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SOCIAL PROTECTION INNOVATIVE PRACTICE RESPONSES AT LOCAL LEVEL IN SERBIA

Abstract

This article presents social protection innovative practices at the local level during the state of emergency due to the COVID-19 pandemic in Serbia from March 15 until May 6, 2020. Forty collected innovative practices and in-depth interviews provide an overview of local responses to crisis in selected municipalities and cities. Local governments established crisis headquarters and call centres, introduced shift work and work from home in local institutions and engaged a number of volunteers. Call centres received citizens' requests, provided information and even basic psychosocial support. Procedures were simplified, and applications were accepted by phone, mail, and e-mail for both services and material support. Rapid vertical and horizontal expansion of financial assistance and home care programs was an important goal in some communities. Community based service staff established communication with beneficiaries via digital devices, but also in backyards and at doorsteps. Soup kitchen programs were adopted to crisis

circumstances, by delivering meals at home and/or delivery of foodstuff and dry instead of cooked meals. Issuing lockdown movement permits and providing different kind of assistance to the elderly were the main additional crisis related focus. Some local governments have made a special effort to identify vulnerable, to improve homeless care and to support Roma settlements. The article presents in more detail a number of individual examples of innovative practice.

Key words: innovative practice, local level, COVID-19, community-based services, material support

INTRODUCTION

In times of crisis, the role of local communities and local-level governments is crucial, primarily because of ability to react quickly, but also because of direct insight into the needs of the most vulnerable population. However, it is very difficult to capture crisis management and policy responses at the local level.

The collection and analysis of innovative practices narrows this gap.

The main goal of the article is to identify, describe and promote social protection innovative practices at the local level during the state of emergency due to the COVID-19 pandemic in Serbia from March 15 until May 6, 2020. An additional goal is to identify practices that may be included in standard procedures and services.

Innovative practices refer to new policies, new service delivery modalities, new application procedures, new ways of communicating with beneficiaries, cooperation with other sectors, as well as organizational and institutional changes. Innovation is not necessarily something that has never been applied, but primarily what is new in the respective community.

This notion of innovative practice relies on social innovation definitions in EU documents. “Social innovation can be defined as the development and implementation of new ideas (products, services and models) to meet social needs and create new social relationships or collaborations” (European Commission 2013, p. 6).

After the introductory part, the methodology is presented. The third part contains a brief overview of the social protection situation in municipalities and cities that nominated innovative practices. The fourth, fifth and sixth parts present social protection innovative practices in community based social

services within the mandate of local self-government, in material support (cash benefits, humanitarian in-kind assistance and soup kitchens) and activities initiated due to the state of emergency (delivery of supplies and establishment of call centers). The seventh part contains a summary of innovative practices.

Methodology

In order to collect innovative practices, a number of local governments (LGs) and service providers were invited to submit their applications.¹ The invitation was addressed to the cities and municipalities with the most developed community-based social services (CBS), given that the main responsibility for cash benefits lies with the national level. Above-average CBS expenditures at the local level were used as an indicator, based on mapping data (Matkovic and Stranjakovic, 2020). The presence of the soup kitchen program was defined as an additional criterion because their functioning was especially important during the lockdown (Social Inclusion and Poverty Reduction Unit of the Government of the Republic of Serbia, 2020). Finally, few LGs for which there was prior knowledge that they had

¹ As part of the project “Innovative Practices in the Field of Social Protection at the Local Level in the Republic of Serbia – Response to the State of Emergency due to the Covid-19 Pandemic”, implemented by the Centre for Social Policy and supported by the Social Inclusion and Poverty Reduction Unit of the Government of the Republic of Serbia.

implemented innovative practices were also included.²

Based on these criteria the invitation was sent to 56 local governments from all parts of the country (out of 145 LGs). Persons in charge of social sector were requested to nominate innovative practices in their community during the state of emergency introduced due to the COVID-19 pandemic by filling out the form formulated for this research.³

The form contained a request to provide basic information relevant to the proposal, such as the area of the innovation (CBS service, cash benefits, humanitarian in-kind assistance), as well as the main beneficiary group (including the number and structure of beneficiaries). It was also requested from the respondents to describe the most important impetus for innovation (for example, the day care center for children with disability ceased to operate, and it was necessary to introduce a special form of communication with beneficiaries; new telephone lines were introduced to provide information for elderly, etc.) The central part of the request was a brief description of innovative practice.

In a slightly modified form, the invitation was sent to several large

service providers such as the Serbian Red Cross (elderly long-term care and the soup kitchen program), Children's Heart (personal child attendant service) and the Center for Independent Living of Persons with Disabilities (personal assistance for persons with disability).

The three large service providers and 20 LGs accepted the invitation to participate. To better understand the context and innovative practice, in-depth telephone interviews were conducted with representatives of local self-governments, centers for social work (CSW) and service providers. The content of the interview was adapted to the nominated example.

In the introductory part of the interview, the respondents described the general social situation during the state of emergency, with emphasis on specific circumstances if they existed (large number of infected, large number of returnees from abroad, above average share of the elderly). The description included a general overview of the functioning of social services and centers for social work, changes in the program of the soup kitchen, the inclusion of volunteers, etc.

The central part of the interview was devoted to a detailed interpretation of the nominated innovative practice, including the duration of the innovation (whether it was limited to the period during the state of emergency). Efforts were made to grasp the most important challenges during implementation. The issue of the

² Matkovic (2020)_as well as through the Swiss Pro Program „Provision of technical assistance to local self governments for establishment and strengthening capacities of gender equality mechanisms and women councillors networks“.

³ See Annex 2 (CSP, 2020).

sustainability and application of innovation in regular circumstances was raised.

Nominations were collected during September 2020, and additional interviews were conducted during October.

In total, almost forty innovative practices were collected. Many municipalities and cities nominated several examples. Most of the innovative practices refer to changes in day care service (8) and home care (6), modification of the soup kitchen programs and distribution of humanitarian packages (7). Several nominations focused on the delivery of food and medicine to the elderly (5), and some local governments applied for innovative practices in personal assistance services (3) or changes in the provision of material support (3). Individual examples related to homeless care, socio-educational support and assistance to the Roma population are also included, as well as practices nominated by the Red Cross, the Center for Independent Living of Persons with Disabilities and the Children's Heart as service providers in multiple LGs.

Overview of local responses

A brief overview of the context and functioning of social protection at the local level during the state of emergency is based on in-depth interviews with representatives of 20 local governments that nominated innovative practices. A more detailed description of individual social protection segments is presented in the respective parts of the article.

In most LGs, the health crisis was not particularly severe, so the challenges were mostly related to the lockdown of the elderly and the public institutions functioning (introduction of shifts, work from home). However, in some communities the number of infected was high, and in some the pressure increased due to numerous returnees from abroad and imposed quarantine). There were also municipalities that simultaneously struggled with floods and water supply problems.

During the state of emergency, social services operated with reduced capacity, while ensuring a minimum work process. Centers for social work introduced shift work, and some organized communication with beneficiaries outside the premises of the institution. Issuing lockdown movement permits and providing assistance to the elderly were the main additional crisis related focus.

Representatives of municipalities and cities emphasized the crucial role of crisis headquarters that coordinated the work of various local institutions - centers for social work, local service providers, the Red Cross, local communities,⁴ civil defense units and NGOs. It was especially important to establish communication with associations of persons with disabilities, children with disabilities parents' associations, with Roma NGOs and non-state providers of care services.

The respondents highlighted the importance of disseminating information

⁴ Mesne zajednice na srpskom

about COVID-19 to the public through the CSW Facebook page, the LGs website, by creating an info-poster, but also through call centers. Call centers received citizens' requests, provided information and even basic psychosocial support. Almost all LGs established call centers, most often in the crisis headquarters, municipal/city administration, or the Red Cross.

Local self-governments relied heavily on volunteers, engaged by administration or through the Red Cross. In some LGs, volunteers were organized with the help of a youth center and youth offices.

Community based social services were only partially functioning during the state of emergency. Day care centers were closed, and in most municipalities and cities only some form of communication with beneficiaries and support for parents / guardians to overcome the crisis period has been maintained. The challenges faced by the personal child attendants service providers were overcome only in some LGs. In several municipalities and cities, employees who provided these services were assigned to other duties in the civil defense units, call centers, or to the crisis headquarters. Home care service has generally continued to be provided, but with significant modifications. In some LGs, the capacity to provide this service decreased, but in others the number of beneficiaries and the intensity of provision increased (due to weekend work and in several shifts). In several municipalities and cities, however, home care turned into delivering basic foodstuff

and medicines to elderly and persons with disabilities. With the great support of the Center for Independent Living of Persons with Disabilities, the personal assistance service continued to be provided in all local self-government units where it was functioning before the crisis broke out.

Soup kitchens continued to function with the necessary modifications and, as a rule, with the home delivery of meals to the oldest beneficiaries. All municipalities and cities distributed humanitarian packages to the most vulnerable and organized delivery of supplies, mainly foodstuff and medicine to the elderly. Public company vehicles and even taxi services, as well as LGs vehicles, were used to transport various types of assistance.

Most local self-governments organized the collection of applications for material support by phone, e-mail or even by placing boxes outside the CSW premises. Volunteers and local community activists also helped gather documentation. Several municipalities and cities pointed out that the number of applications increased significantly, but there were also those who stopped granting new applications. In some local self-governments, the procedures for approving one-time financial assistance were simplified.

Several LGs conducted outreach activities to identify vulnerable groups and individuals. Centers for social work and municipal / city administration units made great efforts in this direction and cooperation was established with non-

governmental organizations, but also with local community activists.⁵ A significant number of elderly people were found in very difficult financial circumstances, without support, primarily in rural areas.

According to the respondents, the main challenges were related to the delivery of supplies to the elderly, the identification of vulnerable families and the provision of psychological support, especially in municipalities that did not establish counselling services before the crisis. The onset of the crisis was marked by panic and excessive demand for services, as well as a lack of protective equipment and medical supplies. In the initial phase, most LGs also faced difficulties in organizing the process of issuing movement permits, especially for informal guardians and parents of children with disabilities.

In larger LGs, the coordination of numerous actors, organizations and individuals, was a special challenge, given the lack of cooperation in regular circumstances. In some municipalities, respondents pointed out that the underdevelopment of community-based services was an obstacle for a more efficient response to the crisis. There were also examples that after the state of emergency, steps were taken to expand home care and to build capacity to establish a service in a rural area.

Several local governments pointed out that good coordination between the

centers for social work, the Red Cross and municipal / city administration, as well as the activation of local communities was of key importance for successfully coping with the crisis. LGs that mapped the needs of their citizens just before the crisis were at an advantage, but also those that had previously established special mechanisms, such as local mobile teams for Roma inclusion.

Social care services within the mandate of local self-government

Among the social care services within the mandate of the local self-governments, innovative practices in home care, day care for children with disability and personal child attendant are presented in more detail. Proposal nominated by the Center for Independent Living of Persons with Disabilities is also included, as well as innovation related to homeless care.

Box 1 below presents an innovative approach to homeless care in the City of Novi Sad. This example was not formally nominated but is described within a general context. Having in mind the problems of caring for the homeless in other communities,⁶ the experience of Novi Sad is included among the innovations that are presented in more detail.

⁵ Aktivisti mesnih zajednica

⁶ For more details see Social Inclusion and Poverty Reduction Unit of the Government of the Republic of Serbia 2020.

Box 1. Homeless care - City of Novi Sad

Night shelters in Novi Sad were open 24 hours a day for the elderly during a lockdown. Red Cross volunteers were bringing the food and the medical staff from local primary health care center provided medical assistance on the premises. Retirement clubs turned into shelters for the homeless.

Home care

At the beginning of April 2020, the Ministry of Labor, Employment, Veterans and Social Affairs issued a statement that local governments are obliged to ensure functioning of the home care service during the state of emergency. The announcement was made after beneficiaries complained that services were not provided (Ministarstvo za rad, zapošljavanje, boračka i socijalna pitanja, 2020). However, the service only partially functioned, due to public transport restrictions and a reduction in the number of carers (due to illness, self-isolation after the contact with infected persons, childcare commitments as schools and preschools were closed, etc.).⁷ In some

⁷ For further information see: <https://www.novosti.rs/vesti/beograd.74.html:862786-Penzionerima-pomoc-do-vrata-Sistem-gerontodomacica-funkcionise-drugacije-nego-ranije>

municipalities and cities, carers did not enter the homes of the beneficiaries, but only delivered food and medical supplies. As many residential institutions placed an embargo on new admissions and due to the general ban on movement for elderly during a state of emergency, persons with disability and frail elderly people faced great difficulties. It was most difficult in larger cities.

Box 2. Typical innovative practice – municipality of Apatin

Home care service in the municipality of Apatin continued to be provided during the state of emergency, but in a somewhat modified form. Carers regularly visited immobile beneficiaries and those in need of personal care (approximately 2/3 of beneficiaries). For beneficiaries with lower support needs, only the delivery of food, medicine and other supplies was provided. Carers also visited the beneficiaries during the curfew. Movement permits were efficiently provided for informal carers as well, via Viber application. The crisis headquarters occasionally hired a courier service when the support of formal and informal carers could not meet all the needs for the delivery of supplies. By the decision of local

government, all beneficiaries received services free of charge, procedures were simplified, and applications were accepted by phone, mail, and e-mail. The practice of electronic reporting and receiving requests continued after the state of emergency.

In the municipality of Kikinda, the service coordinator flexibly defined the length of stay of carers based on the individual needs of the beneficiaries. A shift system was introduced from 6.30 am to 8 pm, and movement permits were issued, as services were also provided during curfew. An in-depth interview reveals that the increased demand for home care in Kikinda has been accommodated thanks to the efficient division of labor between carers and volunteers. Carers focused only on the personal care of persons with the highest needs, while volunteers delivered food and medicine to all beneficiaries. Because of the special cards, both carers and volunteers were able to avoid waiting in line while shopping for beneficiaries. Overall, the number of beneficiaries increased by 1/3 during the state of emergency. It was pointed out that the daily provision of information and advice to elderly home care beneficiaries significantly contributed to the fight against the pandemic.

In the municipality of Chuprija, the home care service almost ceased to function, due to the large number of infected carers. To ensure continuity in service delivery, unemployed nurses registered with the National Employment Service were temporarily hired as home care providers.

Daycare for children with disability

Day care centers (DC) in Serbia were closed during the state of emergency. Employees were either assigned to other duties and / or maintained contact with beneficiaries by telephone and online. Some daycare centers organized visits at the doorstep, delivering didactic materials, assignments, and tests. Only a few DC introduced outdoor activities, especially as an everyday activity.

Day care center in Krusevac offered psychological support to parents, guardians, and beneficiaries. During the state of emergency, 24-hour support was extended to all children and persons with disabilities in the city, including the delivery of food supplies and medicine.

Box 3. Typical innovative practice – municipality of Prokuplje

During the state of emergency DC in Prokuplje established constant communication with parents and guardians via Viber and Facebook pages and introduced a special

telephone line for psychosocial support. Employees also brought workbook materials to the beneficiaries' homes. An in-depth interview reveals that educators often worked with beneficiaries individually in their backyard, but also took them for walks, especially during lockdown.

DC in the municipality of Ivanjica organized numerous outdoor activities. Every morning during the work week, the educators took the children to parks or to nature. All beneficiaries and their parents / guardians expressed great satisfaction with this innovation, and the practice of "outdoor day care service" continued after the state of emergency was lifted.

School based DC in the City of Novi Sad prepared instructions for parents.⁸

Box 4. Instructions for parents and guardians – DC based at the special elementary school "Milan Petrovic", City of Novi Sad

Parents were given written instructions on how to help children and young people structure their time and further improve their capacities, but also

how to ensure safety and protection during pandemic. Activities were specified in the field of social skills (with referral to a psychologist in case of severe forms of problematic behavior), hygiene, educational activities (in accordance with the individual educational plan of the child, but also the abilities of parents), recreation (with examples of simple kinesitherapy exercises, muscle-strengthening activities, and fitness program) as well as work engagement. After the state of emergency, for children and young people who could not return to DC, a new service was established - a mobile special educator.

After the state of emergency, based on the recommendations of the local public health institutes, the local self-governments decided on the gradual reopening of the day care centers, with a limit on the number of children. The instructions for Belgrade recommend that users, if possible, stay in the family environment, and that the criteria for admission include confirmation that parents are required to work at premises operated by an employer (Gradski zavod za javno zdravlje Beograd, 2020).

Personal child attendant service

Since the schools were closed, the provision of personal child attendant service

⁸ For detailed instructions see Annex 3 (CSP, 2020).

was discontinued in most municipalities and cities. Communication with children was sometimes transferred to the virtual sphere, or employees were reassigned to other duties (for example, civil defense).

Personal child attendant services continued to be provided in LGs where the provider was the humanitarian organization “Children’s Heart” (7 LGs, including Belgrade). The in-depth interview reveals that child attendants most often provided services in the child’s home, helped with school assignments, but also engaged in other activities and solving various problems that families faced. It was pointed out that cross-sectoral cooperation between service providers, schools and CSR was intensified, both on the adjustment of individual educational plans and on the monitoring of children’s progress and achievement.

The innovative practice nominated by the organization “Children’s Heart” refers to the establishment of a single info center that provided support to both beneficiaries and direct service providers. The info center was available 24 hours a day. Parents had the opportunity to contact the personal attendant via video application when the child was upset, but also to overcome their own fears, primarily regarding the children’s health. Through the info center, the professionals also provided support to attendants, who themselves faced numerous dilemmas, partly due to the lack of uniform rules and due to extraordinary circumstances. The

practice of the info center continued even after the state of emergency was lifted.

Municipality of Ivanjica modified personal child attendant service. Modification was agreed between the representatives of the local self-government and the Society for Cerebral Palsy, the provider of the service, after consultations with the Ministry. The number of beneficiaries and the number of child attendants was not reduced, but working hours were shortened. Support was provided online for 3 hours, and attendants spent another two hours a day with children at home.

Box 5. Communication plan - municipality of Ivanjica⁹

During the state of emergency, a detailed communication plan was developed and then implemented via Viber and video calls. The plan contained the expected outcomes, time frame as well as detailed activities and measures within five tasks: prevention of aggressive behavior; helping children to adopt rules of conduct in the family environment; helping children to adopt a daily rhythm, skills of maintaining personal hygiene, dressing skills, as well as encouragement and help in non-verbal communication, learning simple gestures, etc.

⁹ For detailed plan, see Annex 4 (CSP, 2020).

Support needs were identified based on parent / guardian requests.

During 2019, the concept of *additional education support*, innovative socio-educational service, was developed in the municipality of Rashka.¹⁰ The service is targeting children with disabilities of primary school age, beneficiaries of the personal child attendant service.

Box 6. New socio-educational service - municipality of Rashka

Elements of *additional educational support* service were incorporated into the personal child attendant service during the state of emergency, which meant direct work with children through classes 2 times a week for 2 hours according to a specific program and *electronic additional educational support application* (E-DOP).¹¹ The new service is aligned with the educational plan and needs of children, the needs of parents for counseling support, including monitoring the progress of children and the constant exchange of information between the school and the

local interdepartmental commission for children with disabilities. During the state of emergency, the municipality of Rashka prepared an amendment to the Decision on social protection benefits to include the new service among locally recognized rights.

Personal assistance for persons with disability

The personal assistance service provided by the local branches of the Center for Independent Living of Persons with Disabilities in a dozen cities in Serbia continued to function during the state of emergency. One of the biggest challenges at the beginning of the crisis was ensuring freedom of movement for personal assistants during curfew. The Center for Independent Living of Persons with Disabilities, as an example of innovative practice, nominated the fight of non-governmental organizations for movement permits, not only for personal assistants, but also for relatives and other providers of informal services.

Box 7. Excerpt from the application form for innovative practice - Center for Independent Living of Persons with Disabilities

At the initiative of the Center, the National Organization of Persons

¹⁰ The concept was developed through the Standing Conference of Towns and Municipalities program, Swiss PRO technical support and support of the Social Inclusion and Poverty Reduction Unit of the Government of the Republic of Serbia.

¹¹ <https://www.edop.edu.rs>

with Disabilities, sent a letter to the Ministry responsible for social affairs and the Prime Minister to resolve the problem of movement permits throughout Serbia. Center also requested the support from the Ombudsman and the *Commissioner for Equality*. Finally, after three weeks, the issue of lockdown movement permits was resolved not only for personal assistants, but also for relatives, friends and others who assisted persons with disabilities during curfew. Also, at the initiative of the NGOs, the Government amended the Decree on emergency measures, allowing persons with autism as well as persons with developmental disabilities to go outside during the lockdown (Vlada Republike Srbije, 2020).

Material support

Within the material support, innovative practices in the functioning of soup kitchens, in the distribution of humanitarian packages, as well as in cash benefit programs are presented. An example relating to the Roma population in the municipality of Loznica is also included in this section, as it has been nominated in the field of humanitarian aid.

Soup kitchens and distribution of humanitarian packages

The Red Cross soup kitchen program functioned without interruption during the state of emergency. A number of local governments, as an example of innovative practice, nominated the adaptation of soup kitchens to the crisis.

Immediately before the introduction of the state of emergency, local Red Cross organizations were provided with instructions and recommendations for the implementation of the program in the new circumstances. The instruction stipulates that the program should not be interrupted but should be adapted to local circumstances and taking into account the lockdown of elderly. A special part of the instructions refers to measures for prevention and protection against the COVID-19 virus, both at the place of distribution and during the distribution of meals at home.

According to information from the Red Cross, cooked meals were distributed to the elderly and other vulnerable people at their homes. Also, for beneficiaries who due to distance or other reasons could not pick up meals every day, food packages were provided for a period of one to two weeks.

Box 8. Innovative practice – Municipality of Sabac

After the introduction of the state of emergency, the crisis head-

quarters formed a Working Group for Social Protection, which proposed that beneficiaries, instead of cooked meals, receive food packages that meet weekly needs. New applicants were also accepted, and the total number of beneficiaries increased by 10%. The Red Cross which coordinated the program, also provided hygiene packages. Beneficiaries of the program pointed out that regular visits of volunteers were equally important, especially for those living in single rural households.

In the municipality of Arandjelovac, meals from soup kitchen program were distributed to the home addresses of the elderly and persons with disabilities. In addition to meals, these households were given hygiene packages funded by local donors, and volunteers delivered other supplies. Packages with food and hygiene products were also provided for pensioners with low pensions and poor households. An in-depth interview reveals that the practice of delivering food packages continued even after the lifting of the state of emergency for families with children with disabilities and immobile elderly people.

Support to Roma population

Families living in substandard and overcrowded Roma settlements in

Serbia faced particular difficulties during lockdown. The usual coping strategies were not available – both seasonal work in agriculture and informal recycling were impossible, remittances from abroad were reduced and free meal programs in schools were canceled (Matkovic and Stubbs 2020). There were also reports of discrimination (Social Inclusion and Poverty Reduction Unit of the Government of the Republic of Serbia, 2020).¹² Under the pressure of non-government organisations, cisterns with drinking water were provided, and households whose electricity supply was disconnected due to unpaid bills were reconnected to the supply system (A11 – Inicijativa za ekonomska i socijalna prava, 2020) (Council of Europe Office in Belgrade, 2020). International donors and the government provided food and hygiene packages.

Box 9. Mobile team for Roma inclusion - City of Loznica

The Mobile team for Roma inclusion played a particularly important role during the state of emergency in the town of Loznica, providing

¹² More information also available at: <https://www.rcc.int/romaintegration2020/news/335/roma-integration-2020-responses-to-covid-19-outbreak-in-the-western-balkans>

various types of assistance and support. In addition to the distribution of humanitarian packages, psychological support was provided to the families of the infected, as well as technical assistance to the poorest families to receive one-off or regular financial social assistance. The mobile team helped individuals to get health insurance, but also to schedule medical examinations, start home treatments, etc. After the state of emergency, the Mobile Team worked on planning influenza immunization in Roma settlements and organizing patronage visits in order to increase the coverage of children with vaccination.

Cash benefit programs

Nominated innovative practices in cash benefit programs include modifications in the application process during lockdown, changes in the work of social work centers and efforts to identify vulnerable groups and individuals.

As an innovative practice the City of Novi Sad nominated outreach activities - identification and protection of hard-to-reach vulnerable groups and individuals, including elderly households, families in which one or both partners lost their jobs, children with parents working abroad, persons without identity documents and therefore deprived of social benefits, etc.

For this purpose, all available databases (CSW, Red Cross, records of local administration) were used, telephone contact with potentially vulnerable individuals was made, and if that was not successful, neighbours or local community activists were contacted. Based on the information gathered, the CSW compiled lists of socially vulnerable individuals in need of humanitarian or one-off financial assistance. The practice of applying for financial assistance via e-mail and telephone was introduced, and local community activists helped beneficiaries to fill in the necessary forms and / or submit them to the Center for Social Work via Viber. The number of requests for one-off assistance increased by almost 30%.

During the in-depth interviews, the successful cooperation with local community activists in villages and remote settlements in the identification of the most vulnerable individuals was especially emphasized since it was not a common practice before the introduction of the state of emergency. The staff of the local Center for Social Work believes that such a practice should be continued.

Delivery, call centers and physiological support

Due to the full lockdown of the elderly, the delivery of medicines and food supplies was certainly one of the biggest challenges at the local level during the state of emergency. This type of assistance was also sought by the sick,

individuals in self-isolation, persons with disabilities and other risk groups. All local governments that participated in the research organized delivery and call centers for collecting requests. Call centers also responded to other needs, including providing information and psychological support.

In Aleksinac, the Red Cross engaged a large number of volunteers to deliver the supplies ordered by elderly households and other at-risk individuals under home quarantine. A software program for requests was also developed. The Center for Social Work established a call center, selected beneficiaries and recorded their orders, and municipal services provided logistical support.

The call center was also organized by the City of Zrenjanin. In addition to requests for material support and deliveries, citizens also asked for psychological support. In order to respond to these needs, psychologists and psychotherapists from the city's Center for Social Services "Most" were engaged. During the in-depth interviews, it is especially emphasized that a large number of young people sought psychological support, who appreciate that counseling over the phone or Facebook provides anonymity. After the lifting of the state of emergency, the provision of this service continued and the number of hired psychologists and psychotherapists increased. The financing was provided by the local government.

In cooperation with the Serbian Psychological Society, the Red Cross organized provision of psychosocial support to citizens, volunteers and staff by phone, SMS service (for persons with hearing impairments) and through the free online platform "Let's talk".¹³ Red Cross staff emphasized that this service is innovative because it provided great flexibility to beneficiaries, protects their privacy, and gave them the opportunity to choose the time and method of communication. Beneficiaries had complete control over their anonymity - contact was scheduled via email - as well as the form of the session (text, audio or video chat).

Summary of innovative practices

Ideas for providing social services and material support based on innovative practices during the state of emergency in Serbia can be summarized as follows:

Home care:

- Providing advice and information for the beneficiaries over the phone
- Electronic registration and application
- Provision of movement permits for professional and informal carers
- Inclusion of new beneficiaries, for example those registered on waiting lists
- Increasing service flexibility regarding the length of stay of carers

¹³ <https://razgovarajmo.lekarinfo.com>

- Introduction of the afternoon and night shifts during the full lockdown so that beneficiaries with highest needs receive more adequate support
- Redistribution of work between carers and volunteers - shifting the delivery of supplies to volunteers so that carers can focus on beneficiaries with highest needs
- Issuing special “cards” to volunteers and carers so that they can skip waiting in line (especially in pharmacies)
- Hiring unemployed nurses to provide home care
- Establishment of communication with local health institutions (protocols)
- Communication with beneficiaries and parents / guardians via Viber, skype, mobile phone, Facebook, email
- If the day care centers are closed and beneficiaries stay at home:
 - Communication across platforms - posting assignments, instructions, and other materials on a website
 - Distribution of didactic material and tests (if not possible electronically)
 - Visits to the doorstep
 - Taking children to walk
- Establishment of mobile special educator service within DC program

Day care for children with disability:

- Planning day care activities based on the needs of beneficiaries and their families
- Development of detailed instructions for parents / guardians if children stay at home
- Organization of “outdoor day care services” during the lockdown
- Division of beneficiaries into groups, offering outdoor activities to each group in shifts, two or three times a week
- Relocation of day care centers to large spaces that are temporarily not used (to schools during holidays or to single-shift schools in the afternoon)
- Introduction of several shifts during the day or rotation of beneficiaries on a daily or weekly basis
- ***Personal child attendant service:***
 - Planning support in accordance with the expressed needs
 - Customizing the service so that it can be temporarily provided at home
 - Defining the role of the personal child attendant in online schooling
 - Redefining activities, including taking children to walk
 - Cross-sectoral cooperation in adapting individual education plans and monitoring the progress and achievements of children
 - Establishment of information and psychosocial support for service beneficiaries and for direct service providers
- ***Homeless care:***
 - 24-hour access to night homeless shelters

- Temporary conversion of other available places into homeless shelters (for example retirement clubs)
- Engaging volunteers for food delivery
- Cooperation with the local primary health care centers to provide medical assistance at homeless shelter premises

Psychological support and call centers:

- Establishing call centers
- Inclusion of psychological support in the work of the call center
- Engagement of psychologist volunteers
- Providing psychological support services via digital devices

Material support:

- Flexibility in soup kitchens program – delivery of meals at the doorstep to elderly, persons with disability, beneficiaries in insolation, infected, etc.; delivery of foodstuff instead of cooked meals; delivery of cooked and dry food meals for several days; delivery of meals several times during the day in order to reduce the number of beneficiaries who are present at the distribution point at the same time
- Training and screening of volunteers between the two waves of coronavirus
- Increasing material support from the local budget (one-off assistance, humanitarian packages, expansion of soup kitchen program)

- Simplification of application procedures for financial assistance
- Collection of applications by phone, e-mail or even by placing boxes outside CSW
- Providing assistance to vulnerable individuals and families to complete applications and collect documentation
- Establishing cooperation in identifying the most vulnerable between social work centers, the Red Cross, local community activists and NGOs
- Engaging volunteers for outreach activities i.e. identification of vulnerable individuals
- Additional support to Roma settlements - provision of cisterns and water supply and additional material support
- Introduction of software support for social workers to work from home

A number of innovative practices need to be explored in more detail and possibly incorporated into service standards or new procedures in regular circumstances. Such practices include: cross-sectoral cooperation in identifying the vulnerable; providing assistance in filling out applications for financial assistance and simplifying procedures; electronic registration and submission of requests for all services and cash benefits; socio-educational support to the beneficiaries of personal child attendant service; establishing regular communication with children with

disability, temporarily not attending day care institutions; home delivery of soup kitchen meals to the elderly; establishing psychological support online; expanding the role of local community activists and volunteers.

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