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Achievements of National Social Programs in the Welfare Organization of Iran

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Abstract

Background: The incidence of social harm has increased in recent years owing to changes in social norms and behaviors. The welfare organization is an important public organization for providing social services in Iran. The present study aimed to determine the achievements of national social programs in the welfare organization of Iran.

Methods: The present mixed method study was conducted in three stages, namely documentary analysis, individual interview, and group discussion. The participants included senior staff managers, social deputy experts of the welfare organization, provincial managers and experts from 31 provincial offices, and 21 members of public mediators. The examined programs included social emergency hotline, mobile services, intervention in personal, familial, and social crises, provision of community-based social services, special health house for girls exposed to social harm, a rehabilitation program for socially-harmed women and girls, training courses for kindergarten coaches and principals, and the micro-financing plan with a linked banking approach. The data were analyzed by content analysis.

Results: The major achievements of the programs included the prevention and control of harm, helping to create jobs for harmed women, holding practical and theoretical courses for kindergarten coaches, facilitating the citizens' access to telephone counseling services for social emergency through easy free calls, referrals to urgent and specialized intervention centers, access to social emergency services in marginalized areas and slums, available mobile service vehicles equipped with tracking systems to identify common and spreading injuries, timely and effective interventions, temporary accommodation in centers, and specialized measures to return the socially disadvantaged individuals to the normal state, creating conditions for obtaining bank loans for female household heads without collateral requirements and guarantors. A total of 324 offices provided services to socially disadvantaged individuals, and 132 neighborhoods were covered by the community-based empowerment plan. A total of 534,706 individuals were identified for receiving community-based social services, among whom 17% were filed. A total of 31 special health houses were active for girls at risk of social harm and they had received 840 individuals. There were 26 active centers for supporting and rehabilitating socially disadvantaged women and girls among whom 1649 received services.

Conclusion: The welfare organization has obtained great social achievements. Solving the challenges of these programs and the quantitative and qualitative development of the programs can lead to synergy and improvement of indices of benefiting from social services in target groups.

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Highlights:

What is current knowledge?

The COVID-19 pandemic poses many challenges, and it is important to gather more information about the disease. Clinical features, laboratory findings, and their relationship with the outcome of patients with COVID-19 can be critical for early diagnosis and management of the disease.

What is new here?

Determining clinical features in patients with COVID-19 and outcomes could be beneficial for researchers as well as health planners and policy makers.

Introduction

Social challenges and problems have changed and taken new forms owing to the increasing growth of cities and thus cultural and social changes. The incidence of social harm has been increasing in recent years due to changes in social norms and behaviors (1). Given the circumstances such as comprehensive executive programs, the predominance of security political approaches to social harms, the lack of full attention to social issues along with economic and political issues in Iran necessitate great attention to social harms (2). In any society, where social harm exceeds a certain conventional level, they cause the concern of authorities

and the public and make them think of adopting special measures (3). There are various reactions to these harms from different institutions, each of which can be a legal and judicial or a curative and preventive reaction depending on the perspective of the organization. Various organizations and institutions have been established with different approaches in response to the increase in social harm and a large number of vulnerable people in big cities (1). As a mere security approach is not effective in eradicating these cases, it should be dealt with through study and follow-up of social institutions (4).

An organization called Welfare Organization was founded in Iran in 1981 according to Articles 29 and 31 of the constitution to prevent social harms and rehabilitate disadvantaged people owing to the existence of such harms such as addiction, divorce, prostitution, runaway girls, and child labor that causes social harms in addition to physical and mobility disabilities (5). As an important governmental organization that provides social welfare services in Iran, the welfare organization was organized from the integration of 16 charitable and support organizations for the development of rehabilitation and support services, prevention of disabilities and social harms, and helping to provide the minimum basic needs of low-income groups in Iran. This organization joined the Ministry of Cooperatives, Labor, and Social Welfare in July 2011 (6). The main focus of activities and programs in this organization is to prevent the collapse of lives of individuals and families who suffer from various disabilities and vulnerabilities owing to social and cultural anomalies and economic problems, or physical and mental disabilities. Along with these activities, the welfare organization is responsible for using scientific methods to continuously and non-continuously

help according to the law on the protection of unaccompanied women and children and the comprehensive law on the protection of the disabled's rights by creating job opportunities in the form of self-employment, cooperatives, and the establishment of the employment headquarters, and it needs to provide appropriate training to the public and put the creation of productive and community-oriented jobs on the agenda until the socialization of under-protection individuals (7). The present study aimed to determine the achievements of these programs due to the need to explain the achievements of social programs in the welfare organization, including the social emergency hotline, social emergency mobile services, intervention in personal, familial, and social crises, and provide community-based social services, special health houses for girls exposed to social harm, rehabilitation programs for socially disadvantaged women and girls, training courses for kindergarten teachers and managers, and the micro-financing project with a linked banking approach.

Methods

The present mixed-method study was conducted in both quantitative and qualitative phases in 2016.

Qualitative phase

Documentary analysis, group discussion, and individual interviews were utilized to collect data in this phase.

Documentary analysis

Document collection was performed using a purposive method and according to search criteria, including the achievements of the national programs in the social domain of the welfare organization. In addition to face-to-face visits to the welfare organizations headquarter and provincial centers, the websites and domestic databases were searched with the help of keywords based on the above criteria, including the achievements of the programs. The main documents examined in the study included reports, scientific journals, minutes of meetings, published interviews, and news posted on domestic websites, and they were approved according to Jupp's four criteria, including authenticity (originality), credibility (accuracy), representativeness (representative of the whole class documents), and meaning (what it is intended to say) (8). Purposive sampling was utilized in this study.

Focus group discussions

The participants in this phase of the study included managers and experts of departments of the welfare organization in 31 provinces of Iran, stakeholder organizations, and 21 members of public mediators who had sufficient knowledge and experience about desired programs and were willing to participate in the study.

The research team prepared and sent an invitation to the participants and announced the title of the meeting, objectives, time, and place of the group discussion sessions, and when they visited the research place, the team provided the necessary information by giving explanations in cases such as the research nature and objectives to conduct a group discussion. The questions were based on the interview guide and about the achievements and success rate of the programs. During these sessions, the participants expressed their opinions freely and the session coordinator moderated and guided the discussion. Group discussions continued until data saturation. The discussions were recorded by obtaining the permission of the participants in the group discussion sessions and assuring them about the confidentiality of this data and not publishing them separately or with the participants' names. Notes were taken while recording the conversations. After the end of each phase of the group discussion, the transcribed interviews were controlled with the cooperation of the participants to increase the consistency and accuracy of data, and finally, the data were analyzed using the content analysis method.

Individual interviews

In addition to group discussions, individual interviews were also performed to complete and approve data obtained from group discussions. The research participants included 15 senior staff managers and senior experts of the welfare organization in Iran. The participants' characteristics included knowledge, experience, familiarity with the programs, interest in participating in research, and active participation in the programs. The interviews continued until saturation and repetition of findings. Regarding the interview time, an appointment was made after coordinating in person or calling the individuals. The interviews were conducted in a quiet place without the presence of other people during the interview. Before starting the interviews, the participants received a full explanation of the research purpose. Interviews were conducted with oral consent and permission from the interviewees. The participants were assured that their information would be kept confidential, not published separately or with their names, and then the interviews were recorded and

transcribed. The transcription was performed at the closest possible time. The obtained data were given to the participants and the correctness of the results was checked with them. Content analysis was used to analyze the data in this phase.

Credibility, transferability, dependability, and confirmability criteria were used to measure the data validity (9-10).

Quantitative phase

After a survey from the experts about the quantitative achievements of the programs in 2016, the evaluation indices were explained and finalized in the group discussion sessions. Thereafter, the quantitative values of each index were extracted by referring to official and unofficial documents and reports, including annual program monitoring reports, correspondence, minutes of meetings, and other documents.

Results

Social emergency hotline program (123)

This program was implemented with the aim of preventing, reducing, and controlling social problems and harms, easy and quick access of the public, especially low-income groups, to experts, receiving specialized and intervention services, accelerating the provision of emergency services to disadvantaged and vulnerable people, facilitating receiving reports of harms (especially child abuse), extracting more realistic statistics from these cases, sensitizing public opinion and executive officials to statistics and information, familiarizing them with problems and concerns of families, and providing necessary guidance about activities of the welfare organization. The achievements of the program included the existence of 188 active hotlines which answered more than 150 thousand people, access to the specialized services of the welfare organization (consultation, intervention, and referral) in an easy and free way for all citizens, increasing the synergy between experts of 123 with hotlines of 1480, 115, 110, and 125, the possibility of higher self-disclosure, expressing feelings and harms, and receiving solutions via telephone conversations for vulnerable groups.

Social emergency mobile service program

The program goals included identifying and attracting vulnerable and socially disadvantaged people, facilitating the individuals' access to social services related to social harms, detecting vulnerable areas and loci, and timely and specialized referral of individuals who needed interventions of competent authorities.

A total of 297 mobile vehicles were distributed fairly according to size and population in 2016. The colleagues of the mobile service team were immediately dispatched to the location and provided counseling, psychological, and even legal services in urgent cases such as suicide attempts, spousal abuse, and child abuse. In cases of child abuse, the abused child would be sent out of the place and temporarily transferred to the welfare center. Mobile service vehicles were equipped with tracking and GPS systems. The service was provided on-site thereby decreasing the individuals' access time. People and officials were informed about welfare services. The replacement of passive social work with an active intervention approach was another achievement of the program.

Intervention in personal, familial, and social crises

The goals of the program were as follows: Improving the level of effective and timely interventions to control crisis and prevent its exacerbation, improving the capabilities of individuals exposed to harm and socially disadvantaged through providing timely specialized services, improving the knowledge and understanding of the family and society regarding the clients' needs to facilitate the problem-solving process in crisis situations and identify harmful loci and areas, specialized measures in resolving the crisis, and identifying the newly emerging and reemerging social harms.

The achievements of the program were as follows: Creating social trust by improving the levels of effective and timely interventions, teaching life skills to disadvantaged people, the existence of a shelter and primary safe place for those who have to leave crisis, creating a quarantine for the temporary storage of disadvantaged clients, quantitative development of crisis intervention centers for around 220 centers in the whole country, providing specialized services to more than 35000 people, approving the social emergency regulations in the council of ministers, and notifying the partner institutions, the possibility of screening women and girls who were harmed and exposed to harm, and supporting them until the crisis was resolved.

Providing community-based social services (social service base)

The goals of this program were as follows: Familiarizing the target groups with existing resources, utilizing the capacities and collaboration of other organizations, empowering the residents of informal settlements, slums, and vulnerable areas, controlling and reducing social harm in them, empowering the residents in line with local development, and identifying problems, and planning and promoting cultural indices in informal settlements and areas.

The achievements of this program were as follows: Establishing more than 170 bases in slums, identifying more than 600000 poor people, filing cases for more than 60000 people, making services available to the target population, guidance for home employment of female household heads, and self-supervised women in some marginal areas of the counties, monitoring social harms in the marginal areas of cities, strengthening the specialized referrals, and helping children who missed school to return to the education cycle.

Special health houses for girls faced with social harm

The goals of the program were as follows: Supporting and taking care of girls who faced social harm and needed social support, providing education, employment, self-sufficiency, and independence for them, identifying the talents and abilities of girls exposed to harm, and guiding them towards utilizing these abilities.

The achievements of this program were as follows: Creating a safe place for the target group and their trust in the welfare organization, helping to create jobs and vocational training for the target population, helping to earn money for independent living, preventing and controlling harm in families who did not have effective and appropriate heads, increasing the abilities and skills of experts working in executive centers, creating a realistic view, and helping to improve attitudes according to strengths and limitations of the target population.

Rehabilitation of socially disadvantaged women and girls

This program was performed to create necessary facilities for providing psychological and social rehabilitation of women and girls who were exposed to social harm and preventing the spread of social harm and maleducation of the clients.

The achievements of this program were as follows: Identifying, accepting, and organizing socially disadvantaged girls and women who needed social support, a safe shelter to provide services to this group, increasing the trust and positive view of other institutions, changing the clients' mood and behavior and increasing their hope for the future, increasing the access to statistics and updated information on this harm.

Teaching courses for kindergarten coaches and principals

This program was implemented to improve the knowledge and skills of the founders, coaches, assistant coaches, and technical officials of kindergartens.

The achievements of this program were as follows: The extraction of educational content and syllabus, holding practical and theoretical courses based on the client's needs, assigning training to the non-governmental sector, determining the indices of the coach's adequacy in terms of science, physical health, and mental and spiritual health, implementing the retraining courses for renewing the kindergarten license, creating a job opportunity, giving identity to coaching and expertise in the field of coaching.

Microfinance with a linked banking approach

This program was implemented to help the growth, development, and economic circularity of the family, the villagers' benefit from domestic banking loans without guarantor and collateral, develop the employment and micro businesses in the rural and deprived areas, help to empower and reach independence, self-sufficiency, and self-esteem, and increase saving and banking skills.

The achievements of this program were as follows: Receiving banking loans without worry for women who had problems with receiving any banking loans, improving economic power, expanding and developing the network of social relations, and quantitative and qualitative development of social capital, benefiting from non-financial services such as training technical skills, life skills, entrepreneurship, marketing, creating independence, and increasing self-confidence in rural women, fulfilling minor financial needs of the household, and teaching the way of increasing savings.

According to quantitative achievements, 23% out of 757,014 calls to the social emergency hotline (123) were related to 123 among which 52% resulted in service provision. A total of 324 offices worked for socially disadvantaged individuals, and 132 neighborhoods were covered by the community-based empowerment plan. A total of 534,706 people was identified to provide community-based social services, among whom 17% were filed. Furthermore, there were 31 active special health houses for girls at risk of social harm and they accepted 840 individuals. A total of 26 centers were active in supporting and rehabilitating socially damaged women and girls and they provided services to 1649 individuals. In 15,215 active kindergartens, 17,891 coaches and 6,747 managers participated in teaching courses. Moreover, 1000 support groups of female household heads were present in micro-financing programs and 17097 families were empowered in this regard.

Table 1 presents the quantitative achievements of the national programs in the welfare organization in 2016, separating target programs and indices.

Discussion

The present study aimed to explain the achievements of national programs of the Welfare Organization in Iran. The most important achievements of the programs were as follows: The prevention and control of harm, helping to create

Table 1: Quantitative achievements of national programs of the welfare Organization

Unit	Evaluation program	Index name	Index value
Social emergency center	Establishing the social emergency hotline (123) in 2016	Total number of calls to 123	757014
		Calls related to 123	173725
		Calls leading to service provision	90985
	Social emergency mobile services*	The number of social emergency mobile services	90985
		Number of services leading to the filing	31085
	Intervention in personal, familial, and social crises	The number of interventions in crises	34101
		The total number of active centers of the department of socially disadvantaged individuals	324
		The number of neighborhoods covered by the community-based empowerment plan	132
	Providing community-based social services (social service base)	Number of identified individuals	534706
		Filing	31085
		Total number of active centers	31
	Special health houses for girls exposed to social harm	Number of admissions	840
Department of socially disadvantaged individuals' affairs	Rehabilitation of socially disadvantaged women and girls	The total number of support and rehabilitation centers for socially disadvantaged women and girls	26
		The total number of rehabilitation services for socially disadvantaged women and girls	1649
		The total number of kindergartens	15215
Department of Children and Adolescent Affairs	Training courses for coaches and principals of kindergartens	The total number of coaches participating in training courses	17891
		The total number of principals participating in training courses	6747
		The number of self-assistance groups held in the micro-financing program with the link banking approach	2650
Family and Women Empowerment Office	Microfinance plan	The total number of support groups for female household heads in financing programs	1000
		The number of families empowered and excluded from direct support	17097

employment for disadvantaged women, holding practical and theoretical courses for kindergarten coaches, facilitating citizens' access to telephone counseling services, referrals to specialized and urgent intervention centers, access to emergency social services in slums, the presence of mobile service vehicles equipped with tracking systems to detect common harms, temporary accommodation in centers, and specialized measures to return to the normal state of the socially disadvantaged individuals, creating a context for obtaining bank loans for female household heads without collateral and guarantor.

The services, which are currently provided to victims of domestic violence in most countries, include four groups of activities, including establishing hotlines for violence victims, counseling, providing support by non-specialists, and creating shelters for disadvantaged women and their children if necessary. Support services and shelters, and are much more effective than conventional and traditional counseling, and women who receive support services are more likely to pursue legal action (11). Gordon's study also indicated that abused women considered the roles of psychologists and social workers more helpful than the police and lawyers (12). The shorter the interval between the time of the problem and the time of specialized intervention, the more effective the interventions will be to provide context for people to return to a healthy, independent, and effective life in society (13). In this regard, Affourtit et al. (14) and Bailhache et al. (15). Emphasized the need for early detection of sexually abused children. Researchers identified three effective main classifications for creating optimal social support and care, including the need to pay attention to creating a strong relationship between the service provider and recipient, optimal care structures and processes, and barriers and solutions for optimal care in a qualitative study in Ontario and Toronto, Canada (16).

Running special health houses for girls exposed to social harm and rehabilitation of socially disadvantaged women are among other programs related to socially harmed women. Women experience higher mental pressure than men in catastrophic situations, resulting in a decrease in mental health and, thus a reduction of general health (17).

Therefore, girls are exposed to social harm and need social support from the target group of this program, these girls are forced to stay in welfare organization centers or they run away from home because of not having useful and effective supervision and not having family support and a suitable place to live. It was felt necessary to have separate and special centers for these people to prevent these girls from being in close proximity with people who have severe behavioral

problems or bad history, or its integration is not advisable in terms of their age, and thus health houses are established in all over Iran. According to Derakhshnia, even though the public attitude towards the consequences of care centers for runaway girls is positive, the incorrect behavior and individual policies of the authorities and the lack of proper and coherent planning and parallel unprofessional work in this field should not be ignored (18). Some experts believe that using the word "runaway girls" is the harm, a stigma, and a label that has many consequences by which these girls are judged (19). Furthermore, the girls do not run away for an imaginary reason, but their Runaway was a cry for help and freedom from unfavorable family condition (20).

Furthermore, at least a low number of women who are caught in the abyss of prostitution are victims of unfavorable social conditions (21). In this regard, the rehabilitation centers of the national welfare organization are for women who are socially disadvantaged and are sometimes recognized as criminals. A thousand disadvantaged women are organized in rehabilitation centers, but a percentage of these people start their previous profession. Prostitutes struggle with psychological disorders, suicide, and addiction, and according to the officials, they have insufficient financial credit for empowerment (22).

The achievements of the national microfinance program were as follows: Access to banking loans without worry for women, and training the technical and life skills. Similar projects are conducted with the aim of economic empowerment of women in Argentina, Chile, Mexico, and the Dominican Republic with an emphasis on providing financial services and job skills training (23). Skarlatos also indicate that empowering women improves the family economy and increases women's well-being, and self-confidence (24).

The present study also had limitations. Even though we sought to consider the maximum diversity in the samples, this qualitative study had few samples who were purposefully selected. As another limitation of the study, it was difficult to get the cooperation of some participants and it was solved by continuous follow-up and justification of the importance of the study.

It is suggested to improve the results of the achievements of welfare organization programs in the social field, integrate social field services in the form of a main process, determine the relationship of services with other welfare programs and organs, and define self-reliance, design guidelines, and establish a system for stakeholders' participation of the welfare organization program, design and establish welfare service skills training center, design and establish the integrated welfare service information management system, design the social health monitoring system of the welfare organization (registration data, surveys), design information messages for social welfare services and marketing guidelines for benefiting from services, and use all the capacities of the individuals, experts, and the media, design and receive notification of general policies in the field of social health, develop the national policy of human resources management of the welfare organization, including job security, establish the organization's strategic document center to establish organizational memory, utilize the past experiences in evaluating and revising programs, design and implement economic studies of each program, and develop and provide the feasibility of social service outsourcing protocol.

Conclusion

The study on social programs of the welfare organization indicated that this organization had obtained significant social achievements. Each macro program alone or with synergistic effects was effective in reducing the incidence and prevalence of social problems in Iran, and thus the existing programs of the Social Welfare deputy will not be able to respond to the volume and severity of social harms. Solving the challenges of these programs and developing the programs quantitatively and qualitatively can lead to synergy and improvement of indices of benefiting from social services in the target groups. In this regard, formulating and announcing general social health policies of the country, developing the necessary infrastructures in the welfare organization, and the need for inter-sectoral partnerships can lead to the improvement and continuation of these programs.

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Ethical statement

The informed consent was obtained to conduct the interviews.

Conflict of interest

There is no conflict of interest to be declared.

Author contributions

BD and HMF conceptualized the study. AZ, FD, MN, HA and FB collected the data. BD and AH performed data analysis. BD and HMF reviewed the analysis.

AH wrote the manuscript and edit it. All authors read and approved the final manuscript.

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