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SOCIAL PROTECTION FOR PEOPLE IN DEPENDENCY SITUATIONS IN SPAIN AND ROMANIA: SAME PHENOMENON, DIFFERENT MANAGEMENT

José Ángel Martínez LÓPEZ¹, Mihaela RADUCEA²

Abstract: All European countries face the challenge of protecting a growing number of people in dependency situations as a result of increased life expectancy and ageing rates. Each country's response is determined by its social welfare model. On the basis of the differentiating singularities of Spain and Romania, this article makes a comparative analysis of both social policies of assistance to dependent people between those two countries, as well as the public management of social protection for people in need of long-term support.

Key words: dependency; Romania; Spain; public management, long-term support.

1. Introduction

Protecting people in dependency situations is one of the main developed countries' social policy challenges. Progress in this social issue is contextualized by each country's specific conditions and is determined by its social welfare model. In this respect, such a progress is conditioned by factors of political, ideological and financial nature.

The place that this social policy occupies on the EU countries' agenda is getting more and more central as ageing has increased over the past few years. As a matter of a fact, the rate of population aged 65 and over in the EU reaches higher levels each year. In the EU-28, it stands at 19.2%, slightly higher than that of Spain and Romania with 18.7% and 17.4%, respectively (Eurostat, 2016a). Population ageing is a consequence of the increase of life expectancy in the last decades. In 2016, life expectancy in the EU-28 was 81.0 years (+7.7 years since 1980) (Eurostat, 2016b). Spain has a high life

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expectancy of 83.5 years (+8 years since 1980). Romania, on the other hand, has slightly lower values than Spain, of 75.3 years in 2016 (+6.1 since 1980). As a consequence of the life expectancy increase, the number of octogenarians is growing; such rate being 6% in Spain and 4.2% in Romania (Eurostat, 2016b).

Most European countries are developing their own programmes to protect people in dependency situations, even if there are significant disparities in the way they are being developed by each country. Nevertheless, they are facing the challenge of establishing a system that guarantees attention to the needs of those people who are in particularly vulnerable situations and thus require support not only to carry out essential daily life activities, but also to be able to fully exercise their rights as citizens.

Different dimensions allow us to classify each model. Among them, the most outstanding ones are: social protection coverage, public responsibility versus individual responsibility, market participation level, legal concept of right, development of specific regulations and the role played by families in social welfare redistribution. These dimensions have been selected following other studies that raise the need to establish common indicators to compare social protection models (Arriba and Moreno, 2009; Martínez-López, 2017; Zalakain, 2017).

Spain and Romania are very different in relation to their development of social policies as well as in their social welfare models and also in their GDP per inhabitant according to their purchasing power standard (EU28=100), where Spain has 92 and Romania 63 (Eurostat, 2018).

However, we can identify many similarities such as, for example, the preponderant role of families in the protection of family members or territorial decentralization in relation to social care. In addition, both countries entered late in the European Union as a consequence of their non-democratic political regimes, although for very different reasons: Spain's democratic opening came after the end of the dictatorial regime and in the case of Romania, following the fall of the Berlin Wall.

In pursuing the main objective of this research study, we seek to know, from a comparative perspective, which is the system of protection for people in dependency situations in Spain and Romania. We also seek to know the differences and similarities between them with the aim of pointing so out the main facts that determined development of their protection systems and, thus, contributing to the clarification and theoretical foundation of their social protection models within a European context. To such end, the research study is carried out from a three-dimensional axis analysing the theoretical, legislative and management aspects of social policy in both countries.

A pluralistic methodology has been followed with regard to our study object. On one hand, the qualitative methodology has been used to analyse Spanish and Romanian legislation on assistance to people in dependency situations. On the other hand, we have approached to those data that are most relevant in relation to the public management of policies aimed at people in dependency situations implementing the quantitative methodology.

In the first part of the article, a theoretical and legislative analysis of both countries is carried out. Thereafter, we outline those secondary data that are most relevant to this analysis and describe the characteristics of both social welfare systems in relation to people in dependency situations. At the end of this research study, we present our conclusions and contributions.

2. Social Protection and Welfare States: Different responses to the same phenomenon

The concept of Welfare State (hereafter WS) was built in a very complex context, after the end of the Great Devastation in Europe. Academics agree to define it as the process initiated at the end of the 19th century by which State assumed certain functions to provide collective welfare and social protection. According to Toussaint (2010), the WS configuration period was characterized by the confluence of four elements: a massive trend of private companies to come under public control ("nationalizations"); spread of social security systems; development of the Fordist system, what enhances industrialization; peace agreements between the labour movement and the capitalist system.

Such concept is based on two main components: a redistributive one, which aims at achieving social welfare, and a universal one. Both of them favoured the development of social citizenship. Generally speaking, the term WS refers to the set of directed interventions provided by State and aimed at granting minimum services so that people are protected through a social system. In the most developed countries, the WS is one of the most significant achievements as a consequence of its ability to protect citizens from poverty when they are at risk (illness, unemployment, old age, childhood, etc.) and to make a contribution towards the correction of social fractures (Del Pino and Rubio, 2016).

The specialized literature contains many classifications on social welfare systems made over the years. Such classifications have undergone changes depending on the moment and on the criteria implemented by each author, even within the same country. Among these classifications, the one undertaken by Esping-Andersen (1990) stands out for its importance. The mentioned author tries to classify WS models depending on whether State, markets or families bear certain responsibilities. After having initially distinguished the liberal, the conservative and the social democratic model, Esping-Andersen later, in his 2000 work, also included the familistic model.

Traditionally, Spanish, Portuguese, Greek and Italian WSs have been characterized by an intense familism (Esping-Andersen, 2000), where the State intervenes in social policy in those cases in which needs are not covered by the families and, in most of the cases, with their support. This type of familism_sometimes ignores that care has been and is provided mainly by women within homes. However, "the new care relations indicate the need to review the traditional role of women in families following their increased labour market participation and following, especially, the achievement of greater gender parity in the distribution of household and family tasks" (Martínez-López, 2017, p. 142).

Furthermore, as a consequence of the increase in life expectancy and population ageing, attention to people in dependency situations is one of the most important social policies in developed countries. Even if the management of this new social phenomenon depends mainly on the economic possibilities of a given country, they do not represent the only conditioning factor, for it also depends on the social welfare model of the country. The impact of this new policy emphasizes the greater participation of the State in the redistribution of Social Welfare. Consequently, it responds to a present and future need in advanced societies: social protection of people in dependency situations.

At present, following the outbreak of the economic crisis, weakness of familistic WSs in regulating citizens' social welfare, has become evident. However, the attention to people in dependency situations is a present and future challenge that requires social regulation and protection regardless of the ideological or political point of view. Therefore, we previously try to classify the models of social welfare in Spain and Romania, in a first approach to dependency-oriented social policy.

2.1. The familistic protective social model in Spain

Those social rights which are embodied in the Spanish Constitution laid the foundations for the creation of the Spanish WS as a public and organized social protection system, which was aimed at all citizens, reaching a level at which charitable and welfare actions are bettered. The arrival of socialist governments in the 80s and 90s was followed by the adoption of a series of measures which contributed to the construction of the WS whose focus was particularly on health, pensions and education.

Following the outburst of the economic crisis, there was growing evidence of the weakness of the Spanish familistic system and of the way in which families continue to be a reference point in the protection of social difficulties. Family protection policies have been confined for years to the private sphere where the □ male breadwinner model has played a preeminent role in society. However, "family policy − even under the new denomination of policy for families − has recently recuperated presence in the political debate and has acquired to some extent a leading role in the agenda of the main political parties" (Salido and Moreno, 2007, p. 112).

The Spanish social welfare model is still conditioned by its defective implementation process, due to the fact that when in the 1980s such model was settled down, in most developed countries it began to be criticised. Throughout the majority of the developed countries, the WS is still in force, but "its economic significance and its social and political implications have been object of numerous criticisms, so that in recent decades its existence has been questioned" (Del Pino and Rubio, 2013, p. 23).

In Spain, the WS intervenes to guarantee those minimum public services that can be further developed thanks to private contribution. The most recognised public services according to the collective perception are: public health services, education, social security -especially in the form of pensions-, social services and other services aimed at people's welfare (protection policies for the unemployed, protection policies for dependent persons, etc.). However, social protection policies are highly conditioned by

economic drift and their financial dependence on economic cycles, so that there are constant advances and regressions in relation to social rights.

2.2. The Romanian Welfare State: A model in progress

Romania's political, economic and social context is very different from the Spanish one, as well as from those of all Western European countries. Although there is academic consensus that Spain has a familistic WS, in the case of Romania there are many doubts as to how to define its model. In fact, ex-Soviet countries have often been excluded from studies on social welfare models. For this reason, it is necessary to explore in depth Romania's WS background and its evolution in order to be able to classify and identify it.

After a period of over forty years under the communist regime and with a social economy, Romania had to go through a period of transition to such a market economy that is representative of capitalist WSs. For the country, this meant a break with the then ruling economic policy, which was characterised by rigid political institutions and a very weak social architecture.

The fact that social policies were going through a process of research and reorganization, of observation of Western European models, makes it plausible that Romania's WS cannot be classified according to a fixed typology. That is to say, due to the country's historical, democratic, economic and social trajectory, it is impossible that Romania's WS could be defined on the basis of a single model.

According to Fenger's typology (2007), Romania is not within the former communist countries' model (Bulgaria, Croatia, Czech Republic, Hungary, Poland and Slovakia), being among those countries which are still developing towards mature WS, such as Georgia and Moldova. There is general agreement that European former communist countries' WSs bear a clearer resemblance to those of traditional European countries. Comparing their characteristics with Esping-Andsen's ideal models there seems to be a combination of features of both conservative and social-democratic models in these countries. There are no grounds to sustain the assumption that the liberal model is being established in the former Eastern European countries.

One of the latest classifications is the one provided by Neesham and Tache (2010). In such classification, there is a reference to the EU member States models; particularly, to the significant contrast with respect to the role of the State between old and new EU members. Neesham and Tache explain that no ex-Soviet new EU member State has opted for a pure social model. On the other hand, they consider that there is a clear differentiation between these countries which are classified in two groups: 1) Baltic States, Slovakia and two south-east European members, namely Bulgaria and Romania; 2) new member States, such as Czech Republic, Hungary, Poland and Slovenia.

As opposed to Fenger's classification, these authors sustain that Romania belongs to a group in which a more neo-liberal (Anglo-Saxon) social model has been established, while in the second group the adopted model resembles the continental one. They indicate that no post-communist country has adopted the Nordic model. They also point out the existence of disruptive factors in eastern countries, such as corruption, rent-seeking or anti-social behaviour that must be taken into account when conceptualizing each model.

Despite the above-mentioned differences, two general coincidences are identified. On one hand, it is possible to control the tendencies towards a more individualistic approach that took place after the conclusion of the socialist era; and, on the other hand, the impossibility of new EU members to provide a WS which enjoys the same level of development as that of wealthier members. Such impossibility cannot be overcome, no matter what their political attitude is, at least as they are at such an early stage (Neesham and Tache, 2010).

Almost three decades after the 1989 Revolution, Romania is in a continuous transition period; that being the reason why the structure and role of social policies are still in a process of redefinition and development.

3. Methodology

According to a mixed methods research, the used methodologies are both qualitative and quantitative. After analysing the state of the question, the dimensions of the research were established, namely the legislative one and the dimension related to social protection of people in dependency situations. Each of them includes several units of analysis. Concerning the legislative dimension, following units of analysis were established: legislative authorship, concept of dependency protection, normative development, dependency degrees and dependency attention benefits. As for the dimension related to social protection of people in dependency situations, following units of analysis have been used: coverage and attention to people in dependency situations management, responsibility for public management and support for those who provide informal attention. As follows (Chart 1) the dimensions and units of analysis are summarized.

1. Legislative dimension

 1. Legislative dimension

 1. Legislative dimension

 1. Legislative authorship
 1. Concept of dependency protection
 1. Normative development
 1. Dependency degrees
 1. Dependency attention benefits

 1. Dimension of social protection for people in dependency attention to people in dependency situations management
 1. Responsibility in public management
 1. Legislative authorship
 1. Concept of dependency protection
 1. Normative development
 1. Dependency attention benefits
 1. Coverage and Attention to people in dependency situations management
 1. Responsibility in public management
 1. Support to Informal attention providers

Table 1. Dimensions and units of analysis

Source: Own elaboration

The study of these variables, which is initially developed on the basis of the theoretical analysis of the characteristics of the WS in Spain and Romania, gives evidence of the legislative advances in the field of dependency in both countries and allows to know how social policy is currently being implemented.

4. Legislative evolution of attention to people in dependency situations in Spain and Romania

4.1. Social protection in relation to dependency in Spain

In 2006, Spain passed Law 39/2006, of 14 December, on the Promotion of Personal Autonomy and Attention to people in dependency situations (hereinafter, LPAAD). One of the most important new characteristics of such Law is that the subjective right to receive care is granted to citizens (Article 1). Furthermore, social protection to people in such situation is provided within a new framework, established thanks to the creation of the System of Autonomy and Attention to Dependency (hereinafter, SAAD), that differs from the existing one, which regarded elderly or disabled people. This new system is based on the principles of universality, equality and public character. This organizational and management structure has the objective of allowing people in dependency situations to be attended conveniently by means of the provision of services and/or economic benefits.

However, there was evidence of the difficulties faced throughout this period. Such difficulties have their origin in the very configuration of the social welfare model, which is characterised by the insufficient involvement of State, which was compensated by that support provided by families. This situation is not unique to Spain but to all European countries whose system of dependency undergoes the process of being defined.

Arriba and Moreno (2009) distinguish between formalised and universalist protection systems of those countries, which are characteristic of social-democratic welfare models (quality of employment, high female labour participation, relatively low level of informal care, scarce resources for undocumented immigration for the provision of care, etc.), as opposed to the model that seems to prevail in the countries, where the Mediterranean model has been consolidated (precarious employment, central role of irregular immigration in informal care schemes, greater difficulty for women to enter the labour market, etc.). (p. 26).

In Spain, there have been numerous regulatory changes regarding attention to people in dependency situations. Such changes were linked to the economic crisis and the initial model has been reconfigured as a result of them. Therefore, the identification of the proper characteristics of the model requires an approach to legislative changes and the implementation of the Law.

The LPAAD has focused too much on informal attention and economic benefits. The law itself "empowers relatives to be the main providers by means of direct monetary transfers in the form of monthly salaries" (Martínez-Buján, 2011, p. 119). In addition, such a structure that manages dependency relying heavily on the informal work of women as care providers can produce pernicious effects, since it evidences the continuation both of the 'male breadwinner' model and opportunities inequality, especially in relation to the development of women and their vital projects; so that a gender inequality model is perpetuated in the productive/reproductive market and in public/private spaces (Martínez-López, Frutos and Solano, 2017, p. 111).

Since April 1, 2019, the LAAPD has a special agreement approved by Royal Decree-Law 8/2019 of March 8, on urgent measures for social protection and against precariousness in the working day (BOE, 2019). Through this Decree-Law, the State takes over the financing of the Social Security contributions of non-professional attention providers of people in dependency situations (this measure was suspended in 2012 due to readjustments of the labour reform).

The development of the SAAD has not been linear and its implementation has been full of changes and delays. In addition, the current configuration based on the implementation of the Law by the Autonomous Communities (hereinafter CC.AA), jeopardizes territorial equality between citizens of different geographic regions. Such a configuration is producing a legislative balkanization and an unequal management of the law what can lead to the proliferation of different subsystems of social welfare in relation to dependency." Distributing formal attention inequally is not so much related to the different needs that each region may have, but rather to the autonomy of the Autonomous Communities when implementing social policies" (Martínez-Buján, 2014, p. 116).

Even if the system has not been completely ignored, it has been neglected and postponed in its regulation by the public authorities being subordinated to political changes, to the economic cycle and to budgetary restrictions in line with all public administrations and in accordance with other social policies. This fact, together with the role that families continue to play as a social welfare redistributive agent, suggests that the existence of a hybrid model of attention to dependency may be considered (Martínez-López, 2017). In Spain, that is a similar case to that of other social policies in relation to which the Autonomous Communities have broad powers concerning their legislative development.

It is therefore pertinent to assume that the response given by the SAAD to dependency situations is conditioned by our Mediterranean social welfare system, in which the role of the State, the market and the family is very different from that of other models (Arriba and Moreno, 2009; Da Roit, González-Ferrer and Moreno, 2013; Moreno, 2015).

Currently, the existing social protection of people in dependency situations does not cover everybody that is recognized to belong to that collective in those situations, nor does it have neither the foreseen scope nor the foreseen intensity. Many of them are stuck in the so-called limbo of dependency: people whose degree of protection has been recognized but do not get to the benefits of the System.

4.2. Social protection in the field of dependency in Romania

Romania's integration into the European Union in 2007 was the first step on the path to be recognized as a modern State. However, those political, economic and social changes which the country has undergone in a relatively short time are not yet consolidated. Therefore, social policies are still to be developed.

Following the EU membership, the Romanian legislative framework has undergone significant transformations in all fields (social protection, health, education, social assistance, etc.). In Romania, other than in Spain, there is no specific legislation on this matter. On the contrary, protection of people in dependency situations is mainly included within that of people with disabilities, as well as, to a lesser extent, within that of elderly people. Almost all public protection resources oriented towards covering dependency situations are addressed at people with disabilities. Therefore, situations of dependency linked to age are relegated to a secondary level if they are not linked to disabilities.

In Law 53/1992 on the Special Protection of People with Disabilities, which was passed in Romania in 1992, they are defined them as those who, need totally or partially, temporarily or permanently special protection due to sensory, physical or mental deficiencies, so that they can achieve social or professional integration into society using their own possibilities (Lege no 53/1992).

In 2002 such definition was revised through Law of 519 of 12 July approving the Government Emergency Ordinance 102/1999 on the Special Protection and Employment of People with Disabilities. However, four years later it was amended again. Currently, people with disabilities are considered to be those who, due to physical, mental or sensory disorders, lack the skills to develop normally daily activities. Consequently, they need to be protected through measures that favour their recovery, integration and social inclusion (Lege no 448/2006). Nevertheless, even in this last definition aspects related to age or situations of dependency that may be caused by an illness are not regarded.

Those Disabilities covered by Law 448/2006 on the Protection and Promotion of the Rights of People with Disabilities are classified according to the following types: physical, visual, hearing, deaf blindness, somatic, mental, psychic, HIV/AIDS, associated disabilities and rare diseases (Lege no 448/2006). The aforementioned classification is different from that developed in Spain in the Royal Legislative Decree 1/2013, of 29 November, approving the Revised Text of the General Law on the Rights of Persons with Disabilities and their Social Inclusion, which classifies persons with disabilities according to the nature of their impairment: physical, mental, intellectual or sensory.

Moreover, according to Law 221 of 11 November 2010, the Romanian Parliament endorsed the Convention on the Rights of People with Disabilities¹ appointing the National Authority for Persons with Disabilities (hereinafter NAPD)² as that central authority designated to coordinate the implementation of the mentioned Convention (Law no. 221/2010). The NAPD performs functions which are similar to those of the SAAD, despite differences with respect to its scope, content and possibilities.

Recently, the National Strategy "A Barrier-Free Society for People with Disabilities" 2016-2020 and the Operational Plan for the implementation of such strategy (Ministry of Labour and Social Justice, 2016) have been approved. All these legislative changes have led to greater social protection of people in need of long-term assistance

¹ After being adopted in New York by the UN General Assembly on 13 December 2006, opened for signature on 30 March 2007 and signed by Romania on 26 September 2007, it became effective on 3 May 2008.

² In Romanian: Autoritatea Nationala pentru Persoanele cu Dizabilitati.

(hereinafter, LTC), but still there is lack of consolidation in relation to those activities carried out by the NAPD.

The focus of legislative reforms has been on the social protection system for elderly people, especially for those with no income, no family, no support or insufficient means of living. In Romania, the current trend concerning older people's care is to turn institutional care into home care for it is presumed that older people prefer the latter as it allows them to maintain their independence and social network (government spending on LTC also decreases). However, according to Popa (2010), this assumption of preference may not be correct because home care leads to greater involvement by families or legal guardians, who may be giving up part of their work to provide that care. In addition, as in the case of the Autonomous Communities in Spain, in Romania the aforementioned Law was implemented differently by each responsible County Council (Consiliul Judetean). Consequently, inequalities in both access and care have arisen.

Ghenta (2016) stated that in Romania, as in most European countries, including Spain, it is mostly women who bear social responsibility for care. In addition to that, women in charge of care have very limited knowledge about the existence of formal care services or measures that support those who care for persons in dependency situations.

On the other hand, Ghenta, Matei and Mladen (2015), as remarked in their research on attention services to people in dependency situations, noted that social managers lacked of capacity to develop innovative methods, techniques and practices. In other words, weak management and little interest in developing performance measurement mechanisms are key issues concerning the organisation of the Romanian system of dependency protection.

5. Dependency situations in Romania and Spain: Data approach

5.1. Management of the Dependency Law in Spain

In Spain, there were 1,663,514 people in recognized dependency situations on April 30th, 2019. This means that 3.6% of the Spanish population need support to develop basic daily life activities (SAAD, 2019). 29.3% were recognised with Grade III¹, 37.5% had Grade II and 33.2% had obtained Grade I. In addition, there is a great difference according to gender. As a matter of a fact 64% are women and 36% are men.

Of the total number of people who had been assessed, in 1,321,994 of the cases they were entitled to the right to receive economic benefits and/or services. However, only 1,070,100 people received any type of resource, with a significant percentage of people who were found on the "dependency limbo", that is to say, people who, even if their right is recognized, such right is pending until it is possible to be used. Moreover, the percentage of people in a situation of recognised dependency are over 65 years of age

¹ Attention needs increase as the dependency degree rises, with III being the maximum and I the minimum.

695.522 women

374.578 men

1.3%

more than 70%. Furthermore, those over 80 exceed 50% (581,378 people). These data can be seen in Chart 2 as follows.

Total population 46.722.980 100% Requests 1.148.627 women 1.794.604 3,8% 645.977 men Resolutions 3.6% 1.663.514 Resolutions entitled to benefits 1.321.994 2,3%

Table 2. SAAD Statistical data

Source: SAAD, 2019. Own elaboration.

Recipients of benefits

Another relevant fact is that there is a feminization of this group since women almost double men. Finally, we can highlight the high number of people who are in the dependency limbo', that is to say, people who have been recognized as potential beneficiaries but who, nevertheless, do not have access to them. Their quantity exceeds 250,000 people according to data registered on April 2019.

1.070.100

To access to LAPAD resources, the process goes through two different stages that belong to a single process: being recognised as a dependent person and having the resolution giving access to a specific economic benefit or service.

Provisions related to dependency attention consist of services and economic benefits with the aim of both promoting personal autonomy and addressing the needs of people with difficulties, so that they manage to carry out the "basic daily life activities" (BDLA). The LAPAD covers following services and economic benefits (Chart 3).

Table 3. Dependency attention benefits in Spain

	Preventing dependency situations and promoting personal autonomy		
	Teleassistance		
		Attention to home needs	
	Home help	Personal services care	
		Day centres for elderly people	
Services	Day and night	Day centres for people under the age of 65	
	centers	Specialized attention day centers	
		Night centres	
	Residential care	Residences for elderly people in dependency situations	
		Centres for people in dependency situations,	
		according to different types of disability	
	1		
Economic			
benefits			

Source: SAAD, 2019. Own elaboration.

Dependency-related economic benefits and services are designed to promote personal autonomy and to help people with difficulties to perform basic daily living activities addressing attention to their needs. However, article 14.2 of the LAPAD clearly prioritises in-kind benefits over monetary benefits. The intervention of professional care providers is thus recognised as a priority with the aim that the involvement of local services guarantees so the quality of the provided care. In this respect, its purpose is to favour the promotion of personal autonomy, rather than that of home care.

5.2. Management of the Dependency Law in Romania

Romania envisages benefits provided to address the needs of LTC for people with disabilities and the elderly, through Law 448/2006 of 6 December on the Protection and Promotion of the Rights of Persons with Disabilities and Law 17/2000 of 6 March on Social Assistance for the Elderly, adapting the services provided to their individual needs (Law no 17/2000).

According to Law 448/2006, people with disabilities are entitled to receive dependency benefits depending on the degree and type of disability while the disability persists. Thus, they may be entitled to home care, partial residential care, residential care and social benefits in cash.

Elderly people, whose age is over the retirement age as established by law, are entitled to obtain dependency services and benefits according to their grade if they are in one of the situations established in Article 3¹ of Law 17/2000 (Law no 17/2000).

In Romania, the ANPD is the body who is in charge of providing statistical data on the evolution of the protection of people with disabilities, but its data are not as detailed as those of the SAAD in Spain. According to ANPD data, on 31 December 20182 the total number of disabled people in Romania was 823,956 (3.7% of the population). It is significant that among them 97.8% (806,048 individuals) are not institutionalized, what means that they are under the care of their families and/or live in their homes, while 2.2% (17,908 individuals) are in public residential social assistance centres for disabled adults which are coordinated by the Ministry of Labour and Social Justice through the ANPD (ANPD, 2018).

Among the total amount of adults with disabilities, 55% are between 18-64 years old. Such percentage represents 417,558 individuals. On the other hand, 45% are over 65 years of age, what accounts 341,397 individuals. Furthermore, women represent 53.0% of the total number of people with disabilities.

¹ Not having family nor receiving the care provided by another person who has a legal obligation to care for you; not having a residence nor the possibility of reaching by one's own means a minimum standard of living; not being able to carry out the basic daily life activities on one's own or needing specialised attention in order to do so; being unable to address one's social and health necessities due to illness, physical or psychological situation.

² The data presented below refer to this date.

People with disabilities People People (%) Total number Residents in households 806.048 97.8% Residents in centers 2,2% 17.908 823,9561 Between 18-64 years old 417.558 55,0% Older than 65 years old 341397 45,0%

Table 4. People with disabilities in households and centres in relation to age

Source: ANDP. 2018. Own elaboration.

The number of people with severe disability represents 39% of the total, with accentuated disability 49.8% and with medium and mild disability 11.2% of the total².

The benefits to which elderly people are entitled are stipulated in Article 14 of Law 17/2000 of 6 March on Social Assistance for Elderly People.

Table 5. Type of benefits for dependent elderly people in Romania

1. Temporary or permanent care at home

- Social services mainly aimed at attending the person, avoiding their social marginalization and supporting social integration, legal and administrative advice, financial support through payment of current obligations, home care and cleaning services, food preparation.
- Social and health services mainly aimed at providing assistance in personal hygiene, physical and mental rehabilitation, housing conditioning, promotion and participation in economic, social and cultural activities, as well as temporary care in day and night centres or other specialised centres;
- Medical consultations and medical care at home or in health institutions, dental consultations and care, medicament administration, sanitary materials supply

2. Temporary or permanent care in residential centers for elderly people

- Social services, consisting of: cleaning services; legal and administrative advice; prevention of social exclusion and support for social integration;
- Social and health services, namely: maintenance and/or rehabilitation of physical or intellectual capacities; occupational therapy programmes; personal hygiene assistance;
- Medical services (specialized medical advice and treatment in institutions or to the bedridden person, if immobilized; nursing care; supply of medications; provision of medical devices; consultations and dental care).
- 3. Day care centers, centers for elderly people, temporary nursing homes, flats and social housing, etc.

Source: Lege no. 17/2000. Monitorul Oficial, 2000. Own elaboration.

¹ Total population of Romania 2018: 19,524,000 people.

² According to Law 448/2006 on the Protection and Promotion of the rights of people with disabilities, the degrees are: Grade I - mild (mild disability, Grade II - medium (medium disability), Grade III – accentuated (accentuated disability), Grade IV – severe (severe disability).

Regarding those resources, which are addressed at people with disabilities we will be making a distinction the different kinds of centres and we will also be comparing economic benefits between them. Within the catalogue of centres for people with disabilities we find mainly: residential centres (care and assistance centres, centres for integration through occupational therapy, recovery and rehabilitation centres, centres for preparation for independent living) and non-residential centres (day centres, centres with an occupational profile, neuromotor recovery outpatient centres, mobile equipment, home services, recovery and social integration centres, etc.).

As for economic benefits for people with disabilities, the Article 58 of Law 448/2006 establishes that people with disabilities may receive monthly subsidies depending on their disability degree. Furthermore, severely disabled people may benefit from additional grants, such as: an economic loan by virtue of a transfer from the budget for the purchase of a vehicle or the adaptation of housing to their needs, as contemplated in the Article 27 of the aforementioned Law.

It is relevant mentioning that those social provisions for Romanian people in dependency situations contemplated in Law 17/2000 on the Protection of Elderly People, contrary to what happens in Spain, have the nature of services and that, only to meet certain current payments, economic support might be agreed, assuming that support is finalist and does not have to undergo monitoring nor evaluation. In the next Chart 6, economic benefits and services which exist in Romania as provided for in Law 448/2006 and Law 17/2000, are specified.

Table 6. Economic benefits and Services for dependency attention in Romania

	Law 448/2006	Law 17/2000	
	Visiting assistance		Care at Home
		Recovery and rehabilitation	Care in Residential
		centres	centers for the elderly
Services	Residential assistance (full and/or partial)	Integration/occupational	Day care centers; centers
		therapy centres	for elderly people;
		Centers preparing to live	Temporary nursing
		independently	homes; Social care
		1	apartments and houses
	Economic compensation according to the disability degree		Economic benefit
Benefits			according to dependency
			degree
	Economic benefit to purchase vehicles		Finalist economic
	Economic benefit to adapt housing		benefits (not subject to
			monitoring nor
			evaluation)

Source: Monitorul Oficial 2000, 2006. Own elaboration.

With respect to the need for care at home, Romanian legislation provides in the article 13 of Law 17/2000 that the Local Administration (Local Councils) may guarantee the care of people in dependency situations at home by hiring people as caregivers, whose contract is done for hours, half or full time and during the period when the dependent person needs care. A remarkable fact is that it is not an obligation, but a possibility for the town councils. It represents a declaration of intentions and may be managed arbitrary by each local entity. In Spain this service is developed through the home help assistant, a function that is included in the Law but is poorly developed.

In that article of the Act it is mentioned that husbands/wives or relatives caring for the dependent person may benefit from a working day reduction of half a day; the other half day being economically remunerated from the local administration budget for an amount equivalent to the salary of a personal assistant. During this care, husbands/ wives or family carers are having full-time registration with the Social Security.

6. Comparative analysis of social protection levels in Spain and Romania

There are significant differences between Spain and Romania in relation to their social protection systems. This fact conditions the response given by each country both to the challenge of LTC and the protection of people in dependency situations. In the next Chart 7, we can see the most significant differences of each model.

	nd Romania
Table 7. Analysis of dependency attention systems in Spain an	na nomana

Dimension	Analysis unit	Spain	Romania
Documentary dimension of social protection models	SW features	Familistic model of social protection with social democratic features: hybrid model of social protection	Mixed model (with different nuances of the "classic" models of welfare) with a strong liberal character and a modest role for social policies.
Legislative dimension	Authorship legislative	Mixed. The State and the Autonomous Communities regulate within their sphere of competencies.	Centralized. The State regulates general rules.
	Concept of dependency protection	Recognized as a universal right that favours the development of social citizenship	Bonded to the elderly and subordinated its exercise to the possibilities of local administration
	Normative development	It has specific regulations in relation to dependency attention	It has not specific regulations, but covers the needs of this group with other laws.
	Dependency degrees	There are three levels	There is a differentiated classification for people with disabilities and in dependency situations.
	Dependency attention benefits	Catalogue of services and economic benefits covering all situations	There are benefits and services according to the access group: elderly or

Dimension	Analysis unit	Spain	Romania
			disabled people. The possibilities of benefiting from them depend on personal and family factors.
Dimension of	Coverage management and attention for people in dependency situations	The intensity of social protection depends on the dependency degree	Depends on whether the person is classified as disabled or older
protection for people in dependency situations	Responsibility in public management	Decentralized: State, Autonomous Communities, being the responsibility of public provision.	The State and Municipalities, on the one hand, and the third sector, on the other, participate in the attention management with differentiated competencies.
	Informal caregiver support	It is included in the Dependency Law	Elderly depend on the Administration and resemble the figure of home assistant.

Source: Theoretical, legislative and management analysis. Own elaboration.

As for the first of the variables, the documentary analysis of social protection models, it can be observed that Spain maintains a hybrid dependency attention model. Even though the Law has social-democratic nuances, the outstanding role of families in social welfare relegates the social responsibility of the State to the second level. As for the social protection model implemented in Romania it is characterized for being "in progress". The social response to people in dependency situations is limited in as much as it has characteristics of different models of social protection.

If we compare the legislative dimension, we find that the main difference lays on the central question whether or not a specific law for this group exists. In the case of Spain, in 2006 the LAPAD was passed and thus the SAAD was created as vertebral structure of attention to dependency. On the contrary, in Romania there is a patchwork of laws aimed at addressing the needs of elderly people and those with disabilities, but there is no unification concerning social protection of people in dependency situations. As a consequence of this, an administrative and territorial structure that makes it possible to guarantee attention to people who need LTC is lacking.

Finally, social protection to people in dependency situations with regard to both countries is conditioned by the two previous dimensions. Spain has a greater organisation of benefits and services for this collective, but the role performed by families concerning social welfare determines the configuration of the universal right. Sometimes, the capacity of the State is consciously estimated and the possibility of reductions in social rights belong to the collective imaginary because there will always be a family member, usually incarnated in the figure of a woman, who will be

responsible for care. On the other hand, social protection offered to Romanian population is determined by the capacity of its municipalities to face LTC needs. The population has resources and state benefits but the coverage is much lower compared to Spain. It can be seen how Romania's response is conditioned by its social protection model "in progress" and the absence of clear laws that articulate a global response to all the collective of citizens in dependency situations.

7. Discussion and conclusions

Spain and Romania, in comparison both with the Central European and Nordic countries, have a short history in relation to the WS for it has been created recently. The different development of their social policy has been marked to a great extent by their specific historical and political context. In both countries attention to people in dependency situations is a present and future challenge given population ageing and the increase in life expectancy

When attempting to classify social welfare systems of attention to dependency, we observe that it is difficult to classify the Romanian model, which presents characteristics that do not allow it to be classified according to a single model due to its continuous transformation and to the fact that it is still in the process of development. As for Spain, its model is part of the familistic WS model, where the family, particularly in the policy of attention to dependency, has a primary role in the provision of social welfare of its members. Such model has been based on women's informal work, what has important gender implications. This is for example the case of women who face higher opportunity costs in order to get employment in the formal labour market and to achieve economic independence.

It has been observed in this analysis that, in relation to dependency attention, the Spanish social protection model and the Romanian one are clearly different. Such differences are originated due to their social welfare models and their development of a legal framework for dependency attention.

In Romania, other than in Spain, there is not any single legal norm that provides for the attention of people in dependency situations. Nevertheless, such legislation contemplates a wide range of situations to be protected and offers different social benefits adapted to the needs of each person, who is in such a situation. Thus, dependency benefits protect those people with disabilities who are entitled to receive them depending on the type of disability; and also support elder people who have reached the normal retirement age depending on the dependency degree in both cases. On the other hand, in Romania there is a complex legislative tangle where legal changes are constant. In addition to this, many social agents participate in public social coverage, what makes coordination and planning difficult.

In Spain, according to the LAPAD protection of people in dependency situations, is considered as a subjective right and the State accepts this responsibility. However, since the approval of the LAPAD, regulatory changes that have affected this system of social protection have been continuous and many researchers recognise that is may be considered to be a hidden derogation of the law.

No matter how each country has developed their particular normative framework, fact is that both, Spain and Romania according to their own laws, face the challenge of addressing LTC needs, at an equality, quality and guarantee-based level. The Spanish model clearly establishes the different benefits of the SAAD in accordance with the assessment of the dependency degree, what favours the transparency of the process, the equality between the different citizens, as well as enhancing coordination of public actions. On the other hand, in the Romanian model, which is characterised by the inexistence of specific protection for people in dependency situations, there is lack of suitable coordination between the different public administrations. In some cases, their measures are sometimes different depending on each local entity, so that neither coverage nor access to social benefits is guaranteed on equal terms.

Social policy in relation to dependency may cause an increase in social cost, but, thanks to its development, society as a whole will be compensated for such cost through fiscal returns, greater employment in the social and health sector, coherence of policies in relation to the citizenship social needs and, last but not least, through a society where more fairness and equality have been pursued.

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THE DEVELOPMENT OF SOCIAL POLICIES IN HEALTH

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Abstract: The article analyzes some characteristics of the nowadays development of health policies, referring to the phases of the process of elaboration of public policies in health, to the new public management and to some characteristics that limit the reform process such as incrementalism, uncertainty and limited rationality theory. Also, it talks about deciding systems with closed structures, or about the limited capacity of the policy to reform the institutions, the windows of opportunity or sectoriality of the health policies.

Key words: public policies, health, efficiency of the health system, elaboration of policies, features

Introduction

The health system is a complex administrative one, having a resistance to change. Also, it is a great consumer of resources, budget and private ones. Each system has advantages and disadvantages, but a limit of quality must be established by every state in the provision of services. From the perspective of social protection, the indicated way to improve the financial support is to increase the efficiency of the health system by reducing costs, but maintaining at the same levels the quantity and quality, prevent over-consumption of medical services and allocate enough resources for prevention programs, in order to reduce future expenditures. Comparisons between different countries' experiences based on the expense / results ratio can be a useful tool to look at the efficiency (Chisholm D., Evans D. B., 2010). The analyzes on the social equity of health policies can be focused either on fiscal, or on administrative policies, but also on benefits/outputs. Theories to explain health policies can refer to political culture, the abilities of public policies to respond to improving the state health and possible solutions to the problem; or how political power of organizations ensure policy changes. (Arcaya M. et al., 2015).

Policies are mainly action guides that have the legitimate authority to impose normative action. In a democracy, policies are made by elected officials along with advisers from the higher hierarchy of the administration. Every public policy has three elements: the

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definition of the problem, the goals that the policy aims to achieve, the tools by which they approach the problem and the goals that are achieved. Defining the problem is essential, because the problem must be stated, and indicators are a monitoring tool that governors work with. The cause of a problem is also important, the structural factors; if the causes of the problem are not known, it is difficult to solve it. (Bousagguet L. et al., 2009)

Defining a problem is also related to the goals of the policy, that can be general or specific. Health policy has a general purpose, to maintain and improve health. At this level of generality, there is almost no disagreement on the goals. To the level of details and more precise goals, they become subject of discussion related to the effectiveness that these goals can have in solving the problem. Sometimes, the problems are ambiguous, and the goals are not very clear. (Blum H.L., 1974)

The question arises how the problems appear on the public agenda and influence the public agenda, arising in the collective conscience. Are the real problems different from the problems reflected in the collective consciousness? Zamfir C. speaks of a cyclicality of the emergence of social problems. See the crisis caused by a problem that erupts in the media from times to times, showing the deficiencies of the healthcare system. The social problem analyzed has a peak, then it falls into disgrace from the point of view of the media. The problem persists, but it is socially cyclical awareness through mass media, and it becomes cyclical in the attention of the community. Are the social policy measures influenced by these eruptions at the level of collective consciousness? Could these eruptions open windows of opportunity to change? I shall talk further on, in the article, about these windows of opportunity and their characteristics.

It is for sure, that citizens expect the rulers to make smart decisions and these decisions be the result of a vision. But it is not always the case. Decisions are taken in a framework and policies are dependent of certain selected value. The simple fact of selecting a problem is based on values. Governments have a wide range of tools at their disposal. For example, in order to discourage smoking, they can information (advertising campaigns), they can tax, subsidize, regulate, they can set up agencies that address the problem. Although policies change over time, instruments have inertia. Also, the instruments can be influenced by what is considered legitimate or not and the legitimacy is linked to cultural factors. The instruments may also be depending on legal restrictions or international agreements. Policies must show internal consistency and vertical/horizontal coherence, but is not always the case, as sometimes governmental institutions or departments of the same institution may not well communicate. Planning is an important step in the process of health policies. Problem solving planning, program planning, resource allocation planning, standardization of working procedures. All these involve 3 dimensions: operational, tactical and strategic planning. (Blum H.L., 1974)

Phases of the process of elaboration of public policies in health

William Dunn (Dunn N.W., 2010, p.58) states that, sometimes, a certain policy can be first adopted, and then justified by returning to the agenda, where a problem is reformulated to justify public expectations. After Dunn, the process of public policy development has several phases and their characteristics: 1. Establishing the agenda. Issues are included in the public agenda and some problems are addressed with long expectations. 2. Policy formulation. Policy alternatives are formulated to solve a problem. These alternatives can take the form of enforcement orders, legal decisions. 3. Adopting the policies. A certain policy is adopted with the support of a legislative majority, the unanimity of the heads of an Agency, etc. 4. Implementation of the policies. Once adopted, the policy is completed by the administrative units that mobilize the financial and human resources to comply with their provisions. 5. Policy evaluation. It is established to what extent the executive agencies; the legislative agrees with the requirements of a policy and with the fulfillment of its objectives. 6. Adaptation of policies. The evaluation units report to the agencies responsible for formulating, adopting and implementing policies that there are elements that need to be adapted: defective written regulations, insufficient resources, inadequate training, etc. 7. Continuing (succession) of policies. The agencies responsible for evaluating policies together with those who develop policies recognize that there is no need for a policy because the problem is gone.

According to Mahon A. et al. (2009), the factors that are determining the policy strategies are consumerism, socio-demographic and economic changes, technological development, globalization etc. The role of the consumerism refers to a general increase in expectations and a reduction in confidence in institutions. Health care consumers are no longer passive patients. Citizens are more educated and informed nowadays, more critical and they expect quality services, for paid taxes. Increased population mobility and speed of travel. Socio-demographic changes refers to aging of the population and changing disease patterns, associated with age. Also, it refers to migrants of the population from conflict areas and migration of labor force. The technological development means advanced technologies: in biomedicine, genetics, pharmacology and imaging. There is also evolution of the concern related to the increase of the costs, the efficiency of the cost-results ratio.

Also, according to Mahon A. et al. (2009), there are several types of reaction in healthcare system reform. One type of reform is the open government. The main features of this type of government are transparency, accessibility, responsivity. Another type to reform is by increasing the performance of the public system. To achieve this objective, countries have adopted a series of managerial approaches that refer to budget, staff, institutional structures. Examples of institutional changes may be the creation of executive agencies, privatization or outsourcing of service provision. The quantity of information on performance is constantly increasing, and the problem concerns the quality and applicability of this information in improving policies. Also, management analysis and budget analysis are important. Other types of reaction are modernizing the structure of responsibility and control, reallocating financial resources and restructuring, using markettype mechanisms, modernizing employment in the public system

Breaking the public monopoly

Also, Mahon et al. (2009) shows that there are several common factors that underpin health policy responses since the 1980s. One of them is a move towards reforms

inspired by rules, market principles, from models associated with public administration, to business models, talking about a new public management. It is about using the borrowed ideas from the market field in public sector management and breaking the public monopoly.

Efforts to reform and streamline public administration have been around for a long time, but it was only in the 1980s that they began to be put on the public agenda, along with criticisms of the welfare state. The emphasis was not on its administration and change but on how we can make public institutions' management more efficient and one of the most important changes was in the field of personnel management. It was found that the traditional systems of remuneration and evaluation of civil servants, including employees in the health system, which offer them the same award, regardless of performance, are not efficient and do not stimulate performance.

Regarding the management of state health organizations, the systems began to open for people with management experience and not necessarily with medical training or management concession to the private sphere. All these changes have the main purpose of introducing competitiveness between individuals in order to increase the efficiency. One of the criticisms frequently brought to classical public administration is that management rules and regulations (personnel, procurement, budget) prevent competent management from implementing its own qualities.

The new public management has brought an efficiency of the public system, but it has not brought all the advantages supported by the supporters of the public-private mix in administration.

Peters Guy (Peters G., 2000) talks about some limitations of the new public management: the intervention of the private sector in administration has determined the increase of the complexity of the distribution of services and the difficulty of controlling these services; modification of the traditional forms of responsibility and granting the managers of the main function of ensuring the performance in public management and autonomy in pursuing the organizational objectives, brought to a decrease of the mechanisms of responsibility that supposed the subordination of the public administrators to the objectives set by the elected ones; initially the management represented a closed career system to those from outside. Changing career structures has led to the loss of some of the public sector's organizational memory. Managers who manage public programs may only know to some extent the responsibilities and constraints of the public sector; the problem of coordination was emphasized, dividing the public administration into autonomous organizations and giving more and more power to their leaders.

Another factor that underpins health policies can be considered path dependence. It is about the continuity of public policies in the health field and other fields and the importance of the choices made in the past on the present decisions. The path dependence explains the stability of the options and the resistance to change. The mechanisms that determine an option are becoming more and more compelling as they register over a longer period. It involves investment costs, learning effects, coordination and anticipation capacity. The change involves investing in learning, the ability to

predict new behaviors, changing expectations, organizational stress. On the one hand, the mandates of the elected are on a short earthquake, which makes them choose the less expensive solution from a political point of view. A completely new solution often presents immediate costs, for its implementation and learning, for long-term benefits and is therefore not chosen by politicians. (Pierson P., 2000)

Uncertainty and limited rationality theory

The theory of limited rationality (Richard B., in Bousagguet L, 2009) refers to the fact that the actors involved in the decision: individuals, groups, institutions, have certain preferences and adopt certain strategies of action according to them. The notion of deference applies to interests of various types: moral, but also material. Applying rationality implies that actors can anticipate and prioritize the consequences of their actions. The conditions for deciding are not certain, but risky. The consequences of the decision are anticipated by a distribution of objective or subjective probabilities, known as a range of estimates. However, the consequences are often quite unpredictable.

Zamfir (Zamfir C., 2005b) shows that uncertainty is part of any decision-making process. Uncertainty consists of cognitive elements (incompleteness of knowledge) and objectives (the ratio of quantity and quality of knowledge). Uncertainty means that there is no guarantee that the decision maker will identify the best solution, relative to the level of knowledge available to it. A source of uncertainty is the formulation of alternative solutions.

Generally, the state of uncertainty generates a state of tension in the decision-making system and causes it to oscillate between delaying or adopting a decision, continuing the decision-making process or returning.

Theory of the relevance of rational choice explains the degree of efficiency in the markets of health services. How can the efficiency of a health program be measured, especially the link between costs and benefits (quality of services)? What impact does the competition have on the market on medical professionalism, patient satisfaction, economic efficiency and access to health services. The followers of this theory use term such as expected utility, self-interest, strategic behavior, instrumental rationality. (Adrain C., 1998)

The theory of social opportunities elucidates the link between public policies and health. Cultural values, socio-political structures, individual behaviors shape the origins, processes, effects of health policies. Motivating people to participate in the political process, cultural values influence priorities.

Involvement of health policies: Instrumental rationality, efficiency, planning, concern for the long-term consequences of decisions. Universalism of the decisions against, local criteria. Impressive structures compared to the personalized structures at the local level in which there is a personalized doctor-patient relationship. Often the dominance of the principles of the market, of capitalism, against the social principles: see the market of medicines etc. There is the rise of differentiated functionalism. Each has its clear, socialized, stratified role in the system. The state is trying to divide the financial pie between the various branches. Although the nation-state holds the supremacy in implementing health policies, other bodies such as the EU, the World Bank, WHO intervene. Drug companies are often of international concern. Pressures from active groups such as people with disabilities, people of other ethnic groups, groups of patients, etc. can occur. Which groups most influence the decision-making process of health policy? Which groups have the most benefits and which groups have the least? How egalitarian, comprehensive the policies are? What variables explain the link between social stratification and health? why are some groups healthier than others? Those with a higher socio-economic status have better access to health everywhere. How can health policies reduce the gap? (Adrain C.F., 1998)

In European countries, after World War II, health became available to all citizens, from which the decrease of infant mortality and the increase of life expectancy. People with low incomes have also benefited from these programs. All people with high socio-economic status still benefit from the best health care. The increased access to specialists is the urban one. Therefore, those who receive the least benefits from the health system throughout the world are rural residents, urban poor, low-educated individuals, ethnic minorities, etc. Therefore, the increase of the access did not produce an equal state of health between different socio-economic groups. The most active participants in the policies are managers, administrators, professionals in the category of higher education, high incomes, organizational ties. Their policies influence social inequality

During the 1990s, keeping costs in place placed systems' priority on efficiency rather than equal access, equal treatment for similar health needs, and programs to achieve equalization of health in the population. Government officials have reduced services, increased taxes, copayments, deductibles, user fees. Most of these policies suffered from low income groups.

Decisive systems with closed structures and open structures

Social systems are oriented towards achieving their own ends and have their own selforganization. (Zamfir, 2005a) The functional requirement involves the active orientation of the system in order to create and maintain the conditions necessary for its proper functioning (survival and development), and the functional requirements give the finalist orientation of the system:

- Adapting obtaining the facilities that are necessary for its operation
- Achieving the goals mobilizing the energies to achieve the goals
- Integration of the parties into a harmonious whole
- The latency regulating the internal tensions that come from the relationships between the actors

Decisive systems, depending on strategy, (Zamfir C, 2005b) may have closed or open cognitive structures. The closed ones have a defensive orientation: they maintain their rigid structure by informational isolation in relation to the environment. The open ones

are flexible and change oriented and change their internal structure according to the information flows.

The power structure of the healthcare system in Romania is according to my evaluation rather of a closed type, characterized by several elements: a lack of evaluation of decisions in the short, medium and long term, a system of independent and inefficient evaluation indicators, defensive decisions, responsive to serious punctual problems that come back on the agenda, rigidity and politicization of structures

Institutionalization and reform take place in a context of structural and conjunctural factors: the arrival of a party / coalitions in power, the assumption of common interests by a group of actors, the finding of failure of previous measures. (Delpeuch T., Vigo C., in Bousagguet L et al, 2009). The crisis periods are characterized by an excessive investment in reforms, institutional ways of managing the crisis and legitimizing the policy. On the other hand, informational constraints influence institutional changes. Institutions have an inherited culture: practices, tacit codes of conduct, which are difficult to modify through deliberate action. On the other hand, structuring decisionmaking mechanisms limits the ability to reform. By questioning the unequal capacity of the Swedish, French and Swiss governments to build a national health system after 1945, it is shown that a number of factors are involved: the presence of vetoes in parliament, the absence of the majority logy, the possibility of imposing the realization of referendums, the pressures exerted by the interest groups on the authorities to divert the reform projects. Reforms are therefore a combination of intentional and unintended changes, incremental and large-scale transformations.

In Romania, social policies are still reactive and offer ad-hoc solutions to specific crises, lack of strategic approach, do not rely on evidence, on social indicators, do not resort to monitoring and evaluation of current and previous programs.

Human resources in the sphere of social policies were often of poor quality, in the rural area were unqualified, poorly paid, named and controlled politically and at the peak, which is supposed to print a certain strategic vision, they were constantly changing, on political and political criteria. not of competence, increasing the effect of continuous change that generates inconsistency.

A health policy refers to innovation and change but it may also refer to maintaining the status quo. Those in power may cause change or prevent it, preventing certain topics from reaching the agenda and certain decisions being made. So not only observable decisions, but also non-decision making, must be analyzed. The state can be an instrument that represents the power of the citizens or it can be an instrument of maintaining the economic interest groups antithetical to the social interest. Very important is the way in which the role of the state and the history of the country is socially, economically and politically contextualized.

Power is exercised not only in conflict situations between interest groups but also in preventing the occurrence of these conflicts. Some rulers can manipulate and model the desires, needs, values, norms of behavior of the population, so that it sees only one side of the problem and does not want something alternative. This can be achieved through the domination of some groups in society, through mass media, etc. Thus, observable or latent conflicts may arise that derive from the contradiction between the interests of those in power and the interests of those excluded from power.

Does the question arise what is the nature of state power in modern society as the main provider and the main buyer of health services? Is the role of regulator of the state expanding or on the contrary at present? What is the role of the private market? Has the private market become stronger, through the tendency of decentralization and the public-private mix in the provision of services?

The case of the reform of the health system in Poland is edifying for the obstacles that may be encountered in the way of reform. In 1990, Poland decided to start privatizing the system. In the same year, the law of care units was adopted, according to which the ambulatory units were divided into two structures: (Kozierkiewicz, A., 2011) a public one, but an autonomous one (SPZOZ) and a nonpublic one (NZOZ), managed by private bodies, including foundations. The system before 1989, owned by the state, was considered inefficient. SPZOZ had autonomy in management and are registered in the legal and national register having a legal status as companies and foundations, but they are protected from bankruptcy through state intervention, regulated since 1990. In the following years, through evaluation, it was observed that this mechanism of State intervention protected, but at the same time it made some activities more difficult, such as acquisitions, and the SPZOZ managers felt protected by the state, spending much more than was allocated to them. Therefore, part of SPZOZ began to accumulate large deficits (in 2008 they amounted to 1, 5 billion euros). The decision that was taken was privatization, most of the outpatient units being transformed into NZOZ today. Private providers are integrated into the publicly regulated system. The privatization was not correlated with the sale of the properties, which are still owned by the local administration, and the spaces are rented for companies, whose personnel come from the former SPZOZ employees. In the 2000s, the decision was made to tender the hospitals. However, the population was reluctant to this change. In general, privatization as a principle was accompanied by fears. Against the background of population fears, the opposition has vehemently raised and attacked this kind of reform. As a result, the government undertook the reform, despite the small support of the voters and strongly attacked by the opposition, and only part of the hospitals were privatized. The indicators analyzed following the privatization showed an improvement both on the financial side and on the management side of the privatized ones. The government regulated financial aid measures for privatized hospitals to support them: special lines of credit for investments, financial aid through receivables.

Opportunity windows

The window of opportunity was theorized by John W. Kingdon in the 1980s. The window is a metaphor that compares setting the agenda with launching a space mission, which must be launched during the window, when the currents meet. There are three currents (Ravinet Pauline, in Bousagguet L et al., 2009): 1. Current problems. There is talk of a problem when people are convinced that something can be done to improve the situation. Three mechanisms allow problem situations to become transparent: indicators, shock events, feedback as a result of an assessment. 2. Current solutions.

Numerous competing alternatives are circulating within the solutions. These solutions are not initially designed to solve problems, they are floating in search of problems to be encountered or events. The alternatives must be technically feasible, compatible with the dominant values. 3. The political current. The current includes public opinion and its sudden changes, electoral politics, changes, altercations at the level of government and administration, the actions of pressure groups.

The political context becomes favorable for a problematic issue. An alternative can be grafted onto a problem, generally not being the best solution. These windows of opportunity that open when the currents meet is then closed again when the actors fail to get in on the action, when the events that caused the window to open are no longer current or there is simply no alternative available.

Regarding how predictable the window is to open, Kingdon (in Bousagguet L., 2009) identifies two types of predictability criteria: 1. regarding the problem and its access to the agenda. If a problem is specific, it can be taken up quickly by specialists. If a problem is known and widespread, it will reach the address book faster; 2. regarding the political context. In certain periods of political change, the agenda is much more open. A window has more chances to open when the mandate given to the government is more important or historical alternations.

The period immediately following the moment of December 1989, in Romania or the moment of the change of the law of the health system from 1996 through the transition to health insurance or Collective accident (2015) were windows of opportunity for the healthcare system that were missed.

Sectoriality and intersectoriality of public action

Cătălin Zamfir (Zamfir, 2005a, p 123) shows that departmentalization is an endemic pathology of the subsystems. Subsystems tend to become autonomous to the extent that their sectoral goals are set above global goals. There are two types of explanations: the holistic explanation that the subsystems do not have the vision of the overall objective and focuses on the goals delegated to them and the individualistic explanation that the subsystem members are rewarded for meeting their delegated sub-goal. Thus, they put the objectives of the subsystem above those of the system.

The sectorality of public action (Pierre Muller, in Bousagguet L et al. 2009) states that it is difficult to release a sectoral logic in defining the problems of public action. The sectorization is related to the realization of an expertise in the field. The experts claim a monopoly of expertise that translates into a monopoly of institutional specialization. So, on the one hand, public action cannot be freed from sectorization, on the other hand, it should consider the global nature of the problems. Overcoming the sectoriality can be done by replacing it with intersectoral strategies, determining the collaboration of the actors from different sectors. In this way, cross-sectoral policies can be developed, which do not identify with a sector, but which integrate into all the sectors concerned.

Health is closely linked to the concept of quality of life. Starting from this vision, the offer of health services must be combined with social assistance, psychological counseling, services at the patient's home or services for people with disabilities or people with other types of medical and social problems at the same time. The social policies in the health field must therefore be efficiently combined with other types of social policy for the most adequate investment in the recovery of the human capital of the respective community.

Secondly, there is a need for a relevant analysis by the decision makers of the social dimensions that correlate the optimal social model for the assurance of a healthy human capital, in order to be able to make long-term forecasts and to know at what point to act for to achieve the desired results.

In the analysis of the policies aimed at population health, we must not limit ourselves to the analysis of the formal institutions of the health system but to analyze all the policies that affect the health and well-being of the population:

At a general analytical level, health policy can be conceptualized in terms of macro or micro social processes. At the macro level, macro social structures are included in the analysis: the state, the market, the economic and legislative network, the formal institutions that ensure the provision of services such as the national health system. At the micro level, the analysis refers to the impact of policies on the level of professionals in the system and on the level of service consumers.

Conclusions

In the last 15 years, the provision of health services expanded, and the administrative structures gradually expanded. Public institutions assumed responsibilities that private institutions had before the war: families, the church, mutual aid groups. The expenses increased with the health, the benefits became more generous, the urban and rural population accessed the services, various marginalized groups gained access to health: the poor, the elderly, etc. The coverage of the population with services increased as well as the scope and diversity of services.

The 1970s brought cuts in the costs allocated to health due to the welfare state crisis. In the early 1980s, local government began to gain more scope in some developed European countries: the Canadian provinces, the German provinces, the states in America, the cantons in Sweden. A decentralization process has begun. The regions and the central government have come to have similar responsibilities. Health expenditure growth did not increase as rapidly as in 1960-1980. The programs started to be austerity. The policy has become less inclusive and generous. Although a similar pattern could emerge, however, there were differences between Japan, the Western countries, and North America. The United States had a strategy that included less inclusive, less generous and less egalitarian programs. Other nations, such as England or the Netherlands, have introduced a competition policy, yet citizens have equal access to services. Sweden relied on reduced privatization. The Canadian government has decentralized services to regions. Even with the reduced benefits, services have remained accessible to more citizens than in the US. Germany has decentralized, offering generous but uneven services. France had the reputation of a cohesive, centralized state, yet the regionalization of authority over health problems was achieved. Private hospitals and private doctors still exercise considerable autonomy over tight government control.

By decentralizing policies and bringing them closer to citizens, returning to the community, managing sectoral fragmentation will be less difficult. Decentralization generally refers to the transfer of a certain form of power or responsibility from the level of central authority to local or regional levels. According to Shafritz I.M., 1998), decentralization can take two forms: devolution and deconcentration. Devolution involves a transfer of political power and decision-making power. Deconcentration is the transfer of predominantly administrative functions. The most common argument for devolution is the proximity of local authorities to the population, but in practice it has been found that the real influence of the individual is rather determined by the local structure of power. On the other hand, with the increase of the power of the devolved organisms, the power of the central organisms can also increase. From the functional point of view, the devolution can be territorial (the devolved body takes over all the functions of the central body from the point of view of the decision) or functionally specialized (there is no territorial paternal, the devolution being to specialized organisms).

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LEADER APPROACH EFFECTS IN THE RECONFIGURATION OF SOCIO-ECONOMIC STRUCTURES OF RURAL ENVIRONMENTS

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Abstract: This article is the result of a research carried out in the period established by the European and national regulations for evaluating the implementation degree of the Local Development Strategies within the communities organized in Local Action Groups. Given that each evaluation targeted a Local Action Group, we resorted to centralize the data to identify the positive and negative evaluations regarding the LEADER approach and the Local Development Strategies. The results of the data centralization of the three Local Action Groups included in this research reveal opinions regarding the strengths and weaknesses of the Local Development Strategies, and highlight the general factors that favor and inhibit the local development. Also, the analysis of the centralized data allows the distinction between the opinions due to the local specific and the general ones that are correlated with the European regulations and the national strategies. This distinction makes it possible to clarify the logic of local interventions so that local initiatives are not affected by measures that ignore local and regional resources.

Key words: rural development, LEADER method, emigration, poverty, demographic decline

Introduction

Efforts to solve complex problems in the Romanian rural area have diversified the intervention methods. The analysis of the effects of the policies implemented over time revealed the impossibility of the isolated action over different communities in meeting the needs. The resources of communities with small populations, geographically located at great distances from cities, with predominantly agricultural activities and with a minimum stock of human, social and economic capital, are insufficient in implementing policies based on community participation. Thus, Local Action Groups have become a means by which local initiatives can be coagulated to solve common problems. Funding

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sources are provided for the projects of those entities consisting of several small communities. The extent to which these associations have satisfactory results and have the capacity to develop an overview of the geographical area in which they exist is an object of analysis. Questions about the surplus-value generated by the implemented projects, the adequacy of the financing, the sustainable vision and the clarity of the local development strategies become logical, given the unfavorable statistics of Romania compared to the developed states of Europe.

On such a background, this study is part of the evaluation of the Local Development Strategies of three Local Action Groups in Oltenia: "Colinele Olteniei", "La Noi în Saî" and "Tinutul Closani". This activity is regulated by the organization of the LEADER method, of the European and national documents and regulations. The recommendations resulting from such external evaluations are set as reference points for future project modifications and improvements. Unequal results have been identified as a result of the evaluation. The attention given to all the components of the Development Strategies is insufficient due to funding that does not cover all aspects and which generates a lower dynamic in relation to the dynamics of development at a European level. The conclusions and observations in this article are based on the secondary analysis of centralized data from those involved in projects using the LEADER method.

Theoretical Benchmarks

Debates about the existence of methods, strategies or policies tend to standardize various approaches without guaranteeing success in all areas of implementation. The reasons related to the objective of granting the financial support involve the elaboration of strategies generated by the identified needs and the configuration of the budgets based on the needs. The difficulty results in the differences between the theoretical principles, which are favorable to the "top-down" approach and the territorial problems that require a "bottom-up" approach.

Mostly the theoretical approaches are characterized by an evolutionary model, based on which development strategies should be realized. The LEADER approach seeks to initiate "bottom-up" policies in order to increase the involvement degree of as many people and organizations as possible. At this moment, the necessity of assuming the theoretical perspective of intervention according to the cultural and development level of a community appears. Initiating a social development strategy involves accepting changes that can often have significant effects on communities. To what extent the population supports such approaches will be observed throughout the implementation period.

The probability of development that we understand as social change in a positive or desired direction by community members is viewed with pessimism by authors such as Wallerstein (1991: 64), who asks questions about change in a sense desired by the initiators. The questions that may underlie such research clarify the theoretical principles, but do not go beyond the economic connotations of such an approach. Development planning implies "a positive change, it implies evolution, progress"

(Precupetu, 2006: 45). This nuance allows to reduce the efforts to the change generated by a rational, objective and subordinate action to some objectives subordinated to the increase of the quality of life quality or of well-being.

Instead, the thinking of the classics signals that "the slow and continuous accumulations of these successive changes constitutes the social movement whose stages are usually marked by generations" (Carver, 1905: 35). The change in such a vision comes with the change of generations and what Carver calls "the renewal of adults". Thus, in accordance with the research objectives underlying this article, we have come up with two scenarios: the first refers to the changes that take place in a community under the influence of processes met in society and which contribute to the transformation of values, expectations and actions of the adult generations; the second scenario refers to the social structure of adult generations, consisting of age, population, occupations and specific value systems. Based on both scenarios we accept the social change due to the replacement of the generations. However, the findings of the current research show that the modernization of the society has produced a series of demographic imbalances in the process of replacing generations, with undesirable consequences on the evolution of small communities.

The historical perspective included in evolutionism allowed, in a first stage of the sociological reflection, to imagine a continuous line of positive social changes, in the sense of Spencer's (1898) thinking. This paradigm, shared by some optimistic groups today, is based on the idea that social organisms tend to evolve through the force of internal natural laws. The attempts to explain and even to discover immutable forms or principles of development (positive social changes) have generated a succession of theories that have evolved from the point of view of the covered issues and the depth of the explanations. Valade (1997: 355) accuses the tendency of periodic replacement of theoretical approaches without modifying the problems' approach. The same author pointed out to the increasing ideological stakes due to the controversies regarding the development strategies, their modernization and their equivalence with industrialization.

Conceptions about social change fall into the way in which change is perceived (Precupețu 2006: 46): as a directional path (in which we include evolutionism, neoevolutionism, historical materialism and modernization theories) or as a cyclical process by Spengler (1928) and Sorokin (1995). The research of social development implies a distinction in the adopted methodological model: systemic model or social field model. For the study of social change, in fact, generalizations of Comte's "social dynamics" and Spencer's "organisms" have been made.

According to Polish sociologist Piotr Sztompka (1993: 7), social change occurs on three levels: "starting from the macro level (international systems of nations, states), passing through the mezzo level (corporations, parties, religious movements, large associations) and up to the micro level (family, communities, groups, etc.)". From the point of view of elaborated theories, numerous limits can be found due to "the unequal highlighting of the endogenous and exogenous causes the contradictions inherent in a system, the technical, economic, cultural, political factors" (Valade, 1997: 356). The main weakness is that of failure in the opposition between traditional and industrial societies, regardless of the approach or the method. Valade specifies that this "stereotype representation"

must be related to other antithetical couples, such as "immobility and change" or "structure and history", which will reduce the apparent complicity resulting from the usual approaches. Valade (1997: 357) recommends a conceptual clarification primarily in terms of terminology. Thus, innovation is considered the source of change. The industrial revolution becomes only a way of interpreting economic changes. For Valade, the social dynamic "is irreducible to the game several factors declared prevalent". The study of social development also involves the study of "resistance to change".

In a synthetic definition, development is considered to be "variations produced over time in ecological order of the population and communities in patterns of social roles and interactions, in the structure and functioning of institutions and the culture of societies" (Kornblum, 1988: 566; Jaffee, 1998: 3). The development of social change processes will be observed at several levels: at the individual, changes will concern attitudes and beliefs; at organizational level we will observe changes in the roles and patterns of interactions; at the social level, changes will be observed in the major institutions and in the emergence of demographic processes of migration from the rural to the urban environment (Jaffee, 1998: 3). These variations do not necessarily have a positive meaning, in accordance with the social objectives that contribute to the increase of the quality of life. But the meanings of the concept of social development are related to progress. According to Jaffee (1998), the Gross Domestic Product (GDP) is a development indicator used more often. This indicator measures the value of goods and services produced by a nation in a year. However, we should point out that this indicator gives the overall picture of the economy, without providing information regarding the internal disparities of each company. Also, measures to increase GDP can be based on partial policies, and the contribution to GDP can be unequal. This fact may be due to the internal disparities of a society which must be understood before elaborating development strategies. In this phase, we must understand the pre-existing social situation that requires change: underdevelopment, distorted development, and the actual process of social change, social development; preconditions, progress, intervention and the state that social development aims to reach (Midgley, 1995: 71).

Theoretical benchmarks highlight the need to clarify the concept. Theoretical foundations provide a way to initiate and organize social action, but the degree of success is conditioned by the expertise of the specialists involved. The European Union provides support for the implementation of development strategies without supporting a certain standard of intervention. We note that social development is associated with social change in a positive sense or more briefly with progress. The development process comprises a set of measures that include both economic, as well as social and cultural dimensions.

Possibilities and principles for elaborating development strategies

Starting from the previous theoretical benchmarks we find that innovation is a solution to a variety of problems that are difficult to meet by a standardized strategy. The ability to identify needs from the pre-existing period is coupled with the ability to discover one's own paths of action. In the first stage (of preexistence), it is necessary to orient a community or institution "towards achieving a desirable state, set as an objective to be achieved through a planned process in time, the result of a set of conjugate actions" (Zamfir, 2007: 173). Two structural components can be separated herein:

"a) an objective state, to be achieved by a community or social actor;

b) a set of actions carried out in time to achieve the respective objective: strategies, plans, programs" (Zamfir 2007, p. 173).

A development direction is identified in the "administration revolution" (Zamfir, 2007: 175), which consists in the translation of the administration through programs concurrent with decentralization. The positive effects of such an approach are found in the increase of creativity and "in the formulation of solutions, local participation and the creation of a local participatory democracy" (Zamfir, 2007: 175).

The application of social development principles can be found in community social development, as an effect of the different problems existing in rich and poor countries. In the case of developed countries, the problem of community social development is only marginal, while it is a major issue in poor and underdeveloped countries where "the fragility of the economic system systematically creates a deficit of opportunities for a major segment of the community to integrate into a global development process" (Zamfir, 2007: 176).

Along with the programs of local community development, actions were initiated to provide precise solutions for the population. Entities in social economy that can be classified into three categories have thus appeared: "cooperative enterprises, mutual societies and those organizations that can be generally described as associations whose legal classification can vary considerably from one country to another" (Stănilă, 2013: 15). Local development involves cooperation between the public, private and nonprofit sectors.

In Romania, the social economy "is considered to be social innovation because it is a complex process of introducing new programs and processes that change habits, perceptions and resources of the social policy system [...]" (Petrescu, 2013: 47). In ensuring the conditions of local development and for setting a favorable context, measures such as "functional institutional climate for local business, support for small and medium-sized enterprises can be included; encouraging the formation of new businesses; attracting foreign investment; investments in physical infrastructure, investments in «soft» infrastructure – the development of the workforce, the increase of the level of education, the creation of the legal and institutional-support framework granted to particular business clusters; support for disadvantaged areas of the localities" (Petrescu, 2013: 49).

The realization and elaboration of theories with concrete social successes implies the adoption of some principles (Jula et al., 2001: 8): "1) the principle of the unity of the national territory [...]; 2) the principle of decentralization [...]; 3) the principle of competence [...]; 4) the principle of competition, of administrative non-intervention in carrying out economic processes..." In addition to these principles, there is also the need to respect "general rules and hypotheses with principle value" (Jula et. al., 2001: 8):

"- principles for the analysis of arranged spaces (the principle of interdependence, the principle of asymmetry etc.);

- the rules that guide the process of elaborating regional strategies (defining the natural framework and the economic, social and political context, internal and external to the region, setting objectives, methods and means of achievement, defining the conditions of active cooperation with the local population etc.)".

The success of any development strategy becomes dependent on adherence to the principles that set out such an approach. The lack of an overall vision will limit the positive effects and will disorient and discourage the population.

Models of Action

Theoretical debates do not provide clarity on the path to be followed, but the development efforts of societies and the involvement of the civil society in their elaboration is a form of democratic action, by which social development becomes participatory (Zamfir, 2007: 175; Valade, 1998: 356). The general vision guiding the approach of community or regional development implies the adoption of the idea of modernization. Kabeer (1994: 16) defined modernization as "a process of evolutionary development, which moves societies from the pre-modern status to the final destination of modernity through a series of changes". By modernization, we mean a more complex process than development or than the simple social change due to the social dimensions and the assumed objectives. Overcoming the idea of improving economic conditions is, from this point of view, the basic principle of modernization.

Although the objectives are desirable, and the developed societies (with a high degree of modernity) attract numerous emigrants from underdeveloped countries, we notice that the latter have difficulties in modernizing the traditional structures through the imitation of the West, although this process is indicated as a solution by authors such as Inglehart and Baker (2000: 19), who noted that the general objectives between traditional and western societies are different: in the first case, objectives of material security and survival are pursued, and in the second case, objectives focus on "quality of life, environmental protection and self-expression".

Recalling that the structure of society at one point is the result of a long series of historical accumulations, it is hard to believe that this dissolution of traditional structures can be done over a single generation. The assumption of the decisive influence of the developed companies on the underdeveloped ones, in the sense of favoring the development, proves a step beyond reality. Bădescu (2004: 115) pointed out that the influence of advanced countries contributed to the "dissolution" of old structures, without contributing to the formation of new ones, which contradicts the theoretical presumption of positive influences.

The finding of a factual state implies the reflection on the intervention methods. It is a challenge for any specialist to imagine new structures to replace those dissolved by the imitation of the structures in developed countries. The main condition of a socioeconomic structure adapted to the modern global society is sustainability. Sustainability

also involves the dynamics of new socio-economic structures, so as to meet the future needs of communities and regions, i.e. their internalization and harmonization with the value system of the population at a level that will perpetuate them from generation to generation. The solution of involving all social actors in the design of development strategies is a democratic form by which each person contributes to the configuration of his community and, implicitly, of his own future.

The LEADER approach comes in support of such a solution, which addresses the structures that have been the subject of the research presented in this article. In the light of this approach, the sustainable development of rural areas in Europe is desired, addressing economic, social and environmental problems. The principle that underpins the LEADER method is integrated into the range of solutions identified through the research carried out over time. Dissolutions of traditional structures, which do not offer the possibility of development, can only be compensated by external support. The reconfiguration of efficient socio-economic structures without external support is unlikely, given that the historical evolution of a community has been blocked by contact with more developed societies. In other words, "the sources of underdevelopment are internal, while the development solutions can only be external" (Vlăsceanu, 2001: 36). The LEADER method ensures the financing of the development programs initiated by local managers in partnership with local actors: civil society, business environment, citizens.

Following the research presented in this article, we wonder what the ideology that generates sustainable development is: economic, social or environmental? The emphasis on one dimension or another results from the approach of those involved, who may have ideological inclinations towards the area of social democracy or liberalism.

The identification of the real problems implies field studies adopting an "explanatory perspective" (Cace, 2004: 83) and focusing on:

"- structure: the nature of the benefits sought and the divisions between the competing groups;

- or to actors, participating organizations, parties and ideologies."

From the matrices thus obtained, the opportunities offered by the LEADER method can be activated locally. The European Union's contribution as an external entity involved in limiting the negative effects of underdevelopment is highlighted by the seven essential features of the LEADER program (European Commission, 2006):

- " Area-focused local development strategies;
- Developing and implementing "bottom-up" strategies
- Local public-private partnerships: local action groups
- Multi-sectoral integrated actions
- Innovation
- Cooperation

Establishing network contacts".

These features bring the "principle of competence" (Jula et al., 2001: 8) to attention, which implies local solidarity, understanding the common interests and the capacity of local administration communities.

Secondary Data Analysis

The research was carried out within the framework of the actions for evaluating the implementation of the Local Development Strategies in the Local Action Groups "Colinele Olteniei" consisting of sixteen settlements from Dolj county and one from Mehedinți county, "La Noi în Sat", consisting of eight settlements, six of which in Olt county and two in Doli, and "Tinutul Closani" consisting of sixteen settlements in Mehedinti county.

Local Action Groups "Colinele Olteniei" and "Tinutul Closani" include very poor villages and settlements. The geographical scope partially covers three of the five counties of Oltenia, and within this chapter we draw conclusions resulting from the centralization of the answers obtained in all three groups. We consider that by analyzing the data collected for each entity we will have an image on the specific problems, as well as an overview of the respondents' attitude towards the LEADER approach. The three sociological surveys will provide information on the positive and negative aspects of the LEADER method.

The first objective of the research aimed at knowing the intervention logic of the Local Development Strategies. The first step in understanding the intervention logic indicates a first paradox; firstly, the problems indicated by the citizens referred to the lack of jobs, the emigration of young people, the aging population and the high degree of poverty of the population. It was discovered that the most important problems raised by citizens were economic and social. In all three local action groups we are dealing with a low degree of employment, high levels of emigration and an ageing remaining population. A factor generating the first three problems is the high degree of poverty of the population. An option related to the degree of comfort of the community (insufficient or non-existent utilities) ranks only fifth. This structure of the problems highlighted by the population reveals the orientation towards solving economic problems and survival.

The public administrative efforts to influence development show that the orientation of the members of the local action groups focused on investments in utilities, the consolidation of agricultural lands, the efficiency of public activities and the improvement of relations with the civic society. This parallelism between the manifest and the latent problems is favorable for the emigration of the young people and the decrease of the attractiveness of the area for the business environment. The ageing process will continue and only the economic success of the emigrants might improve the current context. Increasing the degree of collaboration with the civic society and the consolidation of agricultural lands are factors that announce the initiation of actions to improve the economic dimension and to take advantage of the possibilities opened by the partnerships between the public administration, the civic society and the business environment.

At the meetings of the local action groups, the priorities consisted of the attraction of new members and the implementation of measures from the Local Development Strategy. Projects have been implemented in all associated communities. Most of the finalized projects had as target the purchase of working equipment by the City Halls, the realization of the water supply, the asphalting and the rehabilitation of the roads and the arrangement of the local sports complexes. The social activities have a small share, with a very small percentage of the activities intended for the beneficiaries. However, the actions taken are gratifying for 65% of the citizens, who gave grades between 8 and 10 for the quality of the Local Development Strategies.

The second objective of the research looked at the coherence of the intervention logic. The main problem of coherent implementation of the Local Development Strategy is the reduced financial allocation, as mentioned by almost 70% of the respondents. Progress indicators have a high accuracy, according to the statements of 73.2% of the respondents. The results pursued by the Local Development Strategy are clearly defined for 53% of the respondents.

Respondent opinions show that the developed strategies are well defined, being easy to understand for the population, even in the cases of lack of specific specialization, from which the possibility of involving as many people as possible appears. The progress indicators are correlated with the results that could be obtained on the basis of insufficient funding.

The third objective of the survey referred to the achievement or to the probability of achievement of the strategy objectives. The positive appraisals of the local development strategies are due to the generous provisions. At present, there are non-agricultural activities, in most cases shops and bars, i.e. small commercial entities without a significant impact on the diversification of the labor market. Less than 30% of households in the three local action groups are led by young people who are farmers, but who still have small or very small chances to achievement in their local community. This observation (based on more than 50% of the respondents), correlates with signaling the insufficiency of the funds necessary to accelerate the modernization processes.

The fourth topic focused on knowing the benefits of the LEADER method. The evaluation indicated that the most important benefit induced by LEADER is the knowledge of the level of collaboration between the associated communities. The second benefit was the identification of topics of common interest. The third benefit was that of increasing the degree of trust between the member communities. The opinions expressed by the respondents highlighted that the degree of collaboration and mutual trust has increased. On the other hand, there was no transfer of good practices, nor did it exceed the moment of joint planning.

The fifth study item highlighted the factors that influence the local development strategies. The positive factors characteristic to the three local action groups are the agricultural potential, the involvement of the local public administration, the permanent access to information, the support in obtaining European financing and the successes in accessing the European funds. The negative factors with blocking effects in the implementation of development strategies are a difficult legislation and an exaggerated bureaucracy, youth emigration, reduced financial allocation and demographic decline.

By balancing positive and negative factors, we find that agricultural potential can be the basis for influencing the negative factors represented by emigration, demographic decline and population poverty. Future measures involve collaboration with those responsible for simplifying bureaucratic procedures and reducing the volume of requested documents, meetings with AFIR (Agency for Financing Rural Investments) representatives and members of local action groups. Also, the proposals advanced by the respondents refer to a more consistent support of new initiatives.

Conclusions

The assessments made at the beginning of 2019 highlighted that, in the situation of poor communities, we have to deal with a slow process, with a reduced dynamic towards community needs. The opinions expressed by the research participants indicated that the financial allocations were insufficient and the problems of the communities, such as the emigration of the young people who do not have opportunities to develop in their own communities and the ageing of the population resulting from the demographic decline, are negative factors that block or slow down the modernization.

These phenomena result from the inability of communities to replace their generations, a consequence of the lack of balance between generations, which is found in the persistence of traditional socio-economic structures. This context is favored even by the authorities' efforts to invest in utilities, water supply and road infrastructure, which is, building investments with indirect effects on the manifest problems of the locality. Modifying the demographic structure will contribute to the emergence of a values system. The demographic decline will be followed by a social decline and the economic growth efforts, which have been delayed, will be doomed to fail. The successes so far are marginal and uncorrelated with the immediate needs, being in fact latent problems, ignored for many years and approached sequentially in the activity of public administration.

Given the complexity of these issues, we appreciate that local development strategies should be aligned with strategies developed at both national and regional levels. Thus, both the financial needs and the intervention priorities can be calibrated in an efficient form. The social changes produced on the three levels are neither synchronous, nor correlated. Although, through the LEADER approach, the strategies that developed "bottom up" are supported, the changes in and the modernization of the Romanian society started in the opposite direction: from the bottom upwards. It seems that the slow pace of modernization of rural communities is, in many cases, late, and the dissolution of such rural communities is faster than the possibility of reconstruction.

A solution involves the coagulation of several factors that can contribute to the modernization of the rural environment. Local inhabitants pointed towards the

agricultural potential as a direction of action for solving the problems of their communities. Thus, investments in the development of agriculture seem to be the fastest way to catalyze local energies in the foundation of long-term strategies and for generating added value on top of the European financing.

The LEADER method proves to be functional throughout the implementation area with the observation that the level of European funding is beneath the needs of the communities, and the coagulation of all existing forces is limited by the fact that, in Midgley's (1995) terms, the communities included in this research are in the pre-existing stage: the stage to identify the development needs and to know the preconditions which will establish the directions of action for long-term sustainable results. Currently, it can be observed that we are dealing with problems for which there are no solutions, but we are trying to find them. Thus, through the European funding and the association of communities with low resources, it could be possible to clarify the opinions regarding the existing problems and to elaborate some strategic measures.

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UNINTENDED EFFECTS OF SOCIAL PROTECTION PROGRAMMES IN ZAMBIA. A CASE OF CHILD GRANT CASH TRANSFER PROGRAMME (CGP)¹

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Abstract: This qualitative study explores the unintended effects of social protection programmes in Zambia. By studying Child Grant Programme (CGP) in one rural community, the study indicates that the effects of the CGP in the rural community are broader than what was anticipated by the Zambian government and its international and local development partners when embarking on the programme. From the results, it is evident that the effects of the CGP transcend the primary beneficiaries. This is because it has also benefited the whole rural community and business individuals and entities that trade with the rural community. The study concludes also that the new knowledge generated in this study has been made possible with the use of qualitative research. Thus, the findings of this study provide strong support for the importance of calibrating the methodological approach with the underlying aims of the study.

Key words: unintended effects of social protection; CGP; rural community; Zambia; qualitative research

Introduction

At the turn of the millennium, social protection has emerged as one of the most widely debated socio-economic development agendas for most states of the global South and

¹ NOTE: Small part of the materials used in this article may appear in International Congress on Afro-Eurasian Research Publications either for 2019 or 2020. The paper titled: Linkages between Social Protection and Community Development: Empirical evidence from one rural community of Zambia may be submitted to the Congress for publication. Some materials on descriptions of the rural community and study findings are similar to the ones contained in this article. We plan to submit the paper to the Congress before the end of 2019.

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among member states of the international donor community in the global North. This shift began in the late 1990s, driven by disenchantment with the results of the World Bank and International Monetary Fund (IMF) structural adjustment programmes (SAPs), the 1997 Asian economic crisis, and a heightened awareness of the negative effects of global poverty (Samson, 2013). Thus, the World Bank promoted social protection as a key component of international poverty reduction strategies (social risk management). It is also seen by many countries in the global South as one of the essential tools for achieving Sustainable Development Goals (SDGs) (François-Xavier, 2013). It is also considered both a basic human right and a social investment. This is because it enables people to enjoy their right to social protection and achieving human development (ILO, 2008).

While I acknowledge that studies on the impacts of social protection have been undertaken across the world, the studies have focused mainly on assessing whether the primary objectives of social protection have been achieved or not. Some of the primary objectives are provided below in the section titled 'effects of social protection'. Few studies have focused on investigating the unintended effects of social protection on local communities where particular social protection programmes are implemented (Nyasha, Knowles and Davies, 2013; François-Xavier, 2013). Thus, the gap exists in the scientific knowledge on the unintended consequences of the social protection programmes at different levels of society especially in the global South where the concept of formal social protection is relatively new (ILO, 2010). This gap motivates the basis for writing this paper.

Effects of social protection

In the available literature, among the commonly documented intended effects (that is, the primary objectives) of social protection programmes include the following: First, it reduces extreme poverty and the intergenerational transfer of poverty with the following as some of the specific ways in which social protection reduces poverty: Income: it supplements and not replaces household income. Education: it increases the number of children enrolled and attending primary and secondary school education. Health: it reduces the rate of morbidity and mortality among the targeted beneficiaries such as the children under five years old, disabled people, the people living with HIV/AIDs and other chronic diseases, and older people among other commonly poverty-stricken categories of people in many countries globally. Food security: it increases the number of households having a second meal per day. Livelihood: it increases the number of households owning assets such as livestock (ILO, 2010; François-Xavier 2013). For example, in Latin America, there is evidence that the Mexican government social assistance programme (PROGRESA programme) created in 1997 increased school attendance and grade progression (Independent Evaluation Group (IEG) of the World Bank, 2011). Similarly, evidence from Nicaragua's Atención a Crisis programme (2005-2006) combined a conditional cash transfer with either vocational training or a productive investment grant (non-agricultural) has shown that the programme increased income diversification and provided greater protection from drought than basic conditional cash transfers (François-Xavier, 2013). Studies undertaken in Africa have also shown similar effects. For instance, in Zambia, Seidenfeld and Handa (2011) have established that the CGP have important impacts on diet diversity and food security of eligible recipients. For example, the study established that 78 percent of the CGP transfer went to food spending, 7 percent to fuel and 5 percent to health. Within food, 34 percent of the increased spending on food went to cereals, 24 percent to meats and 18 percent to fruits and vegetables. In Ethiopia, evaluative studies on Productive Safety Nets Programme (PSNP) and Other Food Security Programme (OFSP) have shown that beneficiaries had the improvements in food security, better agricultural technologies and participation in non-farm business enterprises (ILO, 2010).

Although most of the studies globally are biased towards the intended effects of social protection programmes (François-Xavier, 2013), handful studies on the unintended consequences of social protection have been undertaken in some countries (Nyasha, Knowles and Davis, 2013). Notable include studies by Yap (2008), Angelucci and De Giorgi (2009), FAO (2010), IEG (2011), François-Xavier (2013) and Nyasha, Knowles and Davis (2013). For example, a small number of studies hints at the link between social protections interventions and increased participation in social networks of reciprocity, in which poor households manage risk via informal exchanges or transfers among extended family, friends and neighbors. In Mexico, Angelucci and De Giorgi (2009) and IEG (2011) found that the PROGRESA programme increased the flow of private transfers to non-beneficiary households in target communities by 33 percent as compared to non-beneficiary households in control communities. In Brazil, studies by Yap (2008), FAO (2010), IEG (2011) and François-Xavier (2013) reported negative externalities such as increased child labour in ineligible households from Brazil's Child Labour Eradication Programme (PETI). This was attributed to the increase in local wages for child labourer when beneficiaries decrease their participation in child labour. In Niger, a short-term cash transfer programme with wide coverage and a significant payment size produced temporary inflation in the prices of edible oil and milk in the context of a market with high transaction costs and poor supply-side information (François-Xavier, 2013)). In India where National Rural Employment Guarantee Scheme (NREGS)'s wage is above the local casual labour rate, people were encouraged to withdraw from exploitative casual labour (for example, bonded labour), which was perceived by the majority of the local people as a desirable shift and an improvement. Notwithstanding this unintended positive change, other studies on NREGS have established that interventions like cash for work programmes distort local wage markets. This happens if programme owners pay wages that are higher than the prevailing rates, as these could create labour deficits in other productive sectors and those sectors negatively get affected (IEG, 2011; Nyasha, Knowles and Davis, 2013).

From the above unintended effects, it is evident that social protection interventions in different countries have effects that extend beyond the beneficiary household into the local community and economy (FAO, 2010). Notwithstanding this, François-Xavier (2013) reports that most social protection impact evaluations do not assess spillovers. This aspect is usually overlooked in study designs. In recognition of this gap in scientific knowledge, Nyasha, Knowles and Davis (2013) argue that the lack of solid evidence on the broader impacts of social protection is not surprising since most researchers rightly focus on determining whether social protection programmes have

achieved their immediate primary objectives of reducing vulnerability, increasing food security, and/or enhancing human capital development. However, these ways of study limit scientific knowledge (François-Xavier, 2013). This is because researchers leave out other important effects of social protection programmes which can open new ways of thinking especially when designing, implementing, monitoring and evaluating social protection programmes. To broaden scientific knowledge on the impacts of social protection programmes, it is important to document also the unintended impacts. FAO (2010) and Nyasha, Knowles and Davis (2013) advice that having empirical evidence on the broader productive impacts of social protection instruments could help many countries in the global South where the social protection agenda has received little political support from politicians and other policy makers on the ground that they think that positive effects of social protection on the development of their countries are minimal. For example, if additional benefits are shown, political leaders and other policy makers can be enabled to understand the trickle-down benefits of intensifying and scaling up social protection programmes. In turn, this can help in mobilizing political will that is much needed in many countries in the global South to extend coverage and sustain social protection programmes (ILO, 2010; Samson, 2013).

In light of the above knowledge gaps, the aim of this study was to explore the unintended effects of the Child Grant Cash Transfer Programme (CGP) in Zambia with focus on one rural community where the programme was implemented. Below are details of the programme:

CGP has been implemented in Zambia since 2010 in three districts which have the highest rates of under-five stunting, wasting, morbidity and mortality in the country. The districts are Kalabo, Kaputa, and Shang'ombo. The CGP targets any household with a child under five years old and disabled children aged five up to fourteen years. Its specific objectives are similar to the ones for other social protection programmes in other countries across the global South. These are: to supplement and not replace household income; to increase the number of children enrolled and attending primary school education; to reduce the rate of mortality and morbidity among children under five years old; to increase the number of households having a second meal per day; and to increase the number of households owning assets. The funders for this programme are the Government of Zambia and International Donors which include UK Department for International Development (DFID), Irish Aid and United Nations Children Fund (UNICEF) among others. Eligible households receive 60 Kwacha (roughly U.S. \$12) per month regardless of household size and households with a disabled child received double that amount. Payments are made bimonthly and there are no conditions attached to the grant for one to receive the money. The programme uses universal approach in its delivery. This means that all the eligible households in the targeted communities receive the grant on bimonthly basis and wean-off when children turn either five years or fourteen years if has disabilities. In terms of governance and administration, the CGP uses government structures at the district and area local community levels to manage and administer the program in beneficiary communities. These include District Social Welfare Officers, Area Coordinating Committee (ACC) and the Community Welfare Assistance Committee (CWAC). The ACC is a sub district structure that covers 8 to 12 CWACs. The CWAC is a community-level structure which

covers 20 up to approximately 500 households. The ACC comprises members from the respective CWACs and is responsible for verifying potential and actual beneficiaries, monitoring the performance of the CWACs, and handle grievances. The CWACs comprise members from the community and are responsible for raising awareness about the CGP, identify beneficiary households, communicate details about payments with households, and counsel beneficiary households (Zambia's Ministry of Community Development, Mother and Child Health, 2013).

Fieldwork

Study site

This study was carried out in one rural community of Zambia where the Government of Zambia and various development partners implemented the CGP. Because the informants were assured that their names will not be mentioned anywhere, the actual name of the rural community where this study took place, names of the informants and actual dates for the study will not be mentioned. Instead, the community is just called as 'rural community' and the informants are abbreviated either as informant.1, informant.2, focus group discussion (FGD).1, FGD.2 or as informant during community meeting. However, the actual verbatim which came from the interview data are maintained. In this article, the word community is used by the informants to denote a group of people living together in one geographical area, and thus they understand their local environment better. The descriptions of the community are as follows: Its total population was estimated to be around 92, 000 of which the majorities are children below 18 years and the youths. It had a government basic school, government health centre and old government gravel road. In terms of livelihoods, the community members mainly depended on subsistence farming, fishing, and selling traditional drinks. However, the common community problems experienced included poor road nets, long distances to social services like educational and health facilities (many inhabitants walked about 9 kilometers), illiteracy, malnutrition, disease, mortality, lack of access to credit facilities and food insecurity due to geographical factors such as droughts or floods among other social problems (Zambia's Ministry of Community Development, Mother and Child Health, 2013). From these descriptions, it is clear that the whole rural community was vulnerable to many risks and shocks at the time of fieldwork.

Informants and research methods

Informants were community-dwellers. These were the primary beneficiaries of CGP and mainly mothers who had children aged below five years and handful mothers with disabled children between zero and fourteen years and other stakeholders who were involved in the implementation of the CGP in the rural community. It also included a few community members who were not on the programme because they were either outside catchment area or they became community members after the programme had already started. When collecting data, the study utilized qualitative research methodology to allow for the voices of the primary beneficiaries and other stakeholders to be heard. Because little is known about the unintended effects of CGP in Zambia, especially from the experiences and conceptions of the beneficiaries and other stakeholders in the rural community, this grounded approach was preferable (Yin, 2011; Kabelenga, 2017). One of the distinguishing features of qualitative inquiry is that it allows new insights about the particular issue under investigation to be generated. This comes about because the researcher studies the respective phenomenon in depth with the local people with first-hand information and experiences of the phenomenon under study in their local communities.

Actual data collection was done by conducting five one to one in-depth interviews (IDIs) with the primary beneficiaries, three focus group discussions (FGDs) with government officials at the rural community level, and CWAC members. On average, each FGD had 8 participants. Additional data was collected during one community meeting with 100 community members that comprised some primary and non-primary beneficiaries. As used in this paper, the term community meeting is used to mean that local people who lived in that rural community gathered together at one place to share with researchers their views and experiences about the CGP. Inclusions of the non-primary beneficiaries in the meeting were meant to get their views about the effects of being non-beneficiaries of CGP. A total of 129 community members participated in the study. Recruitment of informants was through purposeful and convenient selection (Creswell, 2006). Informants were located through community invitation letters and door to door notifications using CWACs members. The invitation letters described the research project, presented the discussion topics, and included information that the interviews were to be recorded. Three FGDs were held in places chosen by the informants notably a government office, school classroom and a church building. On the other hand, the community meeting was held under the tree. The five one-to-one IDIs were conducted in village huts for each informant. The main research questions which were asked are: what are some of the positive changes that have come about due to the implementation of CGP in this community? How the whole community is positively affected due to the implementation of CGP? How about the negative effects? What recommendations can you make to the Zambian government and other stakeholders involved in CGP on how to maximize the benefits of CGP in the development of this community? The informants were also informed that they were free to leave the interview at any time. The interviews were recorded and lasted between 60 to 90 minutes. Participants were also encouraged to contact the researchers through their telephone numbers after the interview if needed (Erlingsson, Saveman & Berg, 2005).

Besides the advantages of qualitative research talked about, FGDs, IDIs and community meetings enabled the researchers to explore, clarify and triangulate the informants' views. This is because these data collection methods allowed researchers to probe on many issues and compared constructions as they unfolded during interviews. In that way, researchers were able to establish divergences and convergences in the constructions of the phenomenon studied (Creswell, 2006).

Data Analysis

The interview text was analyzed by means of qualitative thematic analysis. Analysis involved several steps. First, researchers listened to the audio interviews and read the

transcripts straight through to get a sense of the whole. The general impression was that the participants discussed the intended and unintended positive effects of the CGP as well as the suggestions on how to scale up the benefits of the CGP. In the data, no informants brought out any negative effects of the CGP. Intended effects that emerged from the interview data were reduction of hunger among the households of the beneficiaries, improving access of the beneficiary households to social services such as health and education; and addressing maternal and child morbidity as well as mortality among households of the primary beneficiaries. Unintended effects were bringing local, national and international institutions together in addressing the social problems faced by the rural community; linking up the rural community to public, private and other community resources; and enhancement of business opportunities for the rural community members and other members of the Zambian society. In this paper, the focus is on unintended effects of the CGP. Thus, the second step involved sorting each interview text using the above three themes of the unintended effects as a framework. Third, the researchers critically analyzed, questioned, and compared text passages in each theme to achieve credible and trustworthy reasonableness (Guba, 1981). Representative statements from the interviews have been used to illustrate the themes. These statements are referred to by the nature of the interview. Erlingsson, Saveman & Berg (2005) advise that the foundation for credibility lies also within the examples of statements from the original texts offered in the findings section. Fourth, the researchers compared the results from all the informants and reflected on and discussed the findings. Fifth, in order to make the findings become analytical, researchers used the concepts of relationships and power as analytical tools to interpret the data.

These concepts were chosen after critical reflections upon the data. That is, all the issues that the informants brought out seemed to revolve around the above two scientific concepts. In social sciences, there are no universally agreed upon definitions of the two concepts. This is because concepts are socially constructed and are constantly in state of flux (Berger & Luckmann, 1991). Notwithstanding this, in this study the concepts of power and relationship are used to mean the following: *Power* is the ability of one person or institution to influence the behavior of another person or institution to do something for which they would not have done if they were just by themselves (Weber 1957; Foucault, 1980; Mahajan, 2003). On the other hand, relationship is used to denote a wide array of interpersonal, inter-institutional and intracommunity interactions between and among the rural community members, rural community institutions, with other members of the Zambian society and national and/or international institutions aimed at bringing about positive change in the rural community (Osei-Hwedie & Mwansa & Mufune, 1990).

Findings

There was a general consensus among all the informants that the CGP had produced positive effects that transcend the primary beneficiaries. That was because despite the CGP being meant for the welfare of the children, the whole rural community and other individuals that interacted with the rural community had benefited. Analysis of the interview text resulted in identification of three unintended effects: bringing local, national and international institutions together in addressing the social problems faced by the rural community; linking the rural community to public, private resources and other community resources; and enhancement of business opportunities for the rural community members and other members of the Zambian society. Detailed information on each of these effects is provided below:

Bringing local, national and international institutions together to address social problems faced by the rural community

One of the most interesting finding that emerges from the data is that, the implementation of the CGP has brought about the situation where various institutions within and outside the rural community have come together to address the social problems faced by the community. For example, informants report that CGP falls in the Ministry of Community Development and Social Services as well in the International Donor Community; health centers fall in the Ministry of Health; schools fall in the Ministry of Education; and CWACs are the local community structures. However, with the implementation of the CGP, all these institutions have simultaneously come together and are working hand in hand in ensuring that local people actively participate in addressing their problems. For instance, one male informant during the community meeting explained the effects of CGP in this way:

"We are now working together in addressing various problems faced by this community. Many local people for example never used to give birth from the clinic or send their children to school. Most of them never. This has changed. All the institutions such as education, health, Department of Social Welfare, and local people have come together as a result of this grant and are making sure that mothers deliver from the health centre if they are to stand any chance of getting the grant. And those with children who are receiving the money send children to school. Before coming of the CGP, this never used to happen, Maternal and child mortality have even reduced. Life expectancy and literacy levels in this community are going up. So, the whole community has benefited. This is what we call community development – addressing community problems."

Informants brought out similar effect during FGD.2:

Researcher: So, what changes has the CGP brought about in this community in general?

Informant.1: Many institutions are now working together.

Informant, 2: That is very true. For example, one cannot register a child on CGP if they don't have under-five clinic card.

Informant.1: And the card can only be gotten if one delivers from the clinic. The CWACs are making sure that all the mothers in this community adhere to this requirement.

Informant.4: To me that means that community apathy in accessing maternity services is being reduced.

Researcher: why is community apathy reducing?

Informant.4: Our women know that if they don't deliver from clinics, the child will not have clinic card, and that may make it difficult to be registered on the programme.

Informant.3: It is not just women, even husbands know that

Researcher: So even husbands have no option but to send their wives to the clinic?

Informant, 5: Yes, And that is beneficial to the whole community. Because the community is not losing community members through death which is common when women give birth from their villages.

The above data can be interpreted using the concepts of community relationships, family relationships, community power and family power. That is, from the above data, it can be deduced that the informants hold the view that CGP is working as a catalyst for enhancing community relationships and community power in mobilizing the local people to join local, and national efforts in addressing their community problems. From the data, it is evident that these interactions have also impacted positively on family relationships and family power. This is because family members have been enabled by the CGP to join local community and the whole nation in addressing their problems and for the whole local community. This is because from the above episodes, informants hold the view that as a result of improving community and family relationships and powers, the CGP has resulted in marrying the efforts of the Zambian government and the local community in encouraging community members for example to access health care and education services. This means that from the views of the informants, though the primary aim of CGP is not to improve community and family relationships, CGP has impacted positively on the whole community by improving local community and family relationships with the Zambian government and its development partners. This is also improving the powers of the families and the whole community to actively participate in addressing family and community problems.

Linking the rural community to public, private and other community resources

In all the three data collection methods used in this study (that is, FGDs, IDIs and community meeting), informants reported that CGP was working as a strategy for linking the rural community to productive resources essential for individual and community development. By productive resources, informants meant those resources that made beneficiary households and the whole community to develop. In the data, it is evident that the resources are provided by the public and private sectors as well by the rural community members. The productive resources commonly brought out by the informants are the loans, fishing nets, labour and firewood. For instance, it was learnt during the study that the beneficiaries of the CGP found it easier to access loans or fishing nets on credit than those who were not receiving the grant. That was because lenders were confident that the beneficiaries of the CGP would be able to pay back the loan and/or pay for the fishing nets once they get the child grant. Beneficiaries also find it easier to hire labour from the local community either to help them till their farms or to help them transport their merchandize from their fields to the local market. That enhanced individual productivity and for the whole community. That was because fishing, subsistence farming and petty trading which were the main economic activities for the whole rural community had improved. For instance, community members who were not on CGP complained in this way during the community meeting:

"It is easier for our colleagues who are on CGP to get a loan than for us who are not on CGP. If lenders see that one is trustworthy, they also give them their goods on credit and then they pay them when they have money. That is making our friends to be more productive than us who are just struggling on our own."

Informants during FGD.3 also bring out the similar effect:

"Many beneficiaries of CGP have become productive. As already said, others have started small businesses; some are even getting small loans; others hire labour to help them fetch firewood which they use when making tradition drinks and some use it to transport firewood from the forest to the salt industries."

Beneficiary mothers during IDIs also hold the similar view like their counterparts who participated in the FGDs and community meeting:

"This grant is helping us a lot. For single mothers like us, we find it very difficult to transport firewood on the heads from the forests to here [fields]. This is because firewood is very heavy. So with the grant, you can hire someone say who has the bicycle or who is energetic to help you fetch and transport firewood and also transport our merchandize to road sites where we have customers [motorists] who buy our goods. This is making most of us to be productive." (IDI.3).

"It is abit easier for us to get a loan from people with money in the neighborhoods. This is because lenders know that once we get the money, we will be able to pay back. If you get that loan, most of us use it to start small businesses like making flitters, buy fish which we re-sale or ask someone to help you till your farm land." (IDI.5).

The above data can be interpreted using the concepts of individual power and relationships of trust. This interpretation is based on the ground that from the above episodes, it is evident that informants hold the view that the CGP has enhanced the abilities of the beneficiaries to have access to productive resources, which in turn are making them to become economically productive. Relationships of trust are evident in those expressions where informants disclose that lenders are more willing to give loans to recipients of the CGP than non-recipients. In the views of the informants, one of the sources of the relationships of trust between the lenders and the recipients of the loans arise from one's being the recipient of the CGP. From the episodes, it is clear that from daily interactions with their local environments, the above relationships make beneficiaries of the CGP to be more productive than non-beneficiaries.

Enhancement of business opportunities

Another unintended effect that emerges from the data is that the CGP has enhanced business opportunities for the rural community members and other members of the Zambian society. By business opportunities, informants mean trade opportunities that make individual community members, the whole rural community and other members of the Zambian society to develop. Informants during community meeting, FGDs and IDIs reported that although the CGP is meant for households with children, the whole rural community and a number of business individuals and houses both within and outside the rural community had benefited from the CGP in that the grant had opened up the whole rural community to business opportunities which positively impacted on the socio-economic development of individuals and the whole rural community. Informants cite establishment of more local trade opportunities as some of the specific ways through which the CGP has brought about business opportunities to the local community. Informants report that following the implementation of the CGP, many business houses and individuals from within the local community and across Zambia especially from the urban cities are bringing their merchandize to the local community. This is because traders know that the majority of the local people have money received from the CGP and thus have financial abilities to buy their merchandize. In the process of trading with the local people, additional business opportunities have been opened up for the whole local community. For instance, informants disclose that, business houses and individuals from the cities also buy various goods produced by the local people such as farm produce like pumpkins, cassava, beans, and groundnuts among others as well as livestocks like goats and chickens. These interactions are encouraging the local people to be productive. For instance, the local people are encouraged to venture in various agricultural activities and fishing because they know that they would easily sale their products to the business houses and individuals who bring their merchandize to the recipients of the CGP. During community meeting, one female informant brought out the effects of the CGP as follows:

"I have nothing to say against the CGP. All we can say are just praises. This grant has benefited this community in various ways. In addition to what other people have already said, another benefit is that this grant has opened up this community to various business opportunities both from within this district and across Zambia. Many people doing business are now coming to this community to sale their goods to the beneficiaries of the grant. But in the process, they also become our market. For example, they buy from us things like fish, goats and farm produce. Our colleagues who do fishing, they also ask these business people to help them buy fishing nets from the towns. This is because in this community, we do not have shops that sale fishing nets. This is making most of us to work hard because we know that once I produce something, I will easily sell it to these people who target beneficiaries of the grant."

Similar voice tones are heard from the informants who participated in FGDs:

"The local and urban business houses usually come to this community to sell their merchandize to the beneficiaries of the CGP. Many times, they also allow the beneficiaries of the CGP to get the merchandize on credit and pay them when they receive the child grant. These interactions between this poor community and rich communities never used to happen before the CGP was introduced". (FGD.1).

During separate IDIs with the beneficiary mothers, individual informants also agree with the views expressed by other informants during community meeting and FGDs:

"Life is now abit easier. When you have something to sell, you can easily do so. Our friends with money from cities do buy from us. So, we no longer struggle to sale our produce especially chickens, goats, honey, birds. All these business people have been brought here due to the coming of the CGP. You can actually get surprised if you stay in this community. These business people even know the time we receive the grant. So they usually come here either before beneficiaries begin to receive their grants or when beneficiaries are receiving the money. During their time of stay in this community, they get involved in other business opportunities with the local people like buying fish, chicken and goats. So, this is creating market for the whole community." (IDI.1).

"We now have business. These businessmen and women who come in this community due to grant also buy from us fish, groundnuts and chickens." (IDI.4).

The above data can be interpreted using the concept of business relationships. That is, from the above expressions, it is self-explanatory that the informants hold the view that CGP has enhanced business opportunities for some of the local people. This is because, in all the above episodes, it is clear that the CGP has resulted in connecting some local people such as those with farm produce, livestocks, and those involved in fishing to business opportunities, both from within and outside the local community. As can be evidenced from the above verbatim quotes, enhancements of business relationships have dominated all the informants' voices. This means that the informants are of the view that the positive effects of the CGP are not only felt by the people within the local community, but also those from outside the local community and in particular business houses and individuals who come to do business in the local community following the implementation of the CGP.

Discussions

When all the findings of this study are condensed together, it is evident that all the informants share the view that the CGP has positive spillover effects to the whole local community and the Zambian society. The effect of creating social capital brought out by the informants if linked to the existing literature agrees with the studies undertaken by Angelucci and De Giorgi (2009) and IEG (2011) in Latin America which established the stronger links between social protections interventions and increased participation in social networks of reciprocity. For example, in Mexico, they established that PROGRESA programme had resulted in increasing the abilities of beneficiary households to manage risk via informal exchanges or transfers among extended family, friends and neighbors. The results also are in tandem with the studies by FAO (2010); and Nyasha, Knowles and Davis (2013) which established that social protection interventions if well designed and implemented have effects that transcend the beneficiary household into the local community and national economies. For example, in Ghana, Nicaragua and India, the studies showed that the positive impacts were also being experienced by non-beneficiary households, who got linked to beneficiary households through local markets. Whilst such links can sometimes be exploitative to the beneficiary communities as business individuals and entities can take advantage of the beneficiaries by for example, selling sub-standard merchandise to the people in beneficiary communities at exorbitant prices (Kabelenga, 2010), from the findings of the current study, it is evident that such interactions are good for the whole community as they have resulted into linking up beneficiary community and households of the beneficiaries to new ideas, new business opportunities, and exposure to the outside local community which are essential for the development of individual community members and the whole community. In development discourses, these 'social networks' are part of the recommended ingredients for individual and local community development (UN, 1982; Ose-Hwedie et.al, 1990; Putnam, 1993). One strategy that has dominated debates about the idea of community development in the context of third world countries is the idea of sharing progressive ideas among development partners on how to bring about development (UN, 1982; Osei-Hwedie, Mwansa & Katembula, 1990). From the current results, it seems that this idea is being ignited and realized with the introduction of the CGP in the rural community. In the views of the informants, these interactions have enhanced productivity of the local people and growth of the economy of the whole rural community.

Interesting also is that when the current findings are thought about in the context of literature on community development, it is evident that the CGP in the rural community of Zambia is acting as a catalyst for community development. One of the strategies for community development is joining the efforts of many people together in addressing community problems (Osei-Hwedie, Mwansa & Katembula, 1990). This is the case of the results of this study. This is because from the results, it is evident that through CGP the Zambian government and international donors have mobilized the cash and other technicalities, and then the local people themselves have contributed their labour. It is this mixture of efforts that have waged war against community problems in the rural community and resulting into improving the well-being of the whole community. From the results, it can also be deduced that one of the reasons that explain the impacts experienced in the local community is that the CGP is designed in the manner that allows the local, national and international community development actors to work with each other rather than one actor working for the other in addressing community problems. This linkage further underscores the community development adage that says that 'big things happen at teamwork' (Osei-Hwedie, Mwansa & Katembula, 1990: 40). From the episodes, it seems that the informants agree with each other that 'big things' in their community had happened because of the teamwork which had been created and catalyzed by the CGP.

Conclusions

Based on the findings of this study, the following are the conclusions: To begin with, the results indicate that the effects of the CGP in the rural community of Zambia are broader than what is documented in many literatures. From the episodes provided by the informants it is evident that effects of the CGP transcend the primary beneficiaries. This is because CGP has not only positively affected the intended beneficiaries, but also benefited the whole rural community and business individuals and entities that trade with the rural community. This is evident in that CGP has brought out the following changes which the Government of Zambia and its development partners never anticipated when introducing the CGP: bringing institutions together in addressing local community problems; linking up the rural community to developmental resources; and enhancement of business opportunities This entails that this study has broadened the current discourses on the effects of social protection. For instance, although this study was undertaken in one rural community, it has brought in new perspectives in scientific literature. One perspective brought in by the episodes is that in the contemporary world, one ingredient that can be used to foster local people's participation in rural community development work is the provision of CGP in a universal manner. It has also brought in the perspective that for local people to participate in local community development work, they calculate the benefits that would accrue to individual participants and to the whole community. From this study, it seems that both forms of benefits - that is 'individual benefits' and 'communal benefits' are considered important by individual participants. Combinations of the two forms of benefits can enable many local people to be willing to participate in local community development work. International Science Council (2004) and Creswell (2007) advise that one of the greatest contributions of any piece of scientific research to scientific knowledge is changing people's thinking about a particular phenomenon. By bringing in scientific literature new perspectives on the unintended consequences of CGP, our assumption is that many readers of this article will acquire and develop new ways of thinking about the consequences of CGP. Thus, it is our hope that this article will spark intense scientific debates and reflective practice-oriented discourses on how social protection can foster individual, local community and national developments.

From this study, it is also evident that the factors that have made CGP to catalyze local community development are the provision of the CGP using universal approach, designing the programme in the manner that allows all the development actors to work together throughout the whole programme cycle, designing the programme in the manner that allows local people to directly and indirectly benefit from the programme as individual participants and as a local community, consistent and timely provision of social protection benefits to the beneficiaries as well as provision of the benefits for sustained period of time. This results in continuous interactions of all the development actors in addressing local community problems.

This study concludes also that the new knowledge generated in this study has been made possible with the use of qualitative research. That is, by allowing the research methodology that allows the local people to freely unfold social issues in their local communities using their own words, experiences, cultural connotations and using their own thinking, new knowledge has been generated (Berger & Luckmann, 1991; Creswell, 2006). Thus, the findings of this study provide strong support for the importance of calibrating the methodological approach with the underlying aims of the study. Particularly in instances where research is intended to develop a deeper description and understanding of the phenomenon under study, qualitative research become the best alternative (Kabelenga, 2018).

Although this study has generated new knowledge and thus broadened scientific knowledge (International Science Council, 2004; Creswell, 2006), it is also important to acknowledge its limitations. Since this qualitative study was undertaken in one rural community of Zambia, it limits the transferability of the findings to all the communities in Zambia where social protection programmes are being implemented. Similarly, participants within each FGD knew one another. This could have meant that the participants already had a shared system of values and similar opinions that might have limited the diversity and richness of the discussions (Erlingsson, Saveman & Berg, 2005). Notwithstanding these limitations, it is interesting to note that results that emerged from community meeting, FGDs and one-on-one IDIs did not dramatically vary from each other. Ideally, this increased the trustworthiness (Guba, 1981) of the study.

Given its limitations, however, few previous studies have been undertaken on the unintended effects of social protection programmes on local communities where they are implemented across the world (FAO, 2010; Nyasha, Knowles & Davis, 2013; François-Xavier, 2013). This study has contributed knowledge towards filling up this gap. However, due to its limitations, continuing research is recommended on the unintended effects of different types of social protection programmes on individual beneficiaries, households of the beneficiaries, local communities, implementing institutions, on ruling and opposition political parties, on nations where the programmes are implemented and on international donors that fund part of social protection programmes especially in the global South like Zambia. Mixed methods approach may be a more suitable when conducting further research in this area. This may allow both breadth and depth of the effects to be captured. We hope that this study has put into place one more piece of the puzzle that will one day result into showing the global picture of the unintended effects of different social protection programmes in both the global North and global South.

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RELIGION AND THE QUALITY OF LIFE IN URBAN COMMUNITIES

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Abstract: The study first reviews some research and analysis of the relationships between religion and dimensions of the quality of life. It focuses thereafter on particular investigations of these relationships as they apply to several neighbourhoods in the city of Alba Iulia, Romania, where associations between religious confession and indicators of the quality of life like liveability, incomes and food quality have recently been polled. The observations lead to the conclusion that several religious communities are confronting themselves with problems that are similar and that might be alleviated through a promotion of strategic ecumenism.

Key words: confession, quality of life, liveability, food quality, strategic ecumenism

Introduction

Studies of the connections between religion and the quality of life often use institutional or spiritual variables like religiosity. Peterson & Webb (2006) concluded that several American researchers realised an important conceptual progress when they moved away from institutional indicators of religion (like religious denomination, faith or ritual) towards the new concept of religiosity, as expressing the relationship between ego and God. They concluded that religiosity was strongly correlated with some of the main dimensions of wellbeing: overall happiness, life satisfaction, life excitement and marital happiness. This correlation was stronger than the one between wellbeing and ordinary variables like race, income, civil status and church attendance (Peterson & Webb, 2006: 109). The two authors also considered that studies of particular denominations or of particular sets of spiritual practices bring a macro-vision of the quality of the confessional life, or of the life in general, in society. This vision, the authors remarked, could be focused on the objective dimension of the quality of life (the standard of living) or on the more subjective aspects, like the general happiness of the population. Previous American analyses, which concluded that the concept of a

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good life in the United States is based in a large extent on the Judeo-Christian ideas, are also mentioned (Peterson & Webb, 2006: 110).

The starting point of our analysis is that in a more or less formal manner, religions are determining the spiritual and social life of communities that differ in their quality of life. There is no intention to examine the relationships between religious ideology and the quality of life, nor between religiosity and the standard of living. We only intend to sketch some characteristics of religious communities in a territory and maybe to identify some of the burdens on existing churches, at least through their followers, in the territory under scrutiny. More practical aspects of such an endeavour will be highlighted in the conclusions.

The analysis is based on data that was collected with the occasion of a Local Development Strategy survey taken in the city of Alba Iulia, Romania. For the purpose of the survey, a territory made up of several residential districts surrounding a sociallymarginalised Roma population area was delimited, area which was also used in previous investigations (Marina, 2010). The survey took place in the fall of 2017, being administered by a team including the author of this paper and lecturers Vlad Millea, PhD, and Rodica Silvia Stânea, PhD, of the "1 Decembrie 1918" University of Alba Iulia. Out of the datasets obtained, we will be examining here only the associations between religious confession of the inhabitants and three other indicators: liveability, household income and quality of food.

As previously mentioned, our conclusions will make some practical references, but will also suggest avenues open for further research.

World Research on Religion and Quality of Life

In a study on religion and poverty in Brazil comparing the real-life experience of Brazilian Pentecostal Church members with that of Romano-Catholic ones, Mariz (1992: 63) concluded that the two were more similar than what the otherwise acute differences in respective religious ideologies would predict. Mariz noticed that both movements promoted closeness to God, self-respect, offered national support networks through their purpose, developped leadership abilities, promoted literacy and both encouraged a sober and ascetic lifestyle. The long-term consequences of the economic and political behaviour of the members could have been a lot less different than what most observers would predict. This aspect was visible especially in the management of the social and economic support, even though it was inter-individual in the case of Pentecostals and communitarian in the case of traditional communities (Mariz, 1992: 67).

Remaining in the Latino American space, we can also mention Henri Gooren, who, while studying connections between liberation theology and quality of life in Guatemala, remarked that at the end of the 60's and beginning of the 70's, the Romano-Catholic liberation theology movement appeared to gain a lot more momentum than evangelical Protestantism in Latin America. Liberation theology claimed that The Kingdom of God could be established on Earth through struggle for social justice and against poverty. Towards that goal, social order should first be

analysed by the poor (Gooren, 2002: 29). Nevertheless, Gooren remarked, the poor preferred to join non-Romano-Catholic confessions in the detriment of those named Christian Base Communities or of other denominations promoting liberation theology. In his search for an explanation, Gooren found that the non-Romano-Catholic confessions promoted elements of ascetism and self improvement, which conferred important instruments to the Guatemalan poor for economic and spiritual improvements in their quality of life (Gooren, 2002: 29). The adherence to non-Romano-Catholic churches came also with additional advantages. They were legitimising the partial withdrawal from own household and family as a possible solution to some of the social problems. The outside world was considered harsh, sinful and dominated by exploitation, crime and corruption. Since the contact with it cannot be avoided, it should then be subjected to the rigorous morality of those churches. The adherence to church was also stimulating new abilities and responsibilities and offered the opportunity for the development of social support networks in case of sickness or unemployment. Moreover, both leaders and followers of the movements were coming from the same social strata and talked the same language (Gooren, 2002: 40). Accepting capitalism as a given, the author observed, the Guatemalan poor build their own liberation theology in struggling to cope with daily problems of poverty, exploitation, ignorance and alcoholism. In this new liberation theology, Gooren concluded, "God was not so much a companion in the quest for a better society, but rather in the quest for a better self" (Gooren, 2002: 40).

On the other side of the world, in India, data on poverty and religion displays wide variations for different groups. The Buddhists had the highest incidence of poverty (40%), followed by Hindu (29%) and Muslims (28%). Christians and Sikhs had lower rates (16%, respectively 5%) and Jainists ranking best at 2%. Thus the Buddhist minority was the poorest, the two largest Hindu and Muslim majorities had average rates and three other minorities (Christians, Sikhs and Jainists) had the lowest rates of poverty (Thorat, 2010: 49). The variables that explained such findings were a better education of Christians and a more inclination towards commerce entrepreneurship of other minorities.

Looking at the correlations between the religious affiliation of the heads of the households and poverty in Africa, Anyanwu (2013: 32) found that poverty levels in Nigeria varied with religion. In 2004, the incidence of poverty based on the religion of household head were 40.41% for Christians, 68.81% for Muslims, 56.61% for traditional religions and 48.17% for others. In Kenia, research undertaken by Achia, Wangombe and Khadioli (2010: 42) found association between poverty and the following predictor variables: ethnicity, religion, number of household members, highest level of education attained, the age of household head and the type of place of residence. The results showed that the religious were less poor overall (20.7% on average) than those without religion (74.2%). More so, religion had significance over the socio-economic status of the household head as follows: 1) Protestant heads (or other Christian denomination except Romano-Catholic) predicted higher probabilities for poverty than Romano-Catholic heads; 2) Muslim heads predicted higher probability for poverty than Romano-Catholic heads (Achia, Wangombe & Khadioli, 2010: 43). In North America, Ludwig and Mayer (2006: 181) concluded that lower income

Americans better identified with a religious confession, went to church more frequently and praved more often than higher income ones.

In researching the connections between religion and the quality of life, we believe that one should also pay attention to the links between religion and economic attitudes. As Guiso, Sapienza and Zingales (2003) remarked, there is an active debate on the impact of religion on believers' economic attitudes ever since Max Weber. The authors used World Values Survey towards the purpose of finding such connections. Their main conclusion was that religious faith was closely associated with a favourable attitude towards prosperity. Overall, Christian beliefs appeared more positively associated with favourable attitudes towards higher incomes and economic growth (Guiso, Sapienza & Zingales, 2003: 225). Some significant findings include: 1) Atheists had less positive attitudes towards markets and perception of their correctness (p. 249); 2) Religious people were less likely to give up equality for certain incentives and were less favourable to private property in general, but frequent churchgoers were more likely to do that and more open to private property in particular; 3) Religious people held more dearly onto the belief that poverty comes from laziness and lack of will than from an unfair social treatment (p. 250).

Other research on religion and economic growth lead to contradictory results. Some findings lead to the conclusion that most religions with the exception of Romano-Catholicism had negative influences on economic growth while other had found that some religions like Islam and Confucianism had more positive influence than Romano-Catholicism. Some studies identified a negative influence of religion in Islam-dominated countries, other a positive one (Offutt, Probasco & Vaidyanathan, 2016: 3).

In Europe, research undertaken by Lepianka, Gelissen and Van Oorschot (2010) highlighted, among others, the fact that differences in the manner in which poverty was attributed were directly related to the existence of a Romano-Catholic tradition in the respective country. Thus, they found it more likely that, in Romano-Catholicallyinfluenced countries, poverty would be more attributable to factors outside poor man's control, such as social injustice and the lack of opportunities (Lepianka, Gelissen & van Oorschot, 2010: 68).

Under the same frame of reference, Hunt (2002: 810) found out that in the American space, Protestants and Romano-Catholics displayed stronger individualistic convictions (attributing more responsibility to personal merit), Jews and others held more structural beliefs (poverty being related to social determinants), while Romano-Catholics and Jews displayed more fatalism (attributing poverty more to bad luck or to lack of opportunity). In the same frame of reference, an older study by Norman T. Feather (1974), who looked at some Australian and American cases, is worth mentioning.

The literature on the subject also includes several other important topics: 1) the relationship between religious belief and social inequalities (Keister, 2008); 2) the relationship between religion and some subjective aspects of wellbeing (Diener, Tai and Myers 2011); 3) the implications of religiosity on economic outcomes (Gruber, 2005); 4) the relationship between religion and social policies (Kahl, 2005); 5) religious organisations and the fight against poverty (Jawad, 2008).

In Romanian sociology, Sandu (2015: 204-205) treated religious confession (specifically the Greek-Orthodox proportion of the population) as a defining dimension of cultural zones seen as 'regions of maximal homogeneity' and which, in fact, constitute groups of counties with socio-cultural similarities. In historical context, these cultural zones are associated to the development processes.

Research in which we were directly involved in the past examined aspects of relationships between religion and civil society (Pascaru & Buţiu, 2009) or environmental concerns (Buţiu & Pascaru 2014). An active participant in our research, Moldovan (2010) studied the connections between religion and entrepreneurial profile of rural inhabitants.

Research in the City of Alba Iulia, Romania

Population Profile

As previously mentioned, our analysis is based on a research study undertaken in Alba Iulia, the capital city of Alba county, Romania. The actual area under study included the neighbourhoods Ampoi I, Ampoi II, Ampoi III, and Cetate, where religious selfidentification was as follows: 1.2% non-religious, 81.5% Greek-Orthodox, 11.2% Pentecostal, 1.5% Greek-Catholic (i.e. Eastern-Catholic), 1.4% Romano-Catholic and 1.1% Jehovah's Witnesses. Those with less than 1% were Baptists (0.6%), Protestants (0.5%), Adventists (0.5%) and other with unspecified religion (0.8%). The predominant ethnic group were Romanians at 77.9%, followed by Romany at 20.3% and Hungarians at 1.8%.

Out of the 1.2% non-religious respondents, 62.4% were Romanians and 37.6% Romany. Out of the Greek-Orthodox, 85.3% identified themselves as Romanians, 14.5% as Romany and 0.2% as ethnic Hungarians. Greek-Catholics were 100% Romanians and Protestants were 100% Hungarians. Romano-Catholics were 55.8% Romanians and 44.2% Hungarians. Baptists declared themselves 74.4% Romanians and 25.5% Hungarians. Pentecostals self-identified as 24.3% Romanians, 74.2% Romany and 1.5% Hungarians. Adventists were 65.6% Romanians and 34.4% Romany. Jehovah's Witnesses were 85.1% Romanians and 14.9% Romany. Of other, unspecified religions, 60.4% were Romanians and 39.6% Hungarians.

The median age of respondents was 50. Younger than that were the non-religious at 40.9 years, Pentecostals at 42.1, Adventists at 44 and those of other religion at 47.2 years. At and over the average were the Greek-Catholic at 75.5, Romano-Catholics at 60.9, Protestants at 55.7 and Baptists and Jehovah's Witnesses both at 61.5 years of age. One may remark that the Greek-Orthodox were to the median age of the population, fact that can also be said in regard to other variables.

Out of the non-religious respondents, 48.8% were married and 12.8% each, in equal proportions, were common-law, divorced and widowed. The Greek-Orthodox were mostly married at 60.9%. Fifty percent of Greek-Catholics and of Baptists were widowed and 50% of Baptists were married. Among the Romano-Catholics 44.2% were married. Protestants were split equally at 33.3% between married, divorced or of other civil status. The majority of Pentecostals (62.1%) were married. Adventists were also split 33.3% equally between married, divorced or "other" (including separated or single parents). Jehovah's Witnesses had the highest proportion of married respondents at 85.1%. Also, those of "other" religion were mostly married at 74.4%.

In terms of education, many of the non-religious (37.2%) reached grade 10 and 24.4% graduated high school (i.e. grade 12). Greek-Orthodox graduated high school (27.5%) and university (18.3%). Approximately two thirds of Greek-Catholics and of Romano-Catholics were at least high school graduates (67.9% and 66.3% respectively). Close to two thirds (65.5%) of Protestants and 74.4% of Baptists had vocational education and none of the Baptists had graduated high-school, Most Pentecostals (37%) were primary education (grades 1-4) graduates, followed by 20% secondary education (grades 5-8) and 14.4% with no formal education at all. All Adventists were grade 10 graduates. Out of all Jehovah's Witnesses, 27.6% were high-school graduates and out of all "other" religions most were either grade 4 or university graduates, equally at 39.6%.

Most of the respondents having no institutionalised education at all were Pentecostals (20.1%). Most of the upper-educated were among the Greek-Orthodox, at 93.2%. Baptists had a higher proportion of trades-level education (professional trades qualifications, 3.4%).

As for the employment status, about half of the respondents without religion were wage earners, 37.6% were stay-at-home parents and 12.9% on social support. Of the Greek-Orthodox, 42.5% were gainfully employed, 35.5% pensioners, 10.2% stay-athome and 5.5% on social support. The majority (89.6%) of the Greek-Catholics were pensioners and 10.4% salaried. The majority of Romano-Catholics were also pensioners (55.8%), with rest of 44.2% earning incomes. Protestants were split in equal thirds, 33.3% earning steady incomes, 33.3% pensioners and 33.3% earning occasional or under-the-table incomes. Most Baptists (74.4%) were pensioners and 25.6% inactive as preschoolers or dependents on other family members' incomes. Pentecostals, like the Greek-Orthodox, displayed a wide occupational diversity with 42.7% staying at home, 18% pensioners and 12.8% earning salaries. Pentecostals with other occupational status were 8.2% and those on social support payments 7.3%. Jehovah's Witnesses were mostly pensioners (70.7%) followed by stay-at-home 17.7% and on guaranteed minimum wage 14.7%. Those of "other" religions were 39.6% salaried, 39.6% pensioners and 20.8% self-employed in agriculture.

The average number of household members of the whole sample was 2.8 persons. The average number of household members for each of the religion categories was 2.6 for non-religious, 2.7 for Greek-Orthodox, 2 for Greek-Catholic, 2.1 for Romano-Catholics, 2 for Protestants, 2.8 for Baptists, 3.5 for Pentecostals, 3 for Adventists, 3.29 for Jehovah's Witnesses and 2.4 for those of "other" religion.

Synthesizing these preliminary results, one should first notice that two religious communities include the majority of the inhabitants in the area under scrutiny: the Greek-Orthodox and the Pentecostal communities. The two communities have thus the highest probability of acquiring a diversity of members and of problems. It is no surprise that Romanians, Romany and Hungarians are to be found in both of them. Although far from us the intent of arguing for an ethnically-based determinism, we do not exclude the possibility that such an identity configuration can be also reflected in aspects concerning the quality of life, in spite of the noticeable differences in education levels of the Greek-Orthodox, who, in majority, were high-school graduates, and of Pentecostals, who in majority barely reached grade 8. One should also keep in mind that the difference in age, the median age of the Greek-Orthodox being higher than the average of the sample, while that of the Pentecostals lower.

The Pentecostals and the Greek-Orthodox also displayed a wider occupational variety. A relatively low proportion of social support receivers, unlike Jehovah's Witnesses for example, was also noticed among Pentecostals and Greek-Orthodox. The "burden" of a large household falls mostly on the shoulders of the Pentecostals. Adventists and Jehovah's Witnesses, all with an average of three or more members.

In a preliminary estimate of the social realities in the area under observation, one could expect more social problems to be faced by neo-protestant communities (Pentecostal, Adventist and Jehovah's Witnesses), closely followed by the Greek-Orthodox community. The other communities are likely to deal with age-related problems and with the limited resources of pensioners, the Romano-Catholic, Protestant and Baptist communities probably facing similar needs.

Dwelling and Amenities

In terms of ownership, the place of residence was legally owned by one household member in: 49.9% cases where the respondent was non-religious, 71.9% of the Greek-Orthodox, 89.6% of Greek-Catholic, 74.1% of Romano-Catholics, 65.6% of Protestants, 100% of Baptists, 31.8% of Pentecostals, 65.6% of Adventists, 56.8% of Jehovah's Witnesses and 79.2% of those of "other" religions. Social housing was used by 24.7% of the non-religious, 5.1% of Greek-Orthodox and 8.4% of Pentecostals. 12.9% of the non-religious, 7.1% of Greek-Orthodox, 46.8% of Pentecostals and 34.4% of Adventists lodged in residences that were not legally owned by any member of the household. Most of the rentals (12.95%) were inhabited by Romano-Catholics, followed by Greek-Catholics at 10.4% and Greek-Orthodox at 8.4%.

The sample average living space of a household member was 21.6 m²/person. Less space that was available to the non-religious (12.1m2/person), Protestants (15.7m2/person), Baptists (20.5m2/person), Pentecostals (11.1m2/person) and to those of "other" religion (15.4m2/person). More space was available to the Greek-Orthodox (22.7m2/person), Greek-Catholic (40.8m2/person), Adventists (42.1m2/person), and to Jehovah's Witnesses (23m2/person). Electric power was not available to 12.9% of nonreligious, 4.4% of Greek-Orthodox and 8.6% of Pentecostals.

Natural gas was not available to 50% of non-religious, 17.5% of Greek-Orthodox, 55.2% of Pentecostals, 43.2% of Jehovah's Witnesses and 20.8% of those of "other" religion. Inside running water-toilets were not available to 7.3% of Greek-Orthodox and 23.4% of Pentecostals. Inside bathrooms were not available to 6.2% of Greek-Orthodox and 20.9% of Pentecostals. Separate kitchens were not available to 62.4% of the non-religious, 15.4% of Greek-Orthodox, 11.6% of Romano-Catholics, 33.8% of Pentecostals and 43.2% of Jehovah's Witnesses.

All Greek-Catholics, Romano-Catholics, Baptists, Adventists and those of "other" religion had refrigerators, whereas only 75% of the non-religious had refrigerators, 91.3% of Greek-Orthodox, 65.6% of Protestants, 86% of Pentecostals and 85.1% of Jehovah's Witnesses. Laundry machines were not available to 12.9% of the nonreligious, 10.7% of Greek-Orthodox and 14.3% of Pentecostals.

Income and Expenses

The average daily household member income in the area of study was EUR 7.83. Smaller incomes were declared by the non-religious (EUR 4.64), Protestants (EUR 6.45), Baptists (EUR 4.61), Pentecostals (EUR 7.00), Adventists (EUR 6.56) and Jehovah's Witnesses (EUR 2.66). The Greek-Orthodox (EUR 8.06), Greek-Catholics (EUR 8.91), Romano-Catholics (EUR 8.11) and those of "other" religion (EUR 11.55) had incomes greater than average.

Sample average monthly utility expense per household member was EUR 38.93. The Greek-Orthodox (EUR 39.59), Greek-Catholics (EUR 58.06), Romano-Catholics (EUR 41.91), Protestants (EUR 48.38), Baptists (EUR 43.01), Adventists (EUR 50.17), and those of "other" religion (EUR 47.49) spent over the average spent, while the nonreligious (EUR 21.59), Pentecostals (EUR 33.98) and the Jehovahss Witnesses (EUR 20.85) under the average.

Late payments during the previous 12 months were made by 75% of the non-religious, 31.5% of the Greek-Orthodox, 10.4% of the Greek-Catholic, 22.1% of Romano-Catholics, 50% of Protestants, 25.6% of Baptists, 72.6% of Pentecostals, 65.6% of Adventists and 66.7% of Jehovah's Witnesses.

Also during the previous 12 months, 50% of the non-religious claimed they could not afford a proper heating bill; 25.2% of the Greek-Orthodox, 10.4% of Greek-Catholic, 33.7% of Romano-Catholics, 50% of Protestants and 50% of Baptists claimed the same problem. Among the Pentecostals 66.5% could not afford proper heating and also 34.4% of Adventists and 33.3% of Jehovah's Witnesses.

Single persons over 65 were 8.9% of all respondents. Out of these, 0.5% stated they could not make it on their own without help, 1.9% stated they have a hard time coping, 2.7% stated they have some difficulties, 3.2% said they manage fairly well and 0.6% said they are managing without problems. Both ends of the spectrum - the 0.5% who were not able to manage without help and the 0.6% who were managing without problems were entirely Greek-Orthodox.

Grocery Expense and Food Quality

Average food expense of a household member was EUR 56.45. More than the average was spent by the Greek-Orthodox (EUR 59.49), Greek-Catholics (EUR 92.16), Romano-Catholics (EUR 63.91), Adventists (EUR 82.43) and those of "other" religion (EUR 64.51). Less than the average was spent by Protestants (EUR 39.42), Baptists (EUR 56.45), Pentecostals (EUR 36.37), Jehovah's Witnesses (EUR 31.03), and by the non-religious (EUR 36.45).

During the previous 12 months, some respondents bought food on credit, some did not: 25% of the non-religious, 15.4% of Greek-Orthodox, 49% of Pentecostals, 34.4% of Adventists and 17.2% of Jehovah's Witnesses used credit; Greek-Catholic, Romano-Catholics, Protestants, Baptists and those of "other" religion did not.

Respondents were also questioned on how often they ate prepared food. Most of the non-religious (62.4%) ate prepared food only once a day or less and 24.7% ate it only 2-3 times a week; only 12.9% ate it three times a day. The majority of Greek-Orthodox (69.7%) also ate prepared food once a day or less and 23.5% 2-3 times a week; only 6.8% ate it three times a day. 44.2% of Greek-Catholic ate cooked food once a day or less and 33.7% 2-3 times a week; 22.1% ate it three times a day. None of the Romano-Catholics at prepared food three times a day. Most Baptists (74.4%) at cooked food once a day or less and 25.6% of them three times a day. Most Pentecostals ate it once a day or less and 30.3% 2-3 times a week; only 4.3% ate it three times a day. Also, most Adventists (65.6%) ate cooked food only once a day or less, followed by those who ate it 2-3 times a week. Half of Jehovah's Witnesses ate it once a day or less, 32.8% 2-3 times a week and 17.2% three times a day. Those of "other" religion ate once a day or less in majority (74.4%) and 25.6% 2-3 times a week.

Households in which animal protein was not consumed daily were 50% of the-non religious, 56.8% of Greek-Orthodox, 50% of Greek-Catholic, 55.8% of Romano-Catholics, 74.4% of Baptists, 68.5% of Pentecostals, 65.6% of Adventists, 14.9% of Jehovah's Witnesses and all of those of "other" religion. In all Protestant households, animal protein was consumed daily.

Conclusions and Openness

We should first retain that the most affected by the uncertainty of their dwelling ownership were the Pentecostals and the Adventists. More than a third of them did not posses house property titles. In terms of personal living space, more problems were also associated with the Pentecostal and the non-religious communities. Although certain structural similarities between the Greek-Orthodox and Pentecostal communities can be noticed, major dwelling issues have only been identified in the Pentecostal community. The situation of the non-religious cannot be ignored either.

One relevant indicator for the quality of life is the availability of running water bathrooms inside homes. Pentecostal households were noticeably lacking this feature. Pentecostals were confronted with other scarceness too, like the lack of refrigerators and laundry machines. Notwithstanding these, there were few who felt unsafe and there was a certain degree of optimism about future improvements, including probably the prospect of moving to another dwelling expressed by both the Greek-Orthodox and Pentecostals.

There were no major income differences between the Greek-Orthodox and Pentecostals, but the low incomes of Jehovah's Witnesses are noticeable. The latter ones and the non-religious also had beneath average expenses. Pentecostals, Adventists and Jehovah's Witnesses admitted postponing utility payments during the previous 12 months. Additionally, significant proportions of Pentecostals, Adventists and Jehovah's Witnesses could not afford and adequate level of heating their homes. Among the Greek-Orthodox, there were single persons who were not able to manage by themselves.

In general, the income and dwelling expense-related problems appear to invite more attention from the Adventist, Pentecostal and Jehovah's Witnesses communities and those of single elders from the Greek-Orthodox one. Pentecostals, Jehovah's Witnesses and the non-religious had the lowest food budgets. Almost half of Pentecostals were buying food on credit, fact that can signal a scarcity of income for these communities. The quality of nourishment associated with prepared food was better for Pentecostals and Jehovah's Witnesses of which almost a third consumed it two or three times a week. The general quality of food as reflected in the daily amount of animal protein consumed, paradoxically, was better for Jehovah's Witnesses. Nevertheless, the connection between religious confession and diet should be studied further since it may very well be dependent on particular rituals and traditions of each religion. Table 1 presents a synthetic religion-based distribution model for some problems concerning the quality of life, which are of concern in our study and conclusions.

Table 1: A possible religion-based distribution model for some problems concerning the quality of life

Religious Confessions	Problems (• less than average)			
	Dwelling (Personal living space)	Income	Food Budget	
Non-Religious	•	•	•	
Greek-Orthodox			•	
Greek-Catholic				
Romano-Catholic			•	
Protestant	•	•		
Baptist		•	•	
Pentecostal		•	•	
Adventist	•	•		
Jehovah's Witness		•	•	
"Other"				

Source: Author's own work.

Table 1 suggests both the suitability of a strategic ecumenism and of more involvement of the religious leader as a community catalyst (Butiu, 2015). Concerning ecumenism, there are at lest two meanings of the term that are drawing our attention: 1) "knowing the Christians belonging to each confession" and 2) "the collaboration of different confessions' representatives in dealing with the existing social problems" (Cretu, 2014: 535). The second connotation implies the collaboration towards solving certain punctual problems, but also towards managing long-term problems, in which case one

can think of a strategic ecumenism. Of course, communities cannot remain outside these strategies, fact which suggests the use of community development terms – that is development inside and through the community. Religious leaders can become true catalysts of the capacitating process, which is also a community self-discovery process.

As seen from our data, several problems are encountered by the non-religious respondents who live among religious people. Who could be in charge of them? It is maybe the time to promote a tighter alignment between the strategic ecumenism that has been mentioned and the local development strategies of a more or less secular nature.

One problem associated with urban spaces like the one under study is the more determinant nature of the ethnic factor than of the religious one. This aspect can be proven even by our data, but in our opinion, the excuse of the particular ethnic profile of certain communities that are confronted with quality of life problems cannot continue to be invoked indefinitely. From a sustainable intervention perspective, we believe one should leave aside the ethnic background when one invokes the necessity of a strategic ecumenism. This is also the reason we did not emphasize in this study the role of the ethnic factor in determining the problems related to the quality of life in general or to dwelling, income or nourishment in particular.

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CHINA'S HIGHER EDUCATION **DEVELOPMENT: POLICY REVIEW** AND RECOMMENDATIONS

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Abstract: Not only playing a role in creating and spreading knowledge, higher education institutions can also make a positive contribution to a nation's economic development and its social welfare improvement. The Chinese government has made some adjustments to its state management policy toward higher education; subsequently, massification of higher education was achieved, and several top world ranking and world-renowned universities were built as a result of projects 985 and 211. This study focuses on analyzing China's higher education system, law/legal system, and by-law documents on improving higher education; from that, the research can identify the core problems in the development of higher education system in China as well as the content needed to be solved in the coming years.

Key words: tuition fee, staffing, University council, University governance

1. Introduction

Higher education institutions are responsible not only for the transmission and production of knowledge, but also make a positive contribution to the economic development as well as welfare of mankind (Thorens, 2006). Since 1978, Chinese government has implemented economic reforms towards outside the world, 'the focus of China was shifted to economic introduction to higher education in China development (Zhu and Lou, 2011, p. 2). Lots of higher education policies had been promulgated, resulting in an unprecedented opportunities for higher education in this country. Massification has been done, world-class universities and world-renowned universities have been

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established. Chinese higher education system as well policies for higher education development would be reviewed; essential policies for the development of higher education institutions in China would be discussed. This research compared the current policies of tuition fees, block grant budget, and university council in China, with university governance patterns in countries shaped by the Napoleonic model or the Humboldtian model. Several suggestions for Chinese government to revise policies for higher education development in the coming years will also be discussed.

2. Literature review and research framework

Higher education system includes public and private institutions around the world except for UK and Ireland (Mora, 2001), and the State manage higher education development through the state control model or the state supervising model (Vught, 1989). At the time of the founding of the People's Republic of China, 'all private and missionary universities and colleges were turn into public ones' (Liu, 2016, p. 50), and over-specialized institutions were dominant throughout the higher education system due to an attempt to duplicate the Soviet model of higher education because it worked well with the planned economy (Zha, 2009). All Chinese universities were owned and directly administered by the Ministry of Education and other ministries. Higher education had, therefore, developed in accordance with the planning and administration of the Chinese government (Zhu and Lou, 2011).

With the establishment of China's economic reform and Open-Door Policy since 1978, higher education opened out 'towards the future and towards modernization' (Deng, 1993, p. 35) as well as 'better serve the socialist construction' (Deng, 1994, p 103). China's higher education entered an era of rapid development and comprehensive reform: Both central and local government participated in governing higher education system (Mok, 1999), private universities were reintroduced at the early of the 1980s (Morgan and Wu, 2011), comprehensive public universities were encouraged to launch through merger (Wang and Liu, 2009), the objective of massification of higher education had been established (Chen 2004), the world-class university and world-renowned universities had been targeted via the introduction of project 985 and project 211 (Wang et al., 2011).

To enhance the development of higher education in China, a series of policies for higher education development had been promulgated by Deng Xiaoping and his successors. The 1985, Decision on the Reform of Educational Structure issued by the Central Committee of the Communist Party of China started a process of decentralization. Decision makingpower from the central government had been initially transferred to local government and public higher education institutions. The roles and responsibilities of central and local government in higher education development had been clarified to meet the current requirements of socio-economic development at that time (Liu, 2016); university were allowed to charge tuition fees on a small number of student in public universities (Hong, 2018); the role and responsibility of the president as well as Communist Party Committees in public universities had been re-determined (Liu, 2017). The Guidelines for Educational Reform and Development in China was promulgated in 1993, provided more funding channels for public universities, ranging from non-state budget through school-run industry, social donations, financial contribution from students and fundraising (Mok, 2002; Chen, 2004). The Guideline reaffirmed the 1985 Decision as 'The central government would refrain

from direct control over education. Instead, government acted as a facilator' (Li and Yang, 2014, p. 13). The Higher Education Law, launched in 1998 has institutionalized the previous policies on university governance in the context of university autonomy, and the law was revised in 2015 (Wang, 2010; Chinese National Progress, 2016). In 2015, the Overall Plan for Comprehensively Promoting the Construction of the world's first class Universities and first class Disciplines was enacted by the State Council. The Double first-class Plan was clearly put forward to promote a number of universities and disciplines to enter into the world's leading ranking, to accelerate the modernization of higher education governance system and governance ability (Higher education evaluation center of the ministry of Education, 2016)

Although policies for Chines higher education development including the Law on Higher Education, Law on the Promotion Of Non-public Schools of the People's Republic of China, by-law documents for the development of the higher education system have been discussed among Chinese and international scholars (Huang, 2003; Chen, 2004; Wang et al., 2011; Mohrman et al. 2011; Su et al., 2015; Liu, 2017; Jia and Ericson, 2017), and the limitations and implication policies for university governance have been pointed out. The research on policies on Chinese higher education development would still remain relevant, particularly in comparison to other countries shaped by the Napoleonic model or the Humboldtian model.

3. Overview of Higher Education System in China

There are more than 2560 higher education institutions in China, of which 118 are public universities, including 71 universities affiliated with the Ministry of Education, 50 higher education institutions affiliated with other ministries or central government's branches; the remains - approximately 1709 public higher education institutions and 733 private institutions - are managed by local governments (Xiulan, 2011). The number of regular HEIs offering undergraduate education and above are 1219, the number of regular tertiary vocational colleges are 1341. Before 2008, the non-government HEIs used to be dominated by the tertiary vocational college education, but now private universities and tertiary vocational colleges develop simultaneously in China. In addition, 600 universities affiliated with local and provincial government are being transformed into vocational education with a strong orientation on employability (Serger et al., 2015).

Table 1: Changes in number of higher education institutions in China in the period of 2005 - 2015

	2005	2010	2015
Number of universities		1112	1219
In which: number of non-government regular HEIs offering		371	423
undergraduate education and above			
Number of tertiary vocational colleges		1246	1341
Proportion occupied by the number of students enrolled by regular		66.3	68.6
HEIs			
Proportion occupied by the number of students enrolled by colleges		23.2	17.9

Source: HEEC, 2016

While the number of regular HEIs has increased rapidly since the beginning of the era of economic reform, a small number of elite universities had been selected to become 'world-class' universities. So far, 112 and 39 public universities have been selected and supported by Project 211 and 985 respectively. No new universities have been added to the list since 2011. The original objective of 211 project aimed to improve the capabilities and competitiveness of some 100 universities in education, research, management and outcome impact. As consequence, Project 211 universities account for four-fifths of doctoral students, two-thirds of graduate students, and one-thirds of undergraduates in China (Serger et al., 2015). Project 985 targeted a small group of elite universities with the aim of turning them into world class universities. Thanks to the huge investment from public funds for a small fraction of the universities, 2 universities were ranked in the top 50, 10 universities ranked in the top 200, 19 universities ranked in the top 300 and 44 in the top 500 universities all over the world (Reddy et al., 2016).

Additionally, more than 43 million students were enrolled in HEIs in 2015, of which, the number of undergraduates annually enrolled by regular HEIs was 5,66 million, the number of students enrolled by colleges was 6,12 million and the number of HEI graduates was 5,20 million in 2015. According to the report of Higher education evaluation center of the ministry of Education (2016), at the undergraduate level, majors related to science, engineering, agriculture and medicine account for about 50%, the literature, history and philosophy related majors account for 20%, and the economics, business, law and education related majors account for 30% of the total enrollment undergraduate in China. At the graduate level, the proportion of different disciplines was 50%, 20%, 30% respectively in 2015.

Table 2: Changes in the number of undergraduate students enrolled by the regular HEIs according to the disciplines in 2005 - 2015

Unit: 10 000 persons

	2005	2010	2015
Total		387.2	423.7
Subtotal of literature, history and philosophy		68.8	76.3
Subtotal of students majoring in Economics, Management, Law and		108.9	121.5
Education			
Subtotal of students majoring in Science, Engineering, Agriculture		173.6	191.6
and Medicine			
Subtotal of students majoring in Teaching training		35.9	34.3

Source: HEEC, 2016

In HEIs, the average total credits are 164, but it differentiates among 985 project HEIs, 211 project HEIs, regular HEIs, independent colleges. The total credits cover both compulsory and selective courses, with the average proportion is 79,54%, and 20,46% respectively. Public compulsory courses, particularly political courses such as Marxism and Maoism are strictly controlled by the state because 'The task of China's higher education is to cultivate high-level specialized personnel with social responsibility, innovative spirit and practical ability, develop scientific and technological culture and promote the construction of socialist modernization' (HEEC, 2016, p7)

4. Laws and By-law documents for Higher Education Development in China

First, about the establishment and development of higher education system: Law on Higher Education of China defines the roles, responsibilities of central government and local government in their relationships with higher education institutions: 'The state formulates higher education development planning, establishes institutions of higher learning and adopts various forms to actively develop the cause of higher education in accordance with the requirements of economic construction and social development'. (Article 6); 'Establishment of institutions of higher learning shall be subject to the examination and approval of the department of education administration under the State Council, among the establishment of institutions of higher learning imparting specialty education may be subject to the examination and approval of the people's governments of the provinces, autonomous region' (Article 29); 'Specific standards for the establishment of institutions of higher learning shall be formulated by the State Council, Specific standards for the establishment of other institutions of higher education shall be formulated by the departments concerned authorized by the State Council or people's governments of the provinces, autonomous regions and municipalities directly under the Central Government in accordance with the principles prescribed by the State Council'. (Article 25). Based on the China's higher education law, Beijing Municipal Commission (2017) enacted Regulations on the Establishment of Nonpublic Higher Education Institutions of Beijing; Shanghai Municipal Commission (2017) issued Regulations on the Establishment of Non-public Higher Education Institutions of Shanghai. Both of these by-law documents emphasized on the minimum requirements of staffing, land and facilities for the establishment of newly built higher education institutions.

Secondly, Regarding the university governance at institutional level, the China's higher education law asserts that 'The president of the institution of higher learning shall be the legal representative of the institution of higher learning. (Article 30). According to the law, university president takes overal responsibility for the university's operation under the leadership of the university's Communist Party Committee, also known as the governing board. By-law documents state that the presidents of the university affiliated with the ministries are appointed by the ministers, the municipal government appoints the presidents of university affiliated with them, including minban and independent colleges (Hong, 2018). Although university council has been suggested to establish in some public universities; they work as a consulting body for the president (Liu, 2017).

Regarding public higher education institution's budget, China's Law on Higher Education specifies that the budget of public institution includes block grant budget and non-state purse. Public universities are allowed to raise funds through various channels, through running enterprise universities, renting out university's lands with the purpose of enhancing the services for students... besides the State's allowance. The Temporary Regulation on Managing the State's properties for higher education institution affiliated with the Ministry of Education (the Ministry of Education collaborate with Ministry of Finance, 2013) indicates that private enterprises are not allowed to invest in public universities.

Table 3: A comparison of university council among three public universities in China

	East China Normal University	Yunnan Normal University	Fuzhou University
Governing body	The Party Secretary heads the university council	The president is also the chairperson of the university council	University council's members are elected (head of university council could be the president or the Party Secretary)
Authorities	Supervising the administrative units and socio-political units	Supervising and counseling President's decisions regarding the development of the institution. Raising and supervising endowment funds	
		Participating in making decision process related to institution's development, training faculty members	Electing university council' members. Coordinating the cooperation between the boards and other administrative units

Source: Mai Ngoc Anh et al., 2017

Regarding to higher education quality assurance, higher education law specifies that, 'education quality of higher education institutions should be subject to the supervision and evaluation by the departments of educational administration' (Article 44). It is therefore, governmental agencies have been in charge of most types of higher education evaluation, non-governmental agencies have little chances to take part in any official evaluation schemes (Liu, 2016). Under the instruction of HEEC, the Chinese higher education institutions have also made great efforts to develop their own internal quality assurance schemes. Institutional teaching evaluation centers have been established in most universities. The evaluation procedures were standardized, a stratified and categorized evaluation system has been set up: (i) the HEEC of the MOE is in charge of the implementation of evaluation on HEIs directly affiliated with Ministry of Education and other Ministry of the central government and newly-built HEIs since 2000; (ii) the evaluation on other HEIs at provincial and municipal level will be organized by quality assurance agencies in relative provinces. There are 5 steps in procedure of evaluation have been figured out such as: self-evaluation, the analysis report of basic educational status data, site-visits, review and approval of the evaluation conclusion and finally continuous quality improvement. Higher education institutions must execute reforms following the recommendations. They were required to present reforming projects to the MOE and to report the achievement after one year reforms. The MOE published the evaluation results – excellent, good, qualified or unqualified in mass media (HEEC, 2016).

Thirdly, in 2002, the China's Law on Promotion of Non-public Schools was passed to enhance the development of non-public higher education institutions. All of private higher education institutions were non-profit-seeking schools at that time. They received government subsidies in the form of cheap land and tax benefits, but they found it more difficult to give their shareholders any form of financial return. The amendment to China's Law on Promotion of Non-public Schools passed in 2016 was the first time to allow private higher education institutions to seek for profit. The revised law indicates that both for-profit and non-profit institutions are coexisted in higher education market. For profit higher education institutions, the subsidies and other incentives from government would be reduced. In return, they will have autonomy to adjust tuition fees at their discretion, particularly "reasonable rate of return" policy has been removed to this kind of non-public higher education institutions seeking for profit. The advantages of profit higher education institutions would be the disadvantages of non-profit higher education and vice versa.

5. Discussion and conclusion

According to China's higher education law, Chinese people have the right to study at higher education level, Chinese government has tried its best to serve the citizen. The centrally prescribed higher education system had existed in China before 1978; since then, this university governance pattern has been replaced by the state supervising model with the Chinese characteristics. Policies on university governance at the system level therefore have been adjusted to meet the requirements of socio-economic development as well come towards common norms in this area.

In the surge of institutions taking back their autonomy in the age of international integration and the influence of the same phenomenon due to the need of cutting government spending from Western countries (Donina et al., 2015), Chinese government neither impose this financial burden on students and their families, nor totally cut down on annual expenditure of public budget for public universities (Serger, Benner and Liu, 2015). Instead, the State sets a ceiling tuition fee level that institution fees cannot rise above, thus creates a flexible mechanism for public universities to determines tuition fees themselves (Marcucci and Usher, 2012), the remaining gaps in the annual expenditure of the higher education institutions are provided by the government with clear intention of "training those talented to be builders of Socialism with Chinese characteristics". The number of personnel in book of public higher education institutions is determined by the State Council. However, the State encourages institutions not to use up all the quota and to reserve some percentage for 3-year-contract faculty members who exceed the requirement in teaching and researching. The fact that public employees of institutions are still partially paid by the State ensure that "university is the government extended arm, and tool for the State to improve its socioeconomic status" (Christensen 2010). This is also the main point of the changing to improve staffing autonomy and financial autonomy of public higher education institutions in not only China, but French and even Germany, where students are not charged and teachers are still civil servant (Nokkala and Bacenvic, 2014, Pruvot and Estermann, 2017) with the exception of UK, and Ireland where there is no public university across the countries (Mora, 2001).

The establishment of the Board of Governors in public university is the inevitable development of every country all over the globe, and instead, Board of Governors had already re-appeared in some public higher education institutions in China since 1988 when China implement the Decision of the National Education Commission on Implementation of the University Principles of Responsibility; almost 30 years has passed until the Ministry of Education progulate the Resolution no. 37 on the trial establishment of the Board of Governors in public universities. Commonly, the Board of Governors is a unit of the institution and the executive organ of the university, which handles day-to-day affairs - and has the authority to appoint the Principal (Estermann and Nokkala, 2009, 2011). However in China, the university's grass-roots committees take upon this responsibility. In some public universities with school boards in China, if the Secretary of the school's grass-roots committees is not the Chairperson of the university's Board of Governor, this unit would only had the advisory position and the power to raise and supervise endowment funds, or at most having vote in deciding direction to run the institution. By including the establishment of the Board of Governors in public institutions with Chairperson being the Secretary of the university's grass-rooted committes, the managing body of Chinese university reaches the international standard in higher education but still secure the leading position of the Party in public higher education institution.

The study outlines Chinese higher education policy system and points out the difference between Chinese higher education system and the world's higher education system. The study also shows the differences among school boards and the financial autonomy policy in higher education. Along with that, some recommendations for future Chinese educational development are also mentioned in the study.

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