

Community Resource Centers



Sector: Community Building / Employment
Partner: „Împreună” Agency for Community Development
Authors: Ana Chirițoiu
September 2013

1 Executive summary

The case „Community Resource Centers - Strategic Instruments in the Process of Improvement of the Situation of Vulnerable Groups from Rural Areas” (short: Community Resource Centers) was implemented in 15 rural settlements from three development regions of Romania. The targeting of Roma was in this case explicit, but not exclusive, and the overall aim was the stimulation of local development by means of offering integrated services to the vulnerable population in several inter-related areas: social work, healthcare, employment and entrepreneurship. The project constituted a pilot initiative modelled by the principles of an integrated approach, whereby one beneficiary would receive support and consultancy in several areas of need and / or interest.

The intervention at local level was strengthened by a lobby and advocacy component whose aim was to facilitate and ensure the sustainability of the centers, but also to put people in contact for solving specific problems encountered in the field.

Although some problems arose during implementation, the model created proved that action in interrelated fields can have a significant impact at the local level and offered an example of integrated intervention for vulnerable groups, with focus on the Roma.

The project finished in 2013 and in most cases activity still continues, by means of the involvement in the project of human resources from the local level. A number of project proposals aiming at funding the continuation of activities is awaiting evaluation.

2 Introduction and basic information about the case

The project “Community Resources Center: strategic tools in improving the situation of vulnerable groups in rural areas” was co-financed by the European Social Fund through the Sectoral Operational Program Human Resources Development 2007 – 2013.

The concept of the project was to develop the community-level intervention of a complex mechanism which, through an integrated approach of the issues faced by the local population, with an emphasis on vulnerable groups, leads to long-term sustainability of the development of target rural areas. Specifically, this was done, on the one hand, through counseling services, and the development of local partnership structures, and on the other hand, through the creation of local instruments which contribute to the adoption, by public local authorities, of measures aimed at improving the situation of vulnerable groups in rural areas, with a focus on the Roma minority.

The overall objective of the project was to increase labor market access in non-agricultural activities, for people living in rural areas, focusing on Roma groups, by improving the quality of human resources and by providing integrated support services.

2.1. Specific objectives

- Developing Community Resource Centers as providers of integrated support services in rural communities;
- Unlocking the potential of entrepreneurship and develop specific skills for people in rural areas, with special focus on Roma;
- Create a network of Community Resource Centers (“CRC”) to promote, support and develop at local/ regional/ national level, a model of stimulating employment in rural areas.

The Community Resource Centers were established in partnership with local authorities and provided two types of services:

1. Individualized counseling, training and assistance programs for starting entrepreneurial activities, labor market orientation, etc.
2. Integrated services (medical and social assistance, educational counseling) that contributed to improving the health condition and to increasing the interest of beneficiaries to actively participate on the labor market.

The improvement of the quality of human resources in target rural communities was tackled on three levels:

1. A mentoring and training program for resource persons in the community (health mediators, education mediators, community assistants, community facilitators);
2. A program of educational counseling, medical and social assistance, labor market training and orientation for the final beneficiaries of the project;
3. A program to develop entrepreneurial skills that would benefit the inactive and people living on rural subsistence agriculture.

The project was open to all members of rural communities, but special attention was given to Roma involvement in the project activities in order to increase their participation in the labor market, given that they are at high risk of social exclusion.

Developing local partnerships promoted and supported the model created for the benefit of rural communities, and more, prepared and implemented local strategies for sustainable development of rural communities, focusing on improving the situation of Roma.

2.2. Main results of the project

- 15 centers were established to provide integrated services and contribute to long-term development of human resources and employment in rural communities;
- 60 people trained from among the members of rural communities, including Roma, within a training program in the fields of health mediation, community health, school mediation and community facilitation;
- 99 individual small business plans;
- at least 500 personal and professional development plans for employment developed by CRC staff and the service beneficiaries of CRC;
- more than 3.500 beneficiaries of the services provided by CRC;
- a CRC network was established, with the purpose of promoting, supporting and developing good practice tools at local/ regional/ national level.

The implementation period was from 1st of July 2010 until 30 of June 2013.

3 Context and locations

The project was implemented in 15 villages, located in 3 development regions of Romania, namely: Northeast, Southeast, and Center. Thus, in the North-East, the project was implemented in: Coșula (Botoșani county) Văleni, Boghicea, Pipirig and Răucești (Neamț county), Cașin Monastery (Bacău county), Pușcași and Ivănești (Vaslui county). In the South East region, the project was implemented in: Frumușița and Ivești (Galați county), and in the Central region, the project was implemented in: Ighiu (Alba county), Daneș, Mica, Băgaciu, Sânpaul (Mureș county).

Below is the map of the communities in which the centers were implemented.



Figure 1. Map of the Community Resource Centers

Prior to the implementation, a study was elaborated having as its main objective to identify and assess the needs of project target groups in terms of the employment in 50 rural settlements in the North-East, Central and South-Eastern Europe localities. Data was collected from multiple sources: local public authority (general social-demographic indicators, social work indicators, indicators of entrepreneurship and employment, potential indicators of intervention), the locality doctor(s) (health indicators and health services access), local communities (indicators of intervention potential, qualitative data on community perceptions about the

strengths / weaknesses of the community, opportunities and threats perceived by the community) and the regional actors mentioned above. The data was analyzed in a comparative perspective that focused on the confrontation between employment indicators at local and county and regional level, on the one hand, and on the comparison of the employment needs of municipalities in the same county or the same region. The purpose of comparative approach was to highlight both the dynamics of development in the field of employment in the 50 localities and possible paths of sectoral strategies adjustment based on the specifics of each locality.

4 The genesis of the case and the activities in the framework of the case

Starting from the objectives of the Lisbon Strategy, which focus on an economic growth capable of supporting social inclusion, the consortium composed of the The Roma Center for Health Policies – SASTIPEN (Partnership Leader), „Împreună” Agency for Community Development (Partner 1) and the CRPFS Pro-Vocatie (Partner 2) associations has aimed at developing a strategic instrument which will contribute to the development of human resources and employment in rural areas, with a focus on the Roma population, with the help of this project.

The economic difficulties and changes which affect Romania (economic crises, privatizations, the shutting down of factories, etc.) have led to the severe deterioration of the living conditions of the entire population and especially of the population in the rural areas. The lack of the necessary qualifications and opportunities for becoming employed which has affected the families' wellbeing, the lack of integrated services which meet the needs of the population in rural areas at community level, the lack of health insurance, which leads to the exclusion of rural community members from healthcare services, are factors which have worsened the socio-economic situation of the rural population.

As of 2001, the disadvantaged communities in rural areas have been the object of social inclusion policies through the facilitation of access to resources, services and social protection. Public policies approach sectoral areas (health, education, employment, etc.), but their implementation is achieved progressively, without leading to the improvement of the situation of rural community members. The situation of women is more severe, for 55% of them are engaged in subsistence farming. The situation of the Roma population is even more alarming: over half of them (56%) work in subsistence farming, in comparison with 12% belonging to other races, whereas only 15% of the Roma population is employed; as far as Roma women are concerned, the employment rate is of only 28%. 41% of the inhabitants in rural areas face difficulties when it comes to access to health. There is also a deficit concerning the participation to education, given the fact that 56% of the persons with a low training level are engaged in subsistence farming. Limited access to services has long-term effects for the population in rural areas, considering the fact that health and education are prerequisites for equal employment opportunities.

The work methodology of the persons in charge with the implementation of the project has been aimed at making local communities aware and actively involved in the CRC activities through the signing of partnership agreements with local authorities, ever since the localities have been identified. The development of local partnerships promotes and supports the model created to the benefit of rural communities and, in addition, elaborates and implements local strategies concerning the sustainability of rural communities, with a focus on the improvement of the situation of the Roma population.

In order to ensure the active participation of community members to decision making at a local level, we selected 60 persons who benefited from vocational training in the most sensitive areas which constitute the grounds for employment, respectively: health mediation, community assistance, community facilitation and school mediation. The 60 persons who participated to the training classes supported the activity of the 75 hired experts who provided services to the community members within the Community Resource Centers.

Also, in order to have an active role in the sustainable development of rural communities, the project focused on two directions: one addressed to community members and the other one addressed to local authorities. On the one hand, community members were guided towards vocational training classes which may enable them to find a job; they were trained and counseled to set up small businesses designed to create employment opportunities at a local level and to decrease the poverty rate. On the other hand, they created, with the local authorities, Local Joint Committees which elaborated long-term strategies in the field of employment and economic growth and, implicitly, in the field of social inclusion.

4.1. Training and employment activity

Once completed the recruitment and selection process for the establishment of 15 teams for community resource center (CRC), started the organization of their work in order to carry out the project on schedule. In this sense, for each specific domain, working tools were developed. Thus, for the employment agent was developed a set of tools to help him in identifying training and employment needs of the target group members. During the process, the tools available to specialists in centers have undergone several changes since it was intended, on the one hand, to help identify as correct as possible the needs and problems of target group representatives to find the best settlement, and on the other hand, not overly bureaucratize work of team members in CRC. With this in mind, it was decided merging some of the documents and in some cases it was decided to introduce new tools or eliminating others that proved cumbersome in administration. The objective was that such tools be developed to allow tracking of the case progress starting from the time of registration until its closure.

In the next period, employment officers have checked whether applicants for professional training courses met the requirements for minimum education level established under the law for each job separately. In cases where beneficiaries did not meet the level of education requirement - graduate 8 or 10 classes - the employment officers presented them different types of training courses out of which they could choose according to their studies level.

Counseling activities were offered by the employment officer to all interested persons seeking employment, not just to participants in vocational training courses. They made visits to various employers in the area and collected information on the types of positions available and the requirements to be met by prospective employees. If there were beneficiaries that matched the profile described by employers, meetings were held between the two parties, and sometimes the employment officer participating in them. Besides visits to employers, employment officers went at least once a month to CEA to retrieve lists of vacant positions and make them available to CRC beneficiaries. However, they were informed about the CEA activities such as job fairs, and also training courses organized by the institution in order to be communicated to beneficiaries.

4.2. Entrepreneurship activity within the Community Resource Center

The main objective of supporting entrepreneurial development is to respond to increased competitive pressures of a changing national and regional economic environment, by facilitating and encouraging the creation of new companies to enter sectors and innovative fields and stimulate employment - a key objective that is also achieved through fostering entrepreneurship, specifically by providing training and counseling services for starting and running a business. Within the project, the component of supporting entrepreneurial development in non-farm fields in rural area include activities and sub-activities pursuing training, counseling in entrepreneurship and implementation of skills acquired in the training process.

In the fifteen Centers were selected and employed 15 people in the position of consultant in enterprise development, people with previous experience in the field to contribute by means of their expertise to the implementation of project activities, along with comprehensive team of specialists employed in the Centre.

The actions recommended achieving entrepreneurial development in communities in which has been developed resource centers aimed to:

- implement an information campaign among target communities about the opportunity to participate in training programs in entrepreneurship;
- selection of consultants in entrepreneurial development, who worked within CRC as business development consultants, were present in the process of qualification/intensive training of the target group, supported the development and implementation of individual plans;
- identify the existing information, legislative and strategical resources;
- selecting the people who will benefit from training in entrepreneurship, given their potential and motivation;
- preparation and organization of regional training courses for the development of entrepreneurial skills of people from 15 rural communities;
- development and implementation of training program using existing resources on the training market in this field. This activity included sub-activities aimed at developing a training (theoretical and practical) program appropriate for the needs of individuals selected to participate in entrepreneurial skills development program. We wanted to be able to individualize and adapt training modules to a real and priority need and it was achieved a sufficient level of understanding of the participants on the theme approached, desire and motivation to implement new working habits. Participants received certification from the National Authority for Qualifications. Training workshops were interactive in nature, with presentations, role plays, case studies and exercises to ensure a deeper level of individual and group understanding and motivation to implement the knowledge gained;
- entrepreneurship consultants in each Center assisted the implementation of individual plans for trainees in entrepreneurship;
- organizing individual meetings between entrepreneurship development consultants and beneficiaries to establish mentoring process;
- achieving individual small business plans;
- supervising the process of assisting beneficiaries by entrepreneurship development consultants in the implementation of individual plans.

4.3. Health promotion activity in the community resource centers

Because health is the area that is systematically neglected in strategies to increase labor market access of disadvantaged groups in the project it was deemed necessary to consider this important issue for the success of measures to deal with the workforce.

Activities in health field were connected and conducted in the context when European health strategy places health problems in center of overall community policies to protect more European citizens and to improve their health. To achieve such activities, was done a research activity regarding major health needs within a study involving all four priority areas of the project.

The role of centers in terms of the medical field was to intervene in communities that have a low probability of making healthy choices for life and to meet challenges by the most appropriate solutions to the problems identified. At the Center level, we worked in collaboration with experts from other fields, and public or private institutions interested in community health. Within the Community Resource Centers, activities in the field of health complement services in training and employment, development activities of entrepreneurship spirit and support services to ensure the participation of rural people in the labor market.

Goals established for health activities were:

- To determine the main needs of vulnerable populations in communities selected in the Project;
- To increase awareness of the population regarding the adoption of a healthy lifestyle;
- To increase the involvement of vulnerable groups in activities promoting a healthy lifestyle.

It was intended to provide support and raise awareness about different issues that have great potential to affect health, especially in the working age group:

- Avoiding abuse of alcohol, tobacco, or other psychoactive substances;
- Avoiding drugs without prescription;
- Prevention of mental health problems (domestic violence prevention);
- Adoption of a balanced diet;
- Adoption of reproduction healthy behaviours.

Also, within the center could be provided first-aid measures if such need arose. In case that addressed the Community Resource Center people who had health problems requiring medical consultation and treatment, they were referred to the appropriate medical service for discovering problems discovered. In this way, they help ensuring better access to health care, especially for people in vulnerable situations in terms of health.

Among the first activities that were carried out by the doctor were the identification activities of key institutions and individuals in terms of public health and establishing contacts at this level, presentation of the work strategy in the medical field, key institutions and persons at local level, identification of disadvantaged or in social exclusion individuals, groups and communities and concentration of resources and activities in this area, identifying the most appropriate measures to meet the needs identified in the community.

Next, were the activities of forming the community team: doctors' participation to the establishment of minimum criteria for choosing persons that shall trained in order to become health mediators, selection of participants in the health mediation fields, community assistance, organization of professional courses in the fields of: health mediation, community assistance, where the doctor played the role of practical activity

coordination, preparation of information materials that shall be made available to the level of each Center, the organization of community health promoting activities and providing information about a healthy lifestyle at the Centers' level.

4.4. Social work within the Community Resource Center

The aim of the strategy in social welfare developed at the beginning of the project was to promote social inclusion of vulnerable populations and to improve their quality of life by offering information services, counseling, mediation, securing the participation of rural people in labor market.

Related to social work component, in order to ensure the participation of rural people in the labor market has been very useful to undertake a diagnosis of knowledge and accessing social rights by the beneficiaries/target group to answer questions such as:

1. Activities on the social component to assess the need for services to ensure the participation of rural people in the 15 communities in the labor market:

- Awareness/knowledge degree of social rights (social services and benefits), for the main beneficiaries (target group) and their families (children, partners, old family members, other dependents-persons with disabilities);
- State of the application/request for social rights (how many submitted files, how many are in payment etc.).
- What are the social rights they have access to and from which they benefit: state benefits, additional benefits and support for single parents, guaranteed minimum income benefit, child care allowances, heat subsidies, rights of people with disabilities, unemployment benefits, health services (if they are granted welfare benefits, they also benefit from health services), emergency aid, social grants, etc..
- What are the social services provided to: abandoned, institutionalized children, children in foster care (they keep in touch with children and families who care for them), children with disabilities (existence of day care centers), free education programs, children who have abandoned school, social canteen beneficiaries, elderly, psychological counseling services (in cases of abuse, domestic violence, juvenile delinquents, etc.).
- Barriers to information, application and use of social rights (lack of identity papers, ignorance of rights, illiteracy, ill-will of the authorities, etc.)

2. Activity evaluation for other actors involved – NGOs, social support networks, etc.

Social workers locally employed were mainly responsible for preparing dossiers with the purpose of obtaining social benefits (guaranteed minimum income, heating subsidies, emergency assistance, additional allowances, allowances for disabled people etc.). From the analysis of field documents/reports results that at the local level there is no network of social services, developed by the specialized city hall department. Social worker employed within the center can think and develop a range of services based on identified psychosocial needs of individuals, groups and/or community, in partnership with specialized public service of local government.

Center social workers conducted a database of people who do not have identity papers (birth certificates, identity cards) and/or deeds. Then they provided advice and guidance for such people and supported them in obtaining civil status or ownership documents.

Nationally and locally there was a program whereby those who had no civil status documents (identity card, birth certificate, etc.) were supported to achieve them, but after visits to localities, we found that there are still people without papers. One of the responsibilities of social workers in community resource centers (CRCs) was

to check if there are any people in the community who lack civil status and to provide them the support necessary to obtain them.

4.5. Lobbying and advocacy in Community Resource Centers

Implementation of the project assumed from the outset that there is a willingness of local authorities for cooperation. The implementation team made initially a visit to inform mayors in initially proposed localities for the project implementation.

The project was intended to create an institutional framework to ensure the participation of local communities in the creation and development of a strategic document for the community local development. In each of the 15 communities was signed a collaboration protocol that provides the necessary framework for the establishment and operation of local Joint Commission, a structure composed of representatives of local authorities and community representatives, including Roma people. The 15 local councils in the communities where the project is implemented ensured by local council decision the creation of local Joint Commission.

Local Joint Commission supported the Municipality and Local Council by providing a framework for consultation and civic participation in the process of identifying needs, solutions to community problems, but also for the development and optimization of local development strategies, focusing on improving the situation of Roma people. The main responsibilities of the Local Joint Committee at the local level were: to identify the main problems of the local community, including those of Roma community; analysis of existing local strategic documents; identification of key priorities for areas of employment, education, health, social welfare, public policy and housing etc.; drafting local development strategy with local development strategic plan; approval and submission for Local Council endorsement of draft local development strategy project and local development strategic plan.

5 Results of the case so far

Before displaying the quantitative indicators in the table below, it is necessary to underline the sustainable change which happened at local level: the project succeeded to put in practice, with relatively good results, what the policies call “comprehensive/integrated approach”. The evaluation of this initiative showed that in order to empower someone who is looking a job to fight with his/her own barriers (professional, lack of information, various health problems, lack of courage to start a business etc) it is necessary to create the specific tool which can offer this kind of services and to accompany the beneficiary as closely as possible to the grassroots level. Using proper language and communicators (local persons) can be also a success ingredient.

The real partnership between central/local NGOs and Local Public Authorities was a key element of success. The evaluation report of the project clearly shows that better results were achieved in places where Local Authorities understood their mandate and offered proper support.

Indicators	Estimated value	Realized value
Output indicators		
Number of participants to integrated programs leaving in rural areas	2000	3549
Number of participants in trainings- sustebanility in rural areas	800	850

Number of ESF participants from rural areas:	2000	3549
Number of ESF participants – women	1200	1785
Number of people beneficiating from conselling/ orientation - sustebanility in rural areas	2000	3549
Number of participants from rural areas	2000	5585
Number of participants from rural areas, out of which: persons employed in subsistence agriculture	1000	1951
Number of participants in the information and awareness campaigns	11000	11034
Number of participants in professional trainings	800	850
Results indicators		
The percentage of participants from rural areas in integrated programs certified (%)	100	100
The percentage of participants from rural areas in integrated programs certified (%), women	60	60
The percentage of participants from rural areas in integrated programs certified, that have obtained a workplace (%)	45	44
The percentage of persons who within six months after participating in integrated programs follow another form of training or have found a job (%)	20	61
Number of participants in training who have found a job within six months – sustainability in rural areas	60	204
Number of participants in trainings- sustebanility in rural areas	800	850
Additional ourcome indicators		
The percentage of Roma people who beneficiated from the activity of CRC (%)	60	72,4

Table 1. Indicators of output and result

6 Resources spent

In terms of human resources, the staff involved in the project consisted of the management team, long term experts, as well as short term experts. The Community Resource Center consists of: center coordinator, entrepreneurial consultant, doctor, employment agent, social worker. The entrepreneurial consultant, the doctor, the employment agent and the social worker are subordinated to the center coordinator.

Resources spent: aprox. 3.500.000 euro. This amount includes: human resources expenses, accommodation and transport allowance, grants for participants during the performance of trainings, awards to small business development plans, expenditure on accredited training providers, food packages and accommodation for people in the target group, other operation and maintenance expenses.

Investments done to run the case: 15 modular containers, furniture needed to equip the centers (45 office tables, 30 cabinets, 15 medical cabinets, 150 chairs, 15 alarm systems), 33 computers, 21 multifunctional printers/copiers, 3 cars, 17 seats for the central office, 17 offices and 8 central office cabinets.

The figures for one calendar year:

Number of staff (2012):	89
Annual budget, Euro (2012):	1.105.312

Table 2. Resources spent in 2012

7 Involvement of stakeholders

Through the activities that were implemented within the Community Resources Center we wanted to bring a new approach, the one of the integrated services, which should not double, but complete the local authorities granted services. Through the Community Resources Center we provided support, we developed skills, without going into politics. Through this approach, we developed a flexible and sensitive structure to the needs of vulnerable people in rural areas.

In order to efficiently coordinate the partnership relationship, an advisory committee was set up, composed of representatives of the applicant and of the partners, whose role was to analyze project progress and the partnership relationship.

With few exceptions, most of the mayors expressed their support for the project implementation, seeing in this project an opportunity to develop integrated services accessible to community members. From the start, they explained to local decision makers that services of information and counseling, training and guidance, medical and social counseling and advice on employment and entrepreneurship complement, but do not replace those provided by the municipality.

What positively surprised the management team was the almost complete availability and increased involvement of mayors in the project. The intention of the management team was to build a working partnership with local authorities, in which the mayors play the role of catalyst in the project.

It can be said that without the support and involvement of mayors, it would not have been possible to meet the project objectives at local level. They had the ability to mobilize the local community and to ensure the reliability of services provided within the center.

The lobby expert who was part of the implementation team played, during the implementation of the project, different roles: he started as a resource person for the local partnerships, he then continued to act as a researcher, supporting the Local Working Groups with necessary information to create feasible and realistic Local Development Plans, but he was also the “conflict management” expert who intervened when misunderstandings happened at the local level. This means that in the management team being a lobby expert supposed first to answer to the local needs and after to the “management” requirements. This is the reason why the links between local actors and the lobby expert still exist, even though the project implementation period is gone by.

8 Evaluation of the case

The added value of the project consisted in the creation of the CRC as an innovative model, based on the integrated approach concept, with a view to increasing the long-term employment opportunities in rural areas. The functioning of the CRC relied on the involvement of the inactive human resources from the local level, whose role is to provide services to the entire community to which they belong.

Each Community Resource Centre has adapted this strategy to the psychosocial needs of the community. Each center has developed a specific plan of own activities, measures and actions in the field of protection and social work that aims at developing and implementing programs aimed at promoting social inclusion of vulnerable/disadvantaged populations/groups. Each center has had a team of specialists with expertise in social work, employment, health and entrepreneurship and a coordinator of all activities of the center.

Also, there was a focus on experience exchanges between the persons involved in the CRC activities, as well as on the promotion of this modality of approaching the needs of the rural community in the field of employment, forming a network of centers. This network has become, through its members, a community of practice in the field of employment and a national promoter of the integrated approach model to the benefit of rural communities.

As results from the experience of the team in the field, few rural communities have access to European funds or resources other than the local budget. This is due largely to the lack of specialized expertise in project writing and applying for such funding. Therefore, it was considered necessary that one of the activities that can be carried by future Community Resource Centers should be to provide support and expertise to the field of application of EU structural funds, on the development of projects for eligible activities.

There were difficulties that were encountered during the project implementation in several centers. This may indicate lack of financial resources, where centers are located in rural communities remote from city or where there is also the pressure of low or declining economic growth of these cities, and lack of money to commute for those interested, closure of large establishments in the area (factories and plants) that led to large layoffs among employees, lack of jobs locally and regionally, lack of financial resources locally or insufficient resources to support and promote investment for projects promoting access to employment for people living in the community.

Another problem identified was the lack of trained and qualified personnel, lack of ability to pool in European funds through specific programs of rural development. The presence of Community Resource Centers was initially regarded with apprehension not only by local authorities, but also by community members, who initially did not understand their services or what the Centers could offer to the community. After proof of success in the field of mediating employment for beneficiaries, there was a noticeable increased level of confidence in centers, employees and their services.

As these Community Centers were created, they received resources to become more visible. As the project was implemented, the results began to appear, as well as the trust of community members.

Analyzing the strengths and weaknesses of each individual center, it can be concluded that:

- There is a very good collaboration between members of teams established in most of Community Resource Centers (CRCs).
- Project indicators were followed and translated into real activities according to local needs identified such as: conducting training for community members, conducting training and approved qualifications, identifying

business opportunities and business setting-up, where there was more tenacity and interest, a significant number of Roma people were provided with counseling and support for obtaining identity papers and a large number of beneficiaries were advised on ways to improve their health status.

- In most of the cases have not been created only partnerships, but they have worked very well with local institutions – Municipality, School, Police and family doctor.
- Teams often consist of assertive young experts, provides reliable information for the community in order to ensure participation of people in labor market, in medical and social entrepreneurship field.
- Different target groups were provided support or counseling services according to local needs: children whose parents are working abroad, cases of domestic violence and abuse, for the elderly, for people with disabilities.
- Close relations and a good collaboration between team members and employees of Local Authorities that led to services and programs of in the social welfare and healthcare fields.
- Several teams of centers have promoted volunteering and civic support within the community.
- All services were provided free of charge to people in the locality.
- Confidentiality assured to beneficiaries led to public confidence.
- Open access to information for all residents of localities where there are community resource centers.
- Field visits to some of the beneficiaries of Community Resource Centers.

Activities in the community center have greatly helped community, people perceiving Centers and employees as a second authority, more responsive to their needs. Due to activity centers, community members have improved relations with local institutions in the area, many people were skilled in various trades and some of them have found a job with the help of experts in the center.

Below is a summary of the lessons learned during implementation.

Change brings change: First difficult task was to identify the best human resources locally, who believe in change, embrace change and promote it at their turn in the community. The first step should be done by identifying the most active people in the process.

Administrative barriers - to overcome by lobbying & advocacy activities: lack of sufficient financial resources for the development of local community teams. Although, within the project, were formed community health intervention teams, and local authorities have been convinced by the results obtained by these teams, their employment was not possible in the local authority due to legislative compliance blocking posts in the budget system.

By people, for people: to get involved, people need examples. It is difficult to implement the project without involving people in the community. They know best the problems, but it requires methodological support and a development process to identify the most appropriate solutions.

Trust - a resource that is not negligible: where funding was suspended, activities continued because people trust that what they do benefits the community.

As people directly involved in providing services to beneficiaries at local level, the creation of a non-governmental network of Community Resource Centers was a good initiative. Also, in order to strengthen the network additional rural development funds must be identified and accessed, addressing social services in rural areas (subsidies), funds which address business development for youth or disadvantaged groups, funds addressing human resource development, non-European funds addressing promotion of non-discriminatory messages or fighting hate instigating speech, etc. Also, the intelligent use of the project results, development of

best practices manuals specific to services provided and developed may be not only sources of future development projects, but also a solid source for: creating public policy, specifying crucial issues on public agenda: minorities, human rights, discrimination, public health, rural development, political dimension and influences in Romanian rural area, natural and tourist resources in rural areas, the development of national business that use lessons learned and professions trained in the project, the development of social intervention tools in rural areas, which have as starting point the results of this project.

9 Sustainability, outstanding issues and plans for the coming 1-2 years

In the last part of the project, the most important subject in the relationship with local authorities was project sustainability. In the consultation meetings, almost all mayors have expressed their willingness to also support the CRC activity after project completion. The most important thing is that the expertise gained and skills tested in the project by CRC are not lost. There have been several solutions to ensure the CRC sustainability, but the one that has been most approved is the creation of a SASTIPEN network and making CRC an independent non-governmental organization that could benefit from SASTIPEN expertise and support.

New proposals were submitted for extension and expansion of the original protocols signed between SASTIPEN and local councils, to include new organizations of community resource centers as a partner in the tripartite agreement and to define each party's responsibilities in terms of project sustainability. Therefore, municipalities and local councils will continue to support the activity of informing and attracting community members to access services provided within the center; they will provide staff collaboration within the Municipality with Community Resource Centre staff for the benefit of community members; will provide the necessary resources for minimal functioning of Community Resource Centre by supporting energy costs, except cases when the same will be borne from projects or other sources of financing; will ensure the continuation of local joint commissions in relation to the needs of the community local development and will work with partners to identify and access existing funding sources, in the community benefit.

SASTIPEN Association will coordinate the sustainability of activities carried out within the project "Community Resource Centre: Strategic tools in improving the situation of vulnerable groups in rural Areas", will provide in commodity modular containers to the local non-governmental organization; will conduct exchanges and optimization activities of services within the Community Resource Centre Network; will develop projects and will access non-reimbursable resources in partnership with local authorities and network of Community Resource Centers; will support the local organization in developing of local impact projects, accessing financing sources, and management of project implementation and will ensure, where appropriate, continuity of Community Resource Centers, at the end of protocol validity.

As of the current evaluation, funding for further continuation of the activity of the network is still unresolved, but several project proposals have been elaborated and the partners await the evaluation of their proposals.

10 Transferrable elements – lessons for the toolkit

The transferrable elements are listed in the table below.

Elements	Rating of elements in terms of	Possible challenges
----------	--------------------------------	---------------------

transferability		
Mix of service provision to community and lobby and advocacy directed at local authorities	Easily transferrable	Lack of openness of the public local authorities to Roma issues; structural racism
Integrated approach	Easily transferrable	Lack of funding for different interrelated areas
Pooling in external resources (ESF, other European / international funds) as to maximise the investment during the period of the project	Easily transferrable / transferrable with adjustments	External resources depend on the national context. Funding sources are country-dependent
Flexible design of the project in order to adapt it to local context and needs	Easily transferrable	Finding suitable donor ready to compromise on flexibility of project design
Involving the most active human resources at local level and using them as examples	Easily transferrable	Willingness and availability in time of people to get involved
Close cooperation between teams active in different sectors in order to best cover the needs of individuals and families	Easily transferrable	Finding resources to cover all needs
Identifying and working with local level human resources (best way to ensure sustainability)	Easily transferrable	Finding the suitable, motivated people

Table 3. Transferrable elements

11 Methods of data collection and references

The evaluation was conducted by means of interviews with members of the central implementing team (Daniel Radulescu, project manager SASTIPEN, Eugenia Bratu, expert SASTIPEN, Gelu Duminica, monitoring and evaluation expert „Împreună” Agency). The semi-structured interviews took place in July 2013 and touched upon the context and rationale of the project, activities within the intervention, modus operandi of the Community Resource Centers, impact and sustainability of the project.

11.1. References

Final report of the project, August 2013
Manual of Procedures of the CRC, August 2013

<http://www.sastipen.ro/en/proiecte-fse/centre-comunitare-de-resurse-ccr-proiecte>

<http://www.sastipen.ro/wp-content/uploads/2013/02/Buletin-informativ-nr.10-Centre-Comunitare-de-Resurse.pdf>