HANDBOOK „SOCIAL ONE STOP SHOP"

project „ Social one stop shop "

BG05M9OP0001-4.001-0059-C01

procedure BG05M9OP001- 4.001 "Transnational and Danube partnerships for Employment and Growth" under the Operational Programme "Human Resources Development" 2014-2020

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Contents

1. Introduction

Ensuring a high level of protection of citizens against the risk of disease and dependence is a key objective of the Member States and of the European Union. The opportunities of the community and the prerequisites for providing good-quality long-term care to all those who need it must be protected and preserved in the future.

There are many approaches in Europe to provide long-term care. In response, there is a wealth of experience and ideas that EU Member States can use when trying to modernize, expand and improve the services provided as a result of demographic aging and other emerging challenges. The fact that Member States have agreed common objectives at European level within the framework of the open method of coordination on social inclusion and social protection is very encouraging. Member States have defined universal access to high-quality, long-term care at affordable prices as an objective of particular importance and the European Commission works with them to help them fulfill this commitment.

The European Union also offers support for the mutual exchange of knowledge between Member States facing similar challenges. This allows national authorities to learn from one another by drawing on the best of their experience and drawing examples of good practice.

The purpose of this Guide is to review integrated services at European and national level by presenting good practices of integrated social services, explored in the workshops of employees of Aksakovo Municipality in Poland, Denmark, Spain, organized under the " Social One Stop Shop" with beneficiary Aksakovo Municipality under grant agreement BG05M9OP0001-4.001-0059-C01, under procedure BG05M9OP001-4.001 "Transnational and Danube Partnerships for Employment and Growth"of the Operational Program "Human Resource Development“ 2014-2020.

2. Definition of integrated social services

It is important to clarify the meaning of the two key terms "social services" and "integrated social services".

Social services

It is difficult to produce a definition of "social services" that is universally acceptable across Europe and which accurately represents the variety of services and organisational patterns across such a large region. In other work (see "Users' involvement in personal social services"), the Council of Europe - along with others working internationally in this field - uses the term "personal social services" (PSS) to distinguish these services from others within the broader field of social welfare. In this report, for conve¬nience the term "social services" will be used to refer to what are more precisely understood as "personal social services".

Personal social services

Personal social services (PSS) are normally provided for individuals related to their specific needs and circumstances, in contrast to standardised services provided to people as members of categories. People who are typically users of PSS include elderly people and their carers, children and families, and people with disabilities. However, people with a variety of other needs and problems will use PSS, with differences between coun¬tries in who can and should use such services. Newer services for special groups have emerged such as people with HIV/Aids. Services are provided in different locations such as individuals' homes, in day centres and resi¬dential establishments. They are staffed by personnel including social workers, social assistants (or variations on this term), care managers, home helpers, therapists and kindergarten teachers. Organisations providing PSS may be: state (particularly local authorities or municipalities); not- for-profit non-governmental agencies; or commercial businesses. Services provided by third sector civil society organisations have become increas¬ingly prominent in recent years.

A recurring question concerns the extent to which PSS are distinct from or similar to services provided within health, education, employment and social protection services. This is reflected in changing organisational structures, ranging for example from separate local authority depart¬ments for PSS - the "PSS are distinctive" model - to arrangements where PSS are seen as essentially services provided as part of a portfolio of services provided by health, social, protection, employment, and so on. Social services include all services that are (a) considered to be of special importance for society on the whole and where (b) personal interaction between providers and users has a key role.

Using such a broad definition, health, education, occupational integration and cultural services become as well part of the picture beyond the usual three fields of child day care, care services for the elderly and various small areas of services for problem groups.

There are differing views as to whether the distinctive or broad definition of PSS is the more appropriate.

Integrated social services

The term integration should be understood as applying to a range of approaches or methods for achieving greater co-ordination and effective¬ness between different services to achieve improved outcomes for service users. These approaches include: service co-ordination, co-operation, partnerships, collaboration, inter-professional or joint working - to name but a few. Therefore, "integration" is conceptualised as a continuum or ladder of integration, with methods chosen to suit specific needs, circum¬stances and possibilities. Experience shows clearly that there is "no one size fits all" in integration work.

Horizontal and vertical integration

It can be helpful to consider integration as both horizontal and vertical - an important distinction. In social care, vertical integration at the macro level refers to measures to achieve closer co-ordination of policy and service arrangements at different levels of government - national, regional and local; and, at the micro level, to residential, community and home-based services for different user groups in localities - all within social services alone. For example, in the UK in 1971 a new law brought together into one new local authority social services department the previous separate services for children and different adult user groups. But social services were separated from health and educational services in local authorities.

In health services, vertical integration brings closer together the hospital, clinical and community-based health services. Multidisciplinary health care of a "high tech" character is increasingly required as the patient moves in and out of different settings, implying that patient care will have to become more vertically integrated (see Delnoij et al, 2002). The same article highlights how integration of services at the micro level is affected by characteristics of health systems at the macro level (for example, funding mechanisms); and how "fragmentation and a lack of coherence, and inability or unwillingness to engage

in multidisciplinary co-operation are serious problems in many European health care systems".

Horizontal integration is quite different. This refers to moves to bring together previously separate major public services in the interests - primarily - of service users, for example health and social services. This form of integration is the main focus of interest in many European initia¬tives and is the main but not exclusive focus of work in this project. The main services with which social services may be integrated to varying degrees are health, education, employment and cash benefits, with some interest also in criminal justice services. Successful horizontal integration may be needed at all levels, starting at integrating separate ministries at national level.

3. Analysis of the delivered integrated social services in Europe

Long-term care puts three coherent and connected ones objectives in terms of the services offered: general access, high quality and long-term sustainability.

3.1 Access to appropriate long-term care

Generally access to health care should not be limited by individual solvency or dependent on personal income or wealth. The need for care should not lead to poverty or financial dependence. However, universal rights do not always guarantee universal access, and inequalities and barriers continue to exist. These obstacles may be lack of insurance coverage and failure to provide certain types of care, as well as long waiting, insufficient information and complex administrative procedures. Obstacles may vary across the different regions of a country, not just in the Member States.

It may be difficult to provide the full care that some people need. For example, efforts in some countries to help patients regain their independence by rehabilitation can be in vain if some elements of long-term care are not taken up by some systems based on social and health insurance.

There are different schemes to reduce the direct costs of carers. Among them are:

• exemptions from personal additional contributions and personal surcharges,

• calculated on the basis of income;

• Additional financial assistance and social assistance for dependent elderly people

• people, the disabled and the chronically ill;

• taking the long-term care of low-income households from the state;

• equal additional contributions for all countries;

• government subsidies for the use of private services;

The general tendency is to de-institutionalize care - except for people

with severe disabilities - and the development of tailor-made home care and care in the municipality.

Modern technologies such as eHealth, telemonitoring, telemedicine, and self-living systems make it easy for home or community care. This change in perspective allows people to have more freedom of choice in terms of the care they need.

3.2 High quality of the long-term care

As long-term care as people receive, there are huge differences. Therefore not surprising that research and reports show some frustration and draw attention to shortcomings. The raising questions range from inadequate housing base and lack of privacy in the homes for the elderly to excessive use of limitations and force. These complaints are some of the reasons why Member States are developing or changing regulations and legislation to ensure that standards will be on high level

It is not easy to assess the quality of the different types of long-term care. This is difficult for formal institutions, such as elderly or hospital homes, but it is much more complicated for informal conditions such as owner home or friends / relatives' homes. More often, the focus on long-term care goes away from meeting certain minimum

requirements to focus on better quality assurance, also covering issues such as patient rights and continuing staff training. At the same time, in order to ensure the provision of quality care, standard indicators such as staff ratios and appropriate training may not be appropriate for assessing home care provided by informal person that take care.

National authorities have different approaches to the need for quality improvement measures. In some countries (the Netherlands, Slovakia), quality accreditation measures are implemented, accompanied by monitoring systems (Germany, Greece, Cyprus, the Netherlands, France). In others (Germany, Luxembourg), clinical guidelines based on traditional medicine are used. To avoid regional disparities in long-term care provision and to allow regional and local authorities to make a fair assessment of the patient's needs, many countries (Germany, Estonia, Spain, Latvia, Lithuania, Slovenia, the United Kingdom, the Czech Republic, Sweden) apply uniform quality assurance mechanisms.

Criteria for assessing the quality of care provided are becoming more sophisticated and credible. However, in many Member States, they are still at an early stage of development. They reflect factors such as providing help to informal carers, giving more choices to the patient, ensuring the capabilities of people working in the field of long-term care, and providing technologies that can help them in their tasks.

3.3 Long-term sustainability

The long-term sustainability of public costs for health, in particular for long-term care, will be particularly burdensome, because society have to cope with an aging population. This pressure can be alleviated if the health of citizens continues to be good with increasing age. Applying a preventive approach, integrating health and long-term care, using new technologies and communication technologies can help to control costs also.

Funding for long-term care is regulated differently across the EU, reflecting differences in traditions and priorities. There are four factors on impact:

- long-term care schemes and population;
- the organization of the financing of social benefits in the country;
- the degree of private financial participation;
- the division between public and private responsibilities in terms of long-term care.

General government programs can be funded in the following ways:

- social security (Germany, Spain, Luxembourg);
- taxes (Scandinavian countries, Latvia);
- conditional interest schemes (Cyprus, United Kingdom);

and mixed funding systems combining resources from insurance schemes and taxes, different budgets and institutions that are responsible for the provision and purchase of long-term care (Belgium, Greece, France).

Countries that recognize the need to provide a sound basis for long-term funding of long-term care increasing. Some Member States (Germany, Luxembourg, the Netherlands, Sweden) are trying to achieve this by creating special universal social security schemes and contributions or through taxation (Austria, Sweden). While recognizing the need to find an appropriate mix of public and private sources of funding, it is accepted that the social security or tax system is more effective than a private-only scheme. At the same time, Member States are considering a possible mix of private and public services, especially in the social sector. Recent sources of funding usually consist of two separate elements. The first is a private health insurance for long-term care. The second make additional personal contributions for state-funded care for which no funds are returned or they are very small.

Policy for prevention and rehabilitation

Promoting an active and healthy lifestyle has obvious benefits for people. It also has the potential to bring greater benefits to society as a whole by reducing public health spending, leading to a longer period of active life for people and preventing decreasing of productivity due to sick absences. In most EU countries, vaccination and prophylactic examination programs and campaigns to promote healthy lifestyles are being implemented. While these programs are an important step forward, it is too early to assess their impact and good coordination between different promotors of preventive care policy.

4. Analysis of the integrated social services in Bulgaria

Two main systems in Bulgaria provide the citizens' well-being and security in the social sphere - the social system and the health system. With the development of modern Bulgarian legislation, the services provided by the two systems were segregated, dividing lines were created, the unity of social security was broken, and above all the most vulnerable and risky groups of society - children, people with chronic diseases, people with permanent disability and elderly people.

The creation of dividing lines between the two systems has led to increased public mistrust for both ongoing pressure to develop forms of social services only or clinical medicine only, such as a holistic and integrated approach directed at the individual.

What is integrated and coordinated long-term care and who is targeted? Long-term care is a wide variety or set of services that target both the medical and non-medical needs of people with chronic illnesses or disabilities, risk groups and disadvantaged people and the elderly who can not take care of themselves for long periods of time. Common to long-term care is to provide missing and unskilled care, such as assisting normal human daily activities. Long-term care includes providing a level of social and medical care that requires specialist expertise in dealing with frequent chronic illnesses or social exclusion associated with large populations. Long-term care can be provided at home, in the community, in social homes or in adult homes. Long-term care is needed for people of all ages, although it is more common in elder people.

Coordinated care is a new approach to bringing together and coordinating care for people currently serving social and healthcare systems and meeting certain eligibility requirements. This approach organized into a single program to coordinate the delivery of primary, preventative, behavioral and long-term services and support to all those in need. In this way, the individual gets high quality, the center of the personality is the care focused on their needs and preferences.

Integrated care is a global trend in social and health care reforms and the introduction of new organizational measures aimed at more coordinated and integrated forms of care provision. Integrated care can be seen as a response to the fragmented provision of health and social services, which is recognized as a problem in many countries. Integrated care is

a concept integrating inputs, delivery, management and organization of services related to diagnostics, treatment, care, rehabilitation and health promotion, long-term monitoring and quality of life through appropriate social support to needy individuals. Integration is a way of improving services in terms of access, quality, consumer satisfaction and efficiency. Integration means the inclusion of multiple and separate activities on different systems into a basic- care.

Development of socio-medical services in Bulgaria

Social services in Bulgaria are decentralized and their management is entrusted to mayors of municipalities. They are provided according to the desire and personal choice of the persons who need them. In order to improve the coordination and integration of social services and ensure equal access to social services for people from vulnerable groups, a qualitatively new approach to development and delivery was introduced in 2010 through planning at municipal and district level based on an analysis of needs. In this way, ensured that social services can be identified to meet the specific needs of the target groups not only within the municipality but also in the area.

Social services in Bulgaria can be financed through the state budget as state-delegated activities, from municipal budgets as local activities, as well as within different projects under national and international programs and through self-financing when services are provided by registered private providers. In recent years, funding mechanisms for social services have undergone significant changes aimed at achieving financial sustainability. Social services delegated by the state are funded by the state budget, and municipalities finance social services that are municipal responsibility. One of the serious problems characterizing the system of services in Bulgaria is the insufficient number of preventive social and health services for adults with early intervention. The provision of these services has a key role to play in preventing the risk of social exclusion among target groups.

There is still a problem with the provision of services by unskilled people, most often family members with a dependent adult. The low economic added value and the lack of social recognition for these services are factors limiting their development as a real sector

of the economy. Some of the main factors influencing the institutional model of care as well as the demand for such care are:

• Insufficient number of services for the elderly and disabled

• Comply with their needs and their uneven distribution

• on the territory of the country;

• Insufficient financial resources, which is often the cause of social

• exclusion of elderly people and people with disabilities and their placement in

• institution;

• Lack of inclusive social and architectural environment;

• Search for institutional care, especially for the elderly. As a reason for

• this may be indicated by the lack of a real and safe alternative to care,

• to ensure a decent and independent life in the natural home environment and in

• the community;

• Poor added value in paid services provided at home

• the environment for the elderly and people with disabilities, as well as the lack of social

• recognition and lack of motivation for employed social workers;

• A modest share of specialized entrepreneurship

• care for the elderly and people with disabilities;

• Lack of meeting the needs of the elderly and people with

• Disability complex (health and social) services in home environment as well

• and financing of rehabilitation and long-term care.

To improve the quality of care provided, it is necessary to improve the staff base, the structure and professional capacity of the staff, as well as to increase the control over compliance with the criteria and standards for provision of social services. Further efforts to improve the coordination between social and health systems are needed to achieve practical results and provide quality and affordable integrated services for the elderly and people with disabilities.

Improving the interaction between the social and health system is a key prerequisite for providing quality medical and social care for patients with chronic illnesses. The development and development of long-term care models as well as integrated care for patients with chronic illnesses will provide opportunities to improve the quality of life of

these people. The development of a model for medical and social care for elderly people with chronic home illnesses through the establishment of health and social centers for the provision of home services by nurses and social workers is an important step in the process of introducing new models. This process will also be supported by the results achieved, existing practices and the experience gained from long-term provision of complex home care to elderly people with chronic illnesses from different service providers. This will allow the next stage to create regulatory preconditions, on the one hand, for the sustainability of the structures built up and on the other for the actual valuation of this activity with a view to creating effective financing rules.

In view of the current state of the service system in Bulgaria and the serious challenges to its development (the aging of the Bulgarian population and the growing need for long-term care), a special emphasis is placed on: - Development of long-term care through innovative cross- services (focusing on the integration of social and health services) to be delivered in line with the real needs of those in need; - Establishing an adequate community service network and home environment (opening up new social services in the community and in the home environment, including provision of hourly services to support social inclusion); - Improving access to preventive social and health services for early intervention adults; - Providing comprehensive support to dependent families; - review and discussion of mechanisms for sustainable funding and institutional arrangements for long-term care; - Analysis of practices in other EU Member States on the financing of the long-term care system, including through the instruments of the social security system; - Strengthening the role of social partners and businesses in the development of long-term care. Development of public-private partnerships; - Promoting volunteering and engaging more closely with the non-governmental sector; - Use of information and communication technologies. The implementation of successful European practices accompanies the whole process of building the community service network, and this is giving its positive effects at the present time. Therefore, the policy priority is precisely the development of these services across the country, ensuring the demand for and quality of service for consumers.

5. Trends for the development of integrated social services

All Member States of the European Union are committed to providing their citizens with universal access to high-quality long-term care at an affordable price. With the aging population, the financial and logistical challenges in fulfilling this promise to older people are overcoming. This is now and will become even more pronounced in the future as governments need to work in an environment of growing and competing needs with limited resources.

Long-term care is defined differently in the countries of the European Union. They reflect the differences in length of stay, covered service users, and the often blurred boundary between medical (non-medical) and non-medical (social) services. Some countries, for example, prefer to focus on pre-hospital outpatient rehabilitation and others on the provision of care in hospitals or similar institutions. Long-term care can include rehabilitation, basic medical treatment, nursing home care, social care, housing and services such as transport, food, housekeeping, and help in organizing everyday life.

Care is usually provided to people with physical or mental disabilities, helpless people, adults and people in need of special assistance to organize their everyday lives. The need for long-term care exists mostly in the higher age groups most at risk of chronic chronic illnesses leading to physical or mental disability. "

As Europeans live longer, public resources devoted to health and long-term care are the second largest component of total social protection expenditure after the cost of pensions and survivors' pensions. By prolonging the lifespan of citizens, there will be an increasing demand for long-term care at home or in an institutional setting.

The forecast said that the total number of people over the age of 65 will grow by 75% by 2050 compared to 2017. The increase in the age group over 80 will be even higher - 174%. According to a 2016 Eurobarometer survey, the majority of Europeans believe it is likely or unlikely, but at some point in their life they may depend on long-term care.

6. Good European practices

6.1 Integrated health and social care plan, implementation of the regional plan at local level, Cataluña

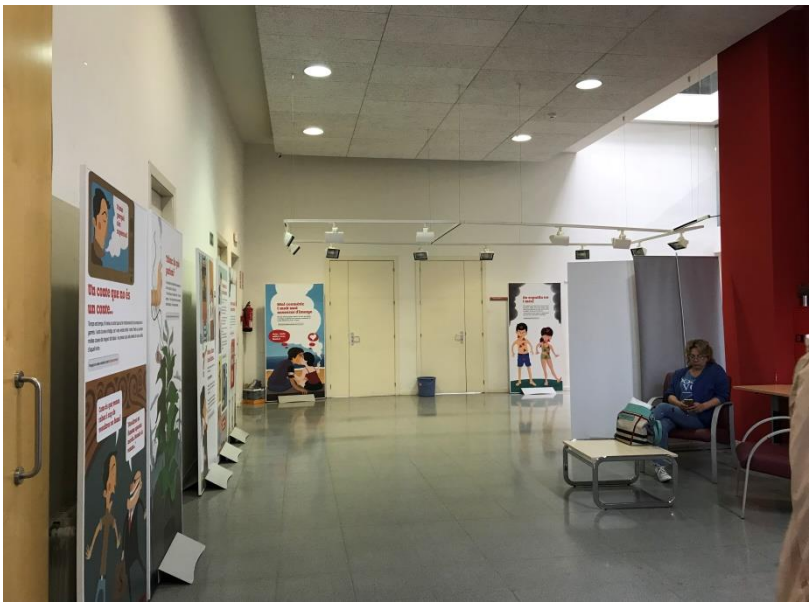
Practice	Integrated health and social care plan, implementation of the regional plan at local level, Cataluña
Organization/Country	**Municipality of Igualada/ Cataluña /Spain**
Site	**http://igualada.cat/**
Summary	**The Catalan Government finances all municipalities with more than 20,000 inhabitants to implement an integrated plan for social and health care. Social services are administered by local and regional authorities, health services are run by regional authorities.**
Resources	**Funding is mainly the Government of Catalonia, but some of the services are partly funded by the citizens themselves.**
Purpose	**Provide better care for people**
Results	**Balanced treatment and care, care as close as possible to people, filling the gaps in care, integrated planning, provision and accountability.**

The practice was examined in the framework of the working seminar of employees of Aksakovo municipality under the project "Social services at one-stop shop" in the city of Igualada, Catalonia, Spain. They visited the Municipal Social Services Center, which implements the integrated social services provision plan in Catalonia. Social services are

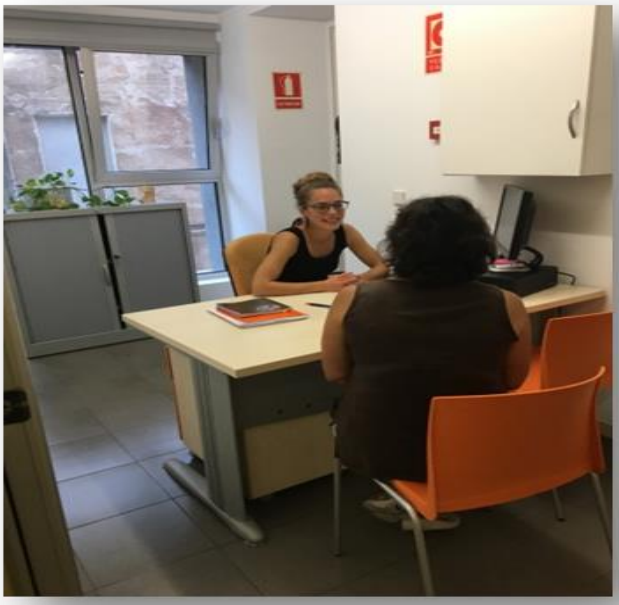
offered locally, as assigned by the Government of the Autonomous Community of Catalonia.

Upon the initial visit of the citizens after a hearing by employees, a meeting with the respective specialists is arranged. On a particular day, the person meets with a representative of the organization providing the service and switches to a needs assessment and a timetable for service provision.

The city center provides two types of services: basic services and specialized services. The services are provided by the Government of Catalonia, the local administration and private providers. The Government of Catalonia provides financial resources to municipalities with more than 20,000 inhabitants to organize the provision of social services themselves. Private providers receive funding from municipalities and collect fees as well.



The Municipal Social Services Center is the gateway to the social system of social services and is accessible to all citizens. Employees have graduated for social workers or social wizards. They inform, guide, diagnose and assist consumers, prescribe social assistance, and assess the risk situation and preventative action.



Basic social services meet basic needs that individuals can not afford. Specialized social services work in situations of specific requirements of technical competence and the provision of certain specific resources. They provide technical support and provide a link between basic social services in the field of their specific expertise. They serve groups with special needs - disabled, adults, people with different dependencies.

Basic Social Services in Igualada:

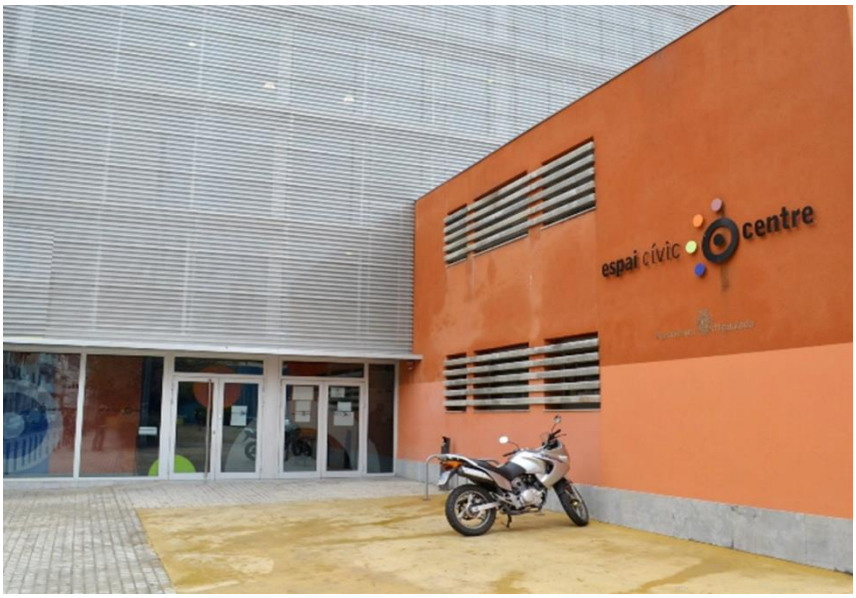
Basic social services target the following target groups:

- Children from 4 to 18 years old. A team of social workers and social returnees support families with children under 18

- Adults aged 18 to 65. Social workers work with elderly people aged between 18 and 65

- Older people over 65. Social workers provide services for older people over 65

- Dependent adults. Social experts develop plans for older people's intervention. They work closely with the Catalonia region, receive lists of people who need help, and assess the needs accordingly.



Basic social services provided in a home environment:

- Home Teacher - Seniors are provided with buttons that stand at their neck in the shape of a medallion. If necessary, press the button that is connected to the phone and the call is diverted to a specific center in Barcelona, where the emergency service and the person's relatives are notified that they need help.

- Home services - cleaning, home delivery, home assistants, home assistants;

- Personnel Services - Home Sanitary;

Basic services provided in the community. These are services targeted at children and their parents. He works out of school with problem children and their parents.

The main tasks of the experts providing basic services are the following:

- Investigation and prevention of the social risk and exclusion situation;
- Individual or family analyzes on social needs;
- Information, guidance and advice;
- Support people to family and groups;
- Managing services in home environment and educational institutions;
- Provision and monitoring of programs and benefits;
- Public and Social Activities;
- Managing the process of providing social services;

Benefits:

- Social services;
- Home Services;

- Social education and services for children;

- Personal hygiene and laundry. During the economic crisis, many people were left homeless, living in abandoned rooms, and having difficulty maintaining their personal hygiene due to lack of hot water, washing machine. They are given the opportunity to use the bathroom in the Municipal Center, and they also have the cost of washing clothes.

- Public Dining Room is for the socially disadvantaged and enjoys school chairs;

- Bank for reuse of items.

Services can be divided into two main types:

- *Economic support, including:*

Food Bank;

- Pharmacy - aid from pharmacies, payment of some of the medicines, the municipality sends information to the pharmacies, who should be given funds for medicines;

- Propane butane - LPG support on a coupon system;

- Technical assistance in hiring a home, assistance in hiring a home, paying a deposit or in the first installment. There is a law in Catalonia that no one can live without electricity, water and gas. The municipality is preparing reports on which people should not be discontinued power supply, gas supply.

-Aid for school - once a year, scholarships are given for books, textbooks, camps are paid, emergency assistance.

- Emergency assistance - electronic cards for trips, payment of a dentist, glasses, etc.

• Information communication assistance including:

Tele Asists - Buttons of necklaces that wear elderly people, when they need help, they press the button and a phone call is triggered at a special center in Barcelona, which in turn sends calls to Emergency and help and the relatives of the elderly.

Adaptation of home-fitting bathroom, bath or other for the needs of the elderly as part of the cost of adaptation is paid by the municipality.

Technical assistance in hiring a home, assistance in hiring a home, paying a deposit or in the first installment.

6.2 Community Center Paca 40 – Warsaw

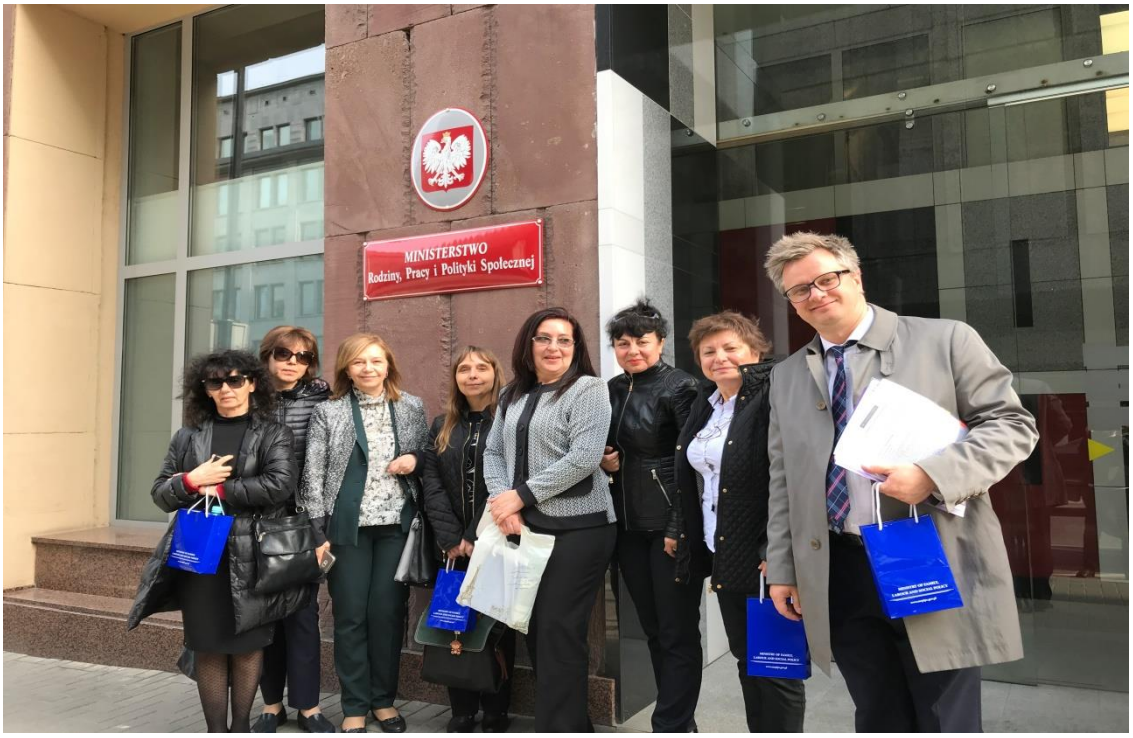
Practice	**Community Center Paca 40 – Warsaw**
Organization/Country	Community Center Paca 40 – Warsaw /Poland
Site	http://www.jccwarszawa.pl/
Summary	The community center focuses on providing various activities, educational, social and cultural services to various social groups - children and young people, women, people with disabilities, the elderly and other people in social exclusion. Within the center everyone can find something interesting about themselves and their relatives. The center's users are socially marginalized communities and ordinary citizens who want to join different initiatives. The Center provides various activities: sports and recreation, pre-school education, education, open lectures, courses, trainings, integration, cultural / theater, cinema, opera / but also the opportunity for the realization of informal neighborhood services. Also, there is a Citizens Advice and Integration Office for people with mental and emotional problems. It arranges courses for foreign languages, computer skills, practicing yoga.
Resources	The Center is managed of NGO
Purpose	Improving the quality of life of people at risk of social exclusion, people with disabilities

Another example of integration of services comes from the Polish capital - Warsaw. Municipal Office of Capital City Warsaw together with CAL Association finances and conducts for several years in the framework of public-social partnership and interesting initiative for the dwellers of Praga district. This community center is focused on the integration of a variety of activation , educational and cultural services for various social groups - children and young people, women, the disabled and seniors, as well as all other residents of the district. In the framework of the Center Paca 40 (CP40) everyone can find something interesting for themselves and their relatives. The recipients of the CP 40 services are both socially marginalized people and regular residents who are willing to join in various initiatives. CP 40 offers various activities: sports and recreational , health education, educational (open lectures, training, courses, training), integration, cultural (theater, cinema, opera), but also creates the possibility of implementing informal neighborhood services. Within the center the Bank of Neighborhood Services was created which focus on matching of neighbors who exchange different products, services and things without cash (barter exchange). Beneficiaries of CP40 can also receive psychological and legal support there. Also coaching services are provided on the nee. There is a Civic Advice Office and Integration Group eFKropka for people with mental and emotional problems. Visitors can also other facilities such as: computer labs, a kitchen, different professional workshops and occupational therapy. On the site there are organized foreign language courses, computer learning, it is possible to practice yoga and tai chi. Additionally, it is possible to take part in handicraft workshops, poetry meetings or take part in table tennis or dance classes.

Center Paca 40 is a good practice of integrating a variety of social, educational and cultural activities in one place and efficient coordination of them according to the needs of the participants - residents of the district.

The center is managed by an experienced non-governmental organization, which is famous not only for educating in Poland, but also for certification and validation process to stimulate local communities and their active integration in the services and community work, which require special attention. The effectiveness of the Centre is observed not only

by the officials of the City of Warsaw to perhaps develop the concept of integrated services in other districts of Warsaw, but also by the mayors of other municipalities who treat CP40 as a signpost for their own social solutions. However, currently, the idea of establishing a similar center is discussed by the authorities in one of the richest municipalities near Warsaw - Konstancin Jeziorna.



The practice was explored within the framework of the one-stop social work seminar. The participants were welcomed by the partner along the Polish Social Policy Association, where they became acquainted with the history of social policy and traced its development to the present day. The participants visited a traveling exhibition organized by the Polish Ministry of Social Policy on the occasion of 100 years of social policy in Poland. Historical facts, ideas and strategies have been presented over the years in the development of social policy. The first social policy textbook was released in 1925, with Poland in these 70% being undergraduates, 50% illiterate, 60% working in agriculture.

In 1997, Poland has a new constitution, which features a special chapter on social policy, followed by reforms in four areas: education, privatization, social policy and a new education structure. The idea was to decentralize social policy.

The latest projects of the current government of Poland, in particular the "500+" program, which focuses on the family and the raising of children in a family environment, were presented. Every family for each child is given 500 zlotys a month to help parents and to support mothers so that they raise their children. The government spends 44 billion zlotys on the program, which is 10% of the country's budget. The priority of the province is family and elderly people, unlike the previous policy aimed at the unemployed. This project is under the surveillance of many institutions and countries, and the result is monitored.

Based on the consistent policy of the Polish government, life expectancy for the past 28 years has increased by 6 years, unemployment has fallen to 5%, or 28%. Special attention has been given to education and, in particular, vocational education. Initially, social policy has been geared towards providing aid and resources, as the strategy has now been changed and attention is focused on providing social services.

6.3 Karriereplaner, career plans for people with disabilities in Horsens

Practice	**Karriereplaner, career plans for people with disabilities in Horsens**
Organization/Country	Municipality of Horsems/Danmark
Site	https://horsens.dk/WorkAndStudy/NewToHorsens/CitizenService
Summary	People with disabilities have an opportunity at the reception center of the municipality to state how many hours a week they would like to work on. Depending on their disabilities, they are hired by the municipality or companies with which the municipality has contracts for the maintenance of the green areas or for the organization of annual festivals and cultural events.
Resources	The financial resources of the companies for remuneration are used as well as the human resources provided by the municipality.

Purpose	Prevention of social exclusion
Results	Raising the social activity of individuals

The practice was a study in the working seminar of employees of Aksakovo Municipality in Horsens, Denmark. There was Denmark's largest prison in the town of Horsens, and the city was predominantly inhabited by the families of the prisoners, which, after closing the prison, imposed an active policy of changing the city's image. Launching major cultural events, improving social activity and activity. Denmark has 5 regions with a population of 1.3 million. At the regional level, the hospital services for which EUR 14.8 billion are earmarked, at which level institutions operating with vulnerable groups and special needs groups for which EUR 559.7 million are spent, regional development, environmental protection, education and culture, for which EUR 406.2 million is earmarked.

In Denmark, there are 98 municipalities, different in size depending on the population from 1807 inhabitants to 613 288 inhabitants. Horsens has a population of 89,708 and is the twelfth largest municipality. Horsens is one of the fastest growing municipalities in the past few years has increased 2 times thanks to the active polity to make the settlement a better place to live. The budget of the municipality of Horsens is 684.8 million euros.

Commitments of the municipality are mainly related to the provision of social services, school education, special educational support for young people, special adult education, child care, home care, day care centers, health promotion initiatives, employment projects and activation of unemployed, integration of minorities and migrant education, nature preservation and environmental protection, agricultural policy, local business services promotion of tourism.

Management Structure: Twenty-seven municipal councilors are elected directly from the people, who then elects nine executive committees, who are in charge of municipal administration during the term of office, hold positions at director level.

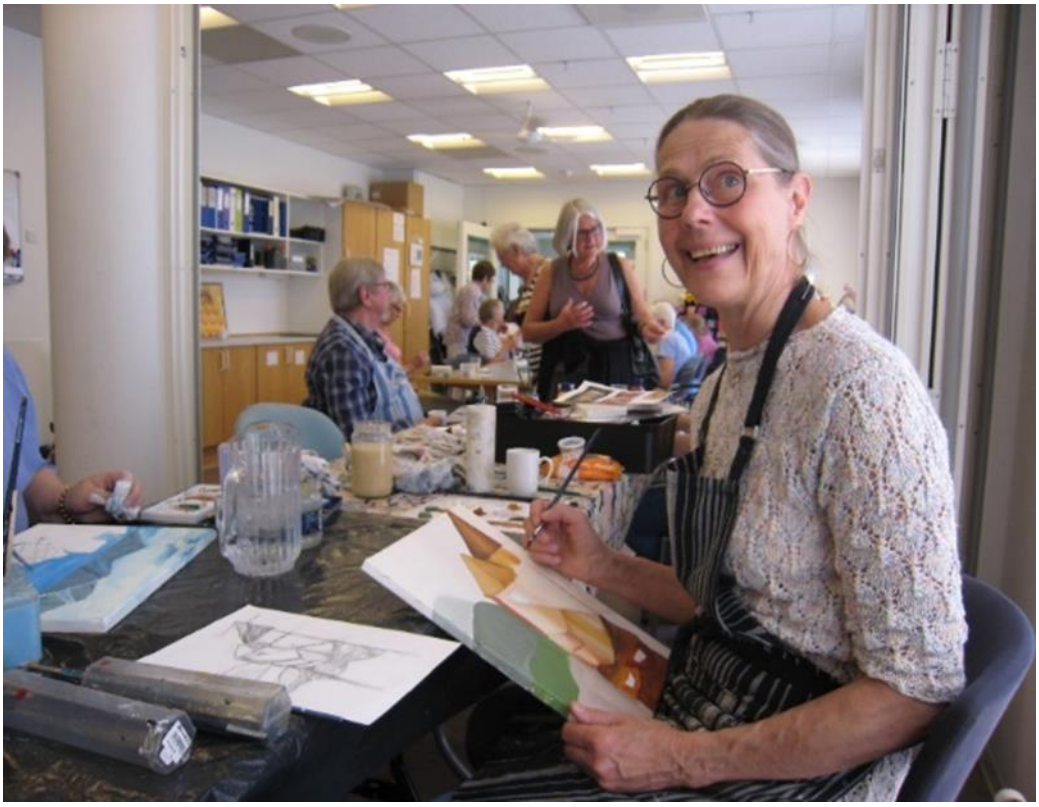
The budget that is managed is divided between the different directions. The Prosperity and Health Line has a budget of € 218.1 million, divided into 4 areas:

1. Elderly people with special needs EUR 77.9 million;
2. Health - EUR 53.6 million;
3. Children and young people with special needs - 27.7 million euro;
4. Adults with limitations and disabilities, homeless and drug addicted -56.8 million.

The administrative organization is as follows: The Mayor manages the Board of Directors, consisting of executive directors responsible for each of them, a total of 7, one of them being Prosperity and Health, where the provision of social services.

One of the main units in this direction is the department that accepts the citizens, listens for their problems and needs, evaluates the case and then, after coordination, defines the social services that will help the person.

The career plan for people with disabilities and social services in the town of Horsens is a good practice mentioned in "Integrated Social Services in Europe - A Study on how local public services work together to improve people's lives". People with disabilities are given the opportunity to engage in work according to their needs. Some work at 2 hours per week, others work every other day, a few hours a month. They are usually busy with temporary work: summer with landscaping and campsites, winter with support for the annual ice rink in the center of Horsens. The engagement of people depends on their psychological needs of contacts and social inclusion. It is of particular importance to measure the results of this project and this is done at an individual level for each participant in the period of inclusion in this project. It was launched in 2015 and the success it marks makes it possible to fund it.



Denmark focuses on the family and its protection. The department that organizes this activity is 7 people working on 5 projects. Apart from this, many volunteers are involved, working on social programs, health care prevention and dental hygiene. Health Prevention includes working with overweight children, mothers with postpartum depression, mothers with social problems. All families are visited by nurses from 5-7 times during the first year of childbirth. Preventive examinations are conducted four times a year for school-aged children. Dental examinations of children aged 2-18, for those with impaired hygiene, are performed more frequently. They are working on a special program for people with disabilities and people with mental disabilities, a special program for elderly people living in their own homes and nursing home care.

The legal provisions stipulate that children and adults with disabilities should be able to create the right conditions so that they feel like the other seniors. Pays special attention to children in the family and their good psychological condition.

In the afternoon program was presented "Active Family", where specially designated center provides assistance and educational support to children who after '18 want to live alone, children from dysfunctional families, children with problems at school. Children are

taught how to take care of themselves, wash their budgets. Various examples and interviews with children in this program were presented.

The participants in the visit met the implementation of the Career Plan, how the interview with the people is being conducted. The opportunities offered to people with disabilities are a good opportunity for their social inclusion and they feel useful. The motto of social policy in Denmark is to make people feel like they feel happy.

Another not less important thing is measuring the results of a project. When a project is funded and how important it is to measure its performance and its effectiveness in order to fund it. Here are some gentle examples of measuring the personal achievements of people involved in the project. It has been presented why it is so important to measure the outcome and effect of the projects. What is being done for people with disabilities, given different examples of job support, and help that people find themselves in the Women's Crisis Center. Horsens is working on measuring outcomes from 2012, the measurement project begins under the influence of an American NGO.

Why is it important to measure results? Whether it is a child, young or disabled adult, the public administration is responsible for providing the best services for them. Some people who receive these services are unable to protect themselves from mistakes, so we need to take care of people getting the best. The way we do it is to find out if our program works. Another reason is the feedback we get from people, the last reason is the money. Imagine you are in a shop to buy a car. The seller tells you this is a car and it costs so much without giving you any information about it. No one would buy such a car. The same is with the projects, no one will finance a project and spend its money on it if it does not measure the result, the effect of it. According to a certain methodology we measure the effect of the project implementation Before the start of each project or program we have to set goals. For example, in helping women with violence, we set the goal of 50% of women not to live under violence. Preliminary results show that we are approaching the set goal, we measure it by 12 symptoms of violence. We are not a researcher, she said, we believe that the collected database can be used to improve our work and to justify the money spent by us for the program.

At the end of the day, the elderly center and day rehabilitation center were visited. Where the services provided by the center were presented, its equipment. People from hospitals in need of motor rehabilitation are in the center. The visit to the center was a

special day of asking a question for its users What do you dream about? Satisfaction of the desires and dreams of people is a major focus of Denmark's social policy.

During the working visit, a meeting was held with politicians, social policy makers for the term of office of the four-year term. The two municipal councilors working in the Prosperity and Health Department presented the reasons why they are involved in the political life after the retirement, their motives and motivations, what is the process of creating the 4-year social policy strategy. The Expert Panel creates the framework of the strategy, after which it is discussed with the population and stakeholder countries, after which experts form the document and it is presented as the ruling majority. Annual performance evaluation is performed. The main vision of the strategy is that they support people towards independent living, focus on civil society, and invest in solving the social problems of people. The main vision is for a good life in strong societies.

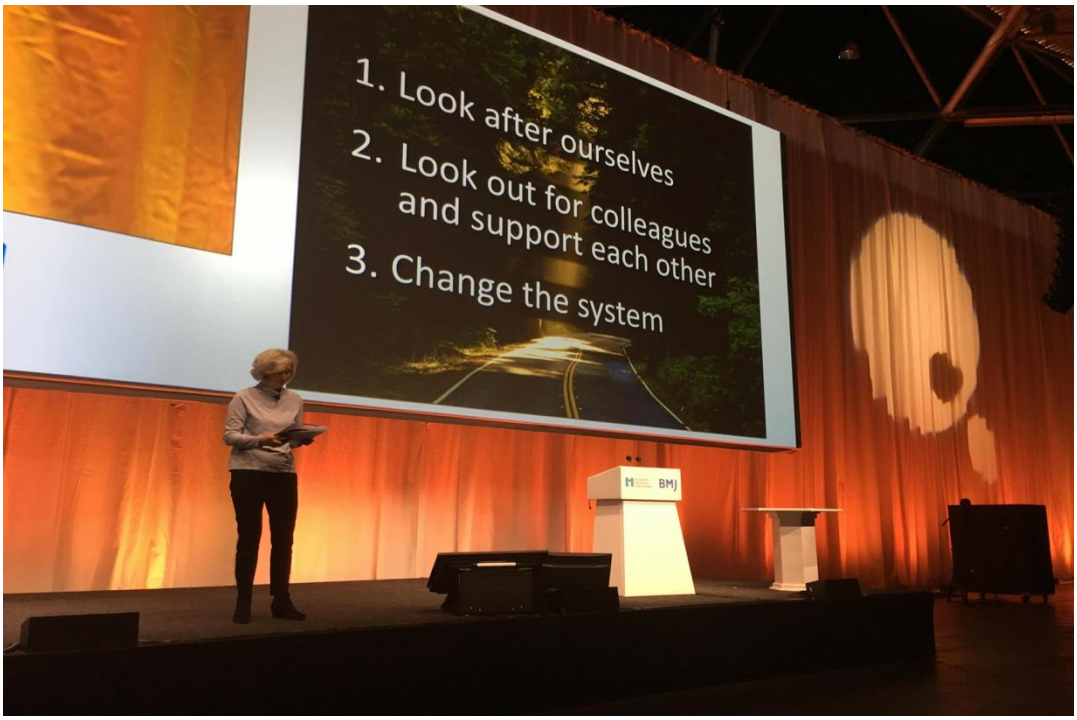
The Municipality of Horsens conducts the so-called "Vital Horsens" program, aims elderly and support their activity for a long time. The program is related to the implementation of the state policy in this area 2537 citizens train after hospital treatment, 299 citizens take part in programs for chronically ill, 650 inhabitants train daily. 2708 inhabitants are included in the activities organized by the municipality, 1350 inhabitants take care in the homes. Annually, 18,900 people are involved in various activities, 2700 adults are trained every day, all of them by 600 volunteers and 11 employees. Various forms of social inclusion, prevention of loneliness, detection of the potential risk of loneliness and depression, especially in widowed persons, are used. The Director of the Day Center shared her experience of participating in an international conference and shared the three basic principles for people to feel good:

Take care of yourselves;

Be careful with your colleagues and support them;

Change the system.

The last presentation was related to the presentation of the new website of the municipality of Horsen https://horsens.dk/ where, through a new interactive vision, electronic social services are provided to the citizens. A special interview questionnaire is conducted, and according to the answer to the previous question, the next one is proposed so as to direct the user to the right social service.



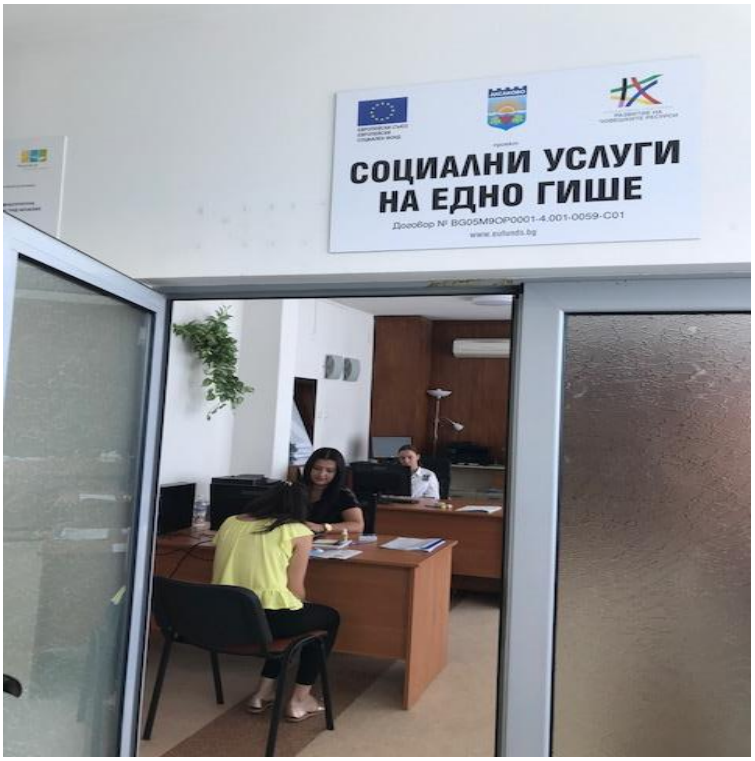
6.4 Innovative Practice "Social One Stop Shop" - Aksakovo Municipality

Practice	**„Social One Stop Shop"**
Organization/Country	Aksakovo/Bulgaria
Site	http://soss.aksakovo.net/
Summary	The information on social services is provided by one point " Social One Stop Shop", presented by a place in Aksakovo municipal administration, where citizens can personally receive information and an electronic platform providing the opportunity for electronic submission of applications for social services, receiving of information, an option to communicate in real time with users. At the same time, the electronic platform creates the opportunity to manage the services from one place and connects

	the units providing social services.
Resources	Funded under the "One-Stop-Shop"
Purpose	Easy and convenient access to information and declare of social services; Improving coordination between structural units providing social services
Results	Improved access to social services

Employees from the municipality of Aksakovo, based on everything positive that they gained as knowledge and experience, applied in practice in the creation of the innovative model "Social services at one-stop-shop".

The creation of the one-stop social services center is a result of the long-standing practice of Aksakovo municipality as a provider of social services. Aksakovo municipality provides 9 kinds of social services at the moment, which have been created for more than 10 years. When recruiting users of social services, in most cases it turned out that due to the lack of a single location for providing information on opportunities and a register of consumers, the needs of the most deprived citizens of Aksakovo municipality were not met.



The innovative one-stop social service is the integrated provision of information on integrated services (health, social, educational), providing information and directing families and children to specific services in the community, coordinating demand and supply of social services in the municipality Aksakovo, which will be realized through the capabilities of the electronic platform "Social One Stop Shop". The innovation was achieved through:

Establishment of a one-stop social service center. There was a room on the ground floor of Aksakovo municipal administration with two working places equipped with computer equipment, where the users can personally inform and request the services in one place. These jobs are in communication with the units where the social services are provided and the applications submitted directly to them.

Creating a model of the "Social One Stop Shop" http://soss.aksakovo.net/, where potential users can electronically request services, chat with center staff to get quick information. The developed software created links between all structural units providing social services on the territory of the municipality. The platform is accessible from the site of Aksakovo municipality under the heading "Social services at one-stop-shop". The web-based application allows users to know about the social service, the process of granting and the deadlines for approving candidates, a form for electronic submission of the form and a

request for services. In order to avoid double funding and to create a database of potential users and users of the services, a user register has been created that provides information on the services provided to a person for what period. The Register facilitates the work of employees providing social services.

7. Conclusion

Providing long-term care at home or in the residential environment is the preferred option for long-term care recipients of institutionalized care.

To meet increased demand, social service providers will need to:

• cope with the expected reduction in qualified long-term care staff;

• develop a sustainable mix of public and private sources of funding;

• ensure effective coordination of the different long-term care systems;

• Practice the principle of universal access to long-term care;

8. Bibliography and information resources

1. Integrated Social Services in Europe- A study looking at how local public services are working together to improve people`s life"
   http://www.esn-eu.org/news/746/index.html
2. Long-term care in EC
   http://ec.europa.eu/social/BlobServlet?docId=2781&langId=bg
3. Innovation in social work and development of social services
   www.sustz.com/journal/VolumeIII/Number7/Papers/SashoNunev.pdf