

# SOCIAL PROTECTION IN THE TOWN OF CHUHUIV

THE RESULTS OF A SOCIOLOGICAL SURVEY



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Cover photo - The MiG-21 aircraft monument erected at the city limits.

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Analysis of the existing social protection system on the community level is particularly important in the wake of decentralization effort and the reform of social services underway in Ukraine. This publication presents an overview of problems in regulatory framework, a review of statistical data as well as the findings of the sociological survey of the social services sector in the town of Chuhuiv, Kharkiv Region.

The report may prove helpful for social staff, sociologists, public activists and all other interested parties.

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## Abbreviations

**ATO** – the Anti-Terrorist Operation

**HIV** – the human immunodeficiency virus

**IDPs** – the internally displaced persons

**NGO** – a Non-Governmental Organization

**AIDS** – the acquired immune deficiency syndrome

**DSPP** – the Department of Social Protection of Population

**Tercenter** – the Territorial Center of Social Services (provision of social services)

# INTRODUCTION

Over recent years, Ukraine has endeavored to improve and reform the country's social services sector. The effort primarily involved bringing national legislation in line with international rules, development of social services standards, improvements in practices of social services commissioning throughout the country's regions.

However, the system of social services provision as it is now remains far from being adequately efficient. Local authorities lack both efficient mechanisms of early identification of peo-

ple in need of aid and systems for planning and provision of social services to address the identified needs. The practice of community needs assessment adopted by the state lacks strong methodological framework and is applied in communities rather formally, seriously eroding its practical value. Today, provision of social services is subject to available community resources and hinges on government agencies responsible for social services planning and provision. This leads to a situation, when people have to take the services «as are»,

which, in its turn, causes ineffectiveness in satisfying individual needs. In addition, there is no practice of regular evaluation of social services and support providers, including non-governmental, charity and religious organizations, quality of their services, aimed at finding what could be done to improve the situation.

One of the first steps that need to be made to overcome this problem is an in-depth study of the needs of the communities in social services and assistance. Identification of potential customers and analysis of their needs is the first step in

the model of organizational changes that will make it possible to find reserves of the social services system and risks coming with the planned changes. And this evaluation must be run on a continuing basis to provide feedback adjustments to different forms of social protection of citizens.

It is for that purpose, having in mind the importance of shaping the principles and tools for opinion polling of social services users, that NGO Kharkiv Institute for Social Researches conducted a sociological survey aimed at evaluation of the needs of the community

in Chuhuiv, Kharkiv Region, as an effort in the scope of the project «Strengthening the Decision-Making Role of Local Communities in Social Services Provision» funded by the European Union.

This town was selected for several reasons. Firstly, the local administration and civil society are open and willing to improve the living standards of the citizens. Secondly, the town had a record of implementation of a number of project initiatives, which suggests additional potential in terms of available methods and knowledge. Thirdly, the

size of the town is just right to make it convenient to pilot this project. Thus, as of 2016 Chuhuiv had 32.9 ths residents, including: 19.4 ths people of working age; around 6 ths are children under 18; 9.2 ths – retired persons; 2.3 ths - disabled people (including 118 disabled children)

We express our sincere gratitude to Chuhuiv Town Mayor Galyna Minaieva, Head of Department of Social Protection of Population of Chuhuiv Town Council Olena Kurylenko as well as to all social staff for their assistance in conducting this survey.

# GENERAL CONCLUSIONS

The survey has highlighted the key trends in social services provision as well as problem areas in social security planning and organization at community level in the town of Chuhuiv, with its key findings being as follows:

/// Inadequacy of the regulatory environment to modern realities prevents adequate coverage of all groups in need of social protection, slows down development of special programs, regulations and standards. Currently, there are quite a few regulatory acts that not only lack harmonization, but also are obsolete and inconsistent with the internationally accepted standards. Staff schedules applied by social agencies are inadequate to the actual scope of work, while the number and amount of privileges and benefits well exceed available financing.

/// There are 15 approved standards of social services provision in Ukraine, with some of them still waiting their introduction into day-to-day work of social services. There are yet a few more drafts of service provision standards pending approval, with the dates of their adoption unknown for the time being.

/// Among the most active social services users in Chuhuiv were the elderly (60.4%) and disabled persons (25.1%), with significantly less number of those among internally displaced persons and their families / persons in difficult life situations (6.2% and 6% respectively).



/// Most of respondents named «uaffordability of medicines they need» their most important social issue. Increase of prices for medicines coupled with absence of drug reimbursement programs, low social benefits make over ¾ of respondents (77.8 %) to face this problem. They reported lack of roads, sidewalks and accessible routes to buildings for the handicapped to be half as important (34.5%), with one fourth reporting absence of free transport options for this population category.

/// In order to deal with these issues, they most commonly applied to the Compensation and Benefits Office, DSPP, and the Territorial Center of Social Services (52.6% each), with the level of satisfaction of the sur-

veyed clients being 79% for the former and 93.7% for the latter.

/// Among the problems in the social security system clients primarily noted inadequate funding, which is the basic reason of low salaries of social workers, poor service quality and insufficient staff training. However, nearly 90% believe that the Ukrainian social services system functions well.

/// Over half of respondents have not received any material aid in the last year. Aid recipients faced most problems with getting medicines (40%), subsidies (26%) as well as clothes, footwear and basic necessities (25%). The main obstacles in getting material aid were lengthy waiting periods, complicated paperwork proce-

dures and tick-box approaches in counseling clients.

/// Cash benefits were most requested of all types of material aid as they were received by 19.2% of respondents, with 62.5% saying they need it. Most clients got to know they were eligible for material aid from social service providers, with almost half of them - from friends, relatives, neighbors.

/// Recipients and providers of social services in Chuhuiv are: the elderly, disabled, mentally ill and homeless persons - the Territorial Center of Social Services of Chuhuiv Town Council and individuals; families, children and youth in difficult life circumstances - Chuhuiv Municipal Center of Social Services for Families, Children and Youth; children in difficult life circumstances - Chuhuiv Municipal Center of Social and Psychological Rehabilitation of Children. In addition to public agencies, there are non-governmental organizations in Chuhuiv that

primarily run awareness-raising activities and occasional leisure activities for clients. Nevertheless, most of the surveyed expect that it is the state that has to provide aid. Almost 90% of respondents have never heard of existence of non-governmental organizations and their activities.

/// Counseling and advisory services provided by social agencies turned out to be the most easily accessible and important for respondents, with half of respondents having received assistance with paperwork issues, and one third having got information about institutions they could turn to. At the same time, rehabilitation and social adaptation services rendered in the last year failed to cover the actual needs of the population. As far as the quality of service is concerned, the overwhelming majority of respondents expressed various levels of satisfaction, with 70.3% reporting that receiving the service they needed was easy. Respond-

ents complained most about home care services, problems in getting information on how to obtain aid and services they need as well as representation of their interests.

/// Information regarding availability of social services most often came to clients from relatives and friends (in 53% of cases) and social workers (in 38.8% of cases).

/// When asked to rate work of social services providers, the surveyed expressed no major complaints. One in ten respondents reported cases of low standards in dealing with clients on the part of staff at social centers and increased complexity of procedures to obtain aid.

/// The study of expert opinions regarding the issues facing the social security system revealed the system's weak spots and their underlying factors, with limited funding, inadequacy of current staff regulations to day-to-day realities, inconsistencies between the recently intro-

duced reforms and the social services legal framework being the reasons that cause social staff cuts, increased workloads, lack of staff motivation resulting in inferior quality of services provided.

/// The emergence of new categories of clients (internally displaced persons, ATO veterans and their families) has a direct impact on the work of social services, causing the staff to work overtime.

/// Apart from the need to work overtime hours, social personnel lack knowledge and need retraining, acquiring skills of working with special categories of clients, studying international practices of social work.

/// Experts also emphasized problems of insufficient awareness of the population of the work of social services and insufficient coordination among different social institutions in Chuhuiv.

/// Both experts and respondents noted problems with conven-

ient access of the handicapped to important social infrastructure facilities in Chuhuiv. Though there are some measures to deal with the problem, the pace of their implementation is slow.

Currently, the main task to improve the social services system in Chuhuiv involves finding solutions to a number of key issues. First of all, these include proper financing and creation of appropriate office infrastructure for providers of social services, measures to prevent job burnout in social workers; introduction of rehabilitation programs for children with disabilities and unimpeded access

to all town infrastructure; improved training and staff development; comprehensive study of the needs of local population in social services, etc.

At the same time, the study identified several priority areas to be considered in the long run as those that may most contribute to the development of the local social protection system. Among these the study highlighted such measures as involving clients in public and social activities, cooperation with non-governmental organizations, expansion of the market of social services and making social services centers available online.

# SURVEY METHODOLOGY

## THE OBJECTIVE OF THE SURVEY

was to reveal the current situation with the social services provision system, including its problem areas, identify the basic needs of the clients of social agencies as well as the potential and priority areas for local authorities and NGOs for improvement of quality and extension of the range of social services provided to socially vulnerable groups in Chuhuiv.

## THE TASKS OF THE SURVEY

- To make a review of providers and client groups of social services in the town of Chuhuiv.
- To analyze the key problems and needs of clients and social services providers.
- To investigate quality and efficiency of the social services provision system in the town of Chuhuiv.
- To evaluate the necessity of changes to the system of social services provision on the local and national levels.
- To identify the potential for development of the social services sector in the town of Chuhuiv.





# SURVEY METHODS

## 1 Polling of users of social services – 600 respondents over 18 in Chuhuiv belonging to seven preset categories:

- aged people;
- disabled persons;
- parents of disabled children;
- families in difficult life situations;
- members of foster families and family-type orphanages (foster homes);
- internally displaced persons;
- caregivers.

The survey was conducted using route sampling at the places of residence of respondents (430 respondents) and at the social services facilities - at the Department of Social Protection of Population of Chuhuiv Town Council, the Territorial Center of Social Services (for provision of social services) of Chuhuiv Town Council and Chuhuiv Municipal Center of Social Services for Families, Children and Youth (170 respondents). Due to inaccessibility and scarcity of representatives in most categories, we based our survey on selective sampling. The polling relied on the standard procedure, i.e. the survey involved face-to-face interviews lasting 20-40 minutes each..

## 2 Focused group interviews with experts (3 focus groups) and in-depth interviews with clients and experts (25 interviews)

The body of experts invited included:

- town council representatives;
- officers of the Department of Social Protection of Population;
- officers of the Territorial Center of Social Services;
- officers of the Center of Social Services for Families, Children and Youth;
- officers of the Center of Social and Psychological Rehabilitation of Children;
- individuals who provide social services;
- representatives of NGOs.

## 3 Case study (5 cases)

Cases studied:

- The Territorial Center of Social Services (provision of social services), Chuhuiv;
- Chuhuiv Center of Social Services for Families, Children and Youth;
- Berehynia, a Non-governmental Organization of Large Family Mothers, Chuhuiv;
- Family Comfort, a Center for Rehabilitation and Temporary Stay of Mentally Disabled, Khmelnytskyi;
- Hesed Besht Charitable Foundation, Khmelnytskyi.<sup>1</sup>

1. These organizations were visited as a part of fact-finding visit to the town of Khmelnytskyi of the working group comprised by representatives from Chuhuiv with the aim to make comparative analysis of existing approaches to arrangement of social services provision in different communities.

## 4 Overview of legislative framework and statistical data.

Overview of regulations governing social services provision;

Analysis of statistics on the numbers of people in socially vulnerable groups of population, social aid and social services, etc. they receive.

# SURVEY TARGET GROUPS



## SOCIAL SERVICES USERS

Indicators recorded in the survey:

- Awareness of own rights for social benefits, procedures and services providers
- Social services user experience, social services procedures. Timeliness, comprehensiveness and quality of assistance.
- Main problems in getting social services (identification of obstacles, evaluation of accessibility, convenience of locations, etc.)
- Need in additional social services. Opinions as to the changes needed in the social services system.



## LOCAL GOVERNMENT OFFICIALS

Indicators recorded in the survey:

- Evaluation of the current situation with social services provision. Dynamics of changes over the last 3 years.
- Evaluation of the reform of the system of social services on district, regional and national levels. Financing, legislative changes, etc.
- Cooperation with the non-governmental sector with regard to provision of social services in Chuhuiv.
- Availability and implementation of programs, projects (national, international, public) aimed at improvement of the social services system in Chuhuiv.
- Changes needed – client-oriented approach, decentralization, economic feasibility, optimization and cooperation.
- Prospects for development of the social services sector. Alternative ways of providing social services.



## MUNICIPAL PROVIDERS AND INDIVIDUAL PROVIDERS OF SOCIAL SERVICES

Indicators recorded in the survey:

- Organization and provision of social services to different client categories. Scope and quality of social services.
- Key problems and needs of state social services providers: competence, office infrastructure, planning, software, etc.
- Satisfaction with working conditions (working hours, workload, salary, etc.) and staff relations (advanced training, measures to prevent job burnout, etc.).
- Record of cooperation with NGOs, volunteers.
- Attitude towards the reform of the social services provision. Evaluation of measures implemented for this purpose.
- Ways to improve provision of social services. Potential for development of the social services sector in Ukraine.



## NON-GOVERNMENTAL ORGANIZATIONS ACTIVISTS

Indicators recorded in the survey:

- Assessment of work of state authorities in providing social services at the national and local levels.
- Major problems in organization of social service for different categories of population subject to NGOs' activities.
- Environment for operation of NGOs (financing, cooperation, competition, need for development, planning, etc.)
- History of cooperation with government authorities: openness, accessibility, etc.
- Relevance of the reform of the system of social services on district, regional and national levels. Areas for development of the social services system in Ukraine.



1

# OVERVIEW OF THE SOCIAL SERVICES SYSTEM REGULATORY FRAMEWORK



The Department of Social Protection of Population of Chuhuiv Town Council





# POSITIVE LEGISLATIVE CHANGES IN THE SOCIAL SERVICES SYSTEM



On the national level the government has recently implemented a number of initiatives aimed to create a favorable background for development of the social services system, with the key measures being as follows:

**1** Adoption of the Strategy of Reforming of the Social Services System<sup>2</sup>, with its action plan to be implemented by 2016.

The expected results of the Strategy included:

- creation of an efficient system of social services provision, improvement in service quality and satisfaction of needs of services recipients;
- optimization of the existing network of municipal institutions involved in social services provision;
- introduction of innovative social services to facilitate their accessibility and meeting the full scope of requirements of people in social services;
- better efficiency of use of public funds.

However, by now we can acknowledge that some part of the planned measures was left unaccomplished.

It is this fact that prompted emergence of the new Strategy

<sup>2</sup> Resolution of the Cabinet of Ministers of Ukraine No. 556-r dd. 08.08.2012 «On Approval of the Strategy of Reforming of the Social Services System»

of Development of the Social Services System in Ukraine for the period till 2022 worked out by experts of the Bureau of Social and Political Developments jointly with the Coordination Expert Council on Social Policy of the Scientific Research Institute for Labor and Employment at the Ministry of Social Policy and the National Academy of Sciences of Ukraine<sup>3</sup>. The project features a more detailed outline of directions for further reform and includes 5 primary focus areas:

- ensuring access to social services in local communities;
- ensuring targeted approach and enhanced effectiveness of financial resources in local communities;
- increasing ability of local communities to meet social needs;
- promotion of deinstitutionalization;
- increasing human resources capacity of social services providers.

<sup>3</sup> <http://www.bureau.in.ua/index.php/news/151-rozrobleno-strategiyu-rozvitku-sistemi-sotsialnikh-poslug>

## 2 Formalization of requirements for social services providers<sup>4</sup>.

These include:

- existence of statutory documents, civil law contracts (for self-employed persons);
- compliance with state standards of social services;
- appropriate professional level of the provider's employees, in particular that of social workers and other specialists providing social services, which is to be evidenced by a relevant certificate of education in the government-approved format;
- absence of taxes and dues (mandatory payments) arrears;
- the provider's staff having personal medical records and up-to-date records of mandatory health checkups;

4. Resolution of the Cabinet of Ministers of Ukraine No. 1039 dd. 14.11.2012 «On Approval of Social Services Providers Operation Criteria»

- availability of facilities and resources necessary for the provision of social services;
- availability of own or leased premises for accommodation (overnight stay) that meet sanitary and fire safety requirements (whenever the provider offers relevant type of service);
- ability to provide meals to recipients of social services (whenever the provider offers relevant type of service);
- availability of vehicles (whenever the provider offers relevant type of service);
- availability of qualified medical personnel (whenever the provider offers relevant type of service);
- availability of training programs.

## 3 Introduction of alternative forms of daycare<sup>5</sup> for the disabled, in particular, approval of the state standard of daycare, adoption of the standard regulations on daycare units for disabled children<sup>6</sup> and daycare units for aged and disabled people<sup>7</sup>

As of 01.01.2016 there were 62 operating daycare units to provide care for disabled children, disabled and aged persons (daycare groups for disabled children, disabled and aged persons) (exclusive of the Autonomous Republic of Crimea and the City of Sevastopol) at existing social agencies at the premises of: territorial centers – 12; orphanages – 2; rehabilitation centers for disabled children – 48.

5. Order of the Ministry of Social Policy No. 452 dd. 30.07.2013 «On Approval of the State Standard of Day Care»

6. Order of the Ministry of Social Policy No. 653 dd. 09.10.2013 «On Approval of the Standard Regulations on Daycare Units for Disabled Children»

7. Order of the Ministry of Social Policy No. 852 dd. 18.08.2015 «On Approval of the Standard Regulations on Daycare Units for Aged and Disabled People»

## 4 Creating conditions for introduction of social commissioning at the local level – approval of the procedures of public-funded social commissioning<sup>8</sup>.

However, the introduction of this mechanism is very slow, with only 6 non-governmental agencies mobilized to provide social services to the population (Table 1).

8. Resolution of the Cabinet of Ministers of Ukraine No. 324 dd. 29.04.2013 «On Approval of the Procedures of Social Commissioning Funded from the Budget»

**Table 1 DETAILS OF NON-GOVERNMENTAL, CHARITY, RELIGIOUS ORGANIZATIONS INVOLVED IN PROVISION OF SOCIAL SERVICES BASED ON COMPETITIVE NOMINATION.**

Name of non-governmental social services provider	List of social services	Number of social service recipients, persons		Categories of social services recipients	Amount of allocated funds, UAH ths		
					Plan, 2015	Actual, 2015	Plan, 2016
Zaporizhzhia Region							
					58,0 <sup>9</sup>	-	68,1 <sup>10</sup>
Mykolaiv Region							
All-Ukrainian Charitable Organization «Initiative for Life»	discharged ATO veterans and members of families of ATO veterans	376		social adaptation; crisis and emergency intervention; counseling	99,0 (regional budget funds)	97,7	0
Khmelnyskyi Region							
Khmelnyskyi Charitable Foundation «Caritas»	families/persons, who found themselves in difficult life situations unable to cope with them on their own (people with disabilities (wheelchair users))	56		social case management/work	11,98	11,98	
Khmelnyskyi Regional Department of the All-Ukrainian Charity Organization «The All-Ukrainian Network of People, Who Live with HIV/AIDS»	families/persons, who found themselves in difficult life situations unable to cope with them on their own	35		social case management/work	25	25	
Khmelnyskyi Regional Charity Center of Rehabilitation and Social Adaptation of Alcohol- and Drug-Addicted Persons «New Life»	Drug- and alcohol-addicted persons	4		social rehabilitation service	9,26	9,26	
Khmelnyskyi Regional Charitable Foundation «Sion»	Category I: persons, who have served their sentence involving restraint or imprisonment Category II: Drug- and alcohol-addicted persons	5		social adaptation service	31,78	31,78	
Khmelnyskyi Charitable Foundation «Hesed Besht»	elderly people, disabled persons	24		social rehabilitation service	16,98	16,98	
Total – 5		124			95	95	95 <sup>11</sup>
Total – 6		500			194	192,7	163,1

9. The Department of Social Protection of the Population of Berdiansk Town Council, Zaporizhzhia Region, in 2015 announced tender for provision of the service of the overnight stay of homeless persons, inviting bids from business entities, but the tender was called off as no bids were submitted.

10. The Department of Social Protection of the Population of Zaporizhzhia Regional State Administration is working on changes to the regional program «Social Protection of Homeless Citizens, Persons Discharged from Prison and Persons in Difficult Life Situations for 2013-2017» regarding social commissioning procedures in the part that concerns financial support of non-governmental organizations dealing with the problems of the homeless.

11. The total amount provided in the region's budget for 2016 for social commissioning funded from the budget was UAH 95.0 ths. The funds will be allocated on the tender basis.

**5** Adoption of the Poverty Reduction Strategy, which provides, among other things, for improvement of living standards and ensuring access to social services for all population strata, development of social infrastructure in communities<sup>12</sup>.

Implementation of the Government Targeted Program till 2016 currently underway to support families, which involves both support in starting families and enhanced social protection of families in difficult life situations. In particular, measures implemented by now included adoption of the program for training specialists in counseling youth in preparation for married life, regular activities on holding awareness-raising campaigns, round tables, workshops as well as cultural events aimed at increasing the value of family in the society and raising the role of parents in

12. Resolution of the Cabinet of Ministers of Ukraine No. 161-r dd. 16.03.2016 «On Approval of Poverty Reduction Strategy»

children upbringing, with highest levels of funding dedicated for these purposes reported in Volyn (UAH 66.8 ths), Donetsk (UAH 273.9 ths), Dnipro (formerly Dnipropetrovsk) (UAH 305.6 ths), Zhytomyr (UAH 135.1 ths), Zaporizhzhia (UAH 361 ths), Kyiv (UAH 1169.9 ths), Mykolaiv (UAH 189.5 ths) and Ternopil (UAH 120.5 ths) regions. In addition, specialists of local executive authorities receive training on working with victims of family violence and domestic violence perpetrators..

**6** Development and partial adoption of standards of social services provision detailing organization, principles, scope, resources and efficiency assessment of service provision.<sup>13</sup>

13. Order of the Ministry of Social Policy No. 906 dd. 27.12.2013 «On Approval of the Program for Training Specialists in Counseling Youth in Preparation for Married Life»



# INTRODUCTION OF STANDARDS OF SOCIAL SERVICES

Standardization of work of providers of social services is an essential stage of reforming the social security system since, when embodied in legislation, the standards serve to unify their provision and as indicators of how well a service was provided and whether it was effective for the client. Despite the fact that the process of standards implementation has been underway for several years now, some of them still need some follow-up revision, while some are yet to be approved and call for public discussion. As of now, there were adopted 15 standards of social services, with several more drafts pending.

Today, there exist the following standards of services:<sup>14</sup>

- 1.** The national standard of daycare (Order of the Ministry of Social Policy of Ukraine No. 452 dd. 30.07.2013).
- 2.** The national standard of home care (Order of the Ministry of Social Policy of Ukraine No. 760 dd. 13.11.2013).
- 3.** The national standard of social reintegration of homeless persons (Order of the Ministry of Social Policy of Ukraine No. 596 dd. 19.09.2013).
- 4.** The national standard of providing shelter to homeless persons (Order of the Ministry of Social Policy of Ukraine No. 495 dd. 13.08.2013).
- 5.** The standard of providing services of social prevention of human trafficking (Order of the Ministry of Social Policy of Ukraine No. 458 dd. 30.07.2013).
- 6.** The standard of providing social services of integration and reintegration of children, who suffered from human trafficking (Order of the Ministry of Social Policy of Ukraine No. 458 dd. 30.07.2013).
- 7.** The standard of providing services of social integration of persons, who suffered from human trafficking (Order of the Ministry of Social Policy of Ukraine No. 458 dd. 30.07.2013).
- 8.** The national standard of social reintegration of homeless persons (Order of the Ministry of Social Policy of Ukraine No. 372 dd. 19.09.2013).

14. As of June 2016, according to the information provided by the Ministry of Social Policy of Ukraine.



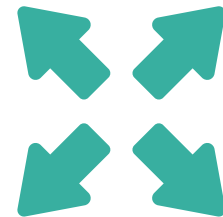
**9.** The national standard of social adaptation (Order of the Ministry of Social Policy of Ukraine No. 514 dd. 18.05.2015).

**10.** The national standard of counseling (Order of the Ministry of Social Policy of Ukraine No. 678 dd. 02.07.2015).

**11.** The national standard of social service of prevention (Order of the Ministry of Social Policy of Ukraine No. 912 dd. 10.09.2015).

**12.** The national standard of social service of representation of interests (Or-

der of the Ministry of Social Policy of Ukraine No. 1261 dd. 30.12.2015).



**13.** The national standard of palliative care (Order of the Ministry of Social Policy of Ukraine No. 58 dd. 29.01.2016).

**14.** The national standard of residential care for people

who have lost or have not acquired self-care ability (Order of the Ministry of Social Policy of Ukraine No. 198 dd. 29.02.2016).

**15.** The national standard of case management for families (persons) in difficult life situations (Order of the Ministry of Social Policy of Ukraine No. 318 dd. 31.03.2016).

**16.** The State Standard of Crisis and Emergency Intervention (Order No. 716 dd. 01 July 2016 of the Ministry of Social Policy of Ukraine)

It should be noted that a number of these standards has been adopted quite recently and the social agencies are yet to incorporate them in their practices.

Furthermore, there are several drafts of standards for some social services pending their adoption with regard to:

- /// services of placement in foster homes;
- /// crisis and emergency intervention;
- /// services of social mediation;
- /// social integration and reintegration of residential school graduates;
- /// assistance to victims of domestic violence.

## FLAWS IN THE REGULATORY FRAMEWORK

Despite certain positive reforms in the Ukrainian social security sector, in particular positive legislative changes, one of the main issues voiced by experts still remains inconsistency and imperfection of the regulatory framework for provision of social services, with this situation caused by a number of reasons, including both lack of political will on the part of the leadership and sometimes declarative nature of reforms and limited experience of reform implementation.

### Among the key issues in this field are the following:

- Overabundance of regulations, yet lack of basic legislative foundations to establish a unified approach to functioning of the system of social protection in Ukraine.
- Inconsistency among many regulations resulting in different interpretation of key concepts («social services», «social standards», «social protection», «social servicing», etc.), overlapping of functions of different agencies and departments, focus on activities not in line with priorities for the development of the Ukrainian social protection system.
- Noncompliance of many regulations with the international standards, resulting in impossibility of their implementation and hence, work according to old standards.
- Lack of established criteria for comprehensive assessment of social protection measures, hence, inability to determine how effective they are and whether their further application is expedient.

- Benefits and allowances funded from the budget being too many for the country's budget.
- Different client categories being not equally addressed. With the elderly, disabled, large/ needy families, orphans, etc. traditionally considered the core clientele of the social security system, there are virtually no efforts to develop programs, regulations and service standards for alcohol- and drug-addicted persons, persons discharged from prison, etc.

- Ineffective procedure of assessment of the needs of the population in social services failing to produce objective and comprehensive information in this matter. The existing system that relies on citizens filing relevant applications with social services inherently reduces the range of potential clients, rendering operation of the whole social protection system inefficient, since it offers no means for early and adequate response to people's concerns and

to predict changes in the social sphere.

- The absence of a single data base imposing significant limitations on social agencies in their work.
- Outdated standard provisions for social agencies, with obsolete social security standards as a result, enormous tasks set for the agencies combined with staff schedules that are inadequate to actual staff workloads.
- Rehabilitation is yet to be incorporated in all regulations dealing with social services for clients,

who need them, while existing trends of population ageing, increasing numbers of disabled people make it a must.

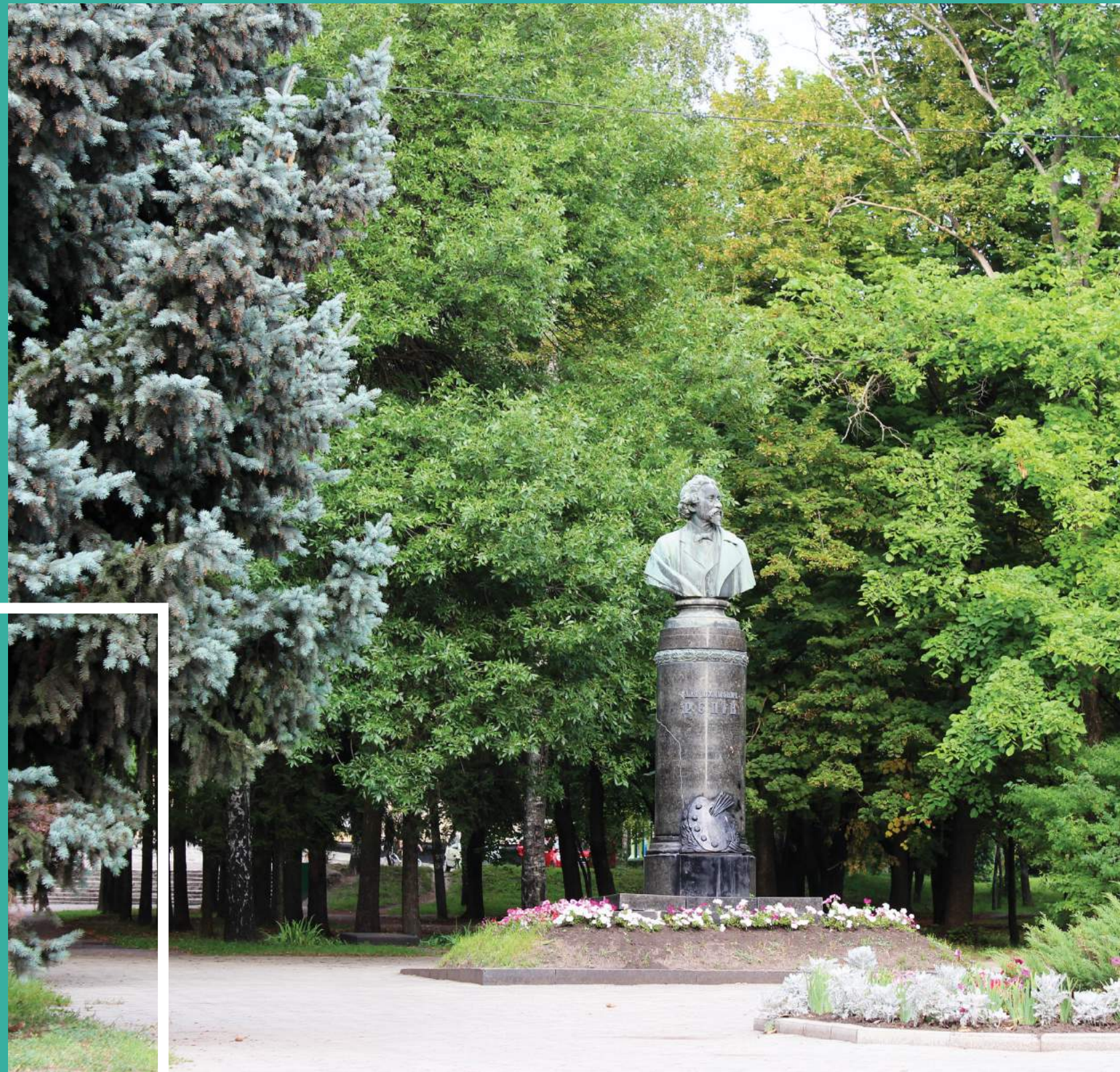
- Absence of regional special programs aimed at improving quality of social services, being a matter of increasing importance in the wake of the country's move toward devolution of power to the regions.
- Some part of social standards still lacking formalization making it impossible to deliver some social services declared by law.



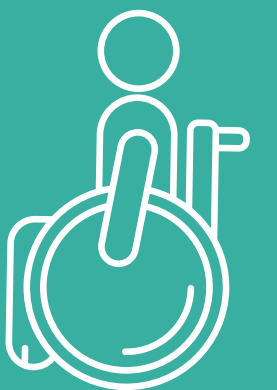


2

# GENERAL CLIENT ASSESSMENT OF THE SYSTEM OF SOCIAL SERVICES **IN CHUHUIV**



I. Repin monument in Chuhuiv





# DEMOGRAPHIC PROFILE OF INTERVIEWED CLIENTS



According to the purposive sampling, most of clients of social services in Chuhuiv are elderly people (60.4 %) (Fig. 1). One forth (25.1%) of respondents are disabled persons. It is these two categories of persons that are the most active users of social services, with much less service consumers among internally displaced persons (6.2%); families/persons in difficult life situations (6%); parents of disabled children (4.5%), etc.



Each sixth respondent is a person with basic or incomplete secondary education (15.8%). Slightly under one third of customers have incomplete higher or higher education – 28.9%. Majority of respondents (55.3%) graduated from secondary / vocational school (college).



Most of respondents are women (80.2%), with men accounting for 19.8%.



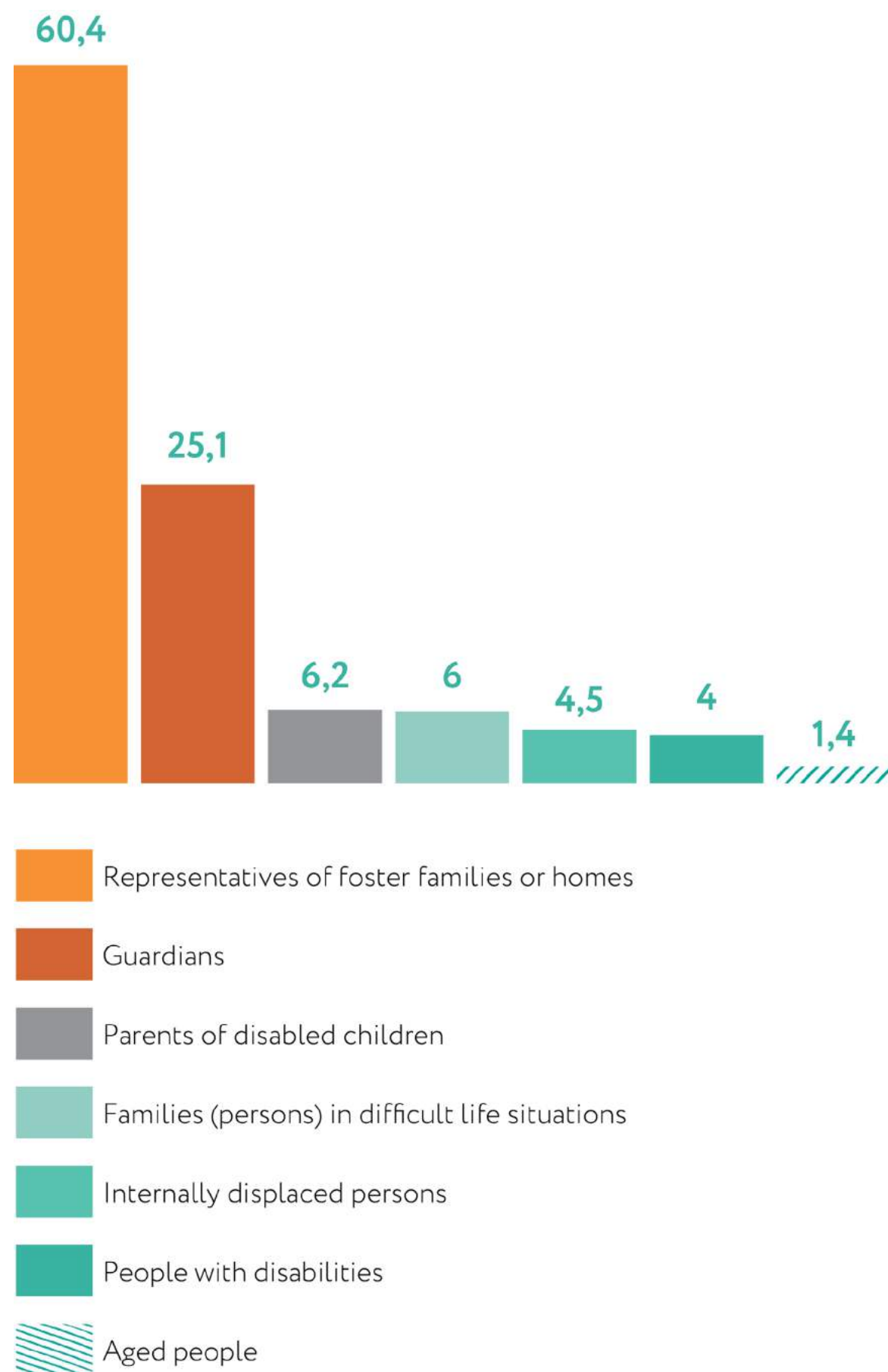
When asked to evaluate the financial status of their families, every third client responded «we do not have enough money even for essentials» (31.3%). 54.3% of respondents noted that «we spend all money for food and buying necessary, inexpensive things». 13.4% of respondents pointed out that «in general, we have enough money, but buying durable goods is a problem». Only 1% of the social protection system users «can afford much more than most people, though it is hard for them to buy very expensive things (an apartment, a car, etc.)».



68.6% of clients are elderly people over 60. Another 18.7% are people aged 45-60. Young people (under 35) and middle age people (35-44) were the fewest.



**FIG. 1. INTERVIEWED CLIENT CATEGORIES  
(AS % OF RESPONSES)**



The polling data were complemented by **10 in-depth interviews** with clients of social agencies in the town of Chuhuiv.

Interviews were conducted with a mother a disabled child, a victim of domestic violence, a disabled person, a member of a family in difficult life situation, an elderly person, an orphan living in a dormitory, a foster family, a caregiver, with two more interviews conducted with representatives of a foster home.

# SOCIALLY VULNERABLE POPULATION GROUPS IN CHUHUIV

Respondents believe that the most vulnerable groups of population in Chuhuiiv are disabled persons (70.7% of responses), the elderly (63.2%) and disabled children (61.1%) (Fig. 2), while least unprotected are people, who have problems with HIV/AIDS - 0.5% of responses and adoptive families (2.8%). Under the «Other» reply option respondents noted that lonely people and young families also need aid.

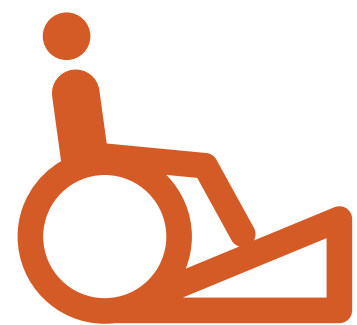


FIG. 2. DISTRIBUTION OF POPULATION GROUPS IN CHUHUIV BY SOCIAL VULNERABILITY (AS % OF THOSE WHO RESPONDED)



# IMPORTANT SOCIAL ISSUES IN CHUHUIV

Today, most of respondents see high prices for medicines as the most important social problem in Chuhuiv (77.8 of responses) (Fig. 3). In in-depth interviews clients explained that low social benefits amid significant increase of prices for medicines, especially imported brands, have a huge negative effect on the family budgets, and, hence, on the quality of life. No programs for free, discounted or subsidized drugs have been introduced so far whatsoever.

They reported lack of roads, sidewalks and accessible routes to buildings for the handicapped to be half as important (34.5%), with one fourth reporting absence of free transport options for this population category (25%).



As of 2016, there lives 97 wheelchair users in Chuhuiv.

*We are short of money. I have to spend pretty much on drugs for my eyes after I suffered a micro stroke back in 2010. The month before last I spent 800-900 hryvnias for medicines. Back then they allotted land plots to teachers and doctors. I had worked on a land plot of 1 ha for 18 years and I get only 1300 hryvnias. That's all my income. That's it.*

*There are no drug discounts or subsidies. Indeed, the Red Cross is there, but the only things they have are cotton, bandages, aspirin... I don't need them. All things are so expensive.*

A quote from an interview with clients

One of the tasks in the scope of survey was to identify specific places that need arrangement of convenient access for people with disability. The vast majority of respondents noted the poor quality of the road surface and the need to repair roads and sidewalks in Chuhuiv. However, most complaints by respondents were related to Kharkivska Street, which is the town's main street with a whole bunch of problems: poor quality of road pavement, absence of audible traffic lights at the crossroads, broken driveways, no entrance ramps and generally no facilities to provide free access for the physically challenged. Other problems included the general need in improvement of areas around apartment blocks (yards), absence of pedestrian crossings and sidewalks,

the need in more frequent cleaning of streets and garbage collection. The situation is pretty much the same in other places throughout the town – Komarov boulevard, Shchors Street, Aviator urban district (See Schedule 1).

As for other social problems in Chuhuiv, 30.7% responses reported lack of special equipment for medical examination or rehabilitation. However, respondents did not see absence of certain important and useful services (1.4%) as well as lack of educational institutions and teachers for disabled children (0.9%) as the town's main social problems. Respondents mostly used the «other» option to complain about lack of equipment of healthcare institutions and scarcity of ambulances in the town.

Chuhuiv Town Council has established a committee on arrangement of convenient access of the disabled and other groups of population with limited mobility to social and transport facilities in Chuhuiv. In 2015 the committee, working in cooperation with social agencies, made an evaluation of accessibility and unhindered access to municipal objects of social infrastructure. The analysis of the situation has shown that only a part of these facilities, the ones that were built recently, had entrance ramps and emergency call buttons. But the most of the town's territory still remains inaccessible for physically challenged people. The committee and the Department of Social Protection of the Population have already made a list of apartment buildings that need installation of entrance ramp. The plan for 2016 provides for construction of 3 entrance ramps with the budget of UAH 47.5 ths.

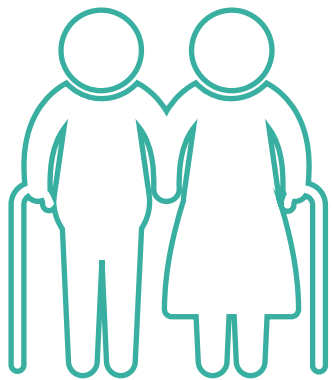


FIG. 3. BREAKDOWN OF SOCIAL PROBLEMS  
IN CHUHUIV BY IMPORTANCE  
(AS % OF RESPONSES)



# RECORD OF REFERRALS TO VARIOUS AGENCIES AND ORGANIZATIONS FOR SOCIAL ASSISTANCE

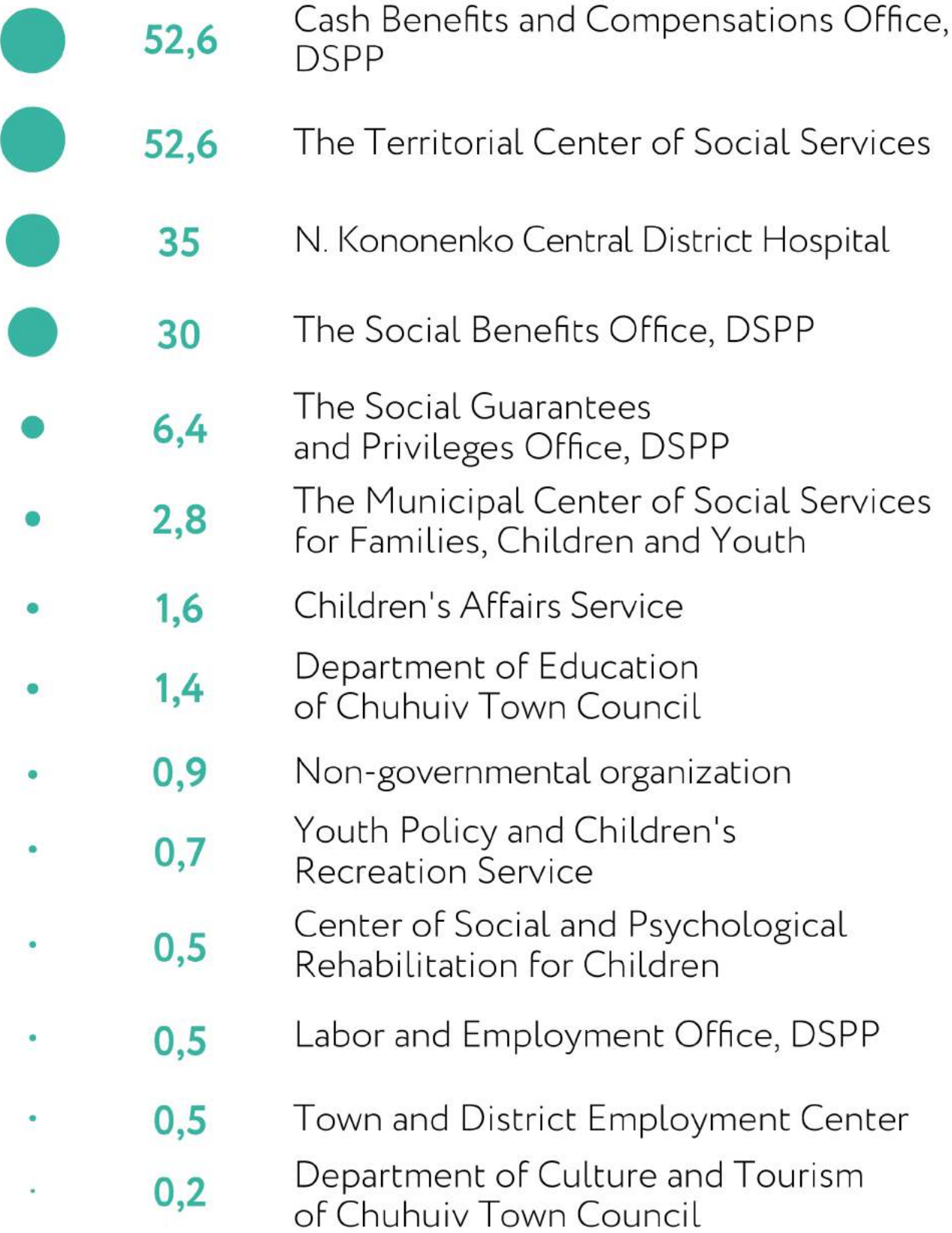
The distribution of referrals to various social agencies is predetermined by the target audience of social services, mostly comprised by the elderly and people with disabilities (Fig. 4).



As of 01.05.2016, 7136 families were receiving subsidies in ChuhuiV. For four months of 2016 the total amount of housing and utilities, solid fuel and liquefied gas subsidies made over UAH 39 mln.



FIG. 4. CITIZENS APPLICATIONS FOR SOCIAL ASSISTANCE FOR THE LAST YEAR (AS % OF RESPONSES)



The Benefits and Compensations Office of the DSPP and the Territorial Center of Social Services were the most visited agencies (52.6% each). Such number of referrals to the Benefits and Compensations Office is natural, since utility bills have increased sharply in recent years, rendering them unaffordable for much of the population, especially for people who have no other source of income than social benefits from the government.

And as far as the Territorial Center of Social Services is concerned, the abundance of referrals is attributed to the wide range of services

provided to the elderly and people with disabilities.

In addition, a substantial number of respondents (35%) visited the central district hospital, with another 30% applying to the DSPP's social benefits office.

Less than 1% of referrals was reported to NGOs (in particular, the Red Cross), the youth policy and rehabilitation of children service at the municipal and district employment center, the DSPP's Labor and Employment Office, the center of social and psychological rehabilitation for children and the Department of Culture and Tourism of Chuhuiv Town Council.

Table 2

LEVEL OF SATISFACTION WITH SOCIAL SERVICES  
PROVIDED BY VARIOUS AGENCIES  
(AS % OF THOSE WHO RESPONDED)

	Very or somewhat satisfied	Very or somewhat unsatisfied	Don't know
The Youth Policy and Children's Recreation Service	100	0	0
The Department of Culture and Tourism of Chuhuiv Town Council	100	0	0
The Labor and Employment Office, DSPP	100	0	0
The Center of Social and Psychological Rehabilitation of Children	100	0	0
The Territorial Center of Social Services	93,7	4	2,3
The Children's Affairs Service	88,9	11,1	0
The Center of Social Services for Families, Children and Youth	81,3	18,7	0
The Social Guarantees and Privileges Office, DSPP	81,1	16,2	2,7
Cash Benefits and Compensations Office, DSPP	79	11,3	9,7
The Social Benefits Office, DSPP	78,8	20	1,2
The Department of Education of Chuhuiv Town Council	75	25	0
The Municipal Employment Center	66,7	33,3	0
N. Kononenko Central District Hospital	60,6	37,4	2
Non-governmental organization	60	20	20

As for assessment of performance of the above agencies and organizations, some of them received 100% satisfaction rating: the youth policy and rehabilitation of children service, the Department of Culture and Tourism of Chuhuiv Town Council, The Labor and Employment Office, DSPP and the center of social and psychological rehabilitation of children (Table 2). However, as noted above, referrals to these institutions were rare, and therefore do not give a clear picture of their level of service.



Among the most referred-to institutions, the highest level of satisfaction was reported for the tercenter, with 93.7% clients being very or somewhat satisfied.

**N. Kononenko Central Hospital (37.4% of very or somewhat satisfied respondents) and the municipal employment center were among those needing improvement in customer service.**

# PROBLEM AREAS OF THE SOCIAL PROTECTION SYSTEM

The survey also was meant to get customer scoring of the social protection system (Fig. 5), and in particular, to identify the main problems facing this sector today. Note that each third response suggested no major problems in this area (34.4% of responses), while 39.5 of respondents quoted the problem of underfunding. When asked for details in in-depth interviews clients commented that it was evident from low salaries of social staff, inadequate working conditions, lack of service vehicles, unsatisfactory quality of services rendered.

*They lack funding in the social sphere. You can see that from their offices and old equipment there. Some premises need repairs, and I think they do not have money for this.*

A quote from an interview with a client

*You see, social agencies, in principle, do their best already. I see them try hard and I won't blame them, instead, I am thankful to them. But they do not have enough specialists.*

*The psychologists they have on staff were trained to work with «good» children. Our kids are slightly different. They are not bad, but they are different. They need a different approach. When I visit this psychologist, it is probably me who gives advice, since I have been living with this for over 10 years now..*

A quote from an interview with a client

In their turn, low salaries cause problems with the staff of social services. Thus, 13% of responses about flaws of the social protection system were regarding lack of necessary specialists, with another 12.3% noting that the latter were insufficiently trained.

Every fifth response cited flaws in the regulative framework (21.3%), in particular, inadequate figures calculated for living wages, social benefits and payments, with each tenth respondent (9.7%) noting services being provided in old-fashioned ways.

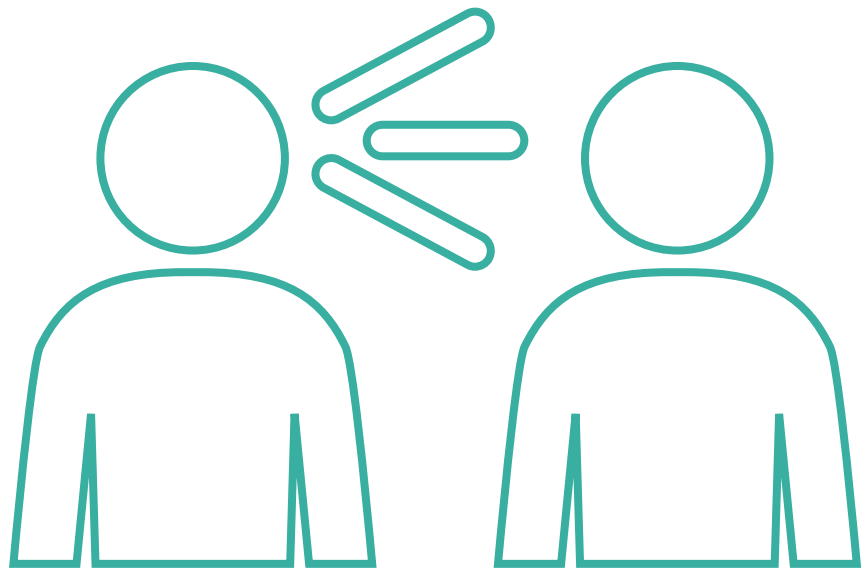
FIG. 5. PROBLEMS IN THE SOCIAL PROTECTION SYSTEM (AS % OF RESPONSES)





Despite a number of existing problems, most respondents would recommend their friends to seek assistance from the state social security agencies, with their arguments being as follows (Fig. 6): Firstly, clients note that assisting citizens in need belongs to the state duties (38.9% of responses). Secondly, there are problems that people cannot handle themselves and hence have to apply to social services. Every third customer believes the work of social services to be effective,

so, they recommend it for a reason (33.5%). One forth of responses cited unique nature of social services and readiness to recommend applying to social services agencies since there is no one other offering that kind of services (25.4%). Among the reasons why citizen do not recommend to apply for help for services are the following: they believe that people should deal with their problems on their own (7.1% of responses) or do not think they could help (6.2%).



**FIG. 6. CLIENTS WILLINGNESS TO RECOMMEND THEIR FRIENDS TO TURN TO GOVERNMENT SOCIAL PROTECTION AGENCIES (AS % OF RESPONSES)**





## AREAS FOR CHANGES IN SOCIAL SERVICES

The analysis of the overall social security assessment shows that every second client believes the social services procedures and financial aid as they are today to be effective, that the system is in a decent shape and requires no changes (51.5% of respondents) (Fig. 7).

38.8% of clients acknowledge certain flaws in the system of social services and material aid, but generally agree that it works on a satisfactory level. Hence, 89.9% of respondents expressed various degree of confidence that the Ukrainian social protection systems works well and is effective. 10% of respondents believe that downsides are prevailing, with 2.8% of them saying the system is dysfunctional and needs fundamental changes.

The results of open questions and interviews showed that the changes clients primarily expect from the system include increased social benefits and additional benefits, with the main argument for that being inadequacy of not only social financial aid, but also salaries, wages and retirement benefits to the current economic situation and the currency exchange rate. For comparison, for the period from January 2014 to December 2015 the average monthly salary went up by a mere UAH 84.46 only, while its USD equivalent dropped by almost three times (from USD 187 to USD 66) (Table 3).

**FIG. 7. ASSESSMENT OF THE EXISTING SOCIAL SERVICES AND MATERIAL AID SYSTEM  
(AS % OF THOSE WHO RESPONDED)**

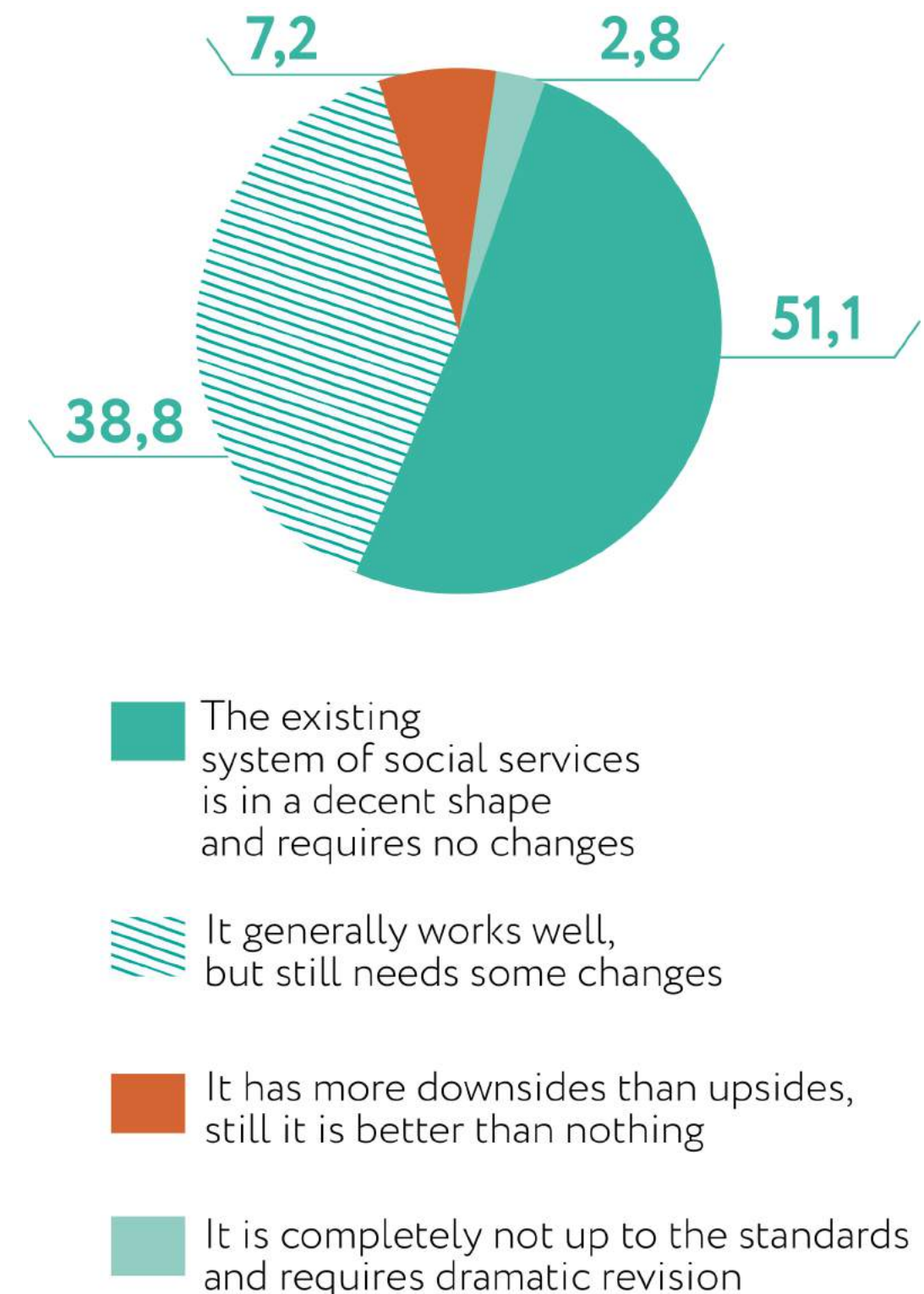
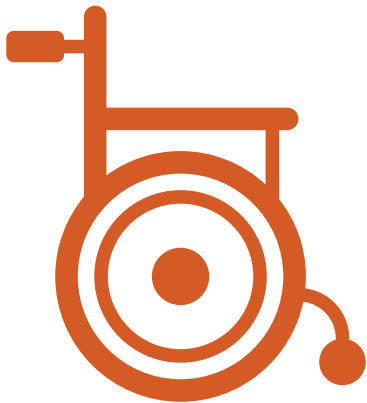


Table 3

THE SIZE OF RETIREMENT BENEFITS IN UAH AND USD

Average amount of monthly retirement benefit		
UAH	USD as per NBU exchange rate in the respective period	Year
1494,05	187	January 2014
1427,79	91	January 2015
1578,51	66	Desember 2015
Minimum pension amount as of March 2016 - UAH 1074 or USD 40		



Some responses were about the need to make the procedures of social aid provision more simple and, where appropriate, to have the staff to walk disabled people through the application process.

*If someone has, say, poor sight, it will take him or her much more time to have the certificates and other documents issued. My eyes are weak, so my daughter helped me to collect all documents. And she had to come over to Chuhuiv specially for this.*

A quote from an interview with a client

A separate block of questions dealt with recreation and rehabilitation opportunities for disabled persons, especially children. When asked about this, respondents said that there are very few places for recreation. Rehabilitation services for children with disability is really a matter of special concern, especially after the territorial center of social services closed its department for work with disabled children following reorganization. The department had its own premises equipped for rehabilitation and 10 specialists on the staff. And since then it has never been reopened due to the lack of funding, leaving the Early Intervention Center, established

*The kid is always with me. We do homework, do housecleaning. But I can't do the exercises, massage, as a professional would do. I have to go to Kharkiv, and it takes much time and money. In addition, I have absolutely no time either for myself or even for getting a job.*

A quote from an interview with a client

in 2015 on the premises of a child day-care center with support from UNICEF's children fund, the only facility for such children. It is meant for children under 4 with impaired physical development. However, the total number of disabled children in Chuhuiv is about 120 and most of them are of school age, hence, cannot visit the center. Some of these children receive special education services under individualized education programs and have to stay home all the time, having no opportunities to socialize with their peers. Parents say this has a very negative effect on their socialization and their psychological state.



3

**CLIENTS  
EXPERIENCE  
OF RECEIVING  
MATERIAL AID**



The Siverskyi Donets River in Chuhuiv



# ACCESSIBILITY OF MATERIAL AID



Material aid is understood to be provision of benefits in cash or in kind to persons in difficult life situations: food, sanitary and personal hygiene products, child and baby care products, clothing, footwear and other necessities, fuel and technical rehabilitation aids and accessories.<sup>15</sup>

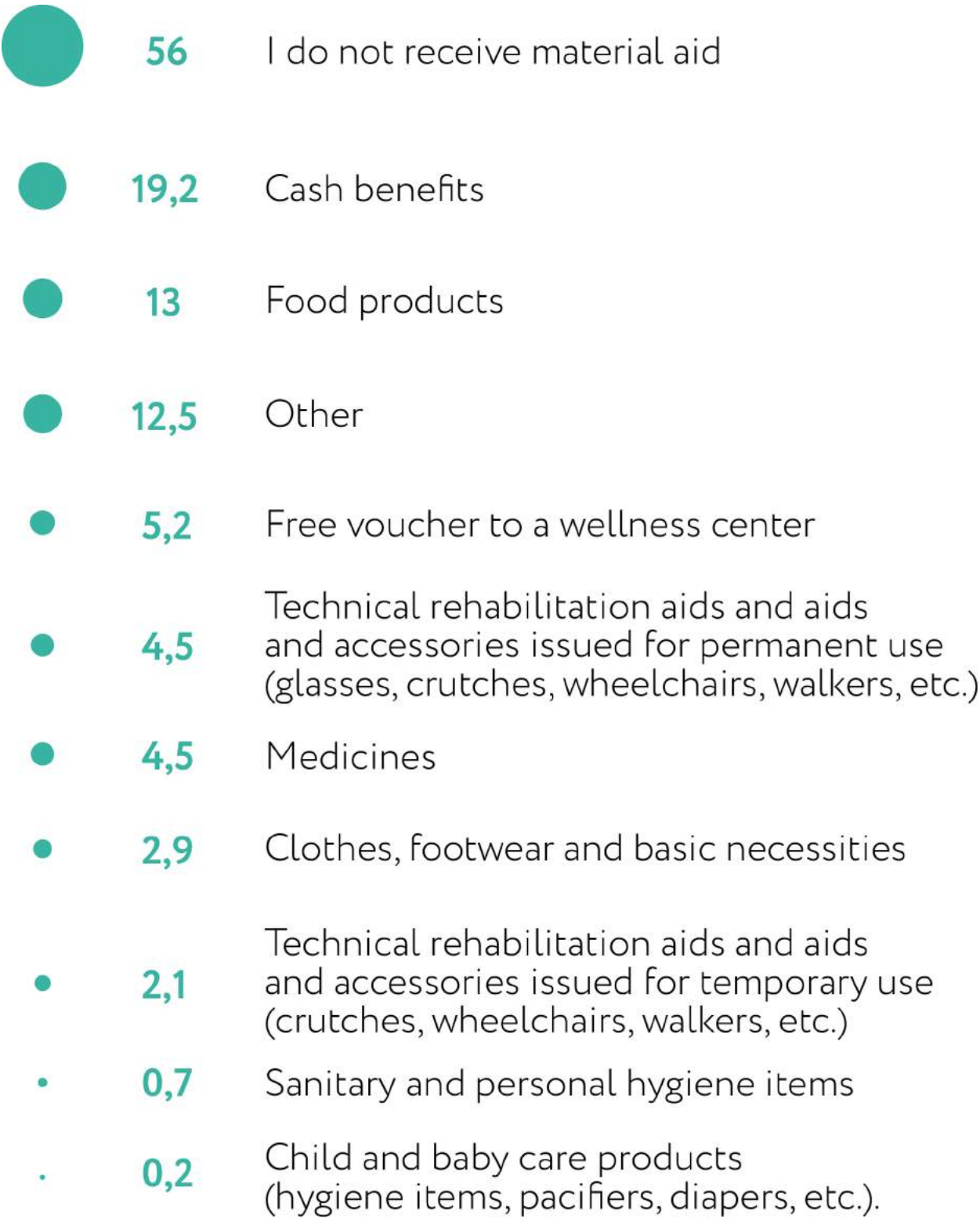
In Chuhuiv material aid is primarily provided by the town council via the Department of Social Protection of the Population, with some aid provided to internally displaced and financially disadvantaged persons by the Territorial Center of Social Services, non-governmental organizations, volunteers.

During the period from December 2014 to December 2015 consumer prices (including both utilities – gas, water, electricity and housing bills – and food products) went up by 43.3% in Ukraine, with the even higher figure of 44.2% for Kharkiv Region<sup>16</sup>.

15. The Law of Ukraine «On Social Services»

16. According to the report of the Ministry of Economic Development and Trade of Ukraine «Economic Development by Regions of Ukraine at the year-end 2015»

FIG. 8. TYPES OF MATERIAL AID RECEIVED BY RESPONDENTS LAST YEAR (AS % OF RESPONSES)







*«Given the amount of utility bills, it's ridiculous to get fifteen hundred per month. If it is not my son and his support, I wouldn't know how to make it. I would have to save even on more things».*

A quote from an interview  
with a client



*Today, rehabilitation aids are harder to get... It took less time in past. As far as I understand, some plants that produce crutches and other things are now working for ATO needs, so it takes some waiting for the disabled.*

A quote from an interview  
with a client

The data obtained (Fig. 8) suggest that over half of respondents (56%) did not receive any material assistance in the last year. 19.2% of respondents received material aid in cash payments, 13 % – in food products, 12.5 % received other types of material aid. Among the least requested were child and baby care items (0.2%) and sanitary and personal hygiene products (0.7%).

In in-depth interviews clients noted that the most needed type of material aid was monetary aid. And, since the latter makes a significant part of their income, clients felt the cash benefits should be increased.

Considering that 44% of respondents received material aid throughout the year, it was important to see if they had encountered any difficulties or obstacles in the process (Table 4).

The survey findings suggest that clients had most problems with getting subsidized medicines (40% reported problems saying it is «accessible, but with some problems»),

cash benefits (26%), clothing, footwear and basic necessities (25%) as well as technical and rehabilitation aids and accessories (for temporary use – 23,1 %, for permanent use – 11,5 %).

Among all types of material aid most respondents mentioned free vouchers for visiting wellness centers as «practically inaccessible» service (13.3%).

Tickets to health resorts and children camps were mentioned in in-depth interviews with representatives of foster homes and foster families. The problem of vouchers for children with mental diseases is especially acute since regulations provide for their stay mainly in health care facilities, with no opportunities for rehabilitation, adaptation, leisure activities services.

People with disabilities, too, voiced their willingness to apply for recreation programs sponsored by the state.



*It is a little bit hard in summer as the kid has nowhere to go for holidays. That the kid is with me all the time. I would be happy if I could send her to some summer facility to keep her busy. And with our diagnosis, the only vouchers they offer are those for staying in specialized medical facilities. Other choices - camps, resorts - something with more entertainment is not an option for us...*

A quote from an interview  
with a client



*I even can't remember my last time when I went on vacation. Of course, I cannot afford it. But they even do not propose it to me. They say they have it only for orphans, while I am a disabled person since childhood.*

A quote from an interview  
with a client

Table 4

ACCESSIBILITY OF SPECIFIC TYPES OF MATERIAL AID  
(AS % OF THOSE WHO RESPONDED)

	Easily accessible	Accessible, but with some problems	Practically inaccessible
Sanitary and personal hygiene items	100	0	0
Child and baby care products (hygiene items, pacifiers, diapers, etc.).	100	0	0
Technical and rehabilitation aids and accessories issued for permanent use (glasses, crutches, wheelchairs, walkers, etc.).	80,8	11,5	7,7
Food products	78,7	18,7	2,7
Clothing, footwear and basic necessities	75	25	0
Financial aid	73	26	0,9
Technical and rehabilitation aids and accessories issued for temporary use (glasses, crutches, wheelchairs, walkers, etc.).	69,2	23,1	7,7
Vouchers for visiting wellness centers	66,7	20	13,3
Medicines	60	40	0

OBSTACLES IN GETTING MATERIAL AID

In 37.7% of responses noted that they had to wait long to get aid (Fig. 9). Almost every fourth respondent faced problems with paperwork procedures (23.2%).

When talking off the record, clients mostly mentioned the problem of too much paperwork required to complete formalities for any given benefit. They also touched upon instances of corruption, in particular, of the involved health agencies soliciting money from applicants for the disabled status assignment / extension.

In 15.9% of responses respondents referred to an information barrier – being unaware whom they have to apply to solve their problem and what to do next. At the same time, 18.8% of clients came to face unwillingness of the social staff to provide advice and help them in solving their problems with getting material aid. This fact, some respondents say, made the aid provision more complicated or caused waiting lines. The lines were also due to formal aspects, such as, for example, absence of the applicable ID, certificate and other forms.

*I completed the disability registration procedures by myself. This cost me a lot. After general medical examination they sent me to a psychoneurology hospital to complete the medical part of the procedure. They wrote down a four-digit figure there. I had no clue, but it turned out that parents had paid a lot of money to have their child assigned the disabled status. That is, you can buy the status of the disabled, if in fact you are not. And even if you are, you have to pay for the status renewal.*

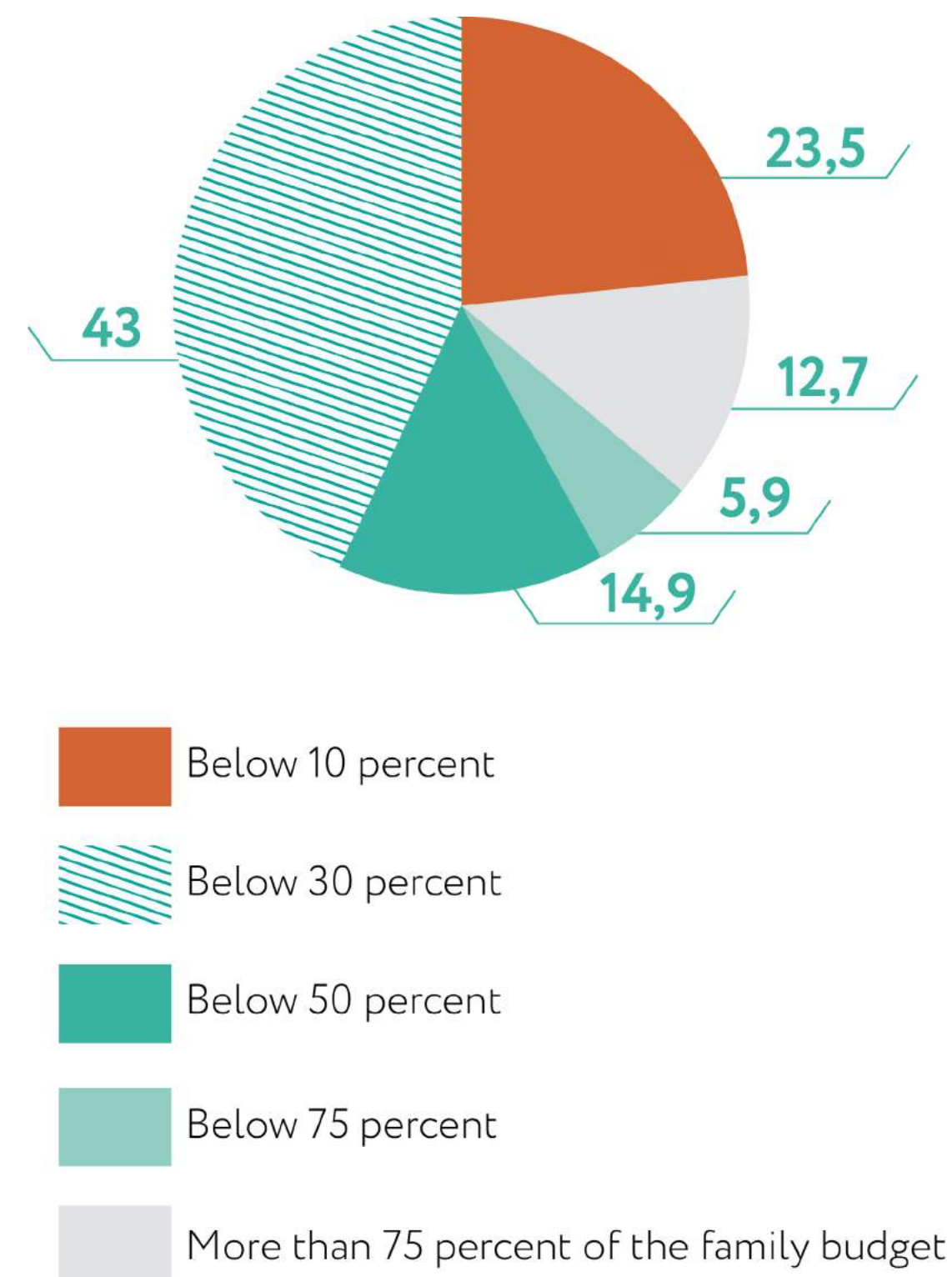
A quote from an interview with a client

**FIG. 9. PROBLEMS FACED BY CLIENTS WHEN APPLYING FOR MATERIAL AID (AS % OF RESPONSES)**



When analyzing the share of material aid in respondents' family budgets (Fig. 10), it should be noted that for most of the surveyed financial assistance made nearly a third of the total family income (66.5%). However, 14.9% of those who responded note that the financial aid accounts for about half of total family income, with another 12.7% of clients saying that financial assistance is an important addition to the family finances making over 75% of total family income.

**FIG. 10. SHARE OF MATERIAL AID IN THE FAMILY BUDGET (AS % OF THOSE WHO RESPONDED)**





# NEEDS IN MATERIAL AID

In order to understand the relevance of material aid and existing needs of people who apply to social protection agencies, respondents were asked the question «Do you need material aid today?» Based on the data obtained (Fig. 11), the majority, and more specifically, 62.5 % of client responses stressed the necessity of cash benefits. One in five respondents (19.3%) expressed the need of aid in kind such as food products, sanitary and personal hygiene items, children’s clothes, clothing, footwear and basic necessities. 17.4% of responses emphasized the need of other material assistance in the form of certain privileges and discounts for medicines, respondents also note that they need support and services with regard to living conditions and repairs (window replacement, plumbing installation, help in housekeeping).

Nearly every third respondent commented that he or she does not currently need any kind of aid (29.2%).

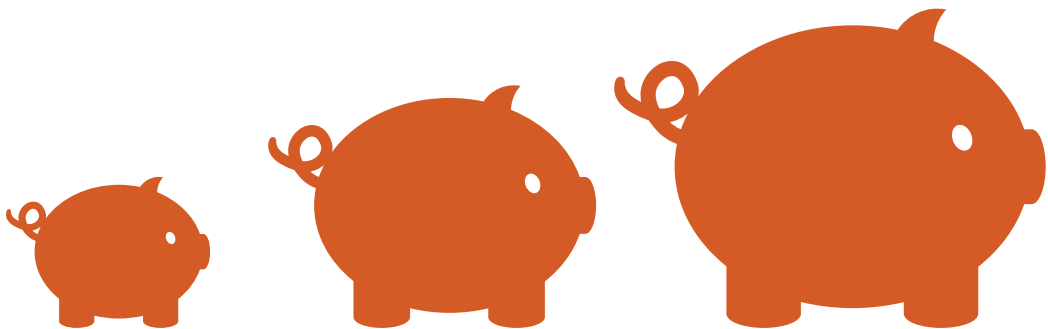
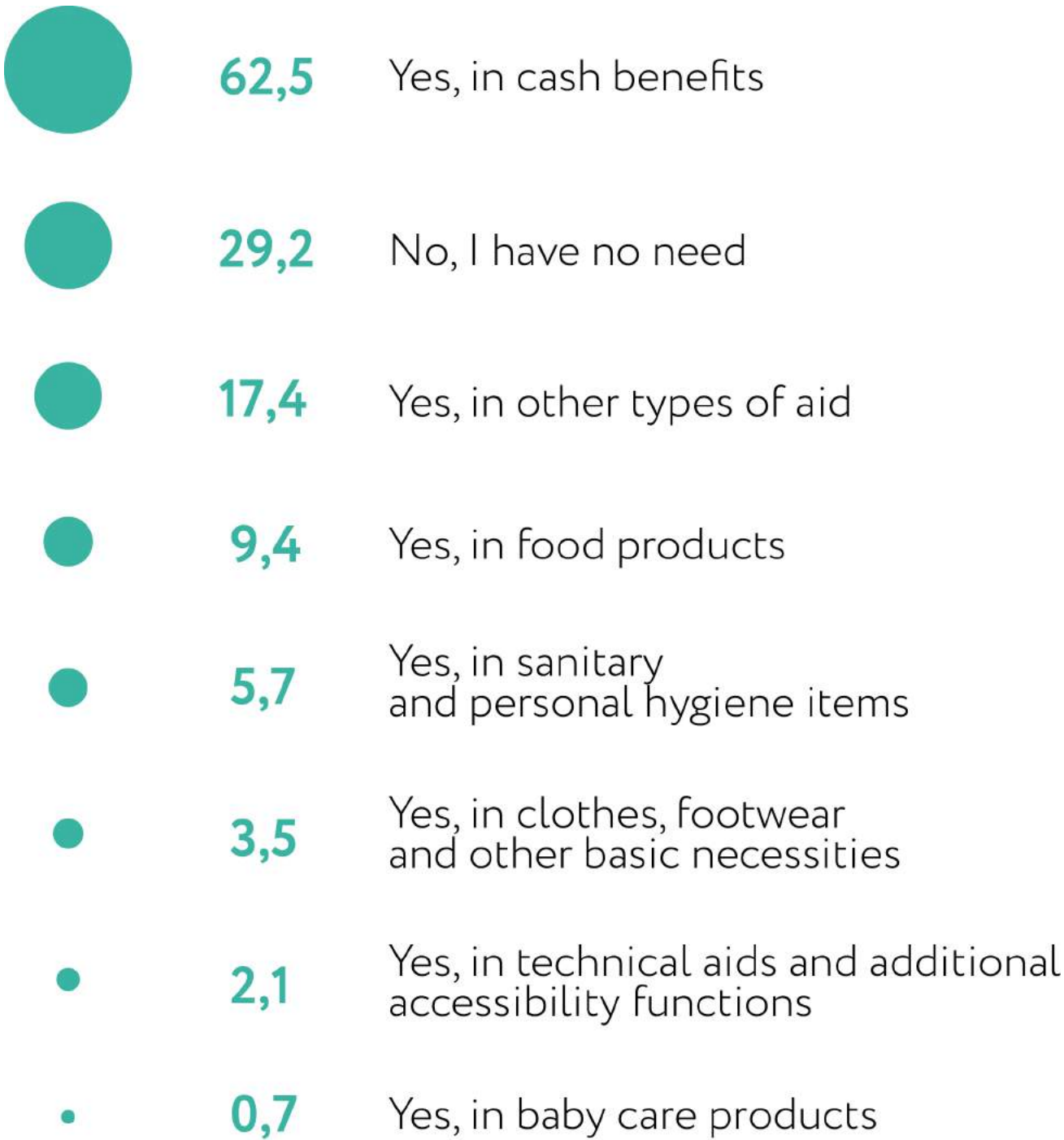


FIG. 11. NEEDS IN MATERIAL AID (AS % OF RESPONSES))



# SOURCES OF INFORMATION ABOUT MATERIAL AID

Another important aspect of the survey was to identify what sources of information were used by clients to know where to apply to for material aid (Fig 12). In most cases people received the relevant information when talking to the officers of social agencies (57.9% of responses). Respondents also often came to know about material aid opportunities from their friends, relatives and neighbors (44.8%). Almost in one of three cases, specifically 31%, respondents got information about material aid

from mass media (the press, radio, TV)

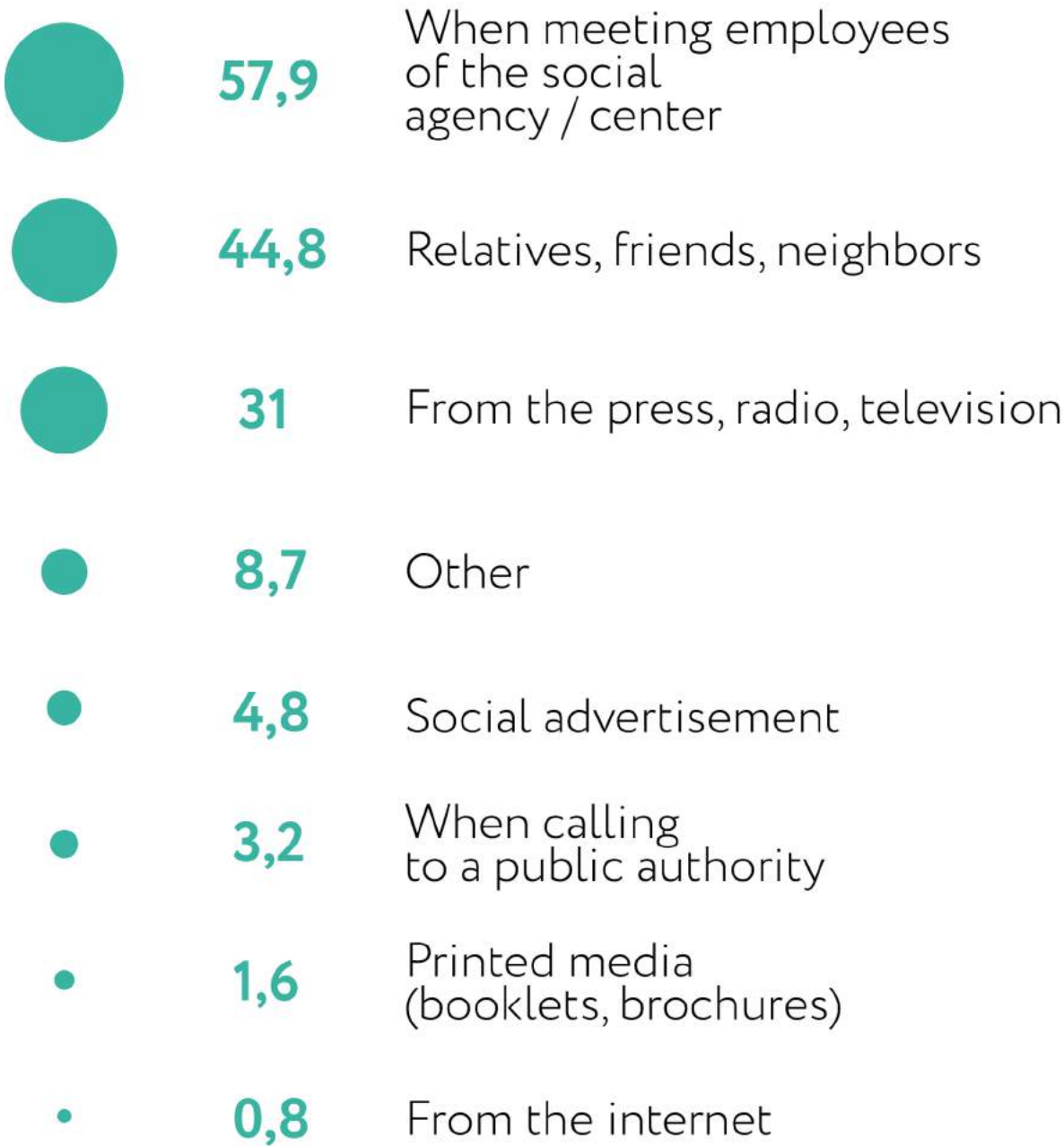
However, customer exposure to this information by local media providers is quite limited – public service advertisement was mentioned in 4.8% of responses, printed materials (booklets, brochures) – in 1.6% of responses. The Internet was used in less than 1% (0.8%) cases. 8.7% of respondents received information about material aid from other sources, and namely: when visiting health care institutions or when being visited by social workers for home care.



*The last one I saw was a story on the TV saying they were about to increase the benefits. I immediately went to check with my local social service if I got them right. They did, with differed effect though, so I had to wait.*

A quote from an interview with a client

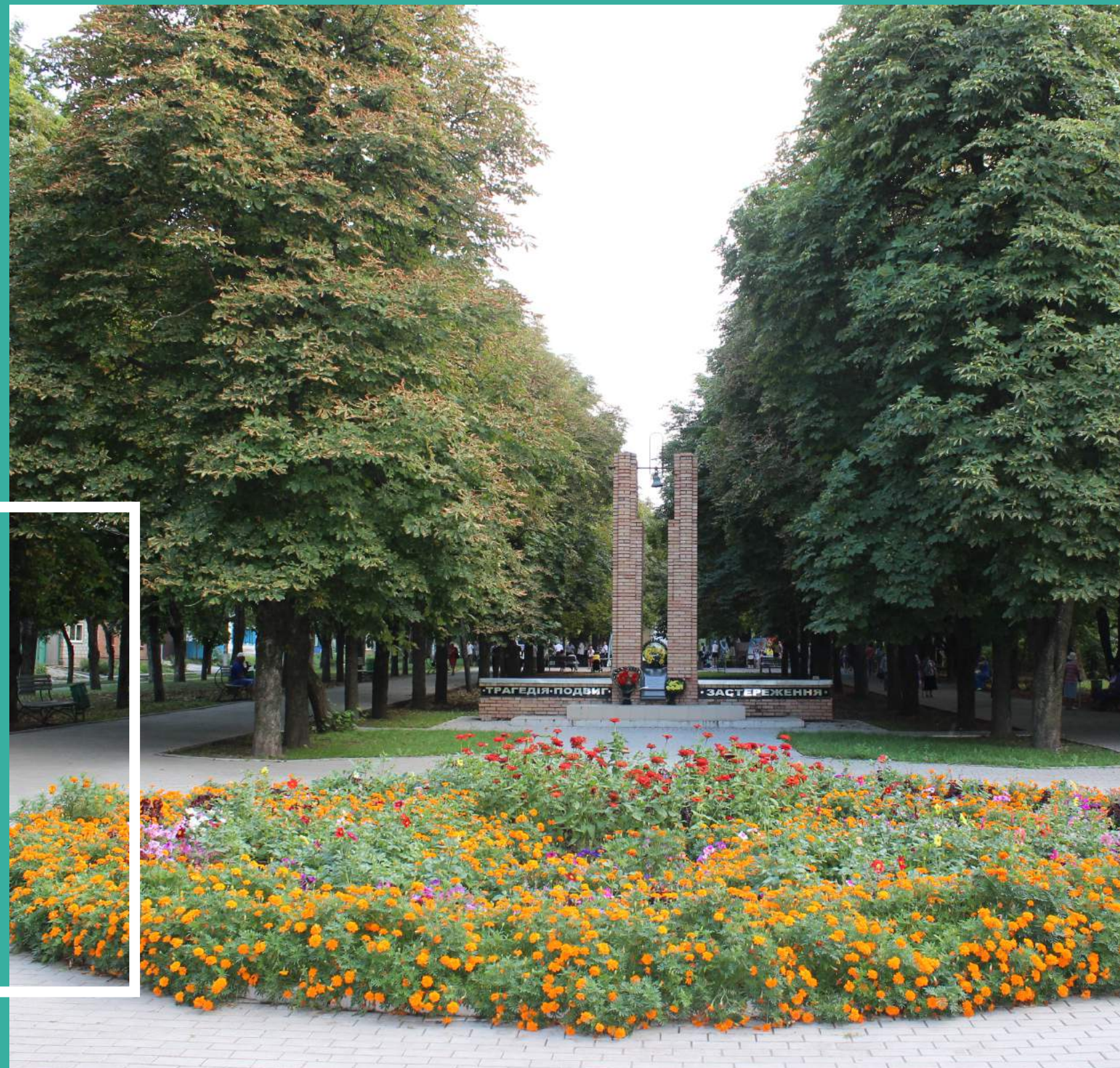
FIG. 12. MAIN SOURCES OF INFORMATION ABOUT MATERIAL AID OPPORTUNITIES (AS % OF RESPONSES)



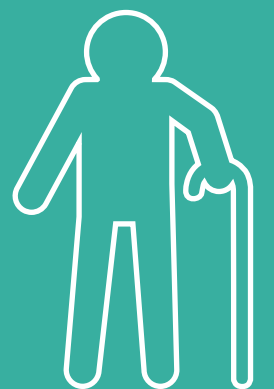


4

# CLIENTS EXPERIENCE OF RECEIVING SOCIAL SERVICES



The monument to the liquidators of Chernobyl disaster in Chuhuiv





# PROVIDERS OF SOCIAL SERVICES IN CHUHUIV



One of the objectives of the study was to find customer opinions on who should provide social services in the town in order the services were of best quality and most effective. In conditions of emerging market of social services it was important to know which sector is more favored by citizens – public or private.

## PROVIDERS OF SOCIAL SERVICES IN CHUHUIV

In Chuhuiv social services are provided by the Territorial Center of Social Services (provision of social services) of Chuhuiv Town Council; Chuhuiv Center of Social Services for Families, Children and Youth; Chuhuiv Municipal Center of Social and Psychological Rehabilitation for Children as well as by individuals.

The survey also included the DSPP and non-governmental organizations as agencies offering information and consulting services to potential and actual clients of the social protection system.

## THE TERRITORIAL CENTER OF SOCIAL SERVICES (PROVISION OF SOCIAL SERVICES) OF CHUHUIV TOWN COUNCIL

**The tertsentr** – is a state-funded municipally-owned organization, which has been operating for 15 years and provides social services to town residents who found themselves in difficult life situations and need external assistance provided locally.

Photo: The gym at the Territorial Center of Social Services (for provision of social services) of Chuhuiv Town Council



### Objectives

In its operations, the tercenter pursues the following objectives:

- ✓ identification of people in need of social assistance, formation of the electronic database of such citizens, identification of their individual needs in social services;
- ✓ provision of quality social services according to the list of social services;



- establishment of relations with companies, institutions and organizations of any ownership types, individuals, relatives of citizens serviced by territorial centers in order to facilitate provision of social services for citizens, who need them;
- identification and registration of homeless individuals in order to realize their rights and freedoms<sup>17</sup>.

## Clients

The tercenter's clientele includes elderly people, people with disabilities, people with mental diseases, homeless persons. As of May 2016 the center rendered services to 3 983 persons.

## Structure and staff

The tercenter has 111 people on the staff, including the director, his deputies, social officers, social workers, social teachers, rehabilitation specialists, medical personnel, etc. The tercenter is comprised by the following divisions:

- department of social aid at home;
- specialized department of social assistance to disabled citizens with mental disorders at home;
- department of social adaptation and rehabilitation of people with disabilities;
- department of social and health services;
- department of targeted in-kind and financial aid provision;
- department of homeless tracking.

Photo: The Social Activity Center of Chuhuiv Territorial Center of Social Services



17. Regulation «On the Territorial Center of Social Services (provision of social services) of Chuhuiv Town Council»

# CHUHUIV MUNICIPAL CENTER OF SOCIAL SERVICES FOR FAMILIES, CHILDREN AND YOUTH

The center is a specialized institution for social work with families, children and youth in difficult life circumstances.

## Objectives

The center's main objectives include:



- social and preventive work aimed at preventing families, children and youth from getting into difficult life situations;
- identification and social case management for families, children and youth in difficult life situations in need of external assistance;
- providing customers with special services, the need for which was identified by the results of the needs assessment;
- cooperation with structural subdivisions of the Executive Committee of Chuhuiv Town Council, companies, institutions and organizations;
- getting the community involved in social work with families, children and youth<sup>18</sup>.

## Clients

Clients of the center are families, children and youth in difficult life situations in need of external help.

As of May 2016 the center provided services to 1057 persons.

18. The Regulations «On Chuhuiv Municipal Center of Social Services for Families, Children and Youth»



## Structure and staff

The center employs a director, a chief specialist, a chief specialist/accountant and a leading specialist. It also employs the services 30 volunteers working on permanent basis, trained and motivated by the center itself.

Photo: Chuhuiv Municipal Center of Social Services for Families, Children and Youth



## CHUHUIV CENTER OF SOCIAL AND PSYCHOLOGICAL REHABILITATION OF CHILDREN

The center is a social protection institution meant to provide day and residential care for children aged 3 to 18 in difficult life circumstances, provision of comprehensive social, psychological, educational, medical, legal and other assistance.

### Objectives

The main objectives of the center are:



- ✓ social protection of children admitted to the center;
- ✓ provision of a package of social services to children;
- ✓ socio-pedagogical correction subject to individual needs of each child;
- ✓ facilitation of return of children to their biological families;
- ✓ ensuring attendance by children of general education of other educational institutions or their study under individualized education programs subject to the needs and abilities of children;
- ✓ promotion of own views of life in children for them to overcome asocial behavior habits;
- ✓ provision of psychological and other types of support to parents (or persons who substitute them) of children staying at the center with the objective of returning children back to families;
- ✓ preparation of guides on social and psychological adaptation of children for teachers, social workers and parents<sup>19</sup>.

19. Resolution of the Cabinet of Ministers of Ukraine No. 87 dd. 28 January 2004. «On Approval of Standard Regulations of the Center of Social and Psychological Rehabilitation for Children»



## Clients

The center admits children from families in difficult life situations that cannot cope with them on their own; children left without parental care or that of other caregivers; children who have suffered from violence and need social and psychological support, homeless children, etc. As of May 2016 the center provided services to 56 children.

## Structure and staff

The center has 12 people on the staff, including director, practical psychologist, teachers, assistant teachers, nurses, cooks.



## THE DEPARTMENT OF SOCIAL PROTECTION OF POPULATION OF CHUHUIV TOWN COUNCIL

The DSPP is an executive body of the town council, with its main function being implementation of social policies with regard to social protection in the town.

## Objectives



The scope of social servicing, social work and social services provided to the population by the DSPP includes:

- work on identification of the need in social services in the town, preparation and submission of proposals to the Executive Committee regarding organization of social services provision according to the needs, establishment of social security institutions, agencies and services as well as social commissioning of relevant social services to non-governmental organizations;
- keeping a record of persons who apply to the department for referral to social services agencies and institutions, facilitation in paperwork matters for such persons;



Photo: The Office of the Department of Social Protection of Population of Chuhuiv Town Council

- direction and coordination of activities of the town's Center of Social Services for Families, Children and Youth, the town's Territorial Center of Social Services (provision of social services) and other institutions, agencies and services in implementation of Ukrainian laws;
  - analysis of the effectiveness of social work with families / individuals in the community in order to prevent them from getting in difficult life situations and prediction of their needs in social support;
  - submission of proposals to the city council and its executive committee regarding establishment of specialized institutions and services that provide psychological, rehabilitation and other social services to individuals and families in difficult life situations, children leaving orphanages and those deprived of parental care on the initial stage of their independent living;
  - facilitation in creation of foster homes and families;
  - award and payment of remuneration to individuals who are providers of social services;
  - submission of proposals to the town council and its executive committee during preparation of the local budget regarding allocation of funds to be spent on financing of local social protection and social insurance programs, remuneration of individuals who provide social services.
- promotion of introduction of new social services, including fee-based services in compliance with Ukrainian laws;
  - provision of access of citizens to social services, monitoring of their quality and timeliness in compliance with Ukrainian laws;
  - participation in planning public-funded capital investments in construction of social protection facilities;
- facilitation in creation of non-governmental agencies and organizations that provide services to retired persons, disabled people, families with children, families/persons in difficult life situations and in need of external help, victims of human trafficking, other socially vulnerable citizens;
  - facilitating volunteer organizations and individual volunteers in provision of aid to socially vulnerable citizens;
- organization, within its scope of competence, of work related to provision of charity (humanitarian) aid to socially vulnerable citizens and their families in difficult life situations;
  - facilitation, whenever required, in placing elderly people, disabled persons and disabled children in residential care homes;
  - filing (in accordance with the prescribed procedures) of proposals regarding taking patronage over disabled persons in need of care due to their health condition;
  - facilitating charity, religious, volunteer public associations, institutions and organizations of non-governmental form of ownership, individual citizens in provision of aid and social services to the disabled, war and labor veterans, aged citizens as well as other socially vulnerable citizens and families in difficult life situations;
  - introduction of measures for social protection of homeless citizens and persons discharged from prison;
  - facilitation in training, retraining and professional development of the staff of social protection agencies and institutions<sup>20</sup>.

20. The Regulations «On Department of Social Protection of Population of Chuhuiv Town Council»



## Clients

Persons entitled to social services<sup>21</sup> – Ukrainian citizens, foreigners and stateless persons legally residing in Ukraine in difficult life situations.

## Structure and staff

The DSPP has 48 staff positions, including its head, deputies to the head and specialists of respective offices and departments.

Photo: The Reception of the Department of Social Protection of Population of Chuhuiv Town Council

21. The Law of Ukraine «On Social Services»

## The structure of the DSPP is comprised by the following divisions:

- /// Administrative and HR Office
- /// Accounting Department
- /// Sector of State Social Inspectors
- /// Labor and Employment Office
- /// Compensation and Benefits Office
- /// Social Benefits Office
- /// Office Social Guarantees and Privileges
- /// Personal Records-Keeping Office
- /// Automation Sector

## INDIVIDUAL SOCIAL SERVICES PROVIDERS

Social services to the elderly, the disabled, disabled children, patients unable to care about themselves and in need of permanent care from other persons (except for persons receiving care from social agencies) can be provided by individuals subject to a monthly remuneration paid in the amount and according to the procedure established by the Cabinet of Ministers of Ukraine.

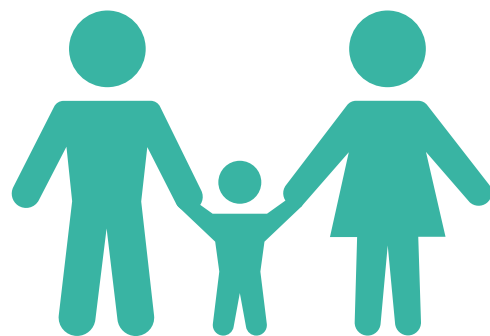
As of May 2016, there were 83 individuals in Chuhuiv who provided home care to the elderly, people with disabilities and patients in need of palliative care.





## NON-GOVERNMENTAL ORGANIZATIONS

The practice of social commissioning open for participation of non-governmental organizations is yet to be introduced in Chuhuiv. However, there is a number of non-governmental organizations that provide information and advice regarding eligibility and requirements for a social service.



**For the purpose of this report, these organizations may be divided into 3 types :**

*The state, who else? If it is private, one will have to pay them, and where do I get money for this? I don't have it. And volunteers' business is only to help those in dire straits and in need of urgent help. There were these displaced - there were volunteers. Otherwise, on ongoing basis, I don't think they are necessary. Who will pay them their living?*

A quote from an interview with a client

- Organizations that work with people with disabilities**  
 (NGO Chuhuiv Town Association of Disabled People, NGO Chuhuiv Amalgamated Union of Disabled Afghanistan Veterans, etc.);
- Organizations that work with the elderly, veterans**  
 (Chuhuiv Town Organization of Ukrainian Veterans, Chuhuiv Town Committee «Chernobyl Veterans», etc.);
- Organizations that work with families and children**  
 (Large Family Mothers Non-Governmental Organization «Berehynia», Children Non-Governmental Organization «Rovesnyk», Chuhuiv Children Charity Fund, etc.).

When analyzing activities of non-governmental organizations in Chuhuiv as a whole, one should note that of over 60 registered NGOs around 20 are aimed at assistance to socially disadvantaged groups of population. As a rule, non-governmental organizations conduct no project activities. They cover their material needs with the help of sponsors, contributions of their members, local social services, volunteers. When needed, the town provides premises and materials to help an organization to run its activities.

According to members of the public, raising funds on their own is a problem because of little experience in writing project planning documents. In addition, non-governmental organizations lack information where to go with their ideas and initiatives and what are the procedures.

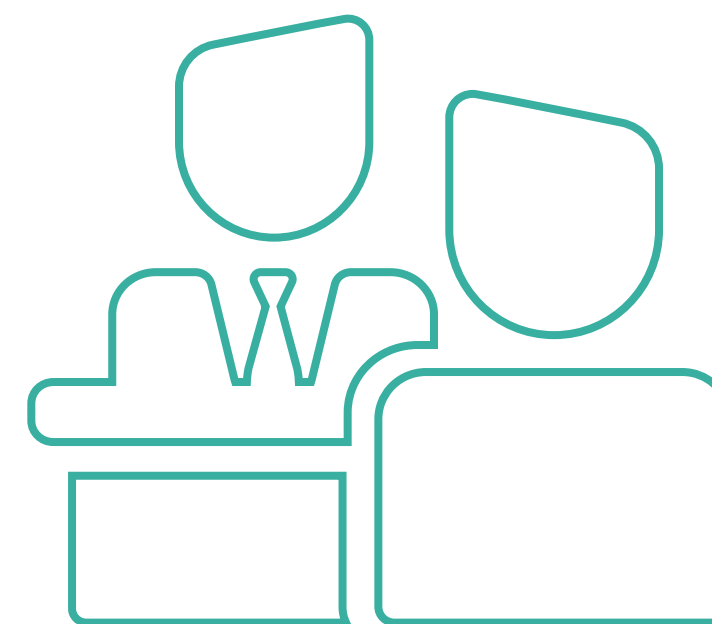
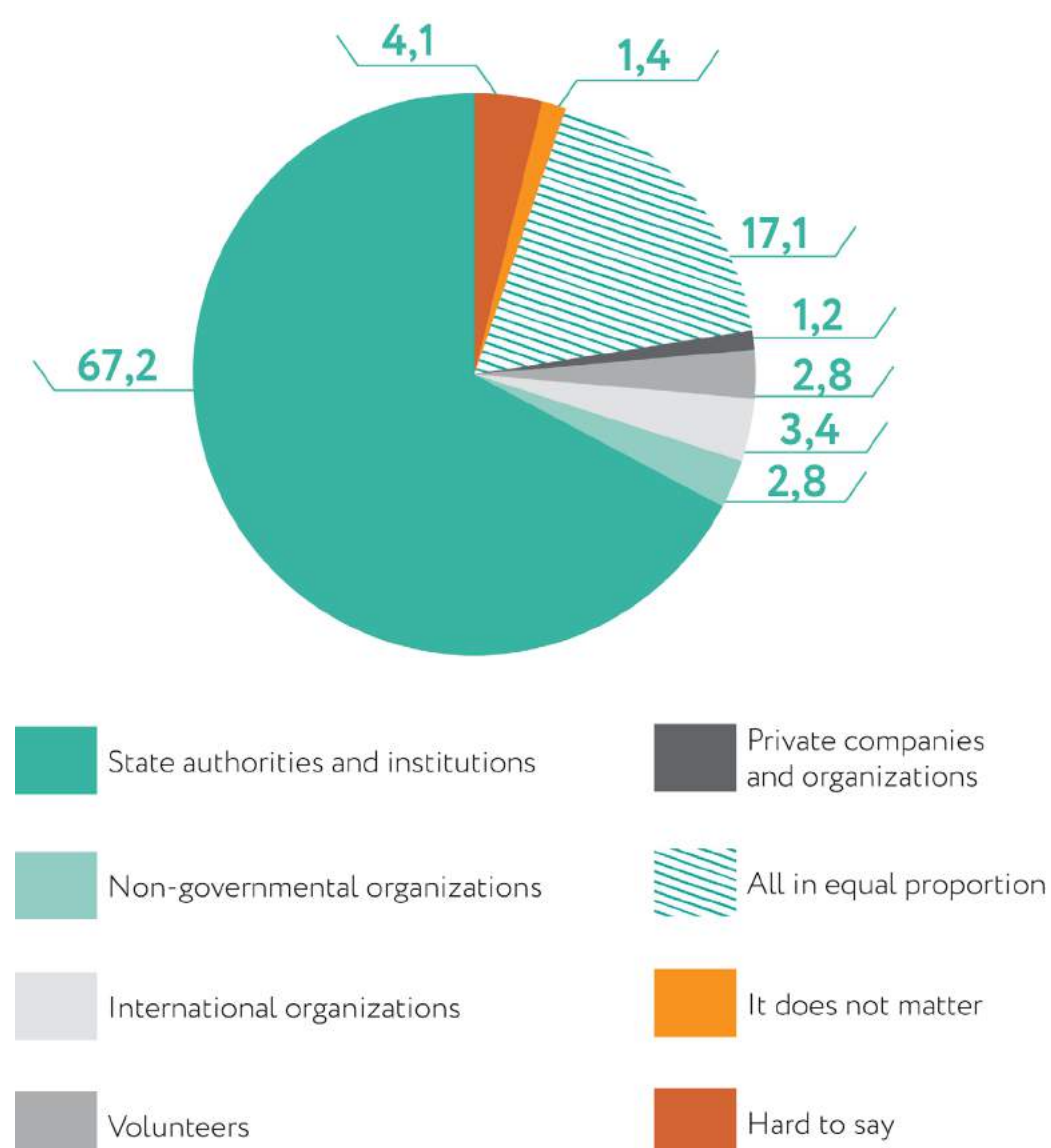
They lack planning expertise and skills with regard to both strategic goals and day-to-day activities. They mostly focus on awareness raising activities, organization of holiday events or solving specific problems of their clients. At the same time, some representatives of the non-governmental sector noted occasional lack of initiative of members of organizations.

Mention should be made of good cooperation of most of non-governmental organizations with local authorities. According to some public activists, they have no problems with social agencies. They are perceptive to proposals to improve social protection, most of employees at public bodies are cooperative when helping the private sector to implement its ideas.

## Evaluation of desired proportion of state/municipal and non-governmental providers of social services on the community level

The majority of respondents believe that provision of social services and aid is a function of the state in the first place (67.2%) (Fig. 13). During in-depth interviews clients explained their position by saying that this belongs to the duties of the state. Besides, according to respondents, introduction of other actors in this market carries a risk of emergence of fee-based services, which they cannot afford.

**FIG. 13. BREAKDOWN OF RESPONSES TO THE QUESTION OF WHO SHOULD PRIMARILY PROVIDE SOCIAL SERVICES (AS % OF THOSE WHO RESPONDED)**

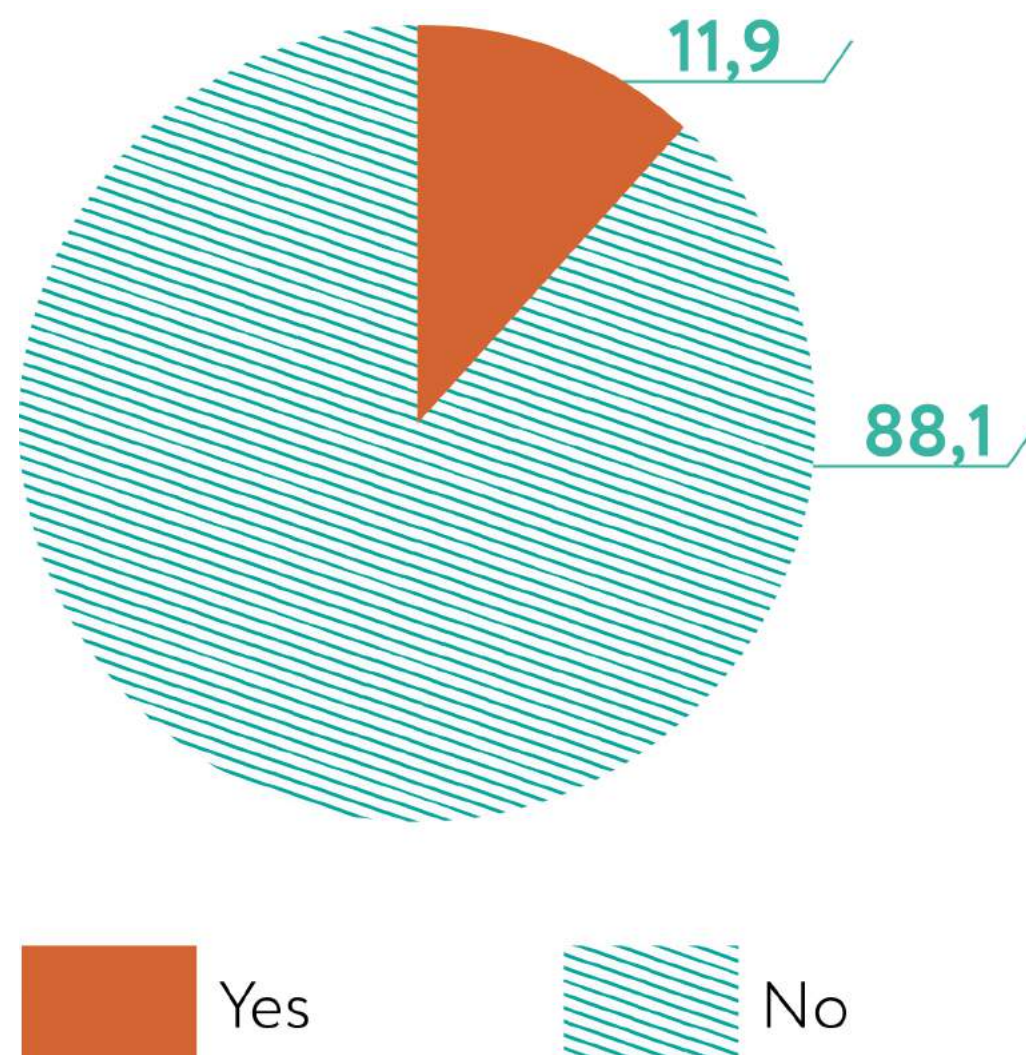


17.1% of respondents noted that responsibility for social protection should be distributed among different parties: state authorities, non-governmental organizations, private companies and volunteers. Only 2.8% of respondents believe social services should be mostly provided by non-governmental organizations.

Here, it should be stressed that the only social protection known to most of respondents was that provided by the state agencies, with only 11.9% being aware of non-governmental organizations acting in this field in Chuhuiv (Fig. 14). In particular, the latter named

Station Kharkiv, Chuhuiv Town Organization of Ukrainian Veterans, Chuhuiv Amalgamated Union of Disabled Afghanistan Veterans, Kharkiv Regional Organization of Ukrainian Red Cross Society. In their replies to open questions the surveyed mentioned deputies and town mayors along with non-governmental organizations. Assistance of the latter is commonly considered to be in arranging landscaping, repairs of apartment blocks entrances/staircases, allocation of money to cover medical costs of a specific person. Religious organizations (Baptists, Jehovah's Witnesses), too, provide some aid.

**FIG. 14. PUBLIC AWARENESS OF NON-GOVERNMENTAL ORGANIZATIONS PROVIDING SOCIAL SERVICES/AID (AS % OF THOSE WHO RESPONDED)**



## TYPES OF SOCIAL SERVICES, SATISFACTION WITH SERVICES RECEIVED

More than a half of services delivered over the last year dealt with consulting, and more specifically, were about helping people with issuance of some documents (50.3%) and information regarding agencies and services where they can turn for help to deal with their problems (30.1%) (Fig. 15). Almost every fourth response (23.4%) mentioned services connected with medical measures, while 21.5% were related to home care services.





**FIG. 15. TYPES OF SERVICES DELIVERED TO RESPONDENTS OVER THE LAST YEAR (AS % OF RESPONSES)**



Only 16.8% of responses referred to rehabilitation services, despite the fact that the share of disabled persons among the respondents was 25.1%, with even lower figures of responses mentioning social adaptation (10.1%), though, theoretically, the vast majority of respondents are eligible for the service.

Respondents were mostly satisfied with the services received, with the numbers of those very or somewhat satisfied ranging from 100 to 77% (Table 5). In face-to-face interviews clients of social services also pointed to good organization of work and reported caring attitudes and completeness of information they received while receiving a service.

Some customer dissatisfaction is observed with regard to the most popular services: consulting and help in documents issuance (8.2% very or somewhat dissatisfied); referrals to get necessary assistance or services (10.2%), department officers making phone calls to other government agencies on behalf of the client (15.3%). There are also a few cases of dissatisfaction with the work of the tercenter, in particular with regard to medical measures and rehabilitation services. There are practically no clients dissatisfied with individuals who provide social services and the Center of Social Services for Families, Children and Youth.

*They do everything on time. You bring the documents, they fix a time for you to come. As soon as you come, they ask you in. And this is very convenient, unlike when served on a first-come, first-served basis, all you need is to come for the appointment.*

*Social aid works well. There are essentially no refusals.*

**A quote from an interview with clients**



Table 5

LEVEL OF SATISFACTION OF CLIENTS WITH SERVICES RECEIVED (AS % OF THOSE WHO RESPONDED)

		Very or somewhat		
		satisfied	Partially satisfied and partially not satisfied	Very or somewhat unsatisfied
The Territorial Center of Social Services	Home care and assistance (for example, cooking, cleaning, washing, buying food and medicines, payment of utility bills, house or apartment repairs, etc.)	96	4	0
	Medical measures (injections, physiotherapy, oxygen cocktails, heat therapy, etc.).	94,8	4,5	0,7
	Rehabilitation services (therapeutic exercise, massage, etc.)	96,8	2,1	1,1
	Social adaptation services (lectures, psychological counseling, leisure activities, watching movies, excursions, handcraft, etc.)	100	0	0
	Representation of interests before the court, the police, the employment center	100	0	0
	Consulting, advice on legal, socio-medical, psychological, socio-pedagogical, information matters	100	0	0
	Prophylactic measures for prevention of violence, alcohol and drug abuse, HIV/AIDS, responsible parenthood counseling	100	0	0
Social Agencies Center	Social case management for you as an individual or for your family in a difficult life situation (legal, psychological, socio-economic services, socio-psychological support of people with disabilities, etc.)	100	0	0

Individuals	Home care and assistance for individuals (for example, cooking, cleaning, washing, buying food and medicines, payment of utility bills, house or apartment repairs, etc.)	97,3	2,7	0
	You received advice, help with documents processing	81,2	10,6	8,2
The Department of Social Protection	You were informed about where to apply to for documents issuance or getting the aid or service you need	79,4	9,8	10,8
	Department officers called to other agencies on your behalf to help you to deal with your matter	77	7,7	15,3



# QUALITY AND ACCESSIBILITY OF SOCIAL SERVICES

The survey also involved assessment of quality of social services provision. For this purpose respondents selected and evaluated the service which was most important for them in the past year (Fig. 16).

The most important services were found



Among least priority services respondents named ones related to social case management (1.3%) and measures for prevention of violence, alcohol and drug abuse, HIV/AIDS – just 0.2% of respondents rated this service as the most important for them.

FIG. 16. THE MOST IMPORTANT SOCIAL SERVICES FOR CLIENTS IN THE PAST YEAR (AS % OF THOSE WHO RESPONDED)



Almost all services delivered by social agencies were free for clients (Fig. 17). Only 4% of respondents stated that they had to pay to receive the service. In particular, these were services offered by the tercenter related to home care and medical measures.



When asked about accessibility of services for the population, 70.3 % of respondents pointed out that services can be obtained without much problems and in most cases receiving a service is easy (Fig. 18). Over one forth of respondents (26.1%) cited problems when receiving a service. Only 3.6% believe that getting the necessary service from social agencies and institutions is practically impossible.

Problems were mainly reported in getting information as to where to apply for aid or service needed (72.4% of respondents received the service with some problems). Half of the respondents also pointed to problems with representation of their interests by the department's staff before other agencies (55.6%) and with home care and assistance (53.8%).

*I talked to them several times to see what is the situation with the subsidy. At first they told me I am eligible. The next time I called another girl told me otherwise. Then they told me to come to them. That is, they could not explain everything to me at a time..*

A quote from an interview  
with a client

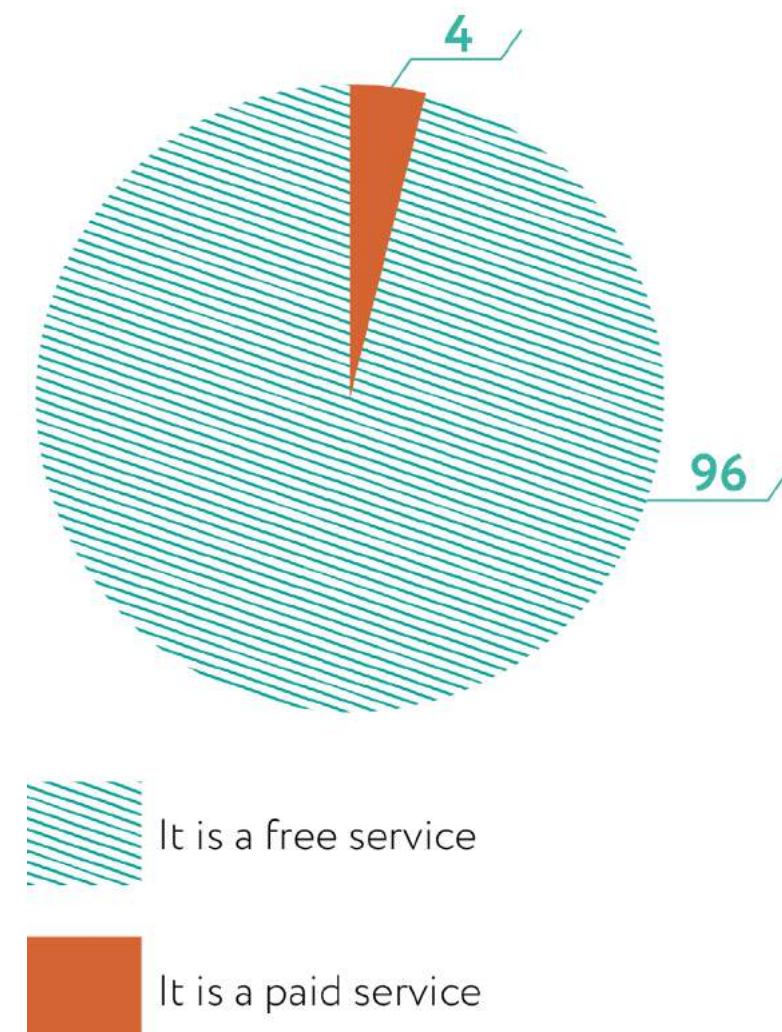
The territorial center has both fee-based and free services.

Free services are available for the following categories of citizens:

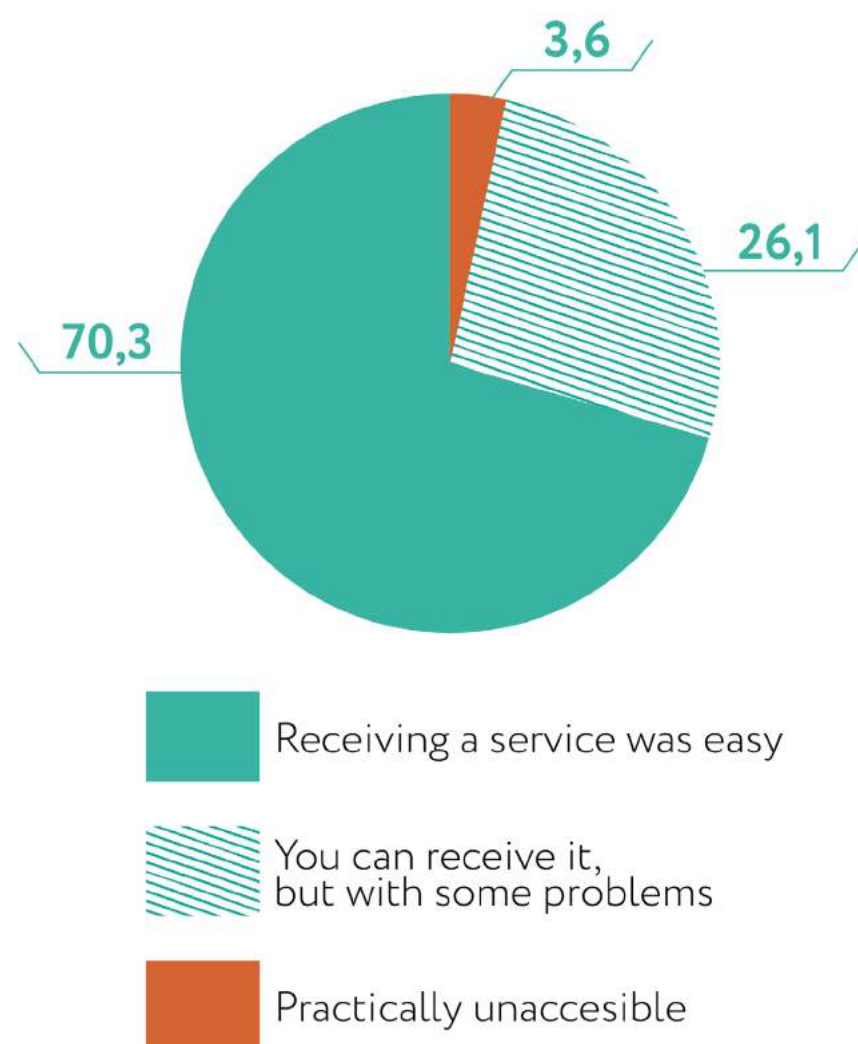
- citizens of retirement age who do not have children;
- citizens of retirement age who have children of unemployable age;
- citizens of retirement age who have disabled children of any age;
- persons with general disease disability who have no children;
- persons with general disease disability who have children of any age.

Social services for citizens of retirement age who have children of unemployable age are fee-based. The rates for paid services are calculated in accordance with effective laws and are subject to approval by the Executive Committee Chuhuiv Town Council.

FIG. 17. PAID SOCIAL SERVICES  
(AS % OF THOSE WHO RESPONDED)



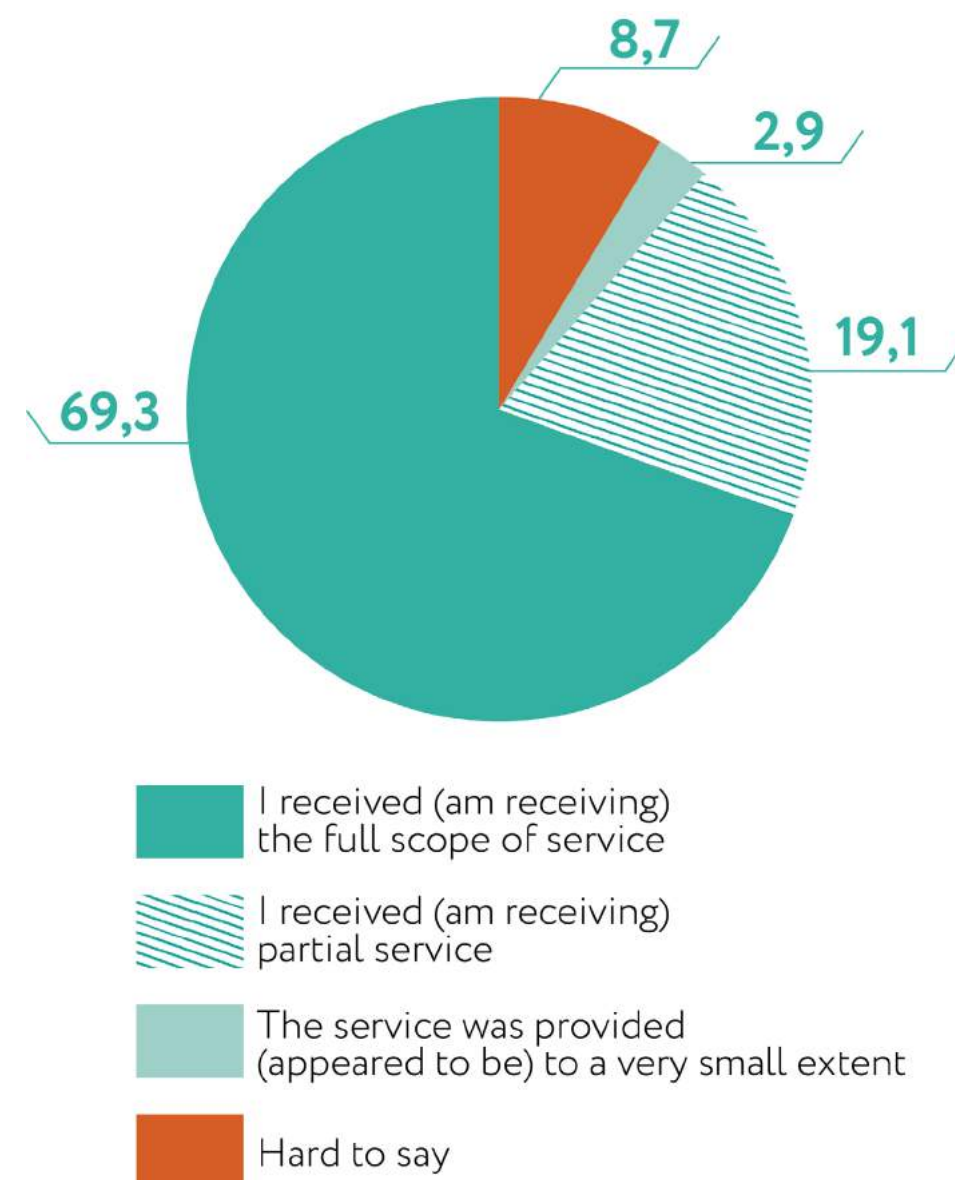
**FIG.18.ACCESSIBILITY OF SERVICES  
(AS % OF THOSE WHO RESPONDED)**



The survey has shown that in most cases social services provided were complete and comprehensive (Fig. 19). 69.3% of respondents had them served flawlessly and enjoyed full possible assistance in this matter. Every fifth respondent (19.1%) could receive the service subject to certain reservations, that is received a part of the service. Only 2.9 of respondents indicated that they received minimum

services. Speaking of incomplete service received, clients generally complained about the same social services referred to in responses as to their accessibility: home care and assistance (61.5% were partial or minimum service); getting information as to where to apply for aid needed (52.8%); representation of their interests by the department's staff before other agencies (50%).

**FIG.19. COMPLETENESS OF SERVICES  
(AS % OF THOSE WHO RESPONDED)**



In this way, it may be noted that services delivered by social agencies are mainly provided free of charge, require no effort on the part of clients to complete the formalities and in most cases came as a complete package..

# NEEDS IN ADDITIONAL SOCIAL SERVICES

As far as the needs in additional social services are concerned, it turned out that the majority of respondents (59.6%) do not need them (Fig. 20). It should be noted, however, that some part of the clients would like to receive existing services not as a temporary measure, but on an ongoing basis, or would like to have more of the same service (11.7%).

In responses to the open question to this effect respondents mainly named services related to medical services or their improvement: medical rehabilitation of people with disabilities, new physiotherapy equipment at the regional center, more frequent therapeutic massages sessions, rehabilitation measures for patients with chronic diseases and following surgery.

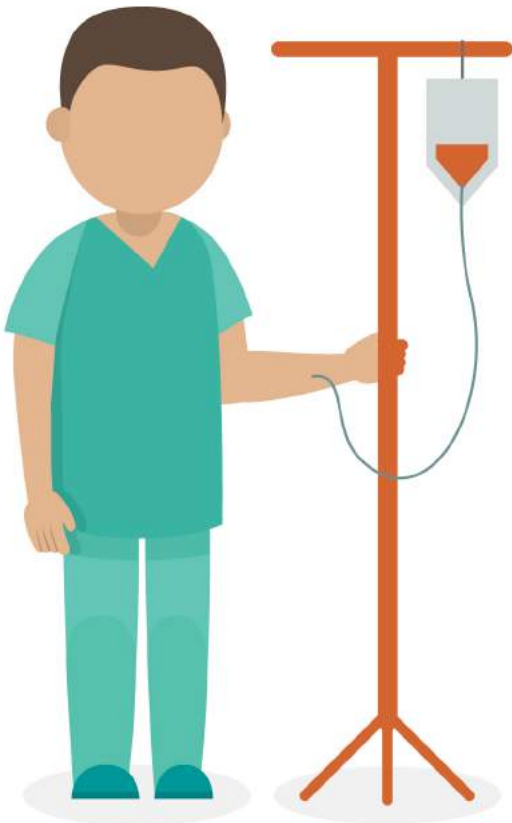
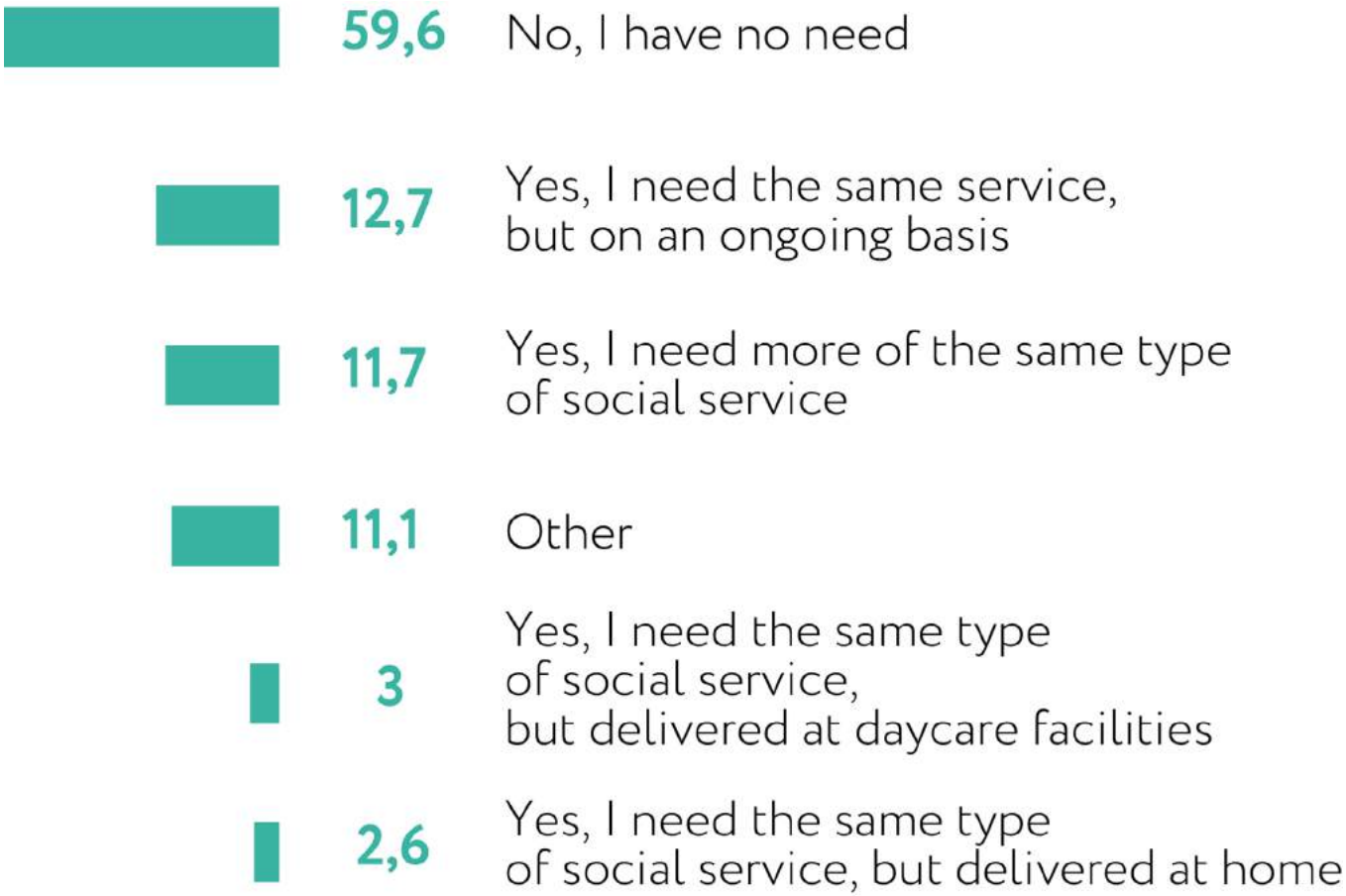


FIG. 20. NEEDS OF CLIENTS IN ADDITIONAL SOCIAL SERVICES (AS % OF RESPONSES)





Only 1.6% of responses cited the need for additional services not available in Chuhuiv, while available in other cities. They were mostly about services of rehabilitation of children with disability.

- *We need a speech therapist because my child is 3, but it is still not talking. Only «mom», «dad», not saying much of any other things. This is why once in every 3 months I have to go to Kharkiv, where we receive treatment at the 5th Child Neurology Clinic.*
- *Are there any local specialists that could help you here?*
- *Well, there is an infant health center, but the speech therapists there deal in speech correction rather than teaching to speak, no such therapy is available so far. They say there is this new center, the one in the nursery school, the rumors are they are planning something there, but there is no way to tell. Meanwhile, we keep on taking trips to receive massage therapy, some electrotherapy, to have logopedist, psychologist work with us.*
- *Is this all in Kharkiv?*
- *Yes*

A quote from an interview with a client

## SOURCES OF INFORMATION ABOUT SOCIAL SERVICES

As far as exposure to information about social services (Fig. 21) is concerned, its sources are pretty much the same as the ones used by clients to know about availability of material aid options. However, their importance is somewhat different: in half of the cases (53.3% of responses) clients heard about their eligibility for certain social services from their relatives, neighbors and friends, with the second important source (in 38.8% of cases) of information being social workers.

It should be noted that here responses quoted the media as the source of information twice as less frequently (14%) than in reply to the similar question regarding material aid (31%). The Internet, printed handouts, social awareness-raising fairs and exhibitions are not so popular channels of information about social services – each of this sources was mentioned in less than 2% of responses.



**FIG. 21. MAIN SOURCES OF INFORMATION ABOUT SOCIAL SERVICES OPPORTUNITIES (AS % OF RESPONSES)**



## ASSESSMENT OF WORK OF SOCIAL AGENCIES STAFF

The survey evaluated work of 4 providers of social services:

- // the Department of Social Protection of Population,
- // the Territorial Center of Social Services,
- // the Center of Social Services for Families, Children and Youth
- // individual service providers.

In order to rate the quality of their services the respondents were supposed to agree or disagree with various statements regarding the work of social services providers, while the statements themselves involved customer relations, conditions, working hours, location convenience, etc.



Table 6

THE GENERAL ATTITUDE TO STATEMENTS ABOUT THE  
WORK OF SOCIAL SERVICES PROVIDERS  
(AS % OF THOSE WHO RESPONDED)

	Strongly or somewhat agree	Strongly or somewhat disagree	Don't know
Center / agency staff were impolite and matter-of-factly	10,3	86,6	3,1
The procedure of getting the service was too complicated	9	86,4	4,6
The professional level was low	8,6	86	5,4
The center/agency didn't have some services you need	7,4	82,6	10
Conditions in the premises of the agency / center were very poor (absence of special waiting areas, long lines, offices in need of repairs, etc.)	7,1	89,9	3,0
Staff of the center / agency were uncaring	6,2	90	3,8
The agency / center had inconvenient working hours	6,2	84,8	9
Staff of the agency / center did not adhere to the working hours	6	85,4	8,6
The relevant center / agency has inconvenient location (it is too far away, has poor transport connection)	5,9	86	8,1
The quality of the service delivered was very low	5,6	88	6,4
The center / agency had no facilities for people with special needs	5,2	81	13,8
Staff of the center / agency did not do their job properly	5,2	87,7	7,1
Staff of the center / agency solicited money or other compensation for the service	5,2	91,5	3,3
Staff of the center / agency disclosed personal information	5	91,3	3,7

Respondents highly rated the professional level of social services providers (Table 6). The large majority of clients had no complaints as to general conditions, working hours and locations of the social services. Respondents are mostly satisfied with the way providers managed their work process and quality of service offered to the population. Among negative aspects noted by respondents were mainly somewhat impolite and matter-of-factly manners of the staff (10.3%) and complexity of procedures for the service (9%).

The survey found that some providers of social services at the community level should be more active in seeking opportunities to improve the quality of customer service (Table 7). Thus, the Department of Social Protection of Population should pay more attention to staff impoliteness and matter-of-factness (22.3%); complexity of procedures for getting the service (18.9%) and a low level of professionalism (18.4%). One in ten clients of the Center of Social Services for Families, Children and Youth reported impoliteness and matter-of-factness of the staff (9.5%) and lack of certain services they need (9.5%). The surveyed had practically no complaints as to the staff of the tercenter, with various aspects of its work rated negatively by 2.6 to 0.4% of respondents. Respondents expressed no dissatisfaction with work of individual providers whatsoever.





Table 7

POSITIVE RESPONSES TO STATEMENTS ABOUT THE  
WORK OF VARIOUS PROVIDERS OF SOCIAL SERVICES (AS  
% OF THOSE WHO SOMEWHAT OR STRONGLY AGREE)

	Ter- center	CSS- FCY	Indi- viduals	DSPP
Center / agency staff were impolite and matter-of-factly	2,2	9,5	0	22,3
The procedure of getting the service was too complicated	1,9	0	0	18,9
The professional level was low	2,2	4,8	0	18,4
The center/agency didn't have some services you need	2,2	9,5	0	
Conditions in the premises of the agency / center were very poor (absence of special waiting areas, long lines, offices in need of repairs, etc.)	0,7	5		
Staff of the center / agency were uncaring	2,6	4,8	0	11,7
The agency / center had inconvenient working hours	0,4	0	0	15

Staff of the agency / center did not adhere to the working hours	0,4	0	0	14,6
The relevant center / agency has inconvenient location (it is too far away, has poor transport connection)	1,5	4,8	0	12,6
The quality of the service delivered was very low	1,9	0	0	11,7
The center / agency had no facilities for people with special needs	0,4	0	0	12,6
Staff of the center / agency did not do their job properly	2,6	0	0	9,7
Staff of the center / agency solicited money or other compensation for the service	0,4	0	0	
Staff of the center / agency disclosed personal information	0,7	4,8	0	11,2

5

# EXPERT OPINION ABOUT THE CURRENT SOCIAL SECURITY SYSTEM



The Siverskyi Donets River in Chuhuiv





# EXISTING PROBLEMS OF THE SOCIAL PROTECTION SYSTEM

One of the objectives of this study was to find experts' viewpoint on the main problems in the social services sector in Chuhuiv. It should be noted that none of the experts suggested that the social security system is free from problems and has no need for reform, with some problems originating on the national level and some – on the local.

Among the nation-wide issues are gaps in the legislation, limited funding and the drive for decentralization, causing many innovations that are yet to be tested in practice.

Experts believe that flaws in the regulatory framework mostly involve outdated criteria and standards currently in place for social services and material aid provision. Furthermore, regulatory documents governing social agencies activities effective for the time being often have no reference to the reforms being introduced by the Ministry of Social Policy of Ukraine.

And limited funding gives rise to a number of problems with payment of social benefits and in-kind aid as well as recruitment of social staff, understaffing, lack of motivation for quality workplace performance and so on.

These problems are further aggravated by the move of the central authorities for decentralization of the state social security system and creation of local social services markets made without adequate evaluation of the needs of the population and a clear articulation of the policy for implementation of the adopted changes.

On the local level the above problems develop into specific issues social agencies face in their day-to-day operation, and namely:

1

## 1.OBSOLETE STAFF SCHEDULES

which has an adverse effect on the quality of services delivered.

During the survey experts repeatedly pointed out that a major challenge for social services in Chuhuiv lies in lack of balance between the functions assigned to a specific social agency and the number of its employees. Inadequate staff schedules cause overtime and undermine motivation to work,

In addition, the work stress gets even worse due to the current situation in the country, causing emergence of new categories of clients: internally displaced persons, ATO veterans and their families. It is not only cash and in-kind aid they require, but every now and then they also need psychological rehabilitation, crisis management counseling, etc.

*We has been voicing the need to reduce workloads all the time, for many years now. According to standard schedule we have 10 candidates for a paid services and several for a free one. While in reality they have 12-13 free service candidates and 5 more people for paid services - that is 18-17-16-20 people per a staff unit. This is too much of a workload... It is stressful and affects service quality.*

*The quality of the service we provide would be much better if we had more employees. You know, when an employee is always on the run, always in a hurry, quality of the service is the first thing to suffer as while we make some ends meet some ends go loose. Otherwise we would improve the quality of services delivered, give clients more attention.*

A quote from interviews with experts





Experts believe that obsolete staff schedules lead to a situation when the town's social services lack necessary specialists as these positions are simply not provided for in the organization chart. Thus, in the wake of the ongoing reform and continuous legislative changes, it would be quite helpful for the social agencies to have a lawyer on the staff, a position currently not provided in the staff list. Because of the work stress social staff simply have no time to keep track of adopted changes, while often having insufficient qualification to interpret certain

legal aspects. During interviews experts noted that «laws may be subject to conflicting interpretations» and recalled cases when this caused denial of aid to some clients.

They also emphasize the need to have medical personnel to work together with the social staff in order to provide the clients with more qualified explanations of details of assistance programs related to health and wellness improvement.

They made a special point of the need to set-up a rehabili-

tation center on the premises of the Territorial Center of Social Services to operate as a day patient facility, where clients could stay all day long under medical supervision.

It should be noted that the general consensus among experts is that the above problems are a result of limited public funding. In particular, case studies of the Tercenter and the Center of Social Services for Families, Children and Youth (the CSSFCY) showed that inadequate staff funding has negative effect on actual performance of these agencies.

Thus, in 2012 the CSSFCY extended its staff list by introducing 6 additional positions of social work special-

ists and that substantially increased its capacity in case management for people in difficult life situations. The center was able to provide social services to about 200 families, with great positive effect for crisis situations prevention, which, in its turn, reduced the agency's future workload to manage these situations. However, in 2014, responsibility for staff financing was transferred to the local budgets and the positions were eliminated. Today, the CSSFCY structure of 4 staffing positions is unable to cover all needs of the local population as provided by functions and objectives.

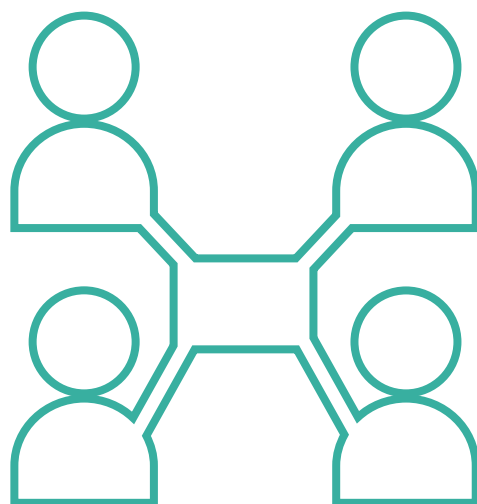
The Territorial Center of Social Services saw staff cuts as well, in particular, due to the closure of its depart-

**As of May 2016 the number of persons registered in the Unified Database of Internally Displaced Persons for the Town of Chuhuiv was 5161. Targeted assistance to cover living expenses for internally displaced persons was granted to 600 families and paid for 4 months of 2016 to a total amount of UAH 1305 ths.**



ment for work with disabled children mentioned above, with several more departments – the department of social and health services; the department of social home care for mentally disabled people now pending reorganization. As a result, the clients will not be able to receive certain services in Chuhuiv anymore on the one hand, while on the other, the staff will become subject to more stress as dealing with problems of existing customers will be shared among other departments.

Other social agencies in Chuhuiv, too, voiced the need for additional staff. Thus, the head of the Early Intervention Center noted that they badly need a psychologist on the staff. The situation is the same with the Center of Social and Psychological Rehabilitation of Children, where they want a psychologist and a social teacher.



## LACK OF PROPER PERSONNEL DEVELOPMENT

In interviews experts reported gaps of certain knowledge and skills in social services employees. Experts say that existing staff development programs do not cover all practical needs. This pri-

marily concerns specialists and social workers directly involved in customer management and social services provision.

The scope of the awareness-raising and educational events that come beyond mandatory refresher training will more often than not be rather formal and limited to progress reports, discussions regarding legislative innovations and existing problems.

*For some reason, there is nothing for this very category of social workers. We do have career development courses. My director went to complete them, and I am going to attend them in November... Still, I would prefer there were courses designed specifically for social workers, at least in Kharkiv, on the regional level.*

*Social workers should be paid much attention because they tend to get caught up in their job routines, thinking they know everything, while in reality life moves forward changing people, their psychology and problem-solving approaches. And should they receive more training, there would be much less problems with customer relations.*

A quote from interviews with experts

Among the topics for lectures and workshops that would be helpful for social staff, experts suggested ones regarding the specifics of work with clients with mental disorders; conflict prevention and management; care for aged people with age-related health conditions (history of heart and brain attacks, hypertension, arthritis, degenerative spine disease, etc.); modern methods of work with people in difficult life situations and so on. Another area to focus HR management measures should be development of skills to cope with professional burnout typical to social workers, so in interviews experts emphasized the urgent need in measures

for psychological support of the staff. It can come both as private talks with psychologists and as educational workshops on the basics of psychology for employees of the social sector.

Experts also emphasized importance of the practice of sharing experience of implementation of various projects aimed at provision of social services to different groups of the population for the development of the social security system in Ukraine. Getting to know best international practices of work with disabled, elderly, homeless people, palliative patients, etc. would be particularly useful for this purpose.



*The workshops do nothing to help professional development. They are just an occasion to meet our colleagues. And I wish we received training in our professional fields, had more training in job duties, with more detailed explanations as well as more guidance and training materials.*

A quote from an interview  
with an expert

*For some reason, the job is considered as one that requires no skill. I can't understand why. I suppose the reasoning goes along the lines that they are just doing routine everyday home work. Not a big deal. All they have to do is to fetch some things, do some cleaning. But people from outside can't see what happens in reality. How about seeing someone die? How many times, say, a social worker may come to visit a person only to find he or she dead or in condition of heart or brain stroke. This is not an easy experience. And they have to live with this, all of this, you see.*

A quote from an interview  
with an expert





## 3

INADEQUATE FUNDING AND  
OFFICE INFRASTRUCTURE

**In 2015 the amount of funds allocated from the budget for social protection of the population in Chuhuiv made UAH 67 100.8 mln, which accounts for 49% of the total budget spending.**

The problem with funding first of all affects the material aid system and welfare benefits, which are extremely low today. The funds allocated to aid socially vulnerable groups of population are not enough to cover minimal clients' needs.

On the other hand, weak funding also has a significant impact on social guarantees, salaries and employment benefits of social workers demotivating them to work overtime as most of the time this involves no salary markups or bonuses.

There are several dimensions to the problem with office infrastructure in social protection agencies:

- /// The need in repairs of some offices and premises.
- /// Lack of modern equipment – computers, rehabilitation aids.
- /// Scarce supply of consumables – paper, inks for copiers, handicraft materials (threads, modeling clay, beads, etc.)
- /// Absence of software to manage databases and documents.

The last point is increasingly important since hard-copy data storage and processing, manual calculations for case-by-case

issuance of income and other statements lead to increased amount of work. And given the small staff size and work overload it has a significant effect on quality of services delivered.

Experts also wished that the range of social services was extended (among the most needed ones were salt therapy room, premises for physical therapy for disabled children, etc.), which involves certain financial costs as well.

*Everyone complains about a huge lack of money. Disabled people get sick, they need permanent medical care, medicines, and they are very expensive. We have hard times to find goal-specific funds. Bank loans are not quite an option - the interest rates are way too high...*

*A quote from an interview with an expert*

*In the past, 8 or 10 years back, we had so called social officers instead of social workers now. They had the first and second categories. Then they eliminated this system and said that social officers are employees that work in offices, while social workers are people that go visiting old ladies. And for some reasons they left the superannuation benefit effective after 25 years of service, while social workers are deprived of the privilege. It looks as if those who are directly involved in service provision were left aside. I think it is unfair.*

*For example, it is social workers in Kharkiv that enjoy a 50% discount on their utility bills. There is nothing like this here. I do understand that it is all about the size of the budget, and it is a small one, indeed, but I would like social workers to be more protected nationwide.*

*A quote from interviews with experts*

## 4

## LITTLE AWARENESS OF THE POPULATION OF THE WORK OF SOCIAL SERVICES PROVIDERS

According to experts, most of the population has little awareness of the practices and services offered by the social agencies. This leads to the situation, when a part of the clientele gets no relevant aid.

Experts believe that among the most effective information channels are newspapers, leaflets as well as public places (like food markets, shopping centers, public transport stops). One of the experts mentioned a successful case of giving notice to public (of an event hosted by the territorial center) using posters placed in shop windows, which proved to be very effective.

*When I just started my work at the non-governmental organization and started telling about services of the territorial center, many people were surprised to hear we have services of that kind in our town. This means that promotion activities are still very poor. This means they fail to bring the information about availability of such social services to people.*

*Oddly enough, but many people here still don't know about our work. We offer an extended range of services, but some people we meet, they are just ignorant of what services we provide. That is, all the volunteers need to do to help here is just go around spreading a word about us.*

A quote from interviews with experts

## 5

## INSUFFICIENT COORDINATION AMONG VARIOUS SOCIAL INSTITUTIONS

Experts, in particular, those in charge of social agencies, noted weak coordination among social agencies, which hinders work progress and slows down social aid provision procedures. In interviews they expressed an opinion that joint activities and projects would help to improve the quality of services and to expand their range. In this respect, they in particular pointed out that no corrective programs for work with persons and families who suffered from violence have been introduced whatsoever.

*I would probably wish, speaking of projects, that we worked jointly with all the parties involved - this would be great - to help people in the first place, so that they felt comfortable, and considering our field of concern, I mean elderly and disabled people.*

A quote from an interview with an expert

*For example, we have a family, our clients. They have problems that belong to the scope of responsibility of different social agencies. In the past we used to have a consultative body meant to coordinate our work on the problems of a specific client, where we gathered together to discuss them. The department of labor would say: "We have a family here who applied to us. Where are their kids?" And the Social Agencies Center would say that they had the children and were taking up their case for social management. It were not the heads of the agencies, who met, but common staff, whose job was to interface directly with families. The consultative body had been dissolved. It must be six months now since we have been working without any cooperation whatsoever.*

A quote from an interview with an expert

*You see, people come to us and receive the service, then they have to walk 500 meters to get another one. And people, who need our help cannot go walking to all places and then sit in waiting lines each time. A visit to the doctor, a massage session, some leisure activity, say, a handicraft workshop, dealing with social security issues, checking if everything is ok with the subsidy - all in one place - I wish we had such place where all this came as one package.*

A quote from an interview with a client

Flaws in the legal framework as well as bureaucratization of social protection procedures causes a situation, when some part of work is performed by several agencies simultaneously, with no contacts among them. Experts also voiced the urgent need to restore the advisory body that used to ensure coordination among all the agencies dealing with families in difficult life situations.

Another distinctive idea expressed by experts was about the need to set up a social services hub to unite various agencies under one roof. It was stressed that it would contribute to improvement of the service delivery procedures and the social security system as a whole.

## PROBLEMS WITH CONVENIENT ACCESS FOR PEOPLE WITH SPECIAL NEEDS

Expert opinions supported the survey findings regarding problems of convenient access for people with disabilities to town's key social and infrastructure facilities. They noted that local authorities kept their hand on the pulse of this situation and had already implemented some measures to have entrance ramps installed in residential and office buildings. However, according to experts, work on creation of the standard design of public places should be more ambitious and include not only improving the premises themselves and approaches to them, but also the street as a whole (road repairs, special curbs, traffic lights for people with vision problems, etc.)



*There is a wheelchair activist. She says: "Why should you help me? I want to do it myself. I want to move in my wheelchair by myself. This is my private space. Don't bother to help me. You better take care of the conditions so I could move around by myself." And she is absolutely right.*

A quote from an interview with an expert



## PROSPECTS FOR DEVELOPMENT OF THE SOCIAL SERVICES SECTOR

Experts believe that continuous efforts on the local level to improve quality of aid and services is an important factor in reforming the social security system, with the priority task today being finding solutions to current problems in this field. In particular, these include proper financing and creation of proper office infrastructure for providers of social services, measures to prevent job burnout in social workers; introduction of rehabilitation programs for children with disabilities and unimpeded access to all town infrastructure; improvement of legislation, especially in terms of revision of obsolete staff schedules and elimination of conflicting legislative provisions; improved staff training and development; comprehensive study of the needs of local population in social services, etc. At the same time, experts identified several priority areas to be considered in the long run as those that may most contribute to the development of the social protection system on the local level.



## INVOLVEMENT OF CLIENTS IN SOCIAL ACTIVITIES

During interviews experts noted the positive practice of engaging clients in various social events and initiatives. Preoccupation with their own problems, lack of socializing, facts of discrimination in everyday life often present a serious problem in many socially vulnerable groups. Engaging them in social activities not only helps their social integration, making them feel involved in community life, but can also help social services to deal with certain issues.

*We have to deal more with the elderly as handicapped people, as rule, feel awkward about their disability thinking the government can't do anything for them and it isn't worth trying to go and ask for help. They were so happy when we set up an organization for the disabled, when we held our first meeting. You know, I said this at the executive committee sitting, I told them that people put their trust in us and we cannot let them down. People were happy to know that there is at least someone who cares, even in small things since they had lost any hope for any assistance. And even being small as it is, but we do discuss their problems trying to find solutions..*

A quote from an interview with an expert

In interviews experts noted that despite only first steps taken in this direction, the feedback from clients is great.

*At our last meeting they expressed their eagerness, saying that “we too want to be of help for the community, we don’t want to be on the receiving side only. Let us do something. Give us an area for landscaping, let us lay flower beds, plant trees there, reserve a park for us to keep it clean and keep it in good order...” That is, they are willing to do a service for the town community, on a voluntary basis, give something they can do.*

A quote from an interview with an expert

It is important for the customers of social agencies to shift their attention from their worries to something else and setting up social activities centers, where they can engage in socially useful activity would provide a great opportunity for them to do so. Another initiative that looks promising from this perspective can be training courses, where service beneficiaries can master or develop certain useful skills – computer skills, gardening, financial literacy, etc. In this context experts mentioned the Third Age University, which proved to be a success, so this area deserves further development.

They also voiced an idea of creating a parents club for parents of children with special needs so that they could share their experience, learn from each other and even help each other to look after their children.

## COOPERATION WITH NON-GOVERNMENTAL ORGANIZATIONS

A separate idea is to promote ties with local non-governmental organizations working on the development and provision of social services in Ukraine. Experts think that such cooperation could help to get interesting projects back to town and promote development of civic activity in Chuhuiv in general.

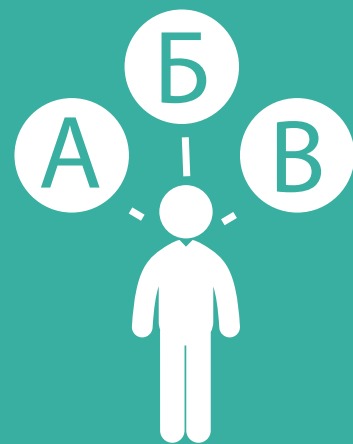
*We already have a record of joint project implementation. It proved a success. Besides, we do understand that many donors want the local community be involved in the project, they are not interested to give money if it's about activities of official bodies alone.*

*So, we need more consolidated effort by local authorities, councils and non-governmental organizations as for the time being there is no joint work with public organizations so far, it is just being started, maybe we will see it in the future. One always hopes for the best, it is natural.*

A quote from interviews with experts

## EXPANDING THE MARKET FOR SOCIAL SERVICES

During interviews experts noted that they see the future of the social sector in diversification of social services. This effort should involve not only the extension of the range of services offered by the social agencies, but also the increase in their number as competition will be driving them towards higher standards of work. In addition, this will allow the clients to choose exactly the service they need delivered by the agency that can best handle it.



*Choosing a services provider is a common practice in European countries. And we are on our course to the EU, aren't we? Why don't we use their experience and implement practices that work all around the civilized world?*

A quote from an interview  
with an expert

## ONLINE ACCESS TO SOCIAL SERVICES AGENCIES

The experts put a special focus on the idea that social institutions should go online, which will contribute to the optimization of the process of social services provision. In particular, they noted that if the clients could book an appointment or get advice on their matters online, it would make the work of social agencies much easier and more efficient. Experts said the Internet can be another important channel of communication with clients, which will be becoming more and more popular with them over the time.





**SCHEDULE 1**

**LIST OF FACILITIES / PLACES THAT REQUIRE  
ORGANIZATION OF CONVENIENT ACCESS  
FOR PEOPLE WITH SPECIAL NEEDS**

Street/place	Problems	Num- ber of men- tions
vul. Kharkivska	Poor road condition, need in audible traffic lights, dilapidated apartment block entrances, lack of entrance ramps, apartment block yard needs improvement, absence of pedestrian crossings and sidewalks, insufficient frequency of garbage collection	30
Zachuhivka district	Poor road condition, poor sidewalks condition, poor entrance ramps condition, traffic lights needed at district-to-highway junction, no sidewalks	20
vul. Komarova	Poor road condition, no sidewalks, pedestrian pathways in yards, no elevators for the disabled in bldg. No.16	13
vul. Staronikolska	Poor road and sidewalks condition, traffic lights needed near the Mriia market, no driveways to buildings, entrance ramp needed in bldg. No. 7	10
Aviator urban district	Poor road condition, no sidewalks, no entrance ramps in shops	10

Polyclinic	Poor road condition, no sidewalks, public transport stop is located far from the clinic, steep steps, no social transport that would go right to the clinic	10
vul. Peremogy	Poor road condition, no sidewalks, no street lighting	7
vul. Druzhby	No road, entrance ramps	6
vul. Leonova	Poor sidewalks condition, no road to school and children play grounds	6
Osynivka district	Poor roads condition, no sidewalks, no access to public transport	6
the Farmer's Market	No access road, repairs needed	5
vul. Kozheduba	Poor road condition, no sidewalks, no handrails and entrance ramps	5
vul. Muzeina	Poor road condition, no audible traffic lights at the crossing of vul. Kharkivska	5
Preobrazhenka district	Poor road condition, poor sidewalks condition, steps to the ravine and the spring needed	5
Railway station	Steps to the railway station are in very bad condition	4
vul. Gagarina	Poor road condition, no handrails, entrance ramps	4
vul. Staronikolska	Poor road condition, handrails needed at the crossing of Komarova boulevard	4
Children and Youth Activity Center	Audible traffic lights needed	3
vul. Gorkogo	Poor road condition, poor sidewalks condition	3
vul. Zachuhovska	Traffic lights in poor condition, poor roads condition, no sidewalks	3

vul. Osynivska	Poor road condition, no sidewalks, no barriers on the river bank, no traffic signs near the school and the kindergarten	3
vul. Pyrogoва	Poor road condition, no sidewalks	3
Ogonek shop	Steep steps, pedestrian crossing, sidewalks near the shop needed	3
Gymnasium No. 5	Poor street lighting, roads, steps to the spring need cleaning, no handrails	3
vul. 1 Travnia	Poor road condition, no sidewalks	2
vul. Muzychna	Poor road condition	2
vul. Zhadanovskogo	No sidewalks, entrance ramp to the pharmacy needed	2
vul. Zavodska	Poor road condition	2
vul. Karbysheva	Poor road condition, no entrance ramp	2
vul. Litvinova	Broken road, no street lighting	2
vul. Novosadova	Poor road condition, inconvenient public transport options	2
vul. Chapaieva	Poor road condition, no sidewalks	2
vul. Chervonomaniezhna	Entrance ramps in bldg. No. 24B required, narrow road to the school	2
Zdorovia bus stop	No traffic lights	2
Sokol urban district	Poor road condition, no entrance ramp, audible traffic lights	2
The park	Poor pavement condition	2
prov. Bashkyrivsky	Poor roads condition, no sidewalks, no street lighting	2
prov. Chaikovskogo	Poor road condition	2

pl. Soborna	No pedestrian pathways, poor pavement condition	2
pl. Matrosova	The road is in need of repairs	2
pl. Ulanska	Poor road, sidewalks condition, entrance ramps in shops needed	2
The Post Office	No entrance ramp	2
vul. Baseina	Poor road condition	1
vul. Vatutina	Poor road condition	1
vul. Preobrazhenska	Poor road condition	1
vul. Chervonoi kalyny	No road	1
vul. Fortechnyi uzviz	No handrails and entrance ramps	1
vul. Anatoliia Zlobina	Poor road condition	1
vul. Manezhna	Poor road condition, partial absence of street lighting	1
vul. Pidgirna	Poor road condition, no sidewalks	1
vul. Uspenska	Poor road condition, no sidewalks	1
vul. Rostovska	Poor road condition, no street lighting, no traffic lights near the Repin restaurant	1
vul. Zarozhenska	Poor condition of the road and sidewalks	1
vul. Pivnichna	Poor road condition	1
vul. Tereshkovoi	Poor road condition	1
vul. Kalmytska	Poor road condition, no sidewalks	1
vul. Chekhova	Poor road condition, no traffic lights	1
pl. Ahrarna	No road, bus stop	1

## SCHEDULE 2

## SOCIAL AGENCIES IN THE TOWN OF CHUHUIV

**Chuhuiv Municipal Center of Social Services for Families, Children and Youth**

**Address:** 63503, Chuhuiv, vul. Staronikolska, 20

**Phone:** (05746) 2-33-45

**Chuhuiv Municipal Center of Social and Psychological Rehabilitation of Children**

**Address:** 63506, Chuhuiv, per. Michurina, 6

**Phone:** (05746) 4-11-32

**The Department of Social Protection of the Population of Chuhuiv Town Council**

**Address:** 63500, Chuhuiv, vul. Staronikolska, 20 section A

**Phone:** (05746) 2-55-40, 2-24-10, 2-25-91

**Chuhuiv Municipal and District Department of the Pension Fund of Ukraine**

**Address:** 63503, Chuhuiv, vul. Leonova, 4a

**Phone:** (05746) 2-69-47

**The Territorial Center of Social Services (provision of social services) of Chuhuiv Town Council**

**Address:** 63503, Chuhuiv, vul. Staronikolska, 20

**Phone:** (05746) 2-32-01, 2-43-27

**Fax:** (05746) 2-43-27

**Chuhuiv Municipal and District Employment Center**

**Address:** 63503, Chuhuiv, vul. Geroiv Chernobyltsiv, 7a

**Phone:** (05746) 40-609, 2-34-94

## Social Protection in the Town of Chuhuiv: The Results of a Sociological Survey

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