing for persons with disabilities.

This group of services is accompanied by training/education programmes to facilitate beneficiaries' transition to independence and enhancement of independent living skills.

- **Counselling, therapy and social education services** are intensive support services for families in crises through counselling and support to parents, foster parents and adoptive parents, families caring for children or adults with developmental disabilities; fostering family relations and family reunification; counselling and support in cases of violence; family therapy and mediation; helplines; activation and similar activities.
- **Accommodation services** entail placement in a shelter (for various target groups), respite care and other similar types of accommodation.

The mapping exercise shows that there are eight main standardised services within these groups, and four services are intended for more than one target group.

1. *Community-based day services* include the following services:
  - **home care assistance for the elderly, adult PWDs and children;**
  - **day care for: children and youth with developmental disabilities, adult PWDs<sup>2</sup>, the elderly and children in conflict with the law and**
  - **drop-in centre** for street children.
2. *Support services for independent living* include:
  - **personal assistance;**
  - **supported housing for youth** leaving the social welfare system during their transition into independent living **and adults with disabilities.**
3. *Accommodation services within the mandate of local governments* include temporary accommodation in:
  - **shelters, namely: for adults and the elderly, for children and for domestic violence victims<sup>3</sup> and**
  - **respite care facilities** for children with developmental disabilities.
4. *Counselling, therapy and social education services* mainly take the form of **counselling centres**; however, some types of clubs (e.g. clubs for persons with developmental disabilities) may deliver programmes falling within the domain of counselling, therapy or social education services.

Mapping results are presented in the Excel format for the following services:

Service title	Abbreviated title
Home care assistance for the elderly 2012	HCA, elderly
Home care assistance for adult PWDs 2012	HCA, adults
Home care assistance for children with developmental disabilities 2012	HCA, children
Day care for children with developmental disabilities 2012	DC, children
Day care for the elderly 2012	DC, elderly
Day care/centre for children and youth with behavioural disorders 2012	DC, children/youth at risk
Personal assistance for adults 2012	PA
Drop-in centre 2012	Drop-in centre
Shelter (general) 2012	Shelter (general)
Shelter for children 2012	Shelter, children
Shelter for domestic violence victims ("safe house") 2012	Shelter, violence

<sup>2</sup> Day care services for adults with disabilities are provided in only two local governments (Kikinda and Novi Sad) and are not presented in this report owing to such low prevalence. In both local governments, these services are provided to mixed-age groups of beneficiaries: ages 15–26 and ages 26–64. The beneficiaries aged up to 26 are included in the total number of children and youth using day care services for children and youth with developmental disabilities.

<sup>3</sup> There are no registered shelters for trafficking victims, and if there are any, it is likely that the resources and services of shelters for domestic violence victims are used in the provision of this service.

	victims
Shelter for victims of trafficking in human beings 2012	Shelter, trafficking
Residential respite care 2012	Respite care
Supported housing for persons with disabilities (PWD) 2012	Supported housing, PWD
Supported housing for youth during their transition into independent living 2012	Supported housing, youth
Counselling centre 2012	Counselling centre
Club 2012	Club

**The data on social welfare services collected by mapping are consolidated in the Excel data base. The data base provides information on:**

- types and number of introduced services;
- total number of beneficiaries;
- number of beneficiaries by age groups (0–5, 6–14, 15–25, 26–64, 64–79, 80+);
- number of users by sex (female);
- number of users by the area of residence (urban);
- number of staff engaged;
- total expenditures in 2012 (in dinars, for June 2012);
- expenditures by funding sources (local government budget, national budget, grants, copayment);
- service providers.

The data on 17 different services are provided, both disaggregated by local governments and in total.

**For users' convenience, the data may also be viewed by individual services in all local governments.**

**Note:** The data on social welfare services contained in the data base are not fully in line with all data presented in this report. For the purposes of drafting the report, the authors also used additional data, such as data from the 2011 Census of Population, Households and Dwellings in the Republic of Serbia.

The mapping exercise also captured **support programmes** that are termed "services" by local governments. Examples of such programmes are, amongst others, support centre for persons with disabilities (PWD), nightshelters for the homeless, hippotherapy for children with developmental disabilities or early childhood development support programme. Such programmes are not standardised, but are specific and vary in contents between local governments. They are delivered in 24 municipalities and cities. It should be noted that support programmes are not included in the Excel data base.

### 3.1. Prevalence of Social Welfare Services

In 2012, social welfare services were provided in 138 out of the 145 local governments. Out of the seven local governments in which services were not provided in 2012, none of the social welfare services within the mandate of local governments had ever been provided in five. These are the municipalities of Bogatić, Lajkovac, Ljig, Lučani and Mionica.

The prevalence of community-based day services is shown in the table below.

**Table 1.** Number of local governments in which community-based day services have been established and their share in the total number of local governments

Service	Number of LGs	Share in the total number of LGs, %
HCA, elderly	122	84
HCA, adults (PWD)	20	14
HCA, children	37	26
DC, children and youth with developmental disabilities	71	49
DC, elderly	12	8
DC, children in conflict with the law	10	7
Drop-in centre	4	3

The most prevalent service in 2012 was home care assistance for the elderly, as in previous years. The service is provided in 122 local governments of 145 in total, or in 84% of all local governments in Serbia. The next most prevalent service is day care for children and youth with developmental disabilities, which is provided in 71 cities and municipalities – almost half of all local governments. Home care assistance for children with developmental disabilities is ranked third and is provided in one quarter of all local governments. Home care assistance for persons with disabilities, as a specific service for this target group, is provided in 14% of all local governments. Other community-based day services are considerably less prevalent and are characterised by the fact that they are mainly provided in major cities.

**Table 2.** Number of LGs in which support services for independent living and counselling centres have been established and their share (%) in the total number of LGs

Service	Number of LGs	Share in the total number of LGs, %
PA, adults	16	11
Supported housing, PWD	5	3
Supported housing, youth	15	10
Counselling centres	21	14

The table above shows that support services for independent living are still insufficiently prevalent and developed in Serbia, and counselling centres from the group of counselling and education services are also less prevalent, primarily in major cities.

**Table 3.** Number of LGs in which accommodation services have been established and their share (%) in the total number of LGs

Service	Number of LGs	Share in the total number of LGs, %
Shelter, general	18	12
Shelter, children	9	6
Shelter for domestic violence victims ("safe house")	15	10
Respite care	11	8

Similarly to the previous group of services, residential respite care services and various types of shelters are not present or developed to a greater extent in the Republic of Serbia.

### 3.2. Service Providers

The tables below present the breakdown of service providers, i.e. the share of the state sector in the provision of services by groups. The state sector is dominant in comparison with the non-state sector in many services in all three groups, although it would not be propitious to draw a comparison between more prevalent services and less prevalent ones. It should be noted that a majority of non-state service providers are non-governmental organisations and that there are no service providers from the private sector.

**Table 4.** Share of state providers of community-based day services

Service	Share of state provider, %
HCA, elderly	75
HCA, adults (PWD)	53
HCA, children	70
DC, children and youth with developmental disabilities	54
DC, elderly	66
DC, children in conflict with the law	70
Drop-in centre	25

Community-based day services are mainly provided by the state sector, with the exception of drop-in centres, where the non-state/non-governmental sector is the dominant provider.

***The two most prevalent services – home care assistance for the elderly and day care for children with developmental disabilities – are characterized by the following:***

- *The state sector is the dominant provider of home care assistance for the elderly, with a 75% share in the total number of providers, while in day care services it has only a slightly higher share than the non-state sector – 54%.*
- *As regards the number of beneficiaries of these two services, state providers of home care assistance cover the majority of the beneficiary population – 11,529 individuals or 74% of all beneficiaries, of whom 10,783 are aged over 65. As regards day care, state providers cover 1,566 beneficiaries (of 2,519 in total) or 62% of all beneficiaries of this service. It should be noted that one third of the 1,566 day care beneficiaries are served by the Belgrade day centre for children with developmental disabilities.*

**Table 5.** *Share of state providers of support services for independent living and counselling services*

Service	Share of state provider, %
PA, adult PWD	31
Supported housing, PWD	40
Supported housing, youth	100
Counselling centres	95

Among support services for independent living, personal assistance for adults with disabilities is distinct in that it is dominated by the non-state, more specifically non-governmental sector, which is not surprising given the fact that in most local communities these services have been launched by associations of persons with disabilities in response to their members' needs. Yet, it should be noted that these services have a low prevalence – they are provided in only 16 local governments in 2012 (Table 2); any further conclusions should, therefore, be drawn with caution.

**Table 6.** *Share of state providers of accommodation services*

Service	Share of state provider, %
Shelter, general	95
Shelter, children	100
Shelter for domestic violence victims ("safe house")	87
Residential respite care	58

The state sector has a significant share in the provision of accommodation services within the mandate of local governments, with the exception of respite care, where, in a majority of cases, the state and non-state sectors have balanced shares and are involved on an equal basis. This service is currently available in only 11 local governments.

### **3.3. Service Funding**

The collection of data on expenditures on services, as stated above, was one of the main challenges in the mapping process. Combined funding is applied in many cases; this includes funding sources for one-off expenditures (such as procuring vehicles, furnishing premises, investing in refurbishment and the like), which hampers the calculation of the pure cost of operating services (without one-off costs), which was requested in the mapping exercise.

In addition to total expenditures on services, the questionnaire also sought data on expenditures broken down by funding sources, as follows:

- local budget funds;
- projects funded from the national level;
- donor projects;
- copayment;
- other sources.

Thus, in addition to the total expenditures on services in 2012, the accompanying Excel data base shows the obtained data on the respective shares of different funding sources in the total expenditures on social welfare services within the mandate of local governments in 2012.

These indicators are important for a better assessment of service sustainability, i.e. the possibility of their continued provision and existence.

**It should be noted that, in the mapping exercise, the data on expenditures were requested for the month of June 2012; the Excel data base, hence, contains the data for that month.** To compute annual expenditures, the amounts stated in the Excel table should be multiplied by 12. The currency used to present the financial data is the Serbian dinar.

According to the collected data, the total expenditures on social welfare services within the mandate of local governments in 2012 amounted to **RSD 2.5 billion**.

The total **expenditures for community-based day services** throughout 2012 amounted to about RSD 2 billion (*Table 7*), of which almost half were expenditures on home care assistance for the elderly. As regards community-based day services, a high share of funding from the local budgets (including copayment by beneficiaries) was recorded in day care for children in conflict with the law (90%), day care for children with developmental disabilities (83%) and home care assistance for the elderly (73%). Such high share of the local budgets (and copayment) in service costs compared to other funding sources in 2012 is certainly the most relevant for the two most prevalent day services – home care assistance for the elderly, provided in 122 local governments, and day care for children with developmental disabilities, provided in 71 local governments.

**Table 7.** Share of LG budget in total expenditures on community-based day services in 2012

Service	Total expenditures, RSD	Share of LG budget + copayment, %
HCA, elderly	1.063.243.020	73
HCA, adults (PWD)	31,359,046	55
HCA, children	123,220,941	15
DC, children with developmental disabilities	639,683,761	83
DC, elderly	39,965,808	54
DC, children in conflict with the law	33,208,534	90
Drop-in centre	31,720,596	71
<b>Total</b>	<b>1.962.401.707</b>	

The expenditures on **support services for independent living, including expenditures on counselling centres**, were far lower than the expenditures on day services and amounted to about RSD 115 million. In this group of services, local budget funding (Table 8) covered the full costs of supported housing for youth leaving the social welfare system and a majority of the costs (72%) of supported housing for persons with disabilities; both services mainly exist only in major cities. Counselling centres, as the most representative counselling and education services, are almost fully funded from local budgets (90%), although these services are less prevalent. The lowest share (21%) of local budget funding (and copayment) is recorded in personal assistance services for adults with disabilities, which are mainly provided by the non-state sector (about 70%).

**Table 8.** Share of LG budget in total expenditures on support services for independent living and counselling centres in 2012

Service	Total expenditures, RSD	Share of LG budget + copayment, %
PA, adults	50,935,065	21
Supported housing, PWD	21,609,600	72
Supported housing, youth	10,183,683	100
Counselling centres	31,909,769	90
<b>Total</b>	<b>114,638,117</b>	

The total expenditures on accommodation services within the mandate of local governments amounted to about RSD 360 million in 2012. In this group of services, general shelters, shelters for children and those for violence victims are characterised by a high share of local budget funds and copayment, while the share of these funding sources is far lower in respite care services.

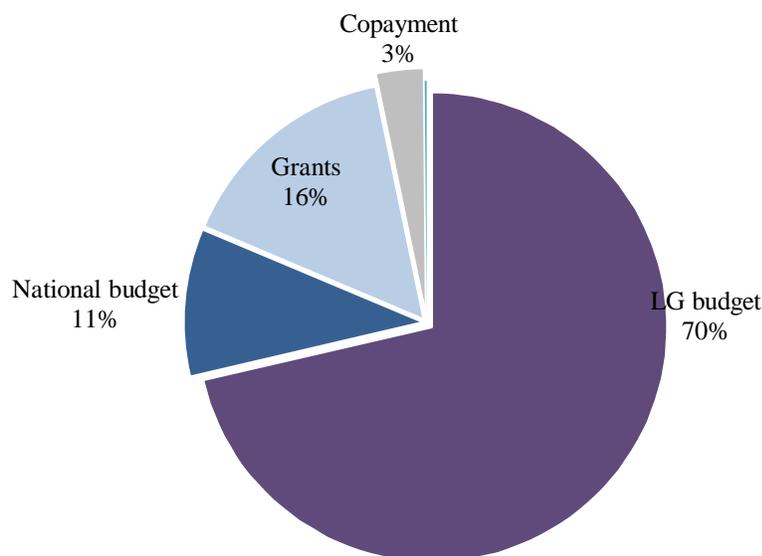
**Table 9.** Share of LG budget in total expenditures on accommodation services in 2012

Service	Total expenditures, RSD	Share of LG budget + copayment, %
Shelter, general	124,952,406	100
Shelter, children	160,211,362	91
Shelter for domestic violence victims ("safe house")	52,963,331	81
Respite care	19,350,276	31
<b>Total</b>	<b>357,477,375</b>	

## **Total Expenditures on Services and Funding Sources in 2012**

Local governments budgets accounted for the highest proportion (70%) of the total funds for services provided in 2012 (Chart 1). Funds from the national budget accounted for 11% of the total expenditures; these were mainly fund awarded through annual calls for applications for public works programmes, social welfare service advancement programmes and programmes for associations and organisations of persons with disabilities. Donor funds accounted for 16% of the total expenditures on services. Copayment, i.e. beneficiaries' contribution to service funding, accounted for a very small share – only 3%.

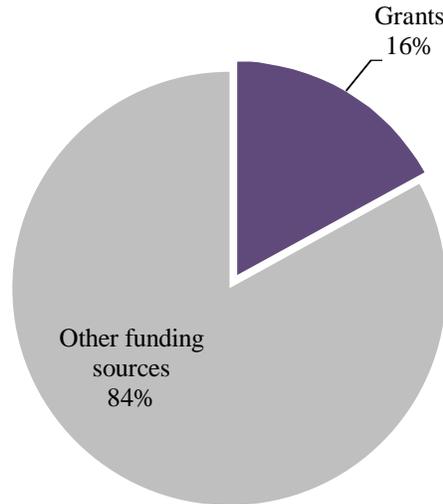
*Chart 1. Breakdown of expenditures on social welfare services by funding sources, %*



*The mapping exercise attempted to ascertain whether and to what extent the home local governments covered the costs of services for their residents who used services in other municipalities. Only 175 such beneficiaries were on record, but the precise expenditures for this purpose were not recorded. They accounted for a mere 0.1% of the total expenditures in 2012; therefore, they were not shown in the breakdown of expenditures by funding sources.*

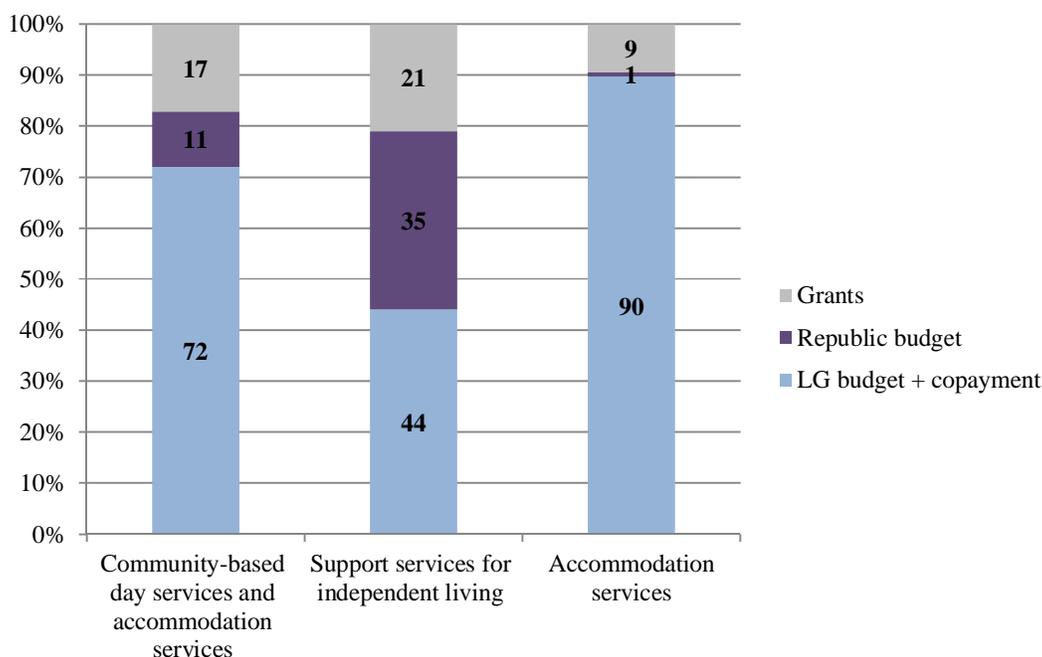
Of the total expenditures on services in the groups of community-based day services, support services for independent living and accommodation services in 2012, public expenditures accounted for 84%, and grants – 16% (Chart 2). The funds provided through donor projects are not negligible, but are not considerable either; in any case, they will remain necessary in the coming period, until the mechanism of designated transfers becomes operational and until local governments fully assume their legal duties with respect to service funding.

**Chart 2.** Share of donor funds in the total expenditures on services, %



Community-based day services and accommodation services are characterised by a high share of funding from local government budgets including copayment (from 72% for day services to 90% for accommodation services), in the total expenditures on these services (Chart 3). Funds from local budgets (and copayment) account for 44% of the total expenditures on support services for independent living. Funds from the national budget and donor programmes account for more than half of the funds for these services, which may be attributed to the influence of personal assistance services, which are mostly funded under the national public works programme. The share of funds from donor programmes ranges from only 9% in accommodation services to 21% in support services for independent living.

**Chart 3. Expenditures by funding sources and groups of services, %**



The analysis *Finansiranje socijalne zaštite u Republici Srbiji (Funding Social Welfare in the Republic of Serbia)*<sup>4</sup> indicates that no clear pattern or link can be identified between the amount and structure of local budget expenditures on social welfare, on the one hand, and local government size (population) and development level, on the other.

According to the mapping data, more than three quarters of local governments do not allocate any funds for services or allocate less than average, which amounted to about RSD 250 per capita per year in Serbia in 2012<sup>5</sup>.

Significant allocations, exceeding RSD 350 per capita, were found in only a dozen local governments. These are either major cities (Belgrade, Novi Sad, Subotica) or communities with very small populations where low overall amounts, when divided by the population size, give significant per capita sums, as is the case in Crna Trava, for example. There are also municipalities that joined this group as a result of personal influences and efforts (Vlasotince, Rekovac, Bojnik).

The colour-coded map below shows local governments grouped on the basis of their annual per capita allocations for social welfare services within the mandate of local governments in 2012<sup>6</sup>, as follows:

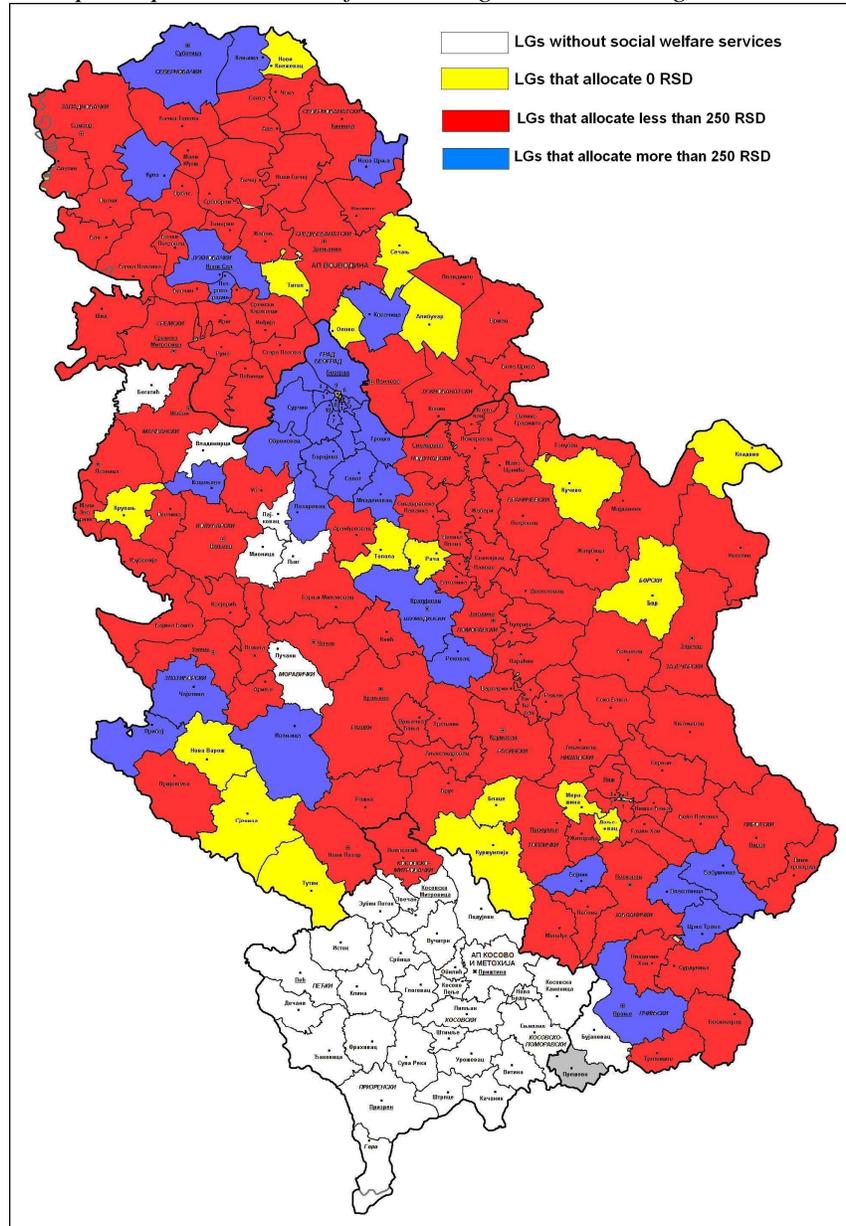
1. local governments in which no social welfare services within the mandate of local governments were provided in 2012;
2. local governments that did not allocate any local budget funds for social welfare services within the mandate of local governments in 2012;

<sup>4</sup> Stipanović, B. (2011), *Finansiranje socijalne zaštite u Republici Srbiji*

<sup>5</sup> The calculation is based on the mapping data on total expenditures on social welfare services in Serbia in 2012.

3. local governments that allocate less than average (RSD 250 per capita per year) for social welfare services within the mandate of local governments; and
4. local governments that allocate more than average (RSD 250 per capita per year) for services.

**Map 1. Annual per capita allocations from local government budgets in 2012**



*\*Note: A higher-resolution map is available in the Annex to the Report.*

**In seven local governments, no social welfare services within the mandate of local governments were provided in 2012. In another 18 local governments, no funds were allocated in the local budget for social welfare services within the mandate of local governments in 2012. In 101 local governments, the annual per capita allocations were under RSD 250, which was the average per capita allocation in 2012, computed on the**

basis of the funds spent for service provision in 119<sup>7</sup> local governments. The remaining 19 local governments allocated more than the average of RSD 250 per capita in 2012.

### 3.4. Beneficiaries of Social Welfare Services

The total number of beneficiaries covered by three groups of social welfare services (day services, accommodation services and support services for independent living) amounted to **24,303** in 2012. It should be noted that the total number of beneficiaries covered by the mapping exercise was 42,909. The beneficiaries of the service *Club* (16,000 in total) and the beneficiaries of the service *Counselling centre* (2,512 in total) were not taken into account for reasons outlined in the frame below. The number of **beneficiaries of community-based day services totalled 21,116** and thus prevailed in the structure of beneficiaries of social welfare services within the mandate of local governments in 2012 (Table 10).

It is not propitious to present the data on the number of beneficiaries and other parameters of other services in the groups of accommodation services and support services for independent living for the following reasons: low prevalence, different modalities of service provision, questionable sustainability, etc. In particular, services such as shelters, respite care, drop-in centres, personal assistance, supported housing etc. are present in few municipalities and cities.

For instance, the mapping exercise included *clubs*, which encompass as many as 16,000 beneficiaries, but are probably not designed in a uniform way in terms of activities; in addition, opening hours, organisation models, number of staff etc. also differ, which may compromise comparability. Similar reasoning may apply to *counselling centres*, with **additional 2,500 beneficiaries**.

Further, **the total data on services do not include various support programmes, which covered about 3,000 beneficiaries and were delivered in 24 local governments in 2012.**

**Table 10.** Number of beneficiaries of community-based day services

Service	Number of beneficiaries
HCA, elderly	15,563
HCA, adults (PWD)	441
HCA, children	611
DC, children with developmental disabilities	2,519
DC, elderly	1,022
DC, children in conflict with the law	359
Drop-in centre	601
<b>Total</b>	<b>21,116</b>

<sup>7</sup> The municipality of Preševo was not taken into consideration, owing to incomplete population census data.

In addition to data on the total number of beneficiaries, **the data on beneficiaries' sex, age and area of residence** – urban and rural – **were also collected**. For the purposes of this report, the data on beneficiaries are presented by sex and area of residence for all three groups of services.

In community-based day services (Table 11), females prevail among the beneficiaries of home care assistance for the elderly – 70%, which can probably be attributed to women's longer life span. The situation is similar in home care assistance for adults (persons with disabilities). The breakdown of the beneficiaries of day care for children with developmental disabilities by sex is balanced, whereas males have a higher share in the beneficiaries of day care for children in conflict with the law (62%), which indicates that this particular population aged up to 18 is at risk and in need of this service. Similarly, males prevail among the beneficiaries of drop-in centres (70%).

By area of residence, urban population has a high share, between 66% and 91%, in the beneficiaries of home care assistance for adults, day care for children in conflict with the law, day care for the elderly and drop-in centres. Urban population accounts for slightly more than one half of the beneficiaries of home care assistance for the elderly. As regards home care assistance for children, a significant majority – 64% – is comprised of children from rural areas. It is assumed that this service targets predominantly children from rural areas, as opposed to day care, which is in practice more focused on children with developmental disabilities from urban areas.

**Table 11.** *Beneficiaries of community-based day services by sex and area of residence*

Service	Share of female beneficiaries, %	Share of urban beneficiaries, %
HCA, elderly	70	54
HCA, adults (PWD)	59	66
HCA, children	45	36
DC, children with developmental disabilities	47	69
DC, elderly	48	91
DC, children in conflict with the law	38	82
Drop-in centre	30	89

The breakdown of beneficiaries of support services for independent living by sex is more or less balanced (Table 12); females have only a slightly lower share in the beneficiaries of personal assistance for adults (41%). The shares of urban and rural beneficiaries of this service, as well as supported housing for youth, are balanced. Supported housing for persons with disabilities typically has beneficiaries from urban areas.

**Table 12.** *Beneficiaries of support services for independent living and counselling centres by sex and area of residence*

Service	Share of female beneficiaries, %	Share of urban beneficiaries, %
PA, adults	41	48
Supported housing, PWD	51	85
Supported housing, youth	52	50
Counselling centres	/	/

Among accommodation services, females have a high share – 73% – only in the beneficiaries of shelters for domestic violence victims, which is to be expected, as women and children account for a majority of domestic violence victims. Beneficiaries of respite care and shelters for children are predominantly urban, with a share of over 70%.

**Table 13.** *Beneficiaries of accommodation services by sex and area of residence*

Service	Share of female beneficiaries, %	Share of urban beneficiaries, %
Shelter, general	45	69
Shelter, children	29	77
Shelter for domestic violence victims ("safe house")	73	37
Respite care	48	80

### **3.5. Reasons for Underdevelopment of Services**

The questionnaire contained a question on the reasons for underdevelopment of services and each local community had an opportunity to state its views on the subject. It was a multiple-choice question, and most participants in the mapping process stated the following main reasons:

- lack of funds;
- highly dispersed or remote settlements in which potential beneficiaries live;
- no need for services/few potential beneficiaries;
- insufficient local government awareness of competences in the area of social welfare.

The results indicate that the mapping participants most frequently selected the answer that the main obstacle to service development was "lack of funds". In general, **social welfare programmes are not assigned high political significance**, i.e. they are not considered important for attracting voters, while in less developed local communities social welfare is always low priority – budget fund are always allocated for education and health at the expense of social welfare<sup>8</sup>.

Some local governments may rely on extrabudgetary funding for services. However, unless extrabudgetary funds are provided, the continuity of service provision is compromised and it will either be reduced in scale or discontinued.

Further, in many local governments' budgets, there is no designated item for service funding. Municipalities fund two types of expenditures: services and direct benefits to citizens (one-off assistance), and it is difficult to clearly ascertain the division of funds for these purposes<sup>9</sup>. It is probable that many local governments prioritise one-off assistance, owing to the fact that allocations for social welfare services are less politically attractive.

<sup>8</sup> Matković, G. (2011), *Decentralizacija socijalne zaštite*

<sup>9</sup> Paunović, M. (2012), *Izdaci za socijalnu zaštitu na lokalnom nivou*

## **4. Some Characteristics of the Two Most Prevalent Social Welfare Services – Home Care Assistance for the Elderly and Day Care for Children with Developmental Disabilities**

### ***4.1. Home Care Assistance for the Elderly***

As in the past few years, home care assistance for the elderly is the most prevalent social welfare service in Serbia. This report will present the main data on the service, as well as several possible indicators for monitoring, which could serve as the basis for comparison among local governments.

#### ***Main data on the service in 2012:***

- The service covers 15,563 individuals or 13,588 households.
- The service covers 14,635 beneficiaries aged over 65 (94% of all beneficiaries of this service).
- Women account for 70% of all beneficiaries.
- The service is provided in 122 local governments (84%).
- The share of beneficiaries aged 65+ in the total population aged 65+ is 1.2% at the national level.
- The share of beneficiaries aged 65+ in the total population aged 65+ at the level of the 122 local governments in which the service is provided is 1.3%.
- Providers of home care assistance are predominantly from the state sector (75%).
- Of all beneficiaries, 74 receive the service from the state sector.
- Funds from local government budgets (and copayment) account for 73% of the total expenditures on this service.
- Urban population accounts for 54% of the beneficiaries of home care assistance.

#### ***Availability of Home Care Assistance***

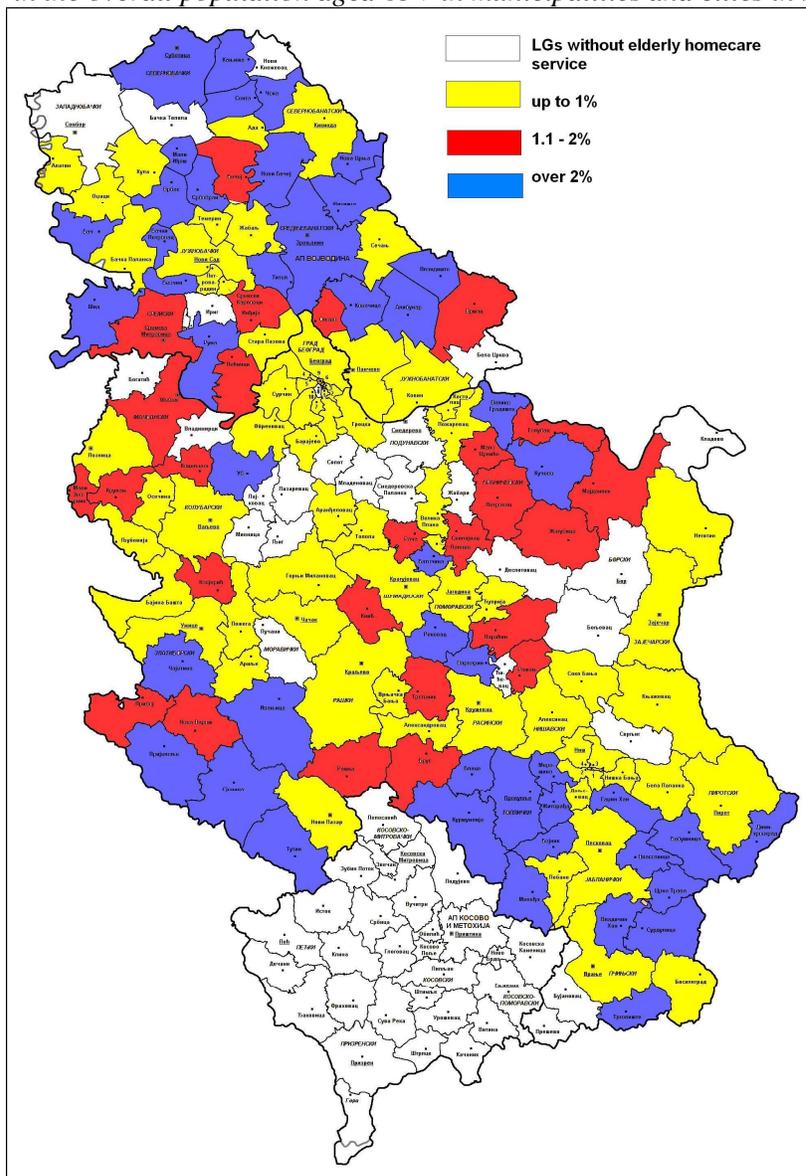
Among the possible availability indicators is the share of service beneficiaries aged over 65 in the total population aged over 65. In 2012, this indicator amounted to 1.2% at the national level.

Map 2 shows the distribution of municipalities and cities in Serbia in relation to this indicator.

- The first group comprises local governments in which service availability is below 1%. This group includes 50 local governments marked in yellow on the map.

- The second group comprises local governments in which service availability measured by this indicator is between 1% and 2%. This group includes 26 local governments marked in red on the map.
- The third group comprises local governments in which the service covers more than 2% of the city/municipal population aged over 65. This group includes 46 local governments marked in blue on the map.

**Map 2.** Availability of home care assistance measured by the share of beneficiaries aged 65+ in the overall population aged 65+ in municipalities and cities in Serbia



\*Note: A higher-resolution map is available in the Annex to the Report.

### **Service Provision Intensity**

Among the possible indicators of intensity of service provision to beneficiaries or households is the average number of hours of service provision per beneficiary per week, which facilitates comparison among local governments. The intensity of support, as an

indicator, differs among local governments as the models of home care assistance provision are different.

For instance, in a number of local governments, the services are provided to all beneficiaries on an equal basis, one or two hours per day, five days per week, while in others, the service differs among beneficiaries or households in terms of daily duration and weekly schedule (number of days).

#### ***Examples of Two Models Different in Terms of Service Provision Intensity***

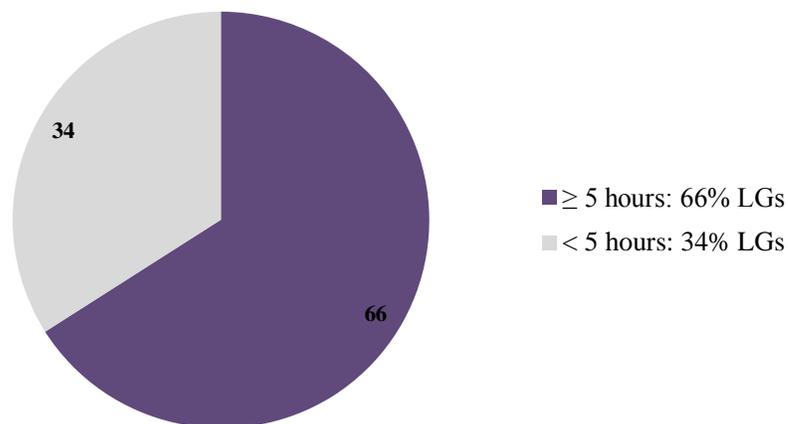
In one municipality, the services are provided to all beneficiaries or households two hours per day, five days per week. Each beneficiary receives, on average, ten hours of services per week.

In another municipality, the services cover 50 beneficiaries, i.e. households. Of the 50 households, 30 receive the services one hour per day, five days per week, and 20 – two hours per day, three days per week. In this case, the services are provided, on average, for five hours and 24 minutes per beneficiary (household) per week.

In the interest of easier assessment of service provision intensity by municipalities and cities, two groups of local governments are presented, as follows:

- local governments with lower service provision intensity, where the weekly average is lower than five hours per beneficiary/household (less than one hour per day, five days per week) and
- local governments with higher service provision intensity, where the weekly average is equal to or higher than five hours per beneficiary/household.

**Chart 4.** Average number of hours of service provision per beneficiary/household per week in cities and municipalities, %

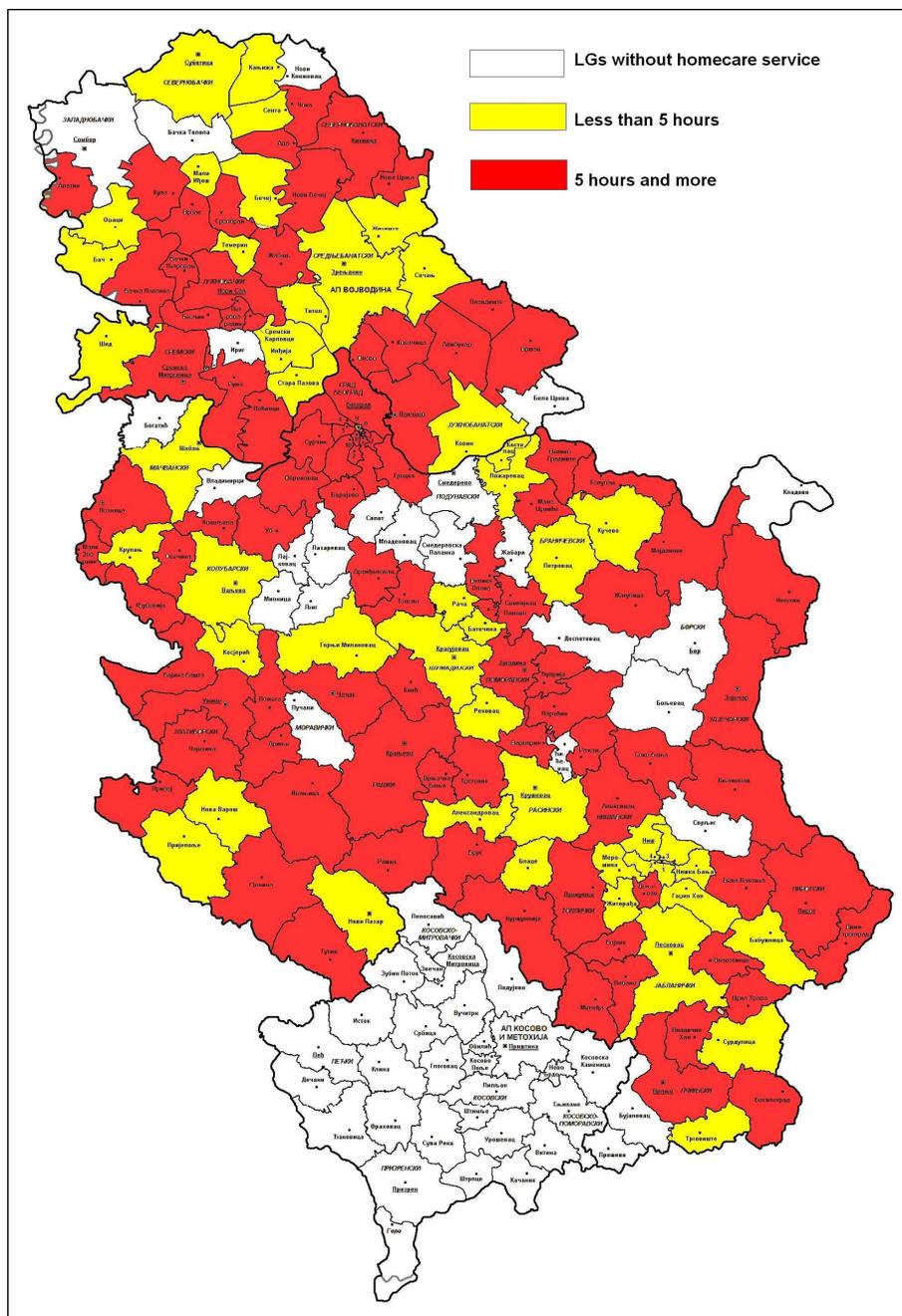


As shown on *Chart 4*, home care assistance is provided, on average, for less than five hours per beneficiary/household per week in 42 local governments or 34% of all local governments in which these services are present.

The other group, with higher service provision intensity – on average, five hours or more per beneficiary/household per week comprises 80 local governments or 66% of all local governments in which home care assistance services are present.

The map below shows the geographic distribution of local governments with lower and higher service provision intensity of home care assistance (*Map 3*). Local governments with lower service provision intensity are marked in yellow, while those with higher service provision intensity are marked in red.

**Map 3.** Intensity of home care assistance services provided, by municipalities and cities in Serbia



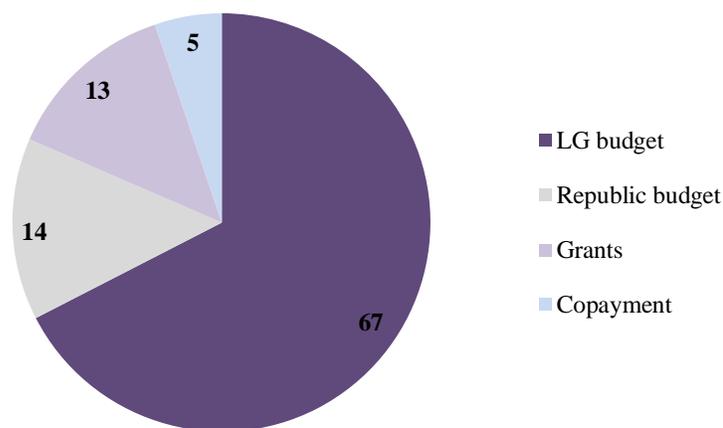
\*Note: A higher-resolution map is available in the Annex to the Report.

## Service Funding

With annual expenditures of about RSD 1 billion, home care assistance services are ranked highest in terms of the level of expenditures and, of course, the number of beneficiaries. The highest expenditures, nearly 42% of the total, were recorded in Belgrade, with more than 2,000 beneficiaries.

Chart 5 below shows the breakdown of total expenditures on these services by all four funding sources: local budget, project funds from the national budget, donor funds and copayment.

*Chart 5. Share of different funding sources in total annual expenditures on the services, %*

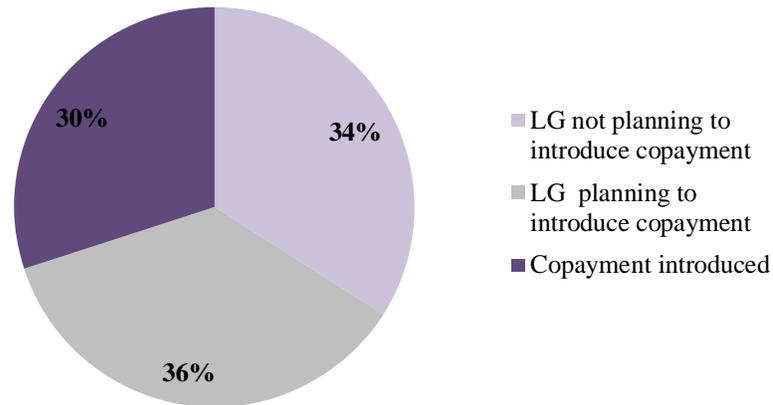


As stated above, local budget fund account for a high proportion of the total expenditures on these services. The difference between the respective shares of national and donor funds in the total expenditures is minimum. In most cases, local governments do not charge any copayment; hence, it has a pronouncedly low share in the total expenditures – 5%. The data on expenditure on home care assistance are important for the assessment and comparison of service availability. In some communities, home care assistance for the elderly is funded externally and it may be assumed that their sustainability is questionable in those cases.

### **Beneficiaries' Contribution to Service Funding and Service Sustainability**

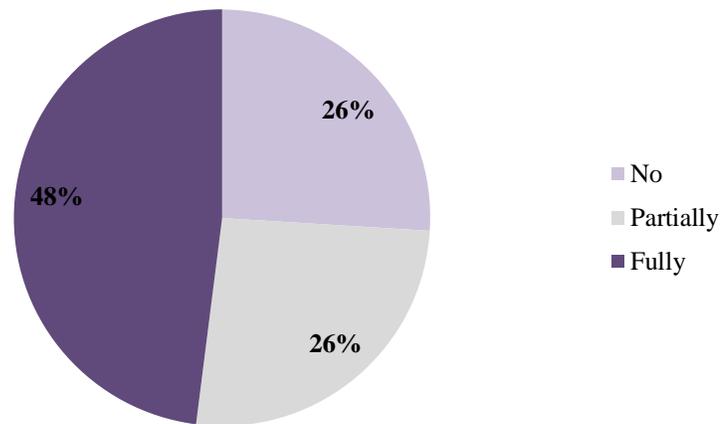
As stated above, beneficiaries' contribution to service funding, amounting to 5% of the total expenditures, is very low. The chart below shows, however, that slightly more than one third of the local governments charge copayment. In 2012, somewhat more than one third of all local governments charged beneficiaries for the services, somewhat less than one third were planning to introduce a copayment system, while one third were not planning to introduce copayment at all (Chart 6).

**Chart 6.** Copayment for home care assistance (beneficiaries' contribution to service funding), %



As regards the sustainability of funding, almost half of the local governments providing home care assistance for the elderly stated that the funding for 2013 was secured in full, while one quarter stated that the funding was partially secured and one quarter – that the funding for 2013 was not secured (Chart 7).

**Chart 7.** Sustainability – level of secured funding for 2013, %



## **4.2. Day Care for Children (and Youth) with Developmental Disabilities**

For the past few years, day care for children (and youth) with developmental disabilities has been the second most prevalent service in Serbia. This report will present the main data on the service, as well as several possible indicators for monitoring, which could serve as the basis for comparison among local governments.

### **Main data on the service in 2012:**

- *The service covers a total of **2,519 beneficiaries**.*
- *The service covers 1,999 beneficiaries aged up to 26.*
- *The share of beneficiaries in the total Serbian population aged up to 26 is 0.11%.*
- **The service is provided in 71 local governments**, almost half of the total number (49%).
- *The state sector accounts for 54% of the service providers.*
- *The state sector covers slightly less than two thirds of all beneficiaries (62%).*
- *Local budget funds (with copayment) account for as much as 83% of the total expenditures on this service.*
- *Both sexes are almost equally represented among the beneficiaries.*
- *Urban population accounts for 69% of the beneficiaries.*

## **Availability of Day Care for Children (and Youth) with Developmental Disabilities**

Among the possible indicators for presenting the availability of this service is the share of its beneficiaries in the total population aged up to 26 at the national level. **The share of beneficiaries aged up to 26 in the total population aged up to 26<sup>10</sup> at the national level amounted to 0.11% in 2012.**

In the interest of easier assessment of availability, the distribution of local governments providing day care for children with developmental disabilities is shown as follows (Map 4):

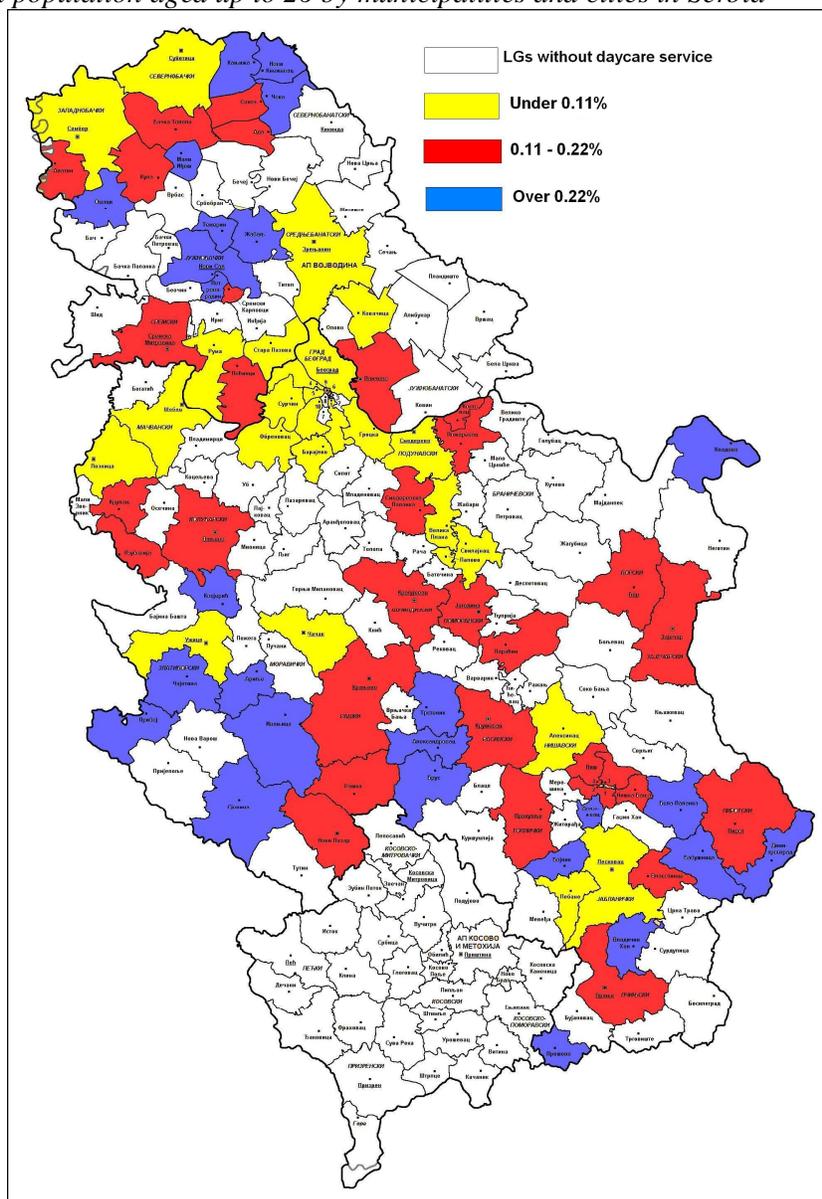
- The first group consists of the local governments in which the share of beneficiaries aged up to 26 in the overall population aged up to 26 (in the municipality/city) is **lower than the national average** (lower than 0.11%). This

<sup>10</sup> Assessment based on the data from the 2011 Census of Population, Households and Dwellings in the Republic of Serbia.

group comprises 17 local governments (24% of all LGs providing this service) marked in yellow on the map.

- The second group consists of the local governments in which the share of beneficiaries aged up to 26 in the overall population aged up to 26 (in the municipality/city) **ranges between 0.11% and 0.22%**. This group comprises 28 local governments (or 39%) marked in red on the map.
- The third group consists of the local governments in which the share of beneficiaries aged up to 26 in the overall population aged up to 26 in the municipality/city is **higher than 0.22%**. This group includes 26 local governments marked in blue on the map.

**Map 4.** Availability of day care measured by the share of beneficiaries aged up to 26 in the overall population aged up to 26 by municipalities and cities in Serbia



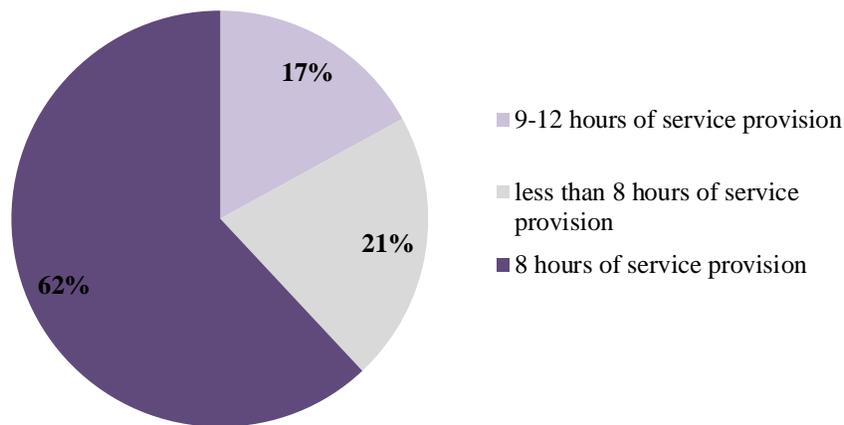
\*Note: A higher-resolution map is available in the Annex to the Report.

### ***Service Provision Intensity of Day Care for Children (and Youth) with Developmental Disabilities (Day Care Opening Hours)***

The opening hours of day care for children with developmental disabilities constitute service provision intensity. In Serbia, this service is provided for four to twelve hours per day, on weekdays, five days per week. With a view to a more illustrative overview of the distribution of local governments and of beneficiaries by day care opening hours, local governments are classified into three groups:

- the first group comprises local governments in which this service is provided for less than eight hours per day;
- the second group comprises local governments in which the service is provided for eight hours per day, and
- the third group comprises local governments in which the service is provided for nine to twelve hours per day.

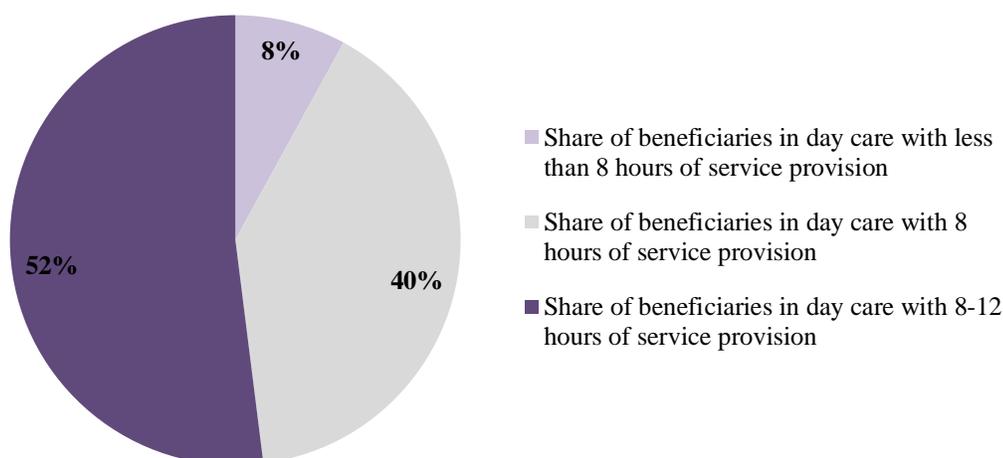
**Chart 8.** Local governments with day care by opening hours, %



Day care with opening hours shorter than eight hours per day is provided in 15 local governments (21% of all local governments providing this service). The service with opening hours of eight hours per day is provided in 44 local governments (62%). Day care with opening hours longer than eight hours, more precisely between nine and twelve hours per day, is provided in 12 local governments (17%).

The chart below shows the distribution of **beneficiaries** by day care opening hours.

**Chart 9.** Distribution of beneficiaries by day care opening hours, %

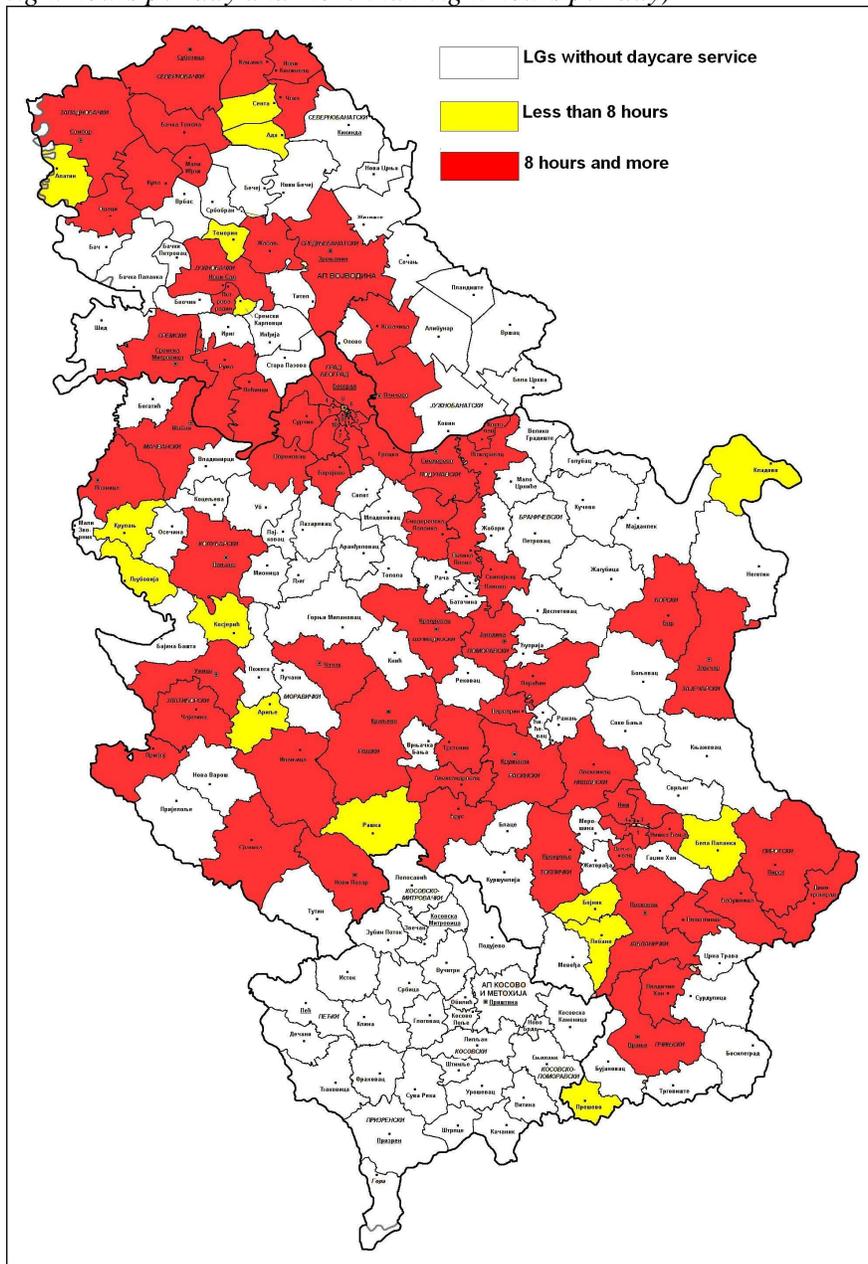


In the first group, comprising 15 local governments, day care with opening hours shorter than eight hours per day covers 206 beneficiaries or 8% of all beneficiaries. In the second group, comprising 44 municipalities and cities, day care with opening hours of eight hours per day covers 1,012 beneficiaries or 40% of all children using the service. Finally, in the third group, comprising 12 municipalities and cities in Serbia, day care with opening hours between nine and twelve hours per day covers 1,299 children using the service or 52% of all beneficiaries.

Map 4 below shows the **distribution of local governments providing day care by opening hours** – shorter and longer than eight hours per day. The local governments providing day care with opening hours shorter than eight hours per day are marked in yellow. There are 15 such local governments, or 21% of all LGs providing the service; it is used by 206 children or 8% of all beneficiaries.

The local governments providing day care with opening hours between eight and twelve hours per day are marked in red on the map; there are 56 such local governments, or 79% of all LGs providing the service. A total of 2,311 children and youth use the service in these 56 local governments; they account for a significant majority of all beneficiaries – 92%.

**Map 5. Distribution of local governments by day care opening hours (under eight hours per day, eight hours per day and more than eight hours per day)**

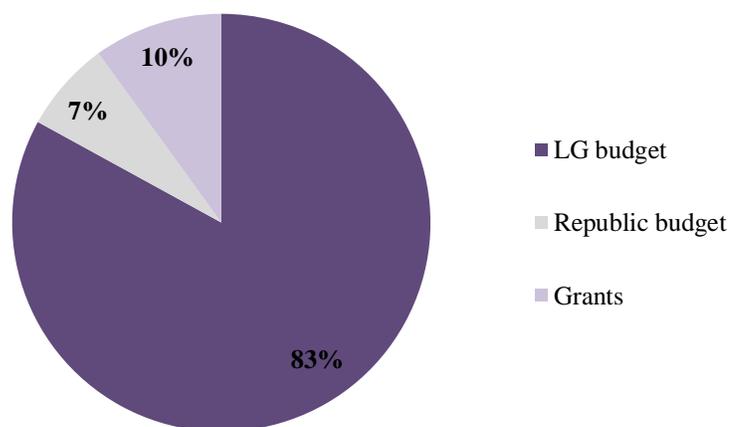


\*Note: A higher-resolution map is available in the Annex to the Report.

### **Funding Day Care for Children (and Youth) with Developmental Disabilities**

With total expenditures of almost RSD 640 million in 2012, day care for children and youth with developmental disabilities is ranked second, after home care assistance. This service is also ranked second by the number of beneficiaries, although it is seven times smaller than for home care assistance. Chart 10 below shows the breakdown of total expenditures on these services by all four funding sources: local budget with copayment, project funds from the national budget and donor funds.

**Chart 10.** Share of different funding sources in total annual expenditures on the services, %

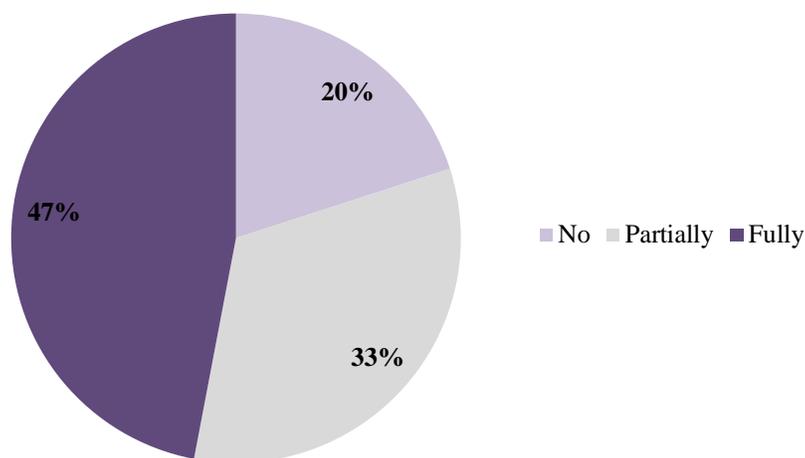


The extremely high share of local budget fund with copayment in the total expenditures on this service (80% from local budgets and 3% from copayment) has been pointed out above. Accordingly, the shares of funds from donor projects and national projects in total expenditures are far lower (10% and 7%, respectively).

Service sustainability – level of secured funding for 2013

In almost half of the local governments, more precisely in 47%, the funding for 2013 was secured in full. Of all local governments providing this service, 33% stated that the funding was partly secured, while the remaining 20% did not have secured funding at the time of completing the questionnaire.

**Chart 11.** Level of secured funding for 2013, %



## 5. Social Welfare Services Supporting Children and Youth with Developmental Disabilities and Their Families

In addition to day care, which has become established as the main community-based support service for children and youth with developmental disabilities, other services for children, such as home care assistance and respite care, have emerged in the past two years. The development of two new services for children with developmental disabilities has certainly been driven by donor projects. The IPA-funded project *Developing Community-based Services for Children with Disabilities and their Families* influenced the expansion of the range of services for children (and youth) with developmental disabilities to include the development of new services as an alternative to institutional care, enabling children to remain in their families. This section contains important findings on support services targeting children and youth with developmental disabilities and their families: *day care for children and youth with developmental disabilities, home care assistance for children with developmental disabilities and residential respite care.*

### ***Availability of Social Welfare Services for Children and Youth with Developmental Disabilities in Serbia***

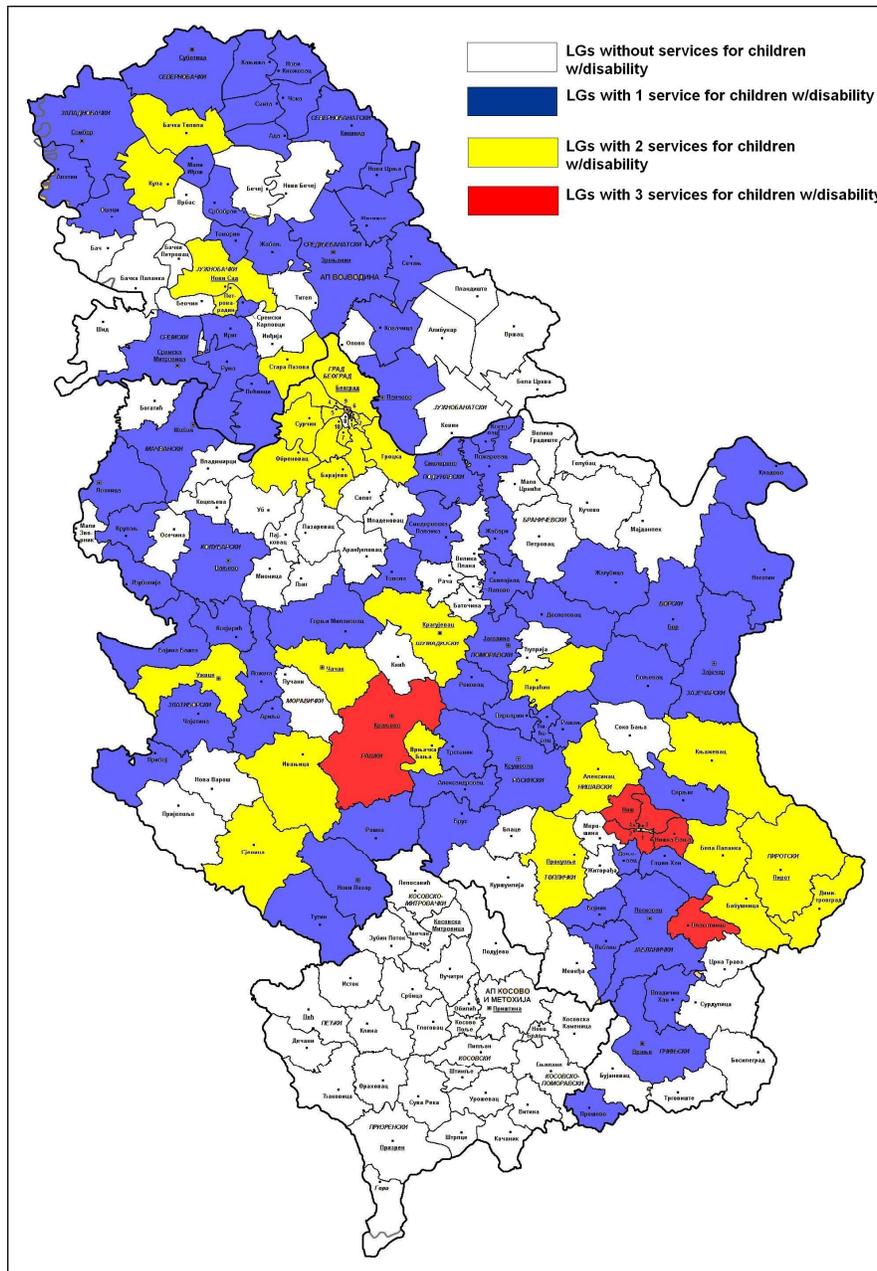
According to mapping findings, day care, home care assistance and respite care services, which constitute the group of support services for children and youth with developmental disabilities and their families, are provided in 94 of 145 local governments in Serbia. These services are present in nearly two thirds of all local governments. Yet, **in 51 local governments, or in more than one third, these support services do not exist** (Table 14).

**Table 14.** *Prevalence of individual social welfare services for children and youth with developmental disabilities, %*

Service	Number of LGs in which services for children are provided	Share in the total number of LGs, in %, shown separately for each service
DC, children and youth with developmental disabilities	71	49
HCA, children and youth with developmental disabilities	37	26
Respite care	11	8
No services for children	51	35

The distribution of services for children and youth with developmental disabilities is shown on the map below: the local governments in which all three services are provided are marked in red, those in which two of the services are provided are marked in yellow, and those in which only one of the services for children and youth with developmental disabilities are provided are marked in blue.

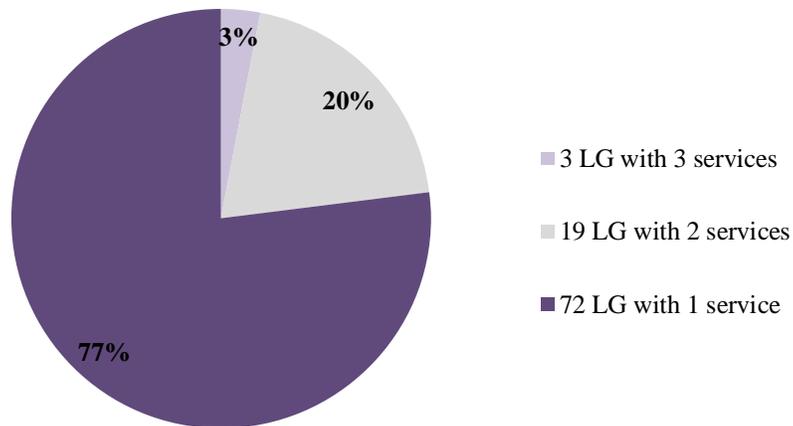
**Map 6. Availability of services for children and youth with developmental disabilities in Serbia**



*\*Note: A higher-resolution map is available in the Annex to the Report.*

Only **three local governments in Serbia – Vlasotince, Kraljevo and Niš – provide all three services**, while **19 local governments provide two of the services** for children and youth with developmental disabilities. Therefore, the predominant situation is **the existence of only one service** for children and youth with developmental disabilities; this is the case in **72 local governments** in Serbia (Chart 7). In 51 of these local governments, only day care is provided, while in the remaining 21, home care assistance for children and youth with developmental disabilities is provided.

**Chart 12. Distribution of services for children among all local governments that provide services for children and youth with developmental disabilities, %**



Map 6 attached to this Report shows the distribution of services for children and youth with developmental disabilities in all local governments in which these services are provided. Therefore, no social welfare services for children with developmental disabilities exist in 51 local governments, i.e. in more than one third or 37% of all local governments. This should certainly be taken into account in future programming of both state (e.g. *designated transfers*) and donor funds (e.g. IPA programmes) with a view to: a) providing support for maintaining the existing services and improving quality and b) introducing services in those local communities where none are available.

### **Beneficiaries of Services for Children with Developmental Disabilities**

In 2012, according to the data collected, a total of 3,475 beneficiaries were covered by services for children and youth with developmental disabilities; it is, however, unclear whether and to what extent they overlapped, i.e. how many beneficiaries used two or all three services, and the total figure should be taken with caution. It should be noted that not all beneficiaries of these services belong to the age group up to 26; however, this age group constitutes the majority – 82% of all beneficiaries.

**Table 16.** *Number of beneficiaries of services for children with developmental disabilities*

Service	Total number of beneficiaries	Beneficiaries aged up to 26	Share of beneficiaries aged up to 26 in the total number of beneficiaries, %	Share of beneficiaries aged up to 26 in the total number of children/youth with developmental disabilities, %
Day care	2,519	1,999	79	12
Home care assistance	611	579	95	3
Residential respite care	345	251	73	1.5

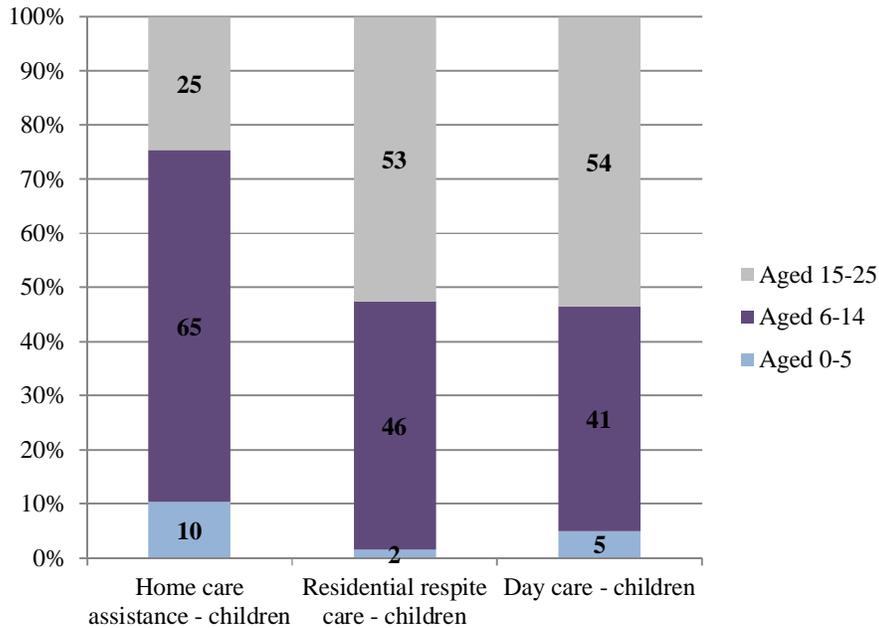
The number of beneficiaries covered by this group of services is quite unfavourable. In relation to the 2011 Census data, **day care**, with 1,999 beneficiaries aged up to 26, covers

only 12% of all children and youth with developmental disabilities aged up to 26<sup>11</sup>, while home care assistance and respite care cover markedly low shares of this group – 3% and 1.5%, respectively<sup>12</sup>. These data, in general, indicate an insufficient presence of services for children and youth with developmental disabilities; hence, the introduction and provision of these services is required to achieve their higher and more uniform availability throughout Serbia. It is particularly important that decision makers at the national and local levels be aware of this.

### **Age Groups of Beneficiaries of Services for Children with Developmental Disabilities**

The breakdown of beneficiaries – children and youth with developmental disabilities aged up to 26 by age groups is shown in Chart 13.

**Chart 13. Breakdown of service beneficiaries – children and youth with developmental disabilities aged up to 26, %**



<sup>11</sup> The data on the total number of children and youth with developmental disabilities aged up to 26 have been estimated on the basis of the data from the 2011 Census of Population, Households and Dwellings in the Republic of Serbia (Disability – data by municipalities and cities). Census definition of persons with disabilities: persons who, in response to the question on at least one problem (vision, hearing, walking, memory/concentration, independence, communication) responded "(yes) much difficulty" or "(yes) fully incapacitated". According to this estimate, the total number of children and youth with developmental disabilities aged up to 26 amounts to 17,000.

<sup>12</sup> Ibid.

Of all three services, the share of the youngest children is the highest in home care assistance for children and youth with developmental disabilities – 10%, while most beneficiaries are in the age group between 6 and 14 years, i.e. primary school age (65%). Respite care covers almost equal numbers of children from the age groups 6–14 years (47%) and 15–26 years (52%).

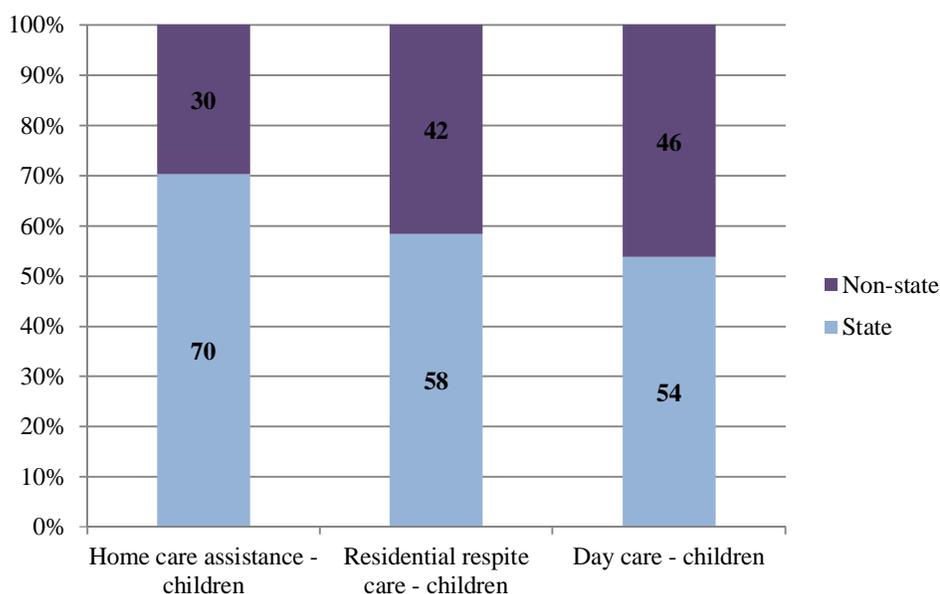
In day care, beneficiaries in the age group 15–25 years account for the highest proportion – slightly more than half of all beneficiaries, more precisely 54%. This can probably be attributed to the fact that this is the longest-standing service in Serbia; thus, over time, as children grew up, this age group became the largest; at the same time, inclusive education was launched and children aged 6–14 were covered to a greater extent than had previously been the case.

### ***Providers of Services for Children with Developmental Disabilities***

Services for children with developmental disabilities are predominantly provided by the state sector. Day care and respite care are provided almost equally by state and non-state providers, which can be explained by the fact that the non-state, i.e. non-governmental sector, organisations and associations of parents of children with developmental disabilities have a special and great interest in becoming further empowered for and specialised in the provision of these services (Chart 14). The state sector has only a slight lead – it accounts for 54% of day care providers and 58% of respite care providers. Naturally, this fact does not diminish the importance of future monitoring of these two services from this aspect, or of further qualitative analyses of each of these service provision models individually.

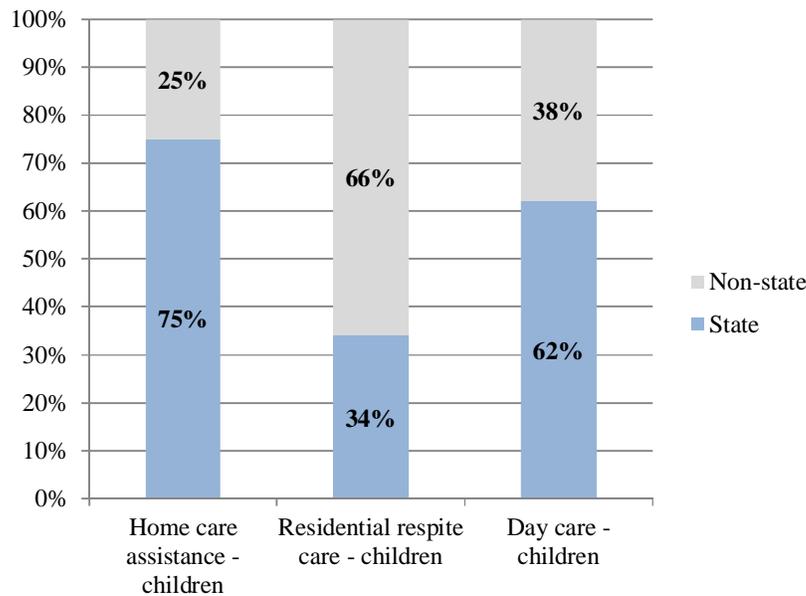
Home care assistance for children with developmental disabilities is predominantly provided by the state sector (70%), where social work centres, as well as special schools, are prominent service providers. It would also be important to perform an analysis of the model for the provision of this service in the future.

**Chart 14.** *Providers of services for children with developmental disabilities, %*



The providers of services for children with developmental disabilities, i.e. the sector providing the service, could also be analysed in another way, from the aspect of the number of beneficiaries covered (Chart 15). Day care provided by the state sector covers somewhat more than two thirds of all beneficiaries, although it accounts for only slightly more than 50% of the service providers (Chart 14), while in respite care, the state sector has a similar share in the number of service providers, but covers only one third of all beneficiaries (Chart 15). This ratio is different in home care assistance, where the share of the state sector in the number of service providers is almost equal to the share of its beneficiaries in all beneficiaries (Charts 14 and 15).

**Chart 15.** Coverage of beneficiaries of services for children and youth with developmental disabilities by state and non-state service providers, %

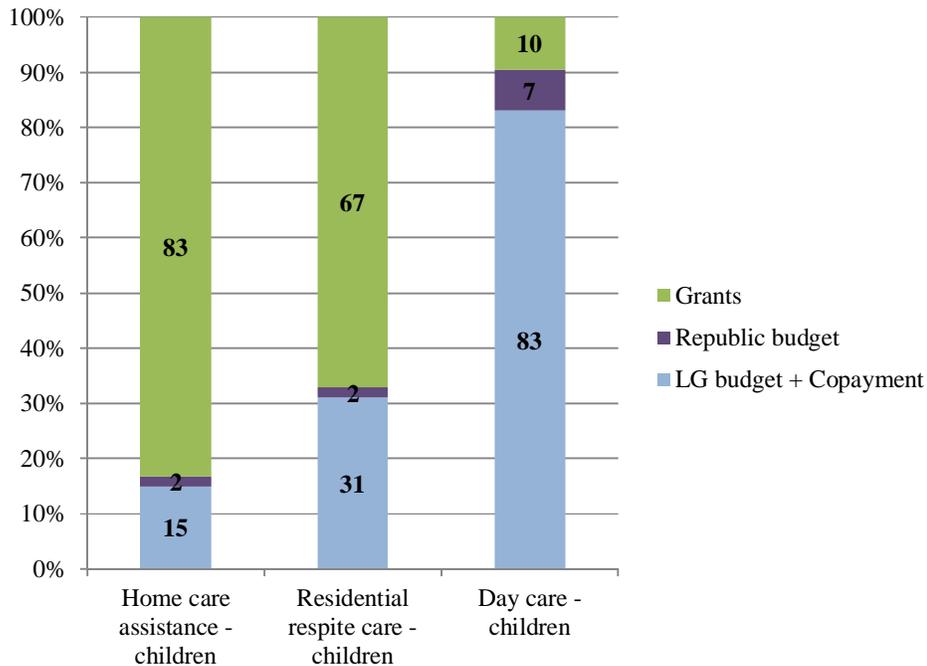


### **Funding Services for Children with Developmental Disabilities**

The respective shares of different funding sources for services for children with developmental disabilities are in line with how well established individual services are and the length of their existence. Day care for children with developmental disabilities is mainly funded from local government budgets, which account for 80% of the total expenditures (Chart 10). It is a fact that day care is the "oldest" support service for children with developmental disabilities (in major cities, it has existed for about 20 years) and local governments have, therefore, become far more sensitised for children's needs for this service through various campaigns and involvement in donor projects, at both national and local levels. In the past ten years or so, the providers of these services, irrespective of which sector they come from, have been very active in advocacy and fight for service sustainability and providing funds from local government budgets. The situation is far from ideal, since, according to field records, the "fight" to maintain continued and more stable service funding, especially in the non-governmental sector, is still in progress.

The other two services, introduced more recently, have yet to go through a similar process, since in 2012, when they were mainly established, they were predominantly funded from grants. In respite care, grants account for more than 60% of all expenditures, while in home care assistance for children, donor funds account for up to 83% of the total annual expenditures (Chart 10).

**Chart 16.** Breakdown of different funding sources for services for children with developmental disabilities, %



*Donor projects offer an incentive for the provision of new community-based services, but efforts of all stakeholders in this area are required to ensure **continuity in service provision and funding**.*

*This, in particular, relates to earmarking additional funds either from the national budget (along with fast introduction of an instrument such as designated transfers, foreseen by the **Social Welfare Law**) or from donor programmes with support from the Ministry of Labour, Employment and Social Policy, which can, naturally, be only a temporary solution. **Financial support is still required for services for children with developmental disabilities, both in the interest of preventing institutionalisation and in the interest of intensifying the development of new community-based services and enhancement of the existing ones.** In parallel, further investments are required in improving the capacities of service providers' staff, as well as social work centres' and local governments' staff.*

## 6. Sustainability of the Mapping Process and Outstanding Questions and Dilemmas

The key questions raised upon completion of the mapping process are:

- sustainability of the mapping process, i.e. its "institutionalisation", to ensure mapping exercises such as this become regular practice;
- establishment of a local-level social welfare service data collection system as part of a regular reporting and monitoring system;
- presentation, i.e. classification of *support programmes* that do not constitute services and
- development of standardised indicators on the basis of the data available in the data base.

The conducted social welfare services mapping exercise showed that it was possible to collect a significant quantity of different types of data in a relatively short time. The entire process represented an additional effort for the participants (LG representatives, SWCs and NGOs), but it provided significant insights into social welfare services within the mandate of local governments. The experience gained through this process may be used in further analyses of ways of collecting and using data with a view to increasing the availability of social welfare services at the local level and enhancing their quality.

Collection and monitoring of data on social welfare services should be established as part of a **regulated reporting system**, which should be standardised, regular and continuous. For the reporting system, *the minimum data to be regularly and continuously monitored at the annual level* should be determined first. On the other hand, it would be beneficial if a more extensive research of this type, *mapping*, with detailed information, were carried out at regular, pre-defined intervals (e.g. every five years) and possibly with additional types of data to be collected.

As stated above, the issue of data on *support programmes*, which are not services, strictly speaking, and which are mainly delivered in major cities, emerged during the mapping exercise. These non-standardised programmes cannot be considered social welfare services as defined in the Social Welfare Law and implementing bylaws, in spite of the fact that they are funded from the social welfare portion of local government budgets. This raises the issue of distinction between services and support programmes; it is, therefore, necessary to introduce a *typology* of these programmes and define them more clearly.

It is clear that the two most prevalent services, home care assistance for the elderly and day care for children with developmental disabilities, should be monitored regularly, and many indicators for their monitoring should be formulated precisely. The mapping exercise already attempted to define some of the indicators for these services. These are the indicators of availability and intensity of support. These indicators are already included in the *Serbian Municipal Social Profiles* database kept by the Ministry of Labour, Employment and Social Policy, as follows: a) for *home care assistance for the elderly: the number of beneficiaries by LGs, with the average number of hours of service provided per beneficiary per week*, and b) for *day care: the number of beneficiaries by LGs and day care opening hours* (Annex 3 and 4).

## 7. Enclosures – Maps and Annexes

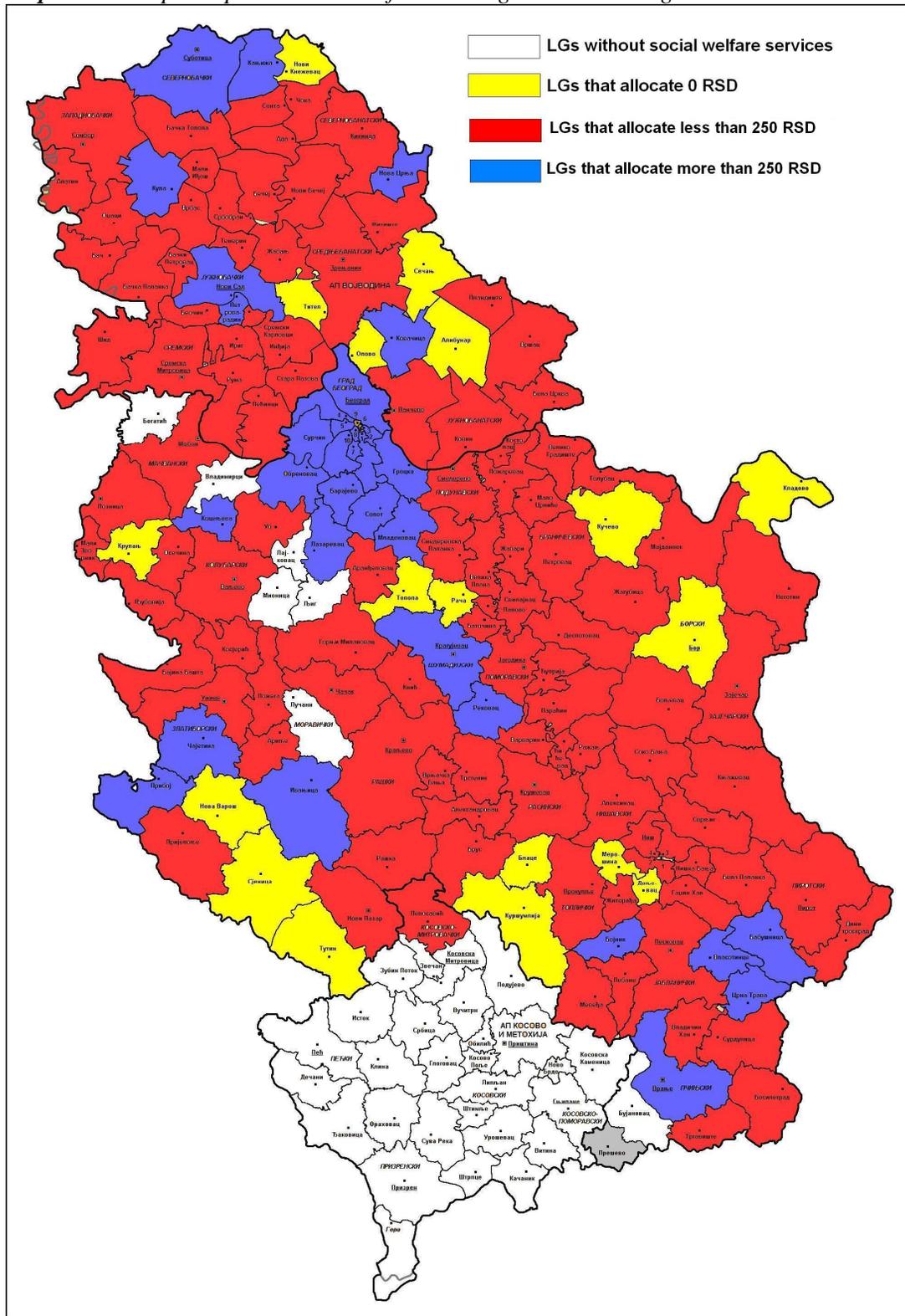
### *Maps*

1. Annual per capita allocations from local government budgets in 2012
2. Availability of home care assistance measured by the share of beneficiaries aged 65+ in the overall population aged 65+ in municipalities and cities in Serbia
3. Intensity of home care assistance services provided, by municipalities and cities in Serbia
4. Availability of day care measured by the share of beneficiaries aged up to 26 in the overall population aged up to 26 by municipalities and cities in Serbia
5. Prevalence of day care in local governments by opening hours – under eight hours per day and between eight and twelve hours per day
6. Availability of services for children and youth with developmental disabilities in Serbia

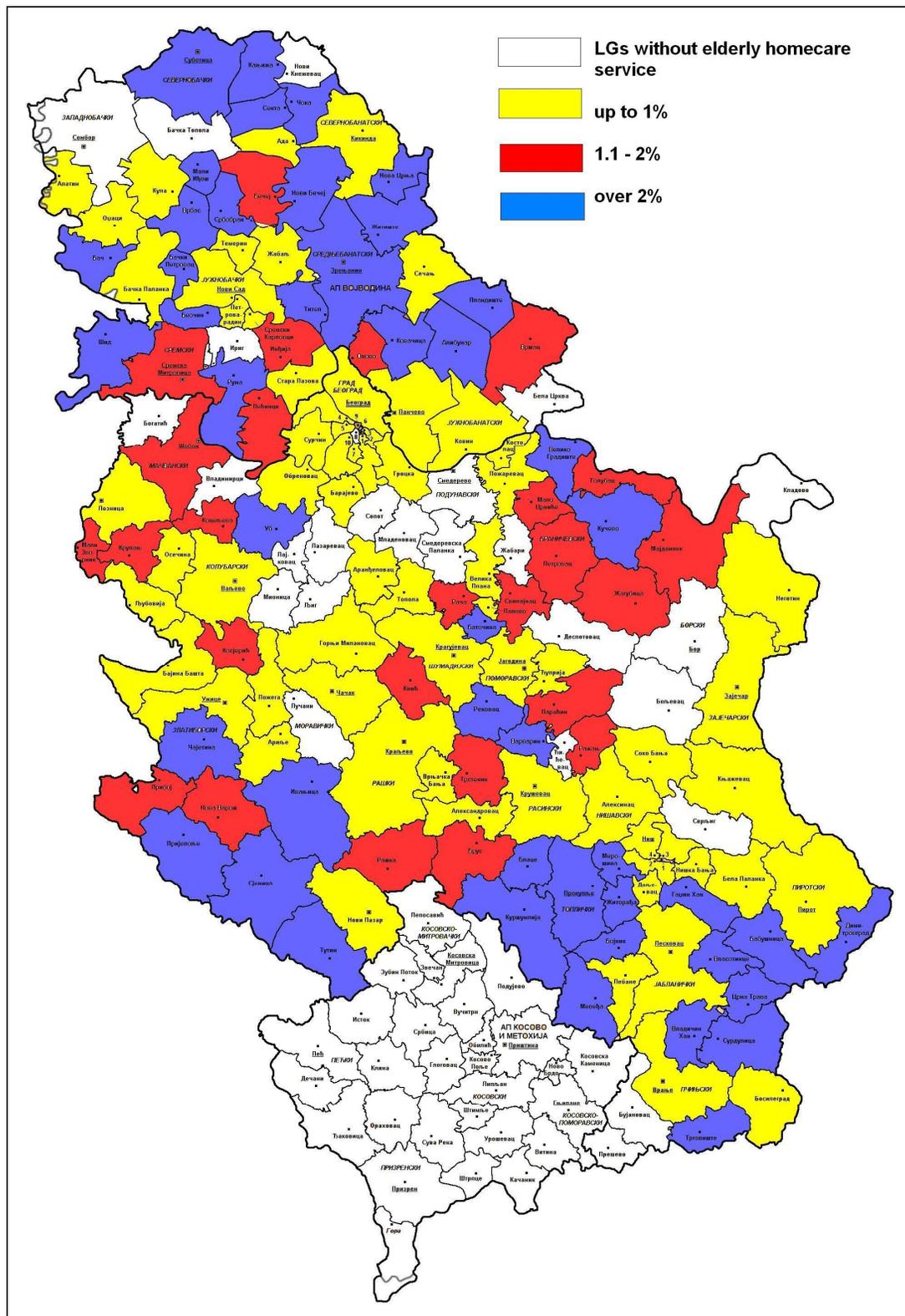
### *Annexes*

1. **Data base** on social welfare services collected through the mapping process
2. Mapping questionnaire
3. Home care assistance for the elderly by municipalities, with the number of beneficiaries and the average number of hours of service provided per beneficiary/household per week in 2012
4. Day care by municipalities, with the number of beneficiaries and opening hours in 2012
5. Table of local governments in which social welfare services for children with developmental disabilities are provided

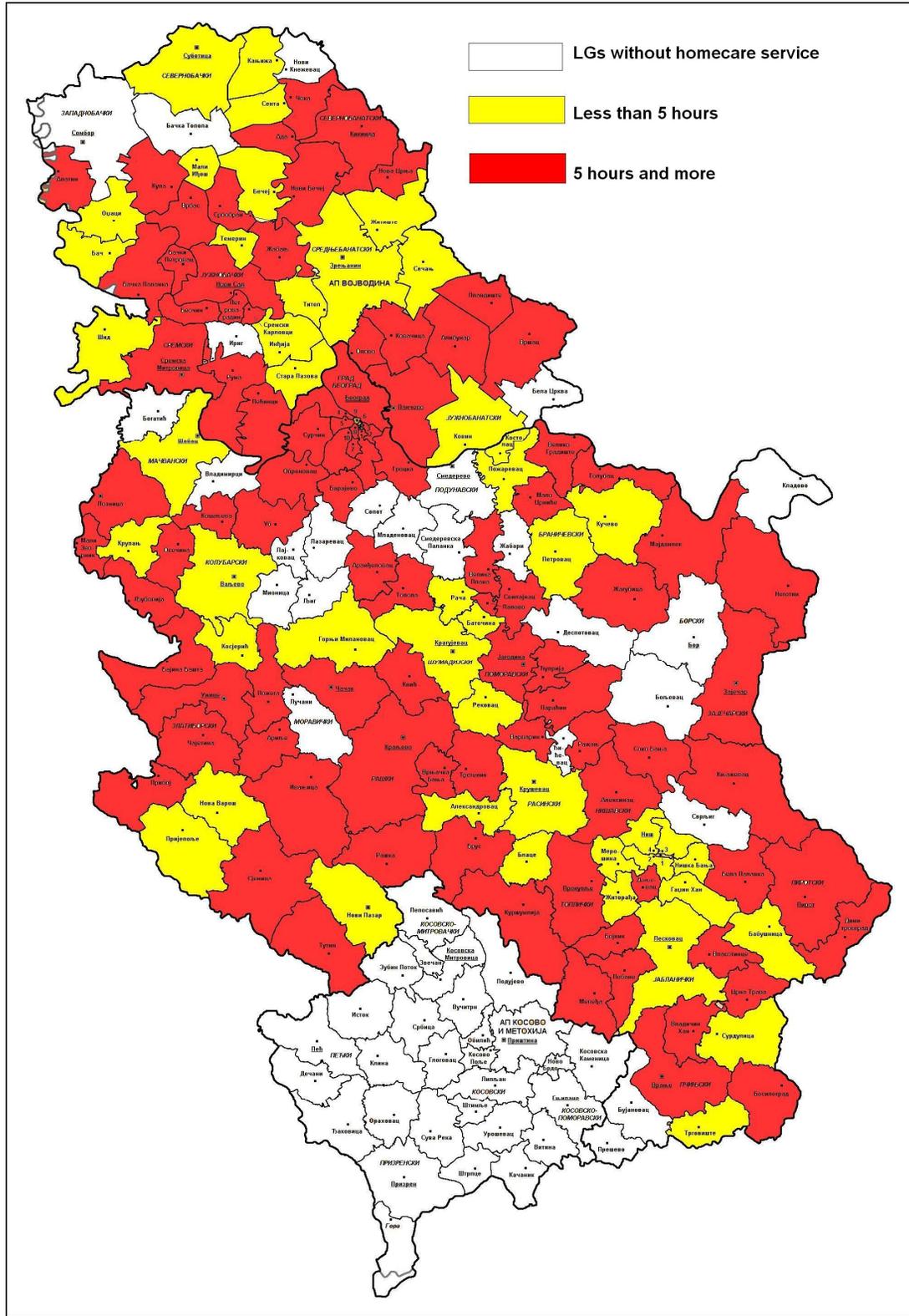
Map 1. Annual per capita allocations from local government budgets in 2012



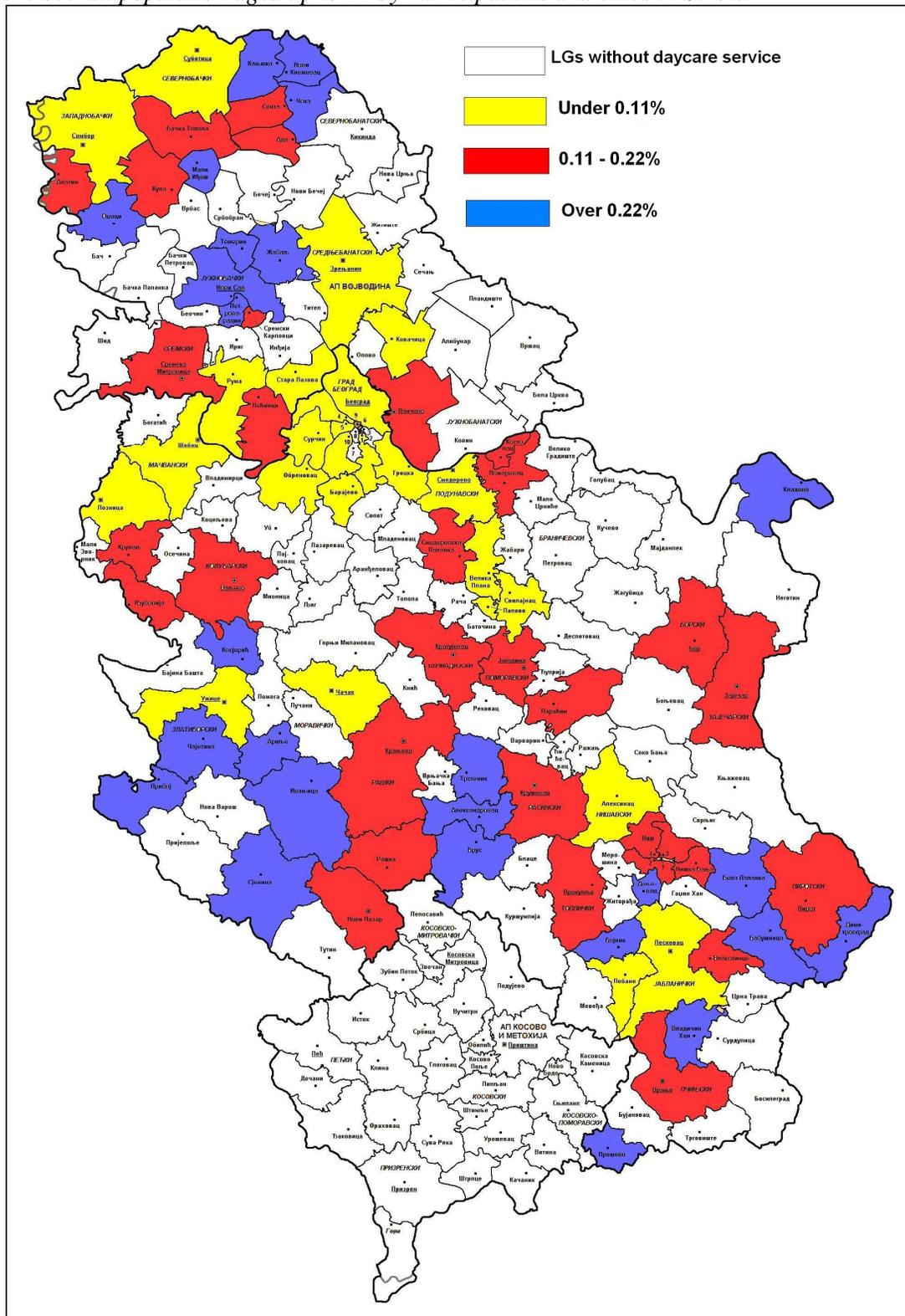
**Map 2.** Availability of home care assistance measured by the share of beneficiaries aged 65+ in the overall population aged 65+ in municipalities and cities in Serbia



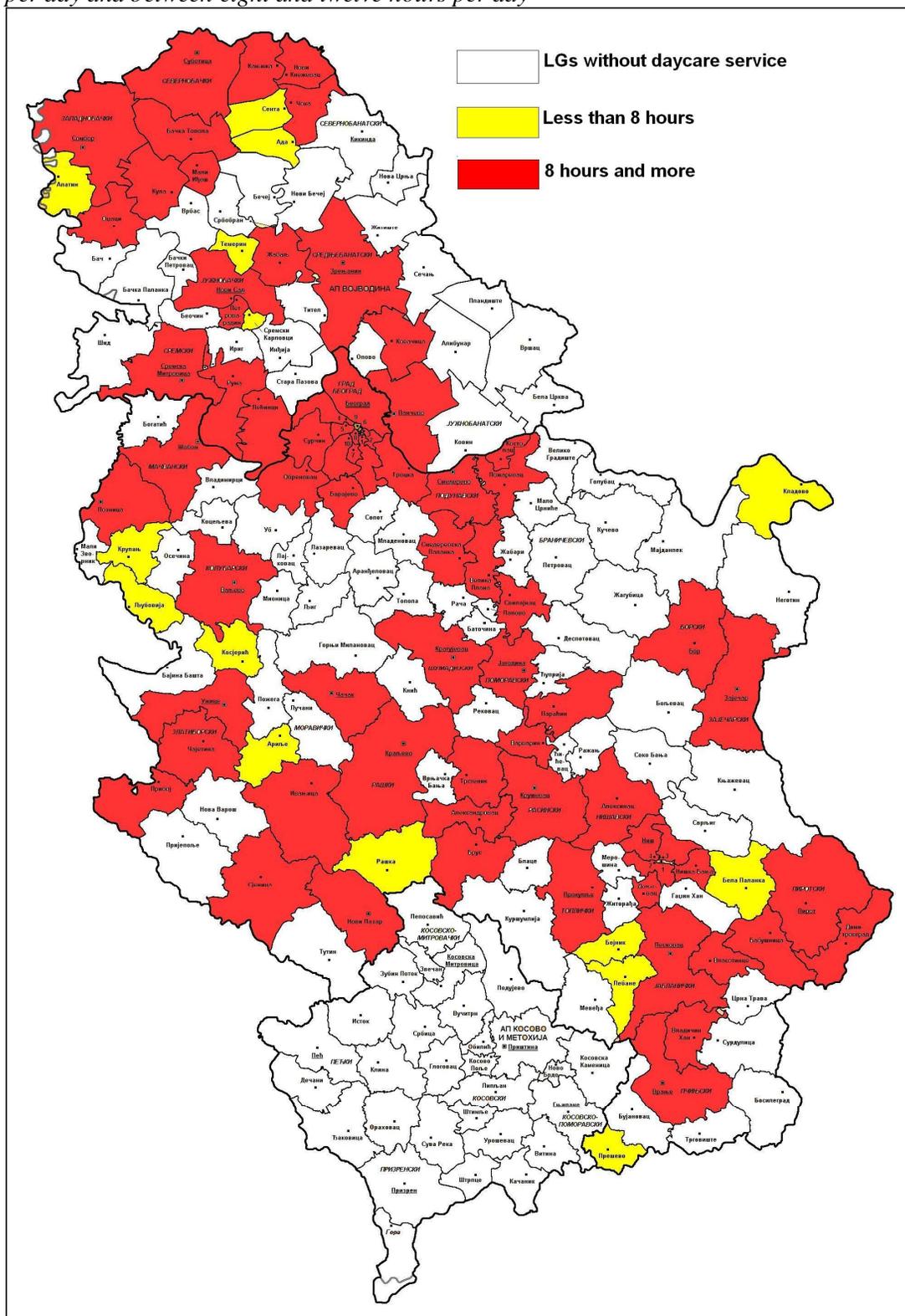
**Map 3. Intensity of home care assistance services provided, by municipalities and cities in Serbia**



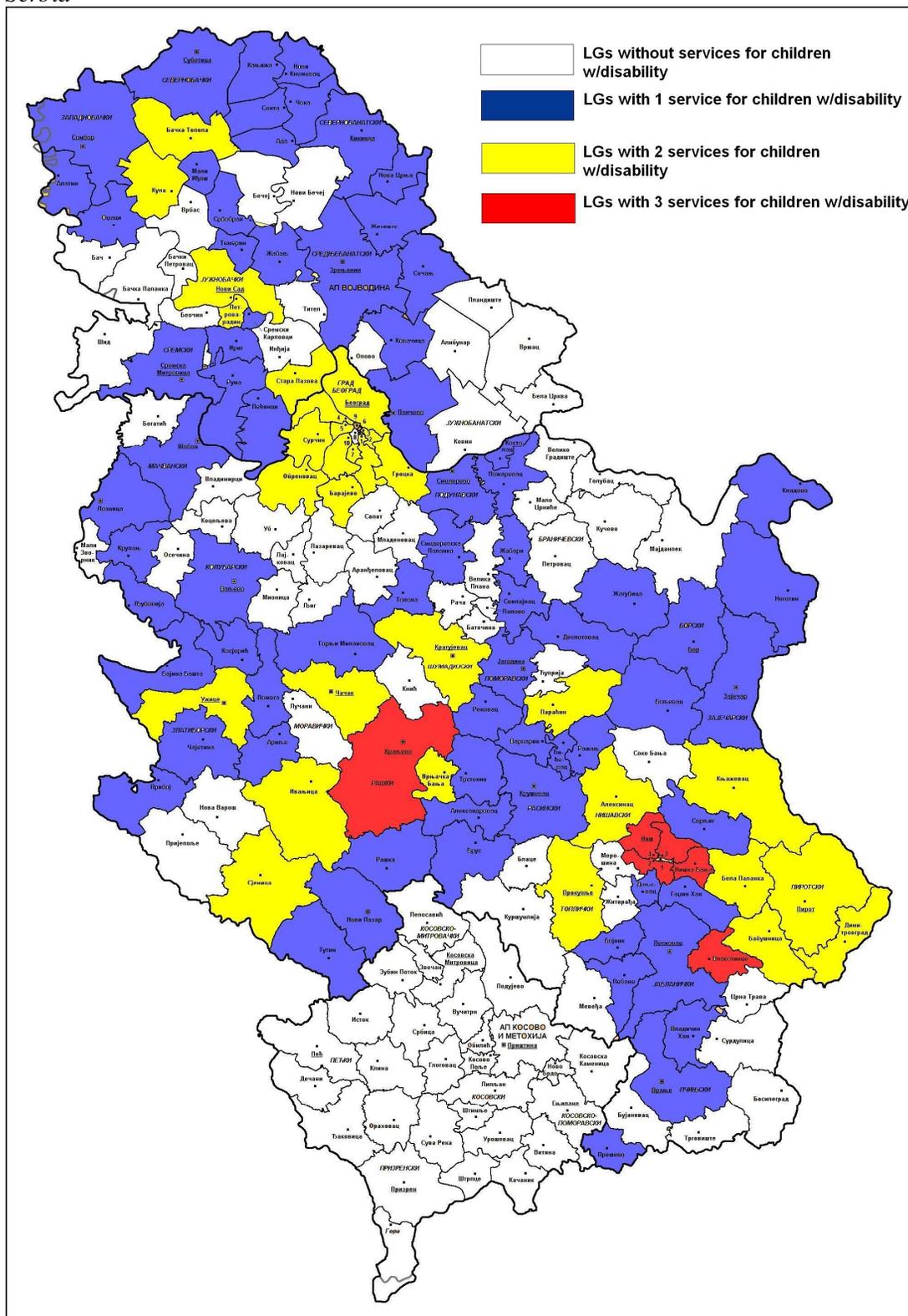
**Map 4.** Availability of day care measured by the share of beneficiaries aged up to 26 in the overall population aged up to 26 by municipalities and cities in Serbia



**Map 5. Distribution of local governments by day care opening hours – under eight hours per day and between eight and twelve hours per day**



**Map 6. Availability of services for children and youth with developmental disabilities in Serbia**





GOVERNMENT  
OF THE REPUBLIC  
OF SERBIA



ТИМ ЗА СОЦИЈАЛНО  
УКЉУЧИВАЊЕ  
И СМАЊЕЊЕ СИРОМАШТВА

Social Inclusion and Poverty Reduction Unit  
Government of the Republic of Serbia  
Office of the Minister without Portfolio  
in charge of European Integration  
Palace of Serbia  
Bulevar Mihaila Pupina 2  
11000 Belgrade, Serbia  
Tel: +381 11 311 4605  
E-mail: sipru@gov.rs  
www.inkluzija.gov.rs



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