

SOCIAL SUPPORT SERVICES OFFERED TO HOMELESS PEOPLE

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Abstract: *The main objective of this article is to provide a detailed picture of the social services network currently in operation, to identify the development needs of certain categories of services that are missing or insufficient. The literature and the latest reports highlight the fact that not only in Europe, but all over the world there is a growing demand for social services. As social needs diversified, the number of potential users of social services increased, and this led to an increase in the complexity of social services provided. Primary social services are the complex set of measures and actions taken to respond to individual, family or group social needs, of a general nature and aimed at preventing or limiting situations of difficulty or vulnerability. These primary social services are: activities to identify individual, family and group social needs; information activities on rights and obligations; social awareness and sensitization measures and actions; emergency measures and actions to reduce the effects of crisis situations; measures and support actions in order to keep people in difficulty in the community; counseling activities and services; measures and activities of community organization and development in the social plan to encourage participation and social solidarity; any other measures and actions aimed at preventing or limiting situations of difficulty or vulnerability, which may lead to marginalization or social exclusion.*

Key words: *social services; social protection, homeless people; vulnerable group, social exclusion.*

1. Introduction

In 2011 in Romania over 162,375 people were homeless, according to the 2011 Census. In 2019, in order to benefit from the legislative provisions for low-income and vulnerable people, counseling activities were held for 26,409 people alone and for 59,929 families. Regarding access to housing, during 2019, local councils facilitated access to housing for 8,742 single people and 6,552 marginalized families. Access to housing was achieved through the construction, purchase or rental of housing. In 2019, at national level, 27 conventions were registered, which ensured the access to public services of strict necessity. 3,895 single people and 2,336 marginalized families benefited. The need to identify and assess local social issues is also mentioned in the National Strategy on Inclusion and Poverty Reduction (2015-2020).

The phenomenon of street children received increased attention after 1990, but studies on their number and profile are very few. Through quantitative research - Assessing the phenomenon of "street children and youth" (2014), Save the Children caught the evolution of the phenomenon both from the perspective of the volume of this population, and especially from the perspective of the social profile of these people. Analyzing the volume of this population, children and young people who live temporarily or permanently on the streets in Bucharest and who are between 0 and 35 years old, it was thus reached a population volume of 1235 (in Bucharest).

Of the total respondents, 58% stated that they live permanently on the street (or in makeshift shelters - sewerage system, abandoned cars, abandoned buildings, makeshift homes, tents, etc.), and 42% have a home, but spend part of it time on the street, carrying out various activities to procure money¹⁰ - begging (44% of them), collecting waste (33%), performing various occasional jobs (23%) etc. Of the children and young people living on the streets, 58% are boys and 42% are girls. Another study on estimating the number of homeless people was conducted by the Samusocial Organization of Romania (2010), provider of social assistance, medical services, psychological counseling for homeless adults in the Capital shows in an activity report, according to official estimates, the fact that, in 2010, in Bucharest there are a number of approximately 5,000 street adults, the number of new beneficiaries registered by the Mobile Teams and at the Samusocial Day Center in Romania in April, May and June exceeded 430 homeless people.

In Romania, the Ministry of Labor and Social Protection (MMPS) - Social Services Policy Department reported in 2019, a number of 1,515 homeless people. Corresponding to 2019, 2,948 people were reported without a home or residence and without housing receiving a guaranteed minimum income. In accordance with the provisions of Law no. 116/2002, the local councils, through the specialized working apparatus, must offer free counseling services in order to benefit from the rights established by this law. In the European Union, the European Parliament estimates that there will be 700,000 homeless people in 2019, with a rising level across the continent, with the exception of Finland, which has reported a 45% drop. Latvia increased by 389% between 2009 and 2017, and in Ireland, the number of homeless people increased by 203% between 2014 and 2018. Lack of housing is at the heart of poverty and social exclusion, and closely linked to unemployment.

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as: chronic diseases, begging, dropping out of school, labor exploitation, sexual exploitation, prostitution, drug trafficking, drug and alcohol addiction, leading to death.

2. What are the social service?

Social services are non-contributory social benefits granted to disadvantaged people at risk (Buzducea, 2009). According to Pilinger (2001), social services are public services designed to meet the needs of employment, health, education, social security, social assistance. Given the diversification of social needs, social services raise the issue of defining systems for prioritizing needs and developing clear eligibility criteria (Pierson and Thomas, 2010).

As a system, "social assistance refers to all social programs, forms and structured activities of support-support carried out by specialized factors, from public or private institutions, NGOs, to ensure the minimum basic living conditions of individuals, groups] ii high risk, for a normal and dignified integration in the community "(Zamfir, E., 2006b, pg. 10). According to national legislation, in particular Law 47/2006, "the national social assistance system is the set of institutions and measures by which the state, through central and local public administration authorities, local government and civil society intervene to prevent, limit or eliminate temporary effects or permanent situations that may generate marginalization or social exclusion of the person, family, groups or communities. Social assistance, a component of the national social protection system, includes social services and benefits provided in order to develop individual or collective capacities to ensure social needs, increase the quality of life and promote the principles of cohesion and social inclusion "(art.2). From a systemic point of view, social assistance works in interdependence with other social systems: health, education, administration. At present, the world system is constantly changing (Buzducea, 2005b).

Romania, according to statistical data, provided by the Ministry of Labor and Social Protection, Social Services Policy Directorate, are licensed so far, a total of 78 Residential Care and Assistance Centers for homeless people, public and private providers and only 5 Licensed day centers for the homeless. The residential protection centers for this vulnerable group, homeless people are: night shelters, temporary accommodation centers, emergency reception centers, sheltered housing, night shelters, medical and social assistance centers, palliative care centers, information and counseling centers, vocational guidance centers, social canteens. Social services addressed to people living on the street can be organized as:

- a) mobile street intervention teams or social ambulance services;
- b) night shelters;
- c) residential centers with fixed-term accommodation. In order to prevent and combat the risk of young people leaving the child protection system becoming homeless, as well as to promote their social integration, local authorities can set up multifunctional centers that provide conditions for living and housing for a fixed period.

For people living on the streets, social services are provided free of charge or, as the case may be, against a small contribution from the beneficiary. Within the night shelters they can benefit from: temporary accommodation; food preparation and serving. In temporary accommodation centers can benefit from: temporary

accommodation; healthcare; resocialization. According to the Law on Social Assistance (no. 292/2011), social services represent the activity or set of activities performed to meet social needs, as well as special, individual, family or group needs, in order to overcome situations of difficulty, prevent and combat the risk of social exclusion, promoting social inclusion and increasing the quality of life.

Social services are a form of active support for families and communities in need. Social assistance includes, in addition to the payment of social benefits, the provision of social services. It is also a component of the national social assistance system and aims to support vulnerable people in overcoming difficult situations, preventing and combating the risk of social exclusion, increasing the quality of life and promoting their social inclusion. Social services are a form of active support for the individual, the family and the community. Social services have both a primary, prevention character and a specialized, personalized character, for overcoming difficult situations. The purpose of these social services is to protect the individual and the family to prevent social marginalization and exclusion, with the aim of promoting social inclusion.

The social assistance system contains the following fundamental structural elements:

- staff involved in the system (specialists - social workers and other specialized staff),
- categories of beneficiaries (assisted persons),
- social environment (institutional network, services and benefits, legislative framework).

In Romania, according to Government Ordinance 68/2003, social services represent the complex set of measures and actions taken to meet individual social needs, family or group, in order to prevent and overcome difficult situations, vulnerability or dependence to preserve autonomy and protection of the person, for prevention of marginalization and social exclusion, to promote social inclusion and to increase the quality of life. Thus, in GO no. 68/2003, with subsequent amendments and completions, social services are classified into primary social services and specialized social services, both categories being proactive. Primary social services aim to prevent or limit situations of difficulty or vulnerability, which can lead to marginalization or social exclusion.

Specialized social services are: recovery and rehabilitation; support and assistance for families and children in difficulty; informal extracurricular education for children and adults, depending on the needs of each category; assistance and support for the elderly, including dependent elderly people; assistance and support for all vulnerable categories; support and guidance for integration, rehabilitation and vocational re-education; social and medical care for people in difficulty, including palliative care for people in the terminal stages of some diseases; social mediation; institutionalized counseling, in information and counseling centers; any other measures and actions aimed at maintaining, restoring or developing individual capacities to overcome a situation of social need.

Socio-medical services which are defined as a complex of activities that are provided within an integrated social and medical system and have as main purpose the maintenance of the person's autonomy, as well as the prevention of the aggravation of the dependency situation. Social-medical care services are specialized social services

provided to persons who are in a situation of partial or total dependence to perform alone the current activities of life, those isolated, as well as those suffering from physical, mental, mental disorders.

Social benefits are a form of financial support that responds to a wide range of social needs and covers both universal rights and benefits that are addressed only to individuals or families in a situation of difficulty, vulnerability or dependency.

The social benefits system in Romania includes: family allowances, social benefits, allowances and facilities. It is granted in money or in products, based on the testing of means according to the following criteria: assessment of the family context, income of the applicant or his family, living conditions, health status and degree of dependency.

There are the following types of benefits:

a) family allowances - are granted to families and take into account the birth, education and maintenance of children;

(b) social assistance - is granted to people or families in difficulty and whose income is insufficient to cover their minimum living needs;

(c) allowances and facilities - granted to persons to promote social inclusion and ensure an independent life. Types of social benefits for social categories in difficulty or in a situation of social risk: state allowance for children, complementary family allowance, support allowance for single-parent families, allowance for newborn children, monthly allowance for adults and infected children with HIV or AIDS, social assistance to ensure the guaranteed minimum income, assistance for home heating, exemption for prenatal consultations, changing working conditions for maternity protection, maternity leave and allowance, maternity leave and allowance, leave and allowance for maternity leave raising the child, leave and allowance for the care of the sick child, emergency aid, financial aid, death assistance, reimbursable aid for refugees.

3. Types and functions of social services

In O.G no. 68/2003, the functions of primary social services are presented as highlighting, diagnosing and evaluating individual, family and group social needs; information on risk situations, as well as on the social rights of the person; identification of persons and families in difficulty, in order to carry out preventive actions and measures; providing emergency measures to remove the difficult situation in which a family or person may find themselves at a given time; development of community programs, in order to socially promote individuals and communities; prevention of any form of dependence through actions of identification, help, support, information, counseling, transfer and monitoring of the beneficiary, when his situation requires it, to specialized social services and active management of the interface with other services, such as : housing, educational, medical, employment, etc. Article 34 presents the purpose of specialized social services, which is to maintain, restore or develop individual skills to overcome a situation of social need and then the services through which it can be achieved, recovery and rehabilitation services, support and assistance for families and children in difficulty, informal extracurricular education for children and adults, according to the needs of each category, assistance and support for the elderly, including dependent elderly people, assistance and support, support and guidance for integration, rehabilitation and re-education professional, social-

medical care for people in difficulty, including palliative care, for the care of those in the terminal stages of some diseases, social mediation and legal advice.

Primary social services: are social services that aim to prevent or limit situations of difficulty or vulnerability, which may lead to marginalization or social exclusion and carry out activities to identify individual social needs, family and group information activities on rights and obligations awareness-raising and social awareness-raising measures and emergency measures and actions to reduce the effects of crisis measures, support measures and actions to keep people in need in the community; counseling activities and services measures and activities of community organization and development in social plan to encourage participation and social solidarity any other measures and actions aimed at preventing or limiting situations of difficulty or vulnerability, which may lead to marginalization or social exclusion.

Specialized social services: are social services that aim to maintain, restore or develop individual skills to overcome a situation of social need. They have an important role in recovery and rehabilitation support and assistance for families and children in difficulty informal extracurricular education for children and adults, depending on the need of each category assistance and support for the elderly, including dependent elderly care and support for all defined categories by ordinance support and guidance for the integration, rehabilitation and re-education of professional social care for people in difficulty, including palliative care for people in the terminal stages of social mediation diseases institutional counseling, information centers and counseling any other measures and actions aimed at maintaining, restoring or developing individual capacities to overcome a situation of social need.

The functions of specialized social services are: accommodation, care, recovery, rehabilitation and social and professional reintegration of people with disabilities, the chronically ill, people addicted to alcohol or drugs, victims of domestic violence or human trafficking; accommodation, care, recovery, rehabilitation and social reintegration of the elderly in a situation of social need; support and assistance for children and families in difficulty; special accommodation and education for children or young people with disabilities or difficulties in adapting; accommodation in a protected system, for a determined period, of young people leaving the child protection system; social and professional integration of young people leaving the child protection system; fixed-term accommodation of homeless people; assistance and support for ensuring an independent and active life for the elderly, as well as care services for the elderly in a situation of dependency; providing support measures for integration into employment, other than those provided for by current legislation; provision of rehabilitation, reorientation and vocational re-education measures established by the legislation in force; receiving and caring in emergency situations, with or without accommodation, providing social support or accompaniment, adapting to an active life or social and professional integration of people or families in difficulty or in situations of risk; legal advice; information, counseling, support and specialized treatment. In special cases, considered rather exceptional, people in difficulty are placed in residential / institutional services (Moore, 1993). Non-residential social services (provided outside the institutions): day centers, home care services, day rehabilitation and recovery centers, shelter centers, counseling centers. Residential / institutional social services: care homes for the elderly, hospital homes, homes for people with disabilities (care and permanent care), etc.

Social and medical care services are a complex of activities that are provided within an integrated social and medical system and have as main purpose the maintenance of the person's autonomy, as well as the prevention of the aggravation of the dependency situation. They are organized at Community level, depending on the needs identified, the number of potential beneficiaries, the complexity of the difficult situations and the degree of social risk. Social services can be social assistance services and social medical care services. Social assistance services are primary services and specialized services.

Basic services: body hygiene assistance, dressing and undressing, disposal hygiene, feeding and hydration, transfer and mobilization, travel inside, communication support services: food preparation or delivery assistance, shopping, housekeeping, accompaniment in the means of transport, facilitation of travel abroad, company, administration and management activities, leisure activities rehabilitation and adaptation services of the environment: small arrangements, repairs and other such social-medical care services of a medical nature may be represented by complex activities of diagnosis, treatment, care and the like, recommended and performed in accordance with the types of diseases presented by the beneficiaries of social services social-medical care services of the nature of related services, interdisciplinary can be recovery and rehabilitation services , physiotherapy, physiotherapy, occupational therapy, psychotherapy, psychopedagogy, speech therapy, podiatry and the like. They aim to prevent or limit situations of difficulty or vulnerability, which can lead to marginalization or social exclusion.

The primary services aim at preventing or limiting situations of difficulty or vulnerability that may lead to marginalization or social exclusion, which may consist of:

- a) activities for identifying individual, family and group social needs;
- b) information activities about rights and obligations;
- c) measures and actions of social awareness and sensitization;
- d) emergency measures and actions in order to reduce the effects of crisis situations;
- e) measures and support actions in order to keep people in difficulty in the community;
- f) counseling activities and services;
- g) measures and activities of community organization and development in social plan to encourage participation and social solidarity;
- h) any other measures and actions aimed at preventing or limiting situations of difficulty or vulnerability, which may lead to marginalization or social exclusion.

Conclusions

The pandemic has also changed the attitude of each person towards himself and towards others. Street people are the most vulnerable group exposed to covid infection 19. To prevent infection with the covid virus 19, they are required to comply with new protective mechanisms in their relationships with others: masks, gloves, protective clothing; imposing a rule of keeping a distance of at least 2 meters from the others. The introduction of extremely severe restrictions on movement outside the

home had an immediate impact on the way of life of people living on the streets. The risk situations in which social protection is requested are more and more numerous. The number of homeless people is growing, because the current social problems, the pandemic and especially the financial crisis have created the premises for this development. Many of them do not have an identity card, are excluded from medical services, are not registered with a family doctor, and in the absence of an effective vaccine, it is obvious that no crowding and social interaction will be possible without assuming the risk of an increase of the number of infections. However, homelessness is not a "lost case" or a dispensable resource. They have equal rights and opportunities with other citizens.

The idea is that the creation of as many social protection and support services for this socially vulnerable category of welfare beneficiaries, the creation of mobile teams to work directly on the street, regular monitoring of each case and early intervention are more than important.

As a solution to this problem are the need to establish emergency social centers for homeless people, with an important role in: preventing social exclusion and ensuring the social protection of homeless people; monitoring the number of homeless people, as well as the percentage of solving existing cases; ensuring normal living conditions, respectively hosting; counseling, support for social integration, for combating the social marginalization of this category of people, solving problems related to the lack of identity documents, facilitating access to medical services; identifying a job; identifying a living alternative; professional training by enrolling the beneficiaries according to their studies and potential in qualification courses. A fundamental principle in the provision of social services is to have the beneficiary at the center of the system that provides the services. Once in the critical situation of living on the street, people enter a process of mental regression and, over time, become desocialized, if this state is perpetuated over months and years. Non-governmental organizations are making considerable efforts to reintegrate people living on the streets. Through psychological and socio-professional counseling in a specialized center, obtaining a job and a living space, there is the reverse process of regaining self-esteem and self-identity, while returning to society. However, the balance is very fragile: there is often the risk of returning to the original situation of living in public. Homeless people living on the streets are still the most visible and extreme form of poverty and social exclusion.

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