



# COUNTRY BRIEF



## SOCIAL AND CHILD PROTECTION IN SERBIA

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**Gordana Matković**, *Center for Social Policy – Serbia*

### 1. Overview of policy context

The social and child protection<sup>1</sup> policy reforms in Serbia unfolded under the headlines of changed role of the state, improvements in coverage, targeting and adequacy of cash benefits, sustainability, deinstitutionalization and decentralization. During the last fifteen years, the reforms have been implemented consistently but slowly and with interruptions during particular time periods.

The reform agenda outlined in two documents, *Poverty Reduction Strategy* (2003)<sup>2</sup> and *Social Protection Development Strategy* (2005)<sup>3</sup>, clarified institutional set up related to central/local level mandates, main directions and first steps toward the cash benefits efficiency improvements, fundamental role of community-based services, inclusion of CSO as service providers, concepts of case management and beneficiary activation, etc.

The reform concept from the very beginning was designed to include experimentation and innovations. As a result cash benefit reforms were piloted and specific mechanisms were established to allow testing of minimum standards, certain protocols and new community based services. The comprehensive legislative changes have been made almost ten years after the reforms started, institutionalizing some of the innovations that were previously tested<sup>4</sup>.

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<sup>1</sup> The term refers to non-contributory cash and in-kind benefits regulated mainly by Social Protection Law and Law on Financial Protection to Families with Children

<sup>2</sup> <http://siteresources.worldbank.org/INTSERBIA/Resources/279180YU-PRSP-Serbia-2-Main.pdf>

<sup>3</sup> <http://www.gs.gov.rs/english/strategije-vs.html>

<sup>4</sup> Social Protection Law "Službeni glasnik " 24/11.

Although it turned out that the reform process is a continuous effort and that some of the objectives such as adequacy of cash benefits will be under permanent reevaluation, during the time the new concept became comprehensible to the professional community and many knowledge gaps are either filled up or at least acknowledged.

One of the topics on the reform agenda particularly difficult to implement is the establishment of holistic and integrated services although it was constantly revealed as a crucial element of the system. A part of the reason lied in hectic individual social sector reform agendas, especially in health care and education. Each sector was very much focused on their own issues without capacity to reach out and to recognize the importance of integrated services. Finally some of the reforms turn out to be impossible to implement without networking, hence cooperation and conceptualization of holistic services become necessity. [Employment and Social Reform Programme](#) reconfirmed this need in the following way: “In the medium term, the challenge lies in introducing integrated cross-cutting services and ensuring the continuity of care for specific vulnerable groups”.

Finally, evidence based policy, evaluation and monitoring of implemented measures and activities continues to be a challenge and call for innovative solutions in order to prevent hasty ad hoc and populist solutions.

## 2. Economic and social context

Serbia is an upper middle-income country with per capita GDP of EUR 4,904 in 2016.

The country population was estimated at 7.05 million in 2016. Depopulation and pronounced population ageing have been perceived as a major challenge for the welfare state and sustainable development.

Living standard is low and poverty is widespread. The absolute consumption poverty rate is persistently high. In 2016 almost 500,000 people or 7.3% of the total population has not been able to meet basic needs.<sup>5</sup> According to SILC (2016) data at-risk-of-poverty rate stood at very high 25.5% and the severe material deprivation rate at 19,5%<sup>6</sup>. Child poverty and vulnerability rates are considerably higher than average and various surveys have documented presence of extreme vulnerability in Roma settlements<sup>7</sup>.

The main sources of household income are wages and pensions. In 2016 the average net wage amounted to only 396 € and average pension to 193 €.

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<sup>5</sup> Mladenović, B. (2017) *Siromaštvo u Republici Srbiji 2006 – 2016. godine Revidirani i novi podaci*, Beograd: Tim za socijalno uključivanje i smanjenje siromaštva, Republički zavod za statistiku.

<sup>6</sup> Republički zavod za statistiku (2017) “Siromaštvo i socijalna nejednakost, 2016” *Saopštenje br. 087 Anketa o prihodima i uslovima života*

<sup>7</sup> <http://www.unicef.org/serbia/MICS5-English-KeyFindings-10Jul2014.pdf>

In spite of considerable improvements during the last years, unemployment rate is still high and employment rate is relatively low. According to Labor Force Survey (2016) the rates for working age population stood at 15, 9% and 55,2% respectively<sup>8</sup>.

In Serbia, social protection is provided through social insurance and various cash and in-kind benefits within the system of social, child and veteran protection. Over the past years, the expenditures on social protection amounted to approximately 25% of the GDP. Another 5% of GDP is devoted to education. The biggest share of social protection expenditure is spent on pensions.

### **3. Social and child protection – mandates and responsibilities**

Responsibility for social and child protection in Serbia is divided between the national and local governments.

National government finance and regulate non-contributory cash benefits such as financial social assistance, child allowance and birth grant, maternity and parental leave benefits and attendance allowance. Local centres for social work (CSW) and the respective local government departments administer cash benefits. Expenditure for these purposes amounts to approximately 1.7% of the GDP in 2016.

In the area of social care services the mandate of the national level includes residential, foster care services, shelters for victims of trafficking and supported housing for persons with disabilities (PWD) in less developed municipalities. CSW activities related to assessment and planning services are also funded from the national budget. Public expenditure for these purposes amounts up to 0.2% of GDP. Additionally, the national government regulate the services and establish control mechanism.

Local governments are mainly responsible for one-off cash benefits and community-based services. Cash benefits regulated and financed by LG include additional birth grants and means-tested cash benefits awarded to the poor in respective communities. Some local governments distribute in-kind assistance in commodities (food, clothing, text books), subsidize utility bills, cover transportation cost for school children and/or provide free meals in Soup kitchens.

Services within the mandate of local governments include day-care community-based services, services for independent living, counselling, therapy and social education services, as well as shelter services. The beneficiaries are referred to social care services by local CSW. Local governments also finance CSW's facilities and salaries of additional professionals attending to the entitlements and services funded by municipalities and cities. As of 2016 national government allocates earmarked transfers with a purpose to provide additional funds for care services in the local mandate.

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<sup>8</sup> <http://pod2.stat.gov.rs/ObjavljenePublikacije/G2017/pdfE/G20175623.pdf>

According to the data gathered through mapping project<sup>9</sup> social care services within the mandate of the local governments are still insufficiently available, unevenly developed and often unsustainable. In 2015, different social care services in the LG's mandate were provided in 133 out of the 145 local governments. According to the collected data, the total expenditures for these services in 2015 amounted up to RSD 2.6 billion (0.06% GDP).

Among the services in the LG's mandate home care for elderly and day care centers for children with disability (CWD) are dominant. These two services cover vast majority of the total number of beneficiaries and refer to almost two-thirds of the total expenditures for services in the LG's mandate. Other services are mainly available only in bigger cities.

The role of civil society organizations (CSO) as providers of care services has grown significantly over the past decade. Thus CSOs provide services for 1/3 of children with disability (CWD), beneficiaries of day-care centers and for almost 1/3 of elderly home care beneficiaries. CSO are also significantly present as providers of personal assistance, children's personal attendants services, home care for CWD, daycare and support housing for adults with disability (AWD).

The inclusion of CSOs into the provision of social care services was a long process. The process started with experimentation through the Social Innovation Fund and finalized with adoption of the Social Protection Law in 2011. Steps necessary to realize the idea included: definition of functional and structural standards for social care services, establishment of licensing process and set up of the control mechanisms. The Social Protection Law stipulated that the services will be procured through the public procurement process if they cannot be provided by already established public social protection institutions (article 64). Each level of government is responsible for the procurement of the services within their respective mandates.

#### 4. Innovations in the area of social and child protection

Among the innovations that are already being implemented or envisaged by proposed legislative changes or are just being piloted in Serbia, a few could be singled out for their potential to improve the social and child protection.

First, the draft Law on Financial Support to Families with Children foresees improvements in the coverage and adequacy of child allowance for children with disability. Instead of means tested, the child allowance for children with severe disability will be universal and 50% higher than the regular benefit. The procedure will be less complicated, since all children eligible for

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<sup>9</sup> Matković, G and Stranjaković, M. (2016). *Mapping social care services within the mandate of local governments in the Republic of Serbia*, Belgrade: Social Inclusion and Poverty Reduction Unit Government of the Republic of Serbia <http://socijalnoukljucivanje.gov.rs/wp-content/uploads/2017/05/Mapping-Social-Care-Service-within-the-Mandate-of-Local-Governments-in-the-Republic-of-Serbia.pdf>

an attendance allowance will be eligible for a child allowance as well. The higher amount will be awarded to all children with disability.

Second, during the last four years a new intensive model of family outreach service (FOS) has been piloted in 24 LG in Serbia<sup>10</sup>. The service has been provided to the families with children facing multiple and complex disadvantages. The main objective of the service is to prevent the separation of children from their parents. Family outreach worker during eight to ten months approximately once a week provide different kind of practical, advisory support to families, including the advocacy and mediation within the community. Additionally, one-off financial support is offered as well. FOS entails work in the field, with the entire family and usually in coordination with the case managers and other professionals from the social protection institutions.

Third, Inter-Sectoral Commissions (ISC) currently established in all LG in Serbia have the potential to support inclusive education and to demonstrate that cooperation between different sectors could be effective. Permanent members of the ISC are representatives of the three systems – health, education and social welfare. Their work is coordinated and supervised by the National Joint Body and regulated by appropriate regulations. The ISCs main task is to assess the types of additional support that will enable the inclusion of all children in the education process, including pre-school level. Evaluations and analysis of ISC work show that there is a significant room for efficiency improvements.

Forth, health mediation program exist in Serbia since 2008. There are currently 68 Roma health mediators (HM) active in 53 primary health centres. Like in other countries that are pursuing the same model, the most important activities of HM include assisting Roma in obtaining health insurance, registering with a general practitioner (GP) and mediation in implementation of prevention programs (immunization, regular gynecological exams, ante and post natal care etc)<sup>11</sup>. Presently, institutionalization of HM is under consideration. One of the scenarios is to transform health mediators into social mediators, broadening the scope of their duties to include education and social welfare issues.

Finally, mapping of substandard Roma settlements and creation of Geographic Information System database<sup>12</sup> will enable implementation of affirmative action measures in housing area. Additionally the database could be used for targeting purposes in other welfare segments as well.

## 5. Challenges

Challenges in social and child protection have been mainly recognised and documented in various Government reports and strategies. Following list include the key challenges:

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<sup>10</sup> [http://www.zavodsz.gov.rs/index.php?option=com\\_content&task=view&id=481](http://www.zavodsz.gov.rs/index.php?option=com_content&task=view&id=481)

<sup>11</sup> [http://www.eesc.europa.eu/resources/docs/violetanaydenova\\_opensocietyinstitute\\_romahealthmediators\\_20140512-eesc-hearing.pdf](http://www.eesc.europa.eu/resources/docs/violetanaydenova_opensocietyinstitute_romahealthmediators_20140512-eesc-hearing.pdf)

<sup>12</sup> <http://www.osce.org/mission-to-serbia/309396>

- Coverage and adequacy of cash benefits awarded to the poor are still modest – the amount of minimum income benefit is substantially below the level of absolute poverty threshold
- Cash benefits are not linked to services, which is primarily an issue in the area of long term care and active inclusion
- Active inclusion is poorly executed, mainly understood as a workfare concept
- Community based services are insufficiently available, especially in less developed municipalities and in rural areas
- Deinstitutionalization is still an issue, primarily for adults with intellectual disability
- Outreach work is not a part of standard approach in social work
- Support to biological families needs to be strengthened in order to prevent the separation of children from their parents
- Lack of proper intersectoral cooperation present an obstacle for further development of inclusive education, active inclusion policies, long term care services and policies aiming at social inclusion of specific vulnerable groups, especially Roma from substandard settlements
- Optimum and minimum basket of social care services has not been formulated yet, limiting the potential for strategic decision-making and identifying unmet social care needs
- Underdeveloped oversight and regulatory mechanisms, monitoring and evaluation

## 6. Good practices

**Good practices include establishment of innovative mechanisms for transitional funding, introduction of earmarked transfers and establishment of the Social Inclusion and Poverty Reduction Unit.**

**The Social Innovation Fund (SIF)**<sup>13</sup> was established in 2003 as the reform mechanisms for the development of alternative social care services at the local level and for the inclusion of non-state actors into the service provision. SIF encouraged the partnership of governmental and non-governmental sector and promoted the transfer of good practice. By changing its focus from year to year and from one type of projects to another, Fund also ensured both support and inputs for reforms at the central level. Typical projects financed through the Fund were: home care services, day care centers for children with disability, shelters for victims of violence, etc. During 6 years of its functioning, more than €7 million were spent on financing nearly 300 local projects<sup>14</sup> in 100 LGs.

Based on SIF experiences the 2011 Social Protection Law introduced three types of **earmarked transfers** that LGs can use for financing of services in their mandate. The first type of earmarked transfers is intended for underdeveloped municipalities and cities (below the

<sup>13</sup> <https://childhub.org/en/promising-child-protection-practices/social-innovation-fund-serbia>

<sup>14</sup> During these 6 years the large number of over 1,300 project applications illustrates that many professionals have become involved in the reform processes. (Tadzić (2015): *Doprinos fonda za socijalne inovacije reformi i modernizaciji sistema socijalne zaštite na lokalnom nivou*, master paper)

average according to their level of development). LG will have to co-finance these services, except if they belong to the group of the least developed municipalities. In 2016 for the first time 122 LG received this type of transfers. The second type of earmarked transfers is intended for LGs with residential care institutions in the process of transformation. The third type is envisioned for the development of innovative services and services of a national importance. According to the 2016 government decree the services of a national importance are services supporting the families at risk of unwarranted removal of children as well as home care services for elderly in rural and remote areas.

**Social Inclusion and Poverty Reduction Unit (SIPRU)**<sup>15</sup> was established in 2009, as a successor of the management team that was set up to support the preparation and implementation of the Poverty Reduction Strategy. The SIPRU mandate is to strengthen Government capacities to develop and implement social inclusion policies and to coordinate, monitor and report on the social inclusion efforts. Although it is usually set up within the deputy minister office the SIPRU team and its work are mainly financed by the donors.

SIPRU produce regular newsletters and reports on social inclusion and poverty reduction. First two national reports<sup>16</sup> reviewed the trends and the status of social inclusion and poverty in Serbia against EU social indicators in all relevant segments of the social sector (health, education, social and child protection, pensions, employment and labor market, housing and human rights). The reports review the policies and formulate short and medium term recommendations in the respective areas. The second report provided inputs for the Employment and Social Reform Programme (ESRP). Currently the preparation of the third report is under way.

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<sup>15</sup> <http://sociojalnoukljucivanje.gov.rs/en/>

<sup>16</sup> <http://sociojalnoukljucivanje.gov.rs/wp-content/uploads/2014/06/First-National-Report-on-Social-Inclusion-and-Poverty-Reduction.pdf>; <http://sociojalnoukljucivanje.gov.rs/wp-content/uploads/2014/11/Second-National-Report-on-Social-Inclusion-and-Poverty-Reduction-final.pdf>

Social cohesion in the Western Balkan economies is under constant risk. A weak social welfare state and the persistent and challenging economic situation create an unstable environment that could compromise and jeopardise the sustainable development of the Western Balkan societies.

A group of Western Balkan think-tank organisations and researchers working on the welfare state issues have initiated development of a Regional platform with the aim to engage the foremost researchers, political, business and other leaders of society to shape a regional social welfare state agenda, thus contributing to improving the social dimension of the European Integration in the Western Balkans.

The initiative intends to create added value through influencing existing processes which promote a sustainable reform agenda in the Western Balkan (such as economic governance and Economic Reform Programme, EU negotiation process, Employment and Social Reform Programmes, etc.). One of the outputs and tools of influence is initiating and holding of an annual event to discuss the *Future of the Welfare State in Western Balkan*.

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