

Combining choice, quality and equity in social services

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The purpose of the Peer Review is to discuss the challenge of combining choice, quality and equity in the provision of social services taking into account new policy options, such as free choice between private and public providers of personal or practical care, and new trends concerning the financing of service provision via innovative instruments involving users, such as vouchers or personal budget. These instruments allow for the greater involvement of the user and are clearly related to the issue of users' empowerment. At the same time, they might raise questions in terms of access and equity.

- What are the most important challenges your country faces within the field of social services, and notably services for the elderly? What initiatives have you taken – or are you planning to take – to counter these challenges? How is your country preparing the social services for the elderly for the changing demographics?

For Romania, the most important challenge is the lack of social services. The need of social services is huge compared with the offer. In order to understand this challenge, we need to have a short look at the background of providing social services. I will refer particularly to the field of social services for people with intellectual disability, as this was and still is one of the major challenges for Romania.

Total number of persons with intellectual disabilities in Romania is 88,987. Only 96 of them live in a group home, which means 0.11%. Further on: only 263 persons with intellectual disabilities benefit of a place in day care centre, which means 0.3%. When it comes to employment, there are only 989 persons with mental disabilities employed in the whole country, so under 0.1%. These alarming percentages say everything about the lack of services.

Prior to the revolution, Romania, like most countries in South Eastern Europe, "relied on large residential institutions to provide care to people with special needs, notably children, the elderly, and those with physical and mental disabilities." (Fultz & Tracy, 2004). There were no social services in the community for people in need.

In the aftermath of the revolution, images of Romania flooded the Western world, especially images of Romania's children. The poor living conditions, inadequate food and water supplies, and the generally dismal conditions of Romania's childcare institutions were broadcast worldwide, provoking an overwhelming response (Johnson, Edwards, & Puwak, 1993; Dickens & Groza, 2004). The intervening years have borne witness to a concerted effort on the part of the Government to end this treatment of children. And there has been considerable investment from the international community, including the EU Phare assistance programmes, UNICEF, the World Bank and the Bank for the development of the European Council and well as many individual European governments and INGOs.

Parallel to this crisis in childcare was a much less publicized predicament regarding Romania's formerly institutionalized adults. In the post-Communist era, poverty and lack of capacity

continues to create challenges for the provision of social services within Romania today. Communities have struggled to provide adequate care and services for people in need.

There remain multiple barriers to creating effective social service organizations, including a “scarcity of resources...a shortage of trained personnel, the immaturity of contemporary social work...ineffective coordination between national and local levels that makes reaching target groups difficult; and weak utilization of partnerships with [NGOs]” (Fultz & Tracy, 2004, p. 8).

Some of the obstacles for switching from a system based on institution to a system based on community social services:

1. The lack of qualified staff for community based services. Community-based care requires an entirely different attitude on the part of the care worker, far greater flexibility and a far more varied task load.
 2. Opposition from the institutional care sector. A decline in patient numbers means a lower budget, fewer staff, and the threat of unemployment.
 3. The regulations for the institutional care sector are often inappropriate to community-based care.
 4. Person-centered approach in social service delivery is a huge challenge for a former communist country. The social system was shaped according to patterns, frames imposed by the central authorities and not at all adapted to individual needs. The majority of staff who worked in these systems has in their minds strong patterns of “uniform and global” approaches, which mean that the child or the person with disability has to “obey, to respect” the rules of the institutions and the system, they have to fit to the regulations that govern the service.
 5. The whole gate-keeping system is based on classification, labels and groups and pays no interest in differences, in assessing individual needs and potentials. The assessment procedure is very medical. The first “stop shop” is the Assessment commission who uses a Romanian classification of diseases in order to establish the degree of handicap. As an example of these classification criteria, a child with autism until he is 18 years old becomes psychotic next day. This type of assessment doesn’t say anything about the real needs of the person and gives no orientation to a specific service.
 6. There is no needs assessment and no map of services.
- Which experiences does your country have in giving private providers opportunity to enter the market of care services for elderly, such as cleaning services and personal care? Can policy options such as free choice between public and private provider in the care sector create a more flexible and more efficient system?

The reform in social services in Romania, done with EU assistance, has as a result a rather modern legislation, that gives private providers – Only NGOs can be private social service providers, the for companies can’t receive the accreditation (Law 68/2003)- access to the care services for elderly or disabled persons. In reality, we can’t talk about free choice, because of the

lack of services. Only few elderly people benefit from services at home provided by local city halls and by some NGOs, so the challenge is to find a service provider.

- What experiences – or future plans – does your country have with regard to innovative instruments encompassing the financing (total or partial) of the service provision via the users, e.g. vouchers or personal budgets?

The personal budgets for people with disabilities are foreseen by Law 448/2006, but they are applied in everyday life.

- Does your country have any experiences with regard to better ensuring the quality of the services provided, and how to develop innovative methods? Where does the balance lie between future challenges in demographic and the maintenance of a high level of quality in the provision of social services, and notably of services for the elderly? Is the right to free choice for the user a way to improve quality in the provision of social services?

The quality standards for social services are rather new for Romania. The challenge is now to respect them, since there are lots of services who don't fulfill the requirements.

- Would moving from directly providing the services/financing the service providers to financing the service provision (totally or partially) via the financing of the users raise problems related to the service supply? In other terms, how it is ensured that the services will continue to be offered – at the same level of quality - when public authorities opt for instruments such as vouchers/personal budgets?
- In case vouchers/personal budgets do not cover the entirety of the costs for the service provision, how to ensure that the direct costs to be born by the user (i.e. not covered by the vouchers/personal budget) do not create an obstacle to service access? How to support the capacity of the most vulnerable to make informed choice?
- What experiences does your country have with regard to the shared responsibility between the state and the local level?

The shift in the care system from the State level to regional and local level was a major challenge of the last 10 years. Most of local governments complain about the lack of financial resources- the law has transferred only the responsibility, not the means. The County Councils are responsible for providing and financing specialized social services and the local authorities – City Halls- are responsible for providing primary social services.