

SOCIAL SERVICES IN THE MUNICIPALITIES OF NORTH MACEDONIA

CAPACITY RISKS NEEDS



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Social services in the municipalities of North Macedonia: capacity, risks, needs

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01

Introduction

The Law on Social Protection (Official Gazette of the RNM 104/19) defines social protection as a system of measures, activities and policies, aimed at preventing and overcoming the basic social risks to which citizens of the Republic of North Macedonia are exposed. A social risk is a condition that can disrupt or disable the normal functioning, due to old age, illness, disability, injury or death. In general, the measures taken to prevent or reduce these risks, are divided into: social prevention, social services and financial assistance from social protection.

Social protection services are divided into six groups: 1) information and referral, 2) professional assistance and support, 3) counseling, 4) home-based services, 5) community-based services, and 6) services for alternative care. Carriers of the social services are the Government through the Ministry of Labor and Social Policy, and the Municipalities, as for the provision of high-quality social services tailored to local needs, the involvement of all stakeholders is crucial (current and potential providers and beneficiaries) in the process of creation and delivery of social protection services. This means that the process is an interaction of people with different expectations, obligations and rights who can be hindered by various problems such as lack of resources, inadequate organizational solutions or failure to comply with legal provisions.

The Municipalities, as the main carriers of the social protection, are legally obliged to devise annual programs in the field of social protection, in compliance with the national social protection program, which also defines the social services that will be provided to the local population. Most often, these programs are part of the Annual operating programs of the Municipalities, and are devised only by the larger Municipalities, which is not the case with the smaller, especially the rural Municipalities. The absence of a Sector for social protection, or even a person responsible for social protection employed at the Municipality, is one of the reasons for the failure of the smaller (rural) Municipalities to comply with this legal provision. Most often, these programs are short and include expanding and/or improving the existing social protection services, the determined budget and the delivery deadlines. In most cases, the Municipalities plan the delivery of social services within the framework of the Community Work Programme, and there are rare examples of Municipalities allocating their own budgetary funds, such as the Municipality of Bitola. An observation conducted on the Social protection programs of the Municipalities of Veles and Probishtip indicates the need to invest more human and financial resources, in order to prevent and overcome the social risks to which the local population is exposed (IDSCS, 2017).

The local character of the social services and the social protection as a whole was brought into focus with the decentralization process that began rapidly in 2004, with the aim of decrease the role of the state as the main carrier of the social protection and strengthening the role of the Municipalities in creating social services according to

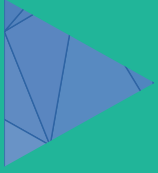
the needs of the local population. This was especially emphasized in the Program for implementing social protection for 2006, when the MoLSP put emphasis on deepening the decentralization of the social protection, for which the Municipalities were obliged to devise Local action plans for social protection and to form Coordinating bodies for the implementation of social protection at the local level. That, was the first step in identifying the risks and needs for social protection services at the local level, in order to deliver social services according to the specific needs of the local population.

The social services at the local/municipal level have been documented and studied previously, but mostly partially, i.e. focusing on particular municipalities and/or focusing on a certain social risk. For example, the Ludwig Boltzmann Institute of Human Rights (2010) had been identifying the conditions and the needs for social inclusion at the local level, with emphasis on providing social services by the local self-government units and other actors in the Municipalities of Prilep, Saraj, Chashka, Kichevo, Shtip and Radovish, through interviews and focus groups with local stakeholders. The findings show that the risks of old age, childhood and disability prevail in these municipalities, but the services for social protection of these categories of persons are limited, mainly due to the insufficient capacity of the aged care homes, the lack of day care centers for persons with disabilities over the age of 26 and the absence of access to work with abused children and children indirect victims of domestic violence. In another initiative, the capacities, the resources, the social problems and needs of social services were assessed in four pilot municipalities (Resen, Gostivar, Petrovec and Kochani), and the local stakeholders involved in the creation and delivery of social services were trained to develop social services according to the identified needs of vulnerable citizens (MoLSP, 2012). The social problems and needs of the vulnerable citizens in eight municipalities (Negotino, Lipkovo, Berovo, Pehchevo, Studenichani, Chashka, Radovish and Konche) were identified by the Ludwig Boltzmann Institute of Human Rights (Trbojevikj, 2012), and the conclusion is that poverty and unemployment are the most prevalent social risks in these municipalities, so the local carriers of the social protection are concentrated on providing financial assistance as opposed to social protection services. As a result of unemployment and poverty, there is an increase of alcohol and drug abuse, domestic violence and juvenile delinquency in the municipalities, but there are almost no services for prevention and/or treatment of these conditions. The conducted monitoring of the delivery of the social services in the municipalities of Prilep and Dolneni, showed that the local population has access to social services that treat only two social risks, old age and disability, but their improvement is needed in order to meet the needs of the population that lives here (Josifovska and Petreski, 2018).

This, shows that there is no single analysis that provides a comprehensive overview of the social map of all the local self-government units in this country. There is only an

overview of all the existing social services by regions, done by the PI Institute for Social Activities (2017), without taking into account the risks and needs of the local population. Therefore, the goal of this research is to identify the local needs, social risks and capacities for delivery of social services in all 80 municipalities in the Republic of North Macedonia, by analyzing relevant data and documents, as well as interviews with local stakeholders involved in this process (local self-government units, centers for social work, current and potential providers and beneficiaries of social services), conducted in August-November 2019.

The study is organized as follows. Section 2 explains the methodology and data used. Section 3 provides an overview of the existing capacities for delivery of social services and their qualitative assessment from the perspective of the interviewees. In Section 4 the social risks present at the local level are defined and analyzed. Section 5 analyzes the need for new, better, more accessible and more diversified social services in terms of infrastructure, human resources and social risks. The last section concludes the study.



02

Methodology and
data collection

The methodology of this assessment is based on two pillars: document analysis and field research. The document analysis aims to assess the current condition with the social service providers, as well as the needs specified in existing studies, strategies, action plans and reports prepared by the Ministry of Labor and Social Policy, the Centers for social work and the Municipalities themselves. The document analysis will also provide data about the number of beneficiaries of various types of social allowances per municipality, as well as about the number of households and individuals exposed to various types of risks per municipality. Overall, the overview of the conditions prepared in this way provides a basis for designing an unstructured questionnaire, through which the field research is conducted.

The field research is based on interviews with the relevant stakeholders, which mainly include, but are not limited to:

- Representatives of the Municipalities
- Officers who work on social affairs (e.g. the managers of the Centers for social work, Municipal officers responsible for the social services, and the like)
- Social service providers (officers/administrators of the institutions that provide social services, e.g. aged care homes, centers for persons with disabilities, day care centers and small group homes, and the like), especially taking into account whether these are at municipal or national level, public or private providers
- In specific circumstances, interviews with representatives of current or potential beneficiaries of social services (associations of persons with a specific disability).

The snowball sampling method was used to identify the interviewees. In the first step, key stakeholders in the process are mapped and data is obtained through the publicly available list of the Ministry of Labor and Social Policy (MoLSP). In the next step, the names of all potential interviewees are obtained, through a list provided by the MoLSP. These, mostly, are persons from the Centers for social work (CSWs). Names of the interviewees in the Municipalities and the Centers for social work are obtained through a letter for nomination of persons who work on or have knowledge on the topic of social services. The interviewees who represented the service providers were also mapped through document research and an open call for applications. Next, top-down approach was applied, thereby the nominated CSW representatives were used to provide contacts for the heads of the institutions-social service providers which work in the municipality. The last ones were further used to provide contacts for other (e.g., private) social service providers and current and potential beneficiaries of social services. In this way a list of potential interviewees of about 700 persons was created.

The second step is about defining an unstructured questionnaire which was used during the interview. The questionnaire is defined around four key themes:

- The existing social services
- The existing infrastructure for delivery of social services
- The social risks in the municipality
- The need for new social services.

The questionnaire is provided in Annex 1.

The third step is conducting the interviews. During the interview process, we identified that some of the initially mapped individuals and organizations do not have sufficient information, do not work in the field or are no longer active, and some of them expressed no interest in being interviewed. The initial map was reduced to contacts with the greatest potential for contributing information. This phase included 362 interviews, i.e. 4.5 interviews per municipality, on average. Three crucial challenges emerged in this phase: insufficient knowledge of the scope of the social services and the need; insufficient number of service providers that can provide in-depth information; and time constraints for realizing the interviews in the contract period due to difficulty to schedule interviews, especially with the institutions. All of the interviews were recorded and transcribed in Macedonian.

The method of analyzing the interviews consists of two parts. The interviews of each municipality are analyzed by municipality, in order to get a synthetic report about the current condition and the main findings. In the second part, all of the interviews (at national level) are analyzed together, in order to produce this national synthetic report, with the goal of understanding the current condition, the social risks, the social needs and the potentials for improvement. For this task, we use MaxQDA, qualitative data analysis software, which mainly enables systematization of the main ideas for the topic researched.



03

Capacity
assessment for
delivery of social
services

We begin the assessment of the social services at the municipal level in North Macedonia by reviewing the existing capacities and their qualitative assessment from the perspective of the interviewees. The assessment of the capacities is necessary in order to be able to discern their compliance with the risks that are present in the municipality, thereby resulting in the needs for improvement and for new social services. The social service providers are presented in Figure 1. We then analyze their capacities in the order of the figure.

Figure 1 – Institutional arrangement of social service providers



Source: Authors' illustration, based on the competencies from the legal framework

3.1. Institutions for social protection

There are 30 centers for social work (CSWs) in this country, most of them inter-municipal (i.e. having jurisdiction over more than one municipality). The CSWs are mostly headquartered in urban municipalities, whereas in other municipalities (some of which are with a predominantly rural character) there are no branch offices either or, if any, are not fully functional: *In each of the five surrounding municipalities to open an office, some municipalities had planned for a facility, in all 5 municipalities around them the MoLSP had provided furniture, computer equipment and everything necessary... No, there is no infrastructure in the municipalities, they only have offices made for opening, however non-functional still* (CSW Tetovo). There are branch offices only in several municipalities, in which there is one employee, with no adequate equipment (computer with software), so the work in those offices is reduced to informing and collecting documentation by the local population: *For a simple confirmation the client should go to Palanka because I do not have one here, and it should be signed by the director as well and stamped in the archive so that the confirmation is valid.* (municipality of Rankovce and CSW Rankovce). In some municipalities, a person from the CSW comes once or twice a month, in order to inform the population: *There is a branch office, there is one social worker who works in the branch office once a week, however still ... there is no computer, no system, which means that for everything that needs to be realized, he/she still has to come to Sv. Nikole.* (CSW Sveti Nikole for the municipality of Lozovo).

In almost all of the municipalities, there are offices provided in the municipal buildings for opening branch offices of the CSWs, but they are not open due to the problems listed above. The main shortcoming of all the CSWs is the limited staff, which leads to overcrowding, slow completion of the work and dissatisfaction among beneficiaries. For example, in the CSW Struga there is a lack of social workers and there is only one pedagogue, and because the work is often done by interdisciplinary teams the shortage of adequate staff is a problem in working:

Four profiles are present in the team, social worker, pedagogue, psychologist and lawyer. At the moment, the CSW Struga has a lack of social workers, therefore it is desirable to consider the possibility of some new employments for this profile and a pedagogue, we have one pedagogue who covers the whole work and works with all of the teams, and that is not right... We have a lack of social workers who are involved in material allowances, and not in services. In services only our colleague is here and she will also retire soon, thereby the teams in the professional center will remain without social workers. There is one and she covers all the work of the Center for social protection, and this is too small, and no matter how much one wants to try to get the work better done, he/she will not be able to.

It often occurs that some CSWs do not have all the profiles of professionals, which is against legal regulations. In the CSWs there are teams that provide professional assistance and support/counseling, but most often it is one team that deals with various areas (domestic violence, divorces, juvenile delinquency, and the like) which leads to staff overload: *I am the coordinator for the team working with children and minors and a member of a team of professionals working with violence and with addictions, with pedophilia, with homeless persons, with persons who have psychiatric disorders. We are a few here and we work with, cover a lot of areas* (CSW Gostivar). Hence, the quality of the service provided is called into question or certain services cease: *The counseling center, with the new act for internal organization, no longer exists ... for the simple reason that most of the smaller centers for social work have one team of professionals. And imagine what kind of illogicality that is, the same team of professionals that works with the client on a certain problem, to work in a counseling center after as well* (CSW Vinica).

Some of the CSWs do not have adequate premises where they would provide professional assistance/counseling, so these services are performed in the regular offices of the employees, as, for example, in Veles where the premises belong to the Employment Service Agency: *... They are not ours [the premises, n.b.], but we use them from the Employment Bureau, we use both of the day care centers for persons with special needs from the club in Chashka and in Bogomila, however ... we are in lack of rooms, especially larger rooms, playful visiting room, ... they are small and inadequate.* In addition, most of the CSWs are inaccessible to persons with physical disabilities, because they have no wheelchair access ramp nor an elevator: *There is no access provided for the persons with disabilities neither from the office nor from the municipality, therewith you saw that the municipality is with stairs, therefore if a person eventually comes we from the Offices will come down to help him/her as much as we can...* (CSW Rankovce and the Municipality of Rankovce).

The CSWs provide the social services of information and referral, professional assistance and support and counseling, and they also manage other centers/institutions (Day care centers, Temporary accommodation centers, group homes, foster families) that function in the municipalities for which they have jurisdiction over. When it comes to information and referral, some of the associations and the institutions emphasize that it would be good to introduce more mobile teams and the same would receive more support so that those in need of assistance are better assisted and stigmatization is avoided: *Not large formal institutions, not offices, because the people also ask for a bit of intimacy, they do not want to be seen entering large institutions, then they come back ... they say "He goes there" ... These are sensitive categories of citizens, to whom it literally means a lot how the community perceives them... So these mobile teams can very discreetly enter, exit, mediate, and overcome these barriers* (SOS Children's Village). Such teams would be especially useful for the people in rural areas.

Currently, there are no special centers for social services, that provide the services of day care and temporary accommodation, so these services are provided by the CSWs. Out of the **centers for day services**, there are currently only Day care centers for persons with disabilities, in all municipalities where the CSWs are headquartered, except in Radovish, Demir Hisar and Struga.

Beneficiaries of different age are accommodated in the day care centers, with great heterogeneity: *We have an older group over the age of 18, the oldest beneficiary is 41 years old, 4 beneficiaries are less than 18 years old. Two are included in regular education, one with autism comes after classes, and the other person has cerebral [palsy] and is now in 9th grade, our obligation is to take them and bring them from school* (Day Care Center Makedonska Kamenica), which is often a reason why parents of younger children with disabilities refuse to bring them to the day care center, for example: ... *the youngest is 9 years old, the oldest is 35 years old, which, it is not a pretty picture for a parent who comes to me with a small child at the door, to include him in the Day care center, when he/she sees them, they are already adults and he/she says "How my child with so old adults in the same room?", not to mention our place is very small. So we have 2 rooms, where we can divide them into groups, and age is still a problem* (Day care center Gostivar). This problem will also increase with the tendency to provide support to preschoolers in the centers: *if a day care center acquires a new way of working, i.e. inclusion of persons ... 3 to 6 years old, with whom it will not be easy to work with, other profiles will be needed as well. We do not have a speech-language pathologist. We do not have a carer* (Day care center Kumanovo).

Persons with different types of disabilities are accommodated in one day care center: *Here we have with intellectual disabilities, moderate, severe and profound intellectual disabilities, children with combined disabilities, with cerebral palsy, autism, syndromes such as the Down syndrome* (Day Care Center Tetovo). They all have different needs and different approach and treatments are needed. Centers are often faced with inadequate working conditions and lack of equipment for adequate assistance to the beneficiaries:

Our day care center, with an area I mentioned, does not meet current needs, not to speak for the future or for including new members. Because, we do not have space, we have spatial barriers. We are in urgent need of a sensorimotor room for developing sensorimotor skills and activities of all psychological processes in these persons, which we desperately need for all types of disabilities. ... We need a cabinet for individual work, for such persons. Here is where we do individual work: You and I do an interview, the special educator and rehabilitator works. However, we go through that as well, just to do the job. Just so the work is not put on hold. Those are the barriers, spatial, which are necessary for successful work in a Day care center (Day care center Kumanovo).

There is staff shortage in almost all of the day care centers. Apart from the insufficient number of employees who would provide services of higher quality, there are no employees of all the needed profiles either for providing comprehensive treatment to beneficiaries, such as, for example in Resen, where the number of staff and the profiles available to the center have decreased over time: *In our day care center when it was opened in 2007 out of professional staff we had a special educator and rehabilitator, a psychologist, a social worker and a nurse, and later one more social worker got involved, but both of the social workers were taken in the CSW, and we remained a special educator and rehabilitator, a psychologist and a nurse. Now we are only a special educator and rehabilitator and a nurse, in fact she is an administrative technician, let's not get into that* (Day care center Resen). That sometimes creates problems with providing adequate and high-quality treatment to beneficiaries: *I think that the parents themselves react that the staff is not adequately trained, that trainings are needed Both the number and how trained the staff is, maybe special trainings are required* (Eho Shtip). This often means that in order to receive some sort of support and assistance, persons with special needs have to travel elsewhere or to receive the service privately: *so, we are in lack of social workers, we are in lack of speech-language pathologists. Many parents request for a speech-language pathologist, we do not have one, so we refer them to where they are, those we know here in Gostivar, privately of course, or in Tetovo, in Skopje.* (Day care center Gostivar). The same employees maintain the hygiene in the center: *Friday is our cleanup day. We clean, we mop, we sweep, we do everything alone.* (Day care center Vinica), they work with the beneficiaries, they perform administrative work, and in some centers they are also drivers of the organized transportation.

The operating programs of the day care centers are separated according to the age of the beneficiaries, i.e. there are special programs for beneficiaries under the age of 18 and for those over the age of 18. ... *And, now, in those under the age of 18 we have: developing fine motor skills, gross motor skills, sporting activities, acquiring cultural and hygiene habits, meaning helping with food, dressing, undressing, art therapy, music therapy. With the beneficiaries over the age of 18 we have: computer integration, how to use various appliances from workshops* (Day care center Gostivar). However, regarding the program a large number of persons involved point out that the mental age of the beneficiaries differs from the chronological age, which is why the programs should be devised in a different way in order to suit the mental age: *The children are divided into 2 groups according to abilities and capacities, from the [Institute for] Social Activities it was said to separate them by age, however age does not affect much here. The children who are older could be at a very low mental level.* (Day care center Kumanovo). However, the employees at the Centers try to individualize the approach and in some of them individual work programs are devised.

The day care centers mostly work in the period from 8 am to 2 pm, which does not correspond with the regular working time of 8 hours, so the need arises that parents work part-time, in order to be able to care for their children after 2 pm: *So, we are looking for women privately for an hour or two, to find one to look after him/her for a while* (Inkluziva Kumanovo). Therefore, it is needed to regulate working time in all centers from 8 am to 4 pm. There is organized transportation in most of the day care centers, and in those where it is absent it is the main reason why the persons with disabilities do not attend that center: *And those from rural areas, they cannot, do not come, because the taxi service is expensive for them* (Day care center Kumanovo).

There are only a few Temporary accommodation centers, mostly for victims of domestic violence, in Bitola, Kochani, Sveti Nikole and Skopje, where the capacities are very small, and due to the secret way of working we did not obtain sufficient information. Sometimes such services are also conditioned by the financial condition of those in need which is why they cannot get the service: *a mother with 5 children, 4 of whom were pupils, from Tetovo married in Struga, and she was a victim of domestic violence in the true sense of the word, I wanted to accommodate her in a shelter center and they didn't accept her, no they said, she has income, and she went to her mother and they lived with some pension. Then, she came back, they reconciled, and she is here to this day, however at the given moment when the victim should have been accommodated, there were no vacancies in the shelter center, they didn't receive us, they didn't even want to talk* (CSW Struga). In addition, the capacity of the shelter centers is insufficient which does not allow for adequate reaction and providing timely assistance: *We have a problem with the shelter centers, to react for the victim of domestic violence we should temporarily accommodate him/her but there is nowhere to do that, a shelter center which is closest is in Sv. Nikole, but it has a capacity for 6 persons and it is always full* (CSW Radovich).

Except for the Center for homeless persons Chichino Selo and the Drop in center for homeless persons Momin Potok, at the local level, there are no centers for temporary accommodation of homeless persons. In several municipalities, the Municipalities in collaboration with the BO Red Cross provide temporary accommodation to homeless persons in winter. The number of registered homeless persons is not large, but it is presumed that there are many such persons who are not registered: *Statistically, neither at the Ministry of Labor, nor anywhere in the whole country, there is no exact figure, nor at us* (Civic association Shpresa). In addition, there is awareness that it is needed to solve the problems at the local level: *We have problems during the winter months when temperatures are low, we do not have any help for homeless persons and we are forced to go to Shtip or Strumica* (CSW Radovich).

Out of the institutions for alternative care, only small group homes are identified, which are relatively new, so no major shortcomings were identified except for the

need to expand the spatial capacities: *Right now, the persons with special needs are most disadvantaged. Because, out of those with severe mental disabilities or combined disabilities, there used to be many to be accommodated in Demir Kapija. Now that institution, slowly, slowly, has to be shut down. We have a problem where to accommodate those people. Those small group homes, they started to function. They are filled in by persons by the deinstitutionalization. However, it is a big problem for new accommodations (CSW Kumanovo).*

There are two rehabilitation institutions, in Skopje and Strumica, but initiatives to deinstitutionalize some of the beneficiaries are present there as well:

We created 2 small group homes, "My home 1" and "My home 2", with beneficiaries who finished in our institution, who have nowhere to go, to return in the environments they came from. And they are already in preparation - one of the homes, this is its fourth year, and the other home this is its third year. And I believe the beneficiaries can go outside freely. During this period it had been worked on their independence a lot, so they clean a bit by themselves, they sleep one or two in a room, prepare breakfast and dinner on their own, maintain their personal hygiene on their own. ... We do supervision less and less. The professional worker for assistance only gets involved when needed. ... There are 8 beneficiaries in each of the two homes. We also have a third part, which is supposed to be "My home 3", therewith it will be a part for reintegration. The current children who are beneficiaries of the dormitory, to be accommodated in this part, and to work with them on their independence, with some of them who can be returned to the family ... (PI Institute for rehabilitation of children and youth).

3.2. Municipalities

Most of the municipalities provide social services only within the framework of the Community Work Programme (CWP), such as in-home assistance and care for the elderly, in-home assistance and care for persons with disabilities and personal educational assistants for persons included in regular education. Almost all municipalities involved in this project provide in-home assistance and care for the elderly. The service is reduced to assisting with the procurement of groceries, medicines and food, and where there are medics, general check-ups are also performed in the home. The main disadvantages are that the service lasts for only 6 months (as long as the CWP lasts) or, if it continues, it is interrupted due to re-applying for funding. The coverage of beneficiaries is very small: *There is a project for the Community Work Programme, it covers very few people, and very few people are served, if there is an option those numbers to increase and the program to be continuous and to have expansion, perhaps it will have some effect (Youth*

club Shtip), and one hired person serves 10-20 elderly persons, making it impossible for one person to use the service 80 hours a week, as it should be according to the law, as indicated in the following example:

Interviewer: Previously, how many assistants for care of the elderly were there?
Respondent: 6. Interviewer: And how many end users were there? Respondent: 6.
Interviewer: That is a lot of people. Respondent: Yes, but they were visited once a week, it could not have been accomplished because it is of a dispersed type (Municipality of Dolneni).

The institutionalization and the definition of such services is problematic: *Trust me, it is not easy. In which way to institutionalize it? First, it should be strictly defined what type of services, specifically for the elderly, would be provided. And now, which persons would provide them? How much, who would pay for those persons? (Municipality of Zrnovci).*

In-home assistance and care for persons with disabilities is provided only in 5-6 municipalities. This assistance is mostly provided through the CWP: *The Municipality of Prilep is part of the Community Work Programme, funded by UNDP. Nine persons, two of whom are carers for work in an aged care home, four are carers in a kindergarten and three are personal assistants (Municipality of Prilep), and in collaboration with various organizations: We provide the services for informing citizens about their rights as professional assistance and support and in-home assistance and care for persons with profound disabilities; that is, we have a project related to the Community Work Programme, 8 persons are deployed on the territory of the municipality of Gradsko and they provide services to the citizens with profound disabilities; to 8 families, we provide these services with the Municipality of Gradsko (association Nadezh).* In some of the municipalities the awareness about the problem with such persons is visible, especially after those who take care of them within the family will be already gone: *The persons with disabilities are also a social risk especially when their parents die and there is no one to take care of them (Municipality of Radovich).* Some of the municipalities emphasize that sometimes the problem lies in the social stigma and unacceptance of the condition from the families without whose consent such assistants cannot be assigned:

The children with disabilities - so it wasn't so pronounced before, I think because parents didn't want to expose it, and now we can provide, for example a personal assistant for a child with special needs if there is a finding and opinion from a doctor, but there are parents who do not want to get a finding and opinion from a doctor, they simply do not accept that problem, they consider their child as capable to attend regular classes, but they request for a personal assistant, but when we applied for the Community Work Programme, they told us that an assistant will not be approved without a finding and opinion from a doctor (Municipality of Gevgelija).

Educational assistants have been hired in several municipalities, but the coverage is very small, and in smaller municipalities one assistant assists multiple children, as in the following example: *Yes, there is a need for more; I had a meeting with parents and they are in need of educational and personal assistants; we have 9 in the schools, and there is a need for 15-20* (Municipality of Ohrid). Hiring educational assistants is positive because the beneficiaries do better in school when they have such assistants: *There was a request from a parent whose child was left without a personal assistant this year; he/she said that after getting a personal assistant, the child began to learn the educational materials much faster and to progress more quickly* (Municipality of Demir Hisar). However, some of the municipalities emphasize that they do not hire educational assistants because they still have not identified such a need, as for example, in Shuto Orizari: *We do not have educational assistants for children with disabilities, because we have not yet identified a real need. We requested from schools, we did not get feedback that there is a need. At that moment when they alert us, we will hire. This finding can also be related to the degree of awareness about the usefulness of such a social service. Sometimes, the service cannot be provided due to inadequate collaboration with the parents: There are parents who do not want their child to be categorized as a child with a disability, and the child has disabilities. So, one of the conditions is that the child is categorized as a child with a disability. Parents come and they want to have educational assistant, but do not want to categorize their child* (Municipality of Kumanovo).

Several municipalities, for example Valandovo, Prilep and Makedonska Kamenica, have opened Day care centers for persons with disabilities, in collaboration with the MoLSP, therefore the facility, the utility expenses and some of the employees are borne by the Municipalities. In two of these municipalities (Prilep and Makedonska Kamenica) the day care centers are a positive example, mainly due to the sufficient number of employees (which we identified above as a crucial problem in almost all of the day care centers run by the MoLSP). Some of the Day care centers established and run by local associations, for example the Day care center for persons with disabilities Poraka Nasha Kumanovo, receive financial support from the Municipality, but such examples are rare. There are also new initiatives in several municipalities for opening such centers, as for example the municipality of Vrapchishte, as a rural municipality in which the center functions through collaboration with a non-governmental organization:

It is third of its type in Macedonia opened in the municipality of Vrapchishte, through collaboration with the non-governmental organization Imago Plus from Skopje... They require that we provide them with a location for treating these persons and we opened a call, over 12 persons applied to that call, from all fields of expertise, psychologists, special educators and rehabilitators, speech-language pathologists and others, and we conducted interviews with them, which resulted in us accepting 4, who were trained in

the organization Imago Plus in Skopje, and are already hired in this center that is being opened. In addition, in the meantime 10 persons from 1 to 40 years of age signed up, who will be treated at that center; that is a beginning, every beginning is difficult, but I thought that in the future we meet the needs of all those who have such needs.

Some Municipalities fund the organized transportation to/from the Day care centers, and this is especially the case with the rural municipalities where there is a lack of day care centers, such as in the municipality of Zhupa, from where it is paid for transportation for persons with special needs to the day care center in Debar.

Four Municipalities, Prilep, Kumanovo, Berovo and Bitola, run Aged care homes. Beneficiaries of the services from the surrounding municipalities are also accommodated in those homes: *We established an aged care home, municipal public institution, we have accommodated 29 beneficiaries, not only from our municipality but also from Kochani, Strumica, Makedonska Kamenica... A tender process takes place for reconstruction of a third part to accommodate 9 more beneficiaries; the first part was with 15, then with 14, now total of 29 beneficiaries* (Municipality of Berovo). Several municipalities (Chashka and Cheshinovo-Obleshevo), in collaboration with the local Associations of pensioners, have opened a Day care center for the elderly, but the way these centers function and the attendance levels are unsatisfactory, as they have short working time and the services are limited to food distribution: *This is a day care center, the lady works here part-time from 8.30 am to 12.30 pm, so she creates the timetable, depending on people's needs and the food is brought here by transportation from Veles and arrives somewhere around 10 am. And, this is why the working time is from 8.30 to 12.30, so that she can open, let fresh air in, clean... as you can see, we have 2 main rooms, a kitchen where the food is distributed and this room, where there are several tables and chairs and is like a recreation room, so that the elderly can use it for socializing and so on* (Day care center for the elderly Chashka). Such Day care centers had also been opened in Makedonski Brod and Vinica, but they never started functioning. The rooms are fully furnished and unutilized.

Most of the municipalities do not have adequate capacities for providing services, because most often the persons in charge of the services also have other obligations, especially in the smaller municipalities: *We are, all in all with the Mayor, 8 employees. We have two departments. There is a person in charge of financial affairs, I am for local economic development, projects, what is there communications, website, email, correspondence. One person is in charge of public procurement, you know, we are very few people* (Municipality of Zrnovci). The Municipalities emphasize that they also have a lack of professional staff for providing social services: *There is one employed social worker with a university degree in the municipality, who is head of the department for human resources, but not specifically in the area of social protection or provision of social services* (Municipality of Vinica). *That creates problems in the consistency of the services*

that are being provided: first we need to stand on healthy feet, because we are now on glass legs, the day care center cannot work now and then not work, we have technical conditions and infrastructure, so human capacity is needed, and when we have that, then we can consider enhancing the services (Association of persons with cerebral palsy). Some of the Municipalities locate such problems in the absence of financial capacity and the distribution of competencies: In North Macedonia, the Municipalities have neither sufficient human resources, everywhere, not only ours, nor budgetary capacity to deal with all these occurrences. And, that refers to centralized policy, in relation to the central and the local government (Municipality of Zhelino).

In some cases, it is difficult for the Municipalities to find interested unemployed persons who would be engaged in the activities of the Community Work Programme, and who have adequate education/qualifications: *So, this project lasted for several years, this year we didn't apply, because we have a problem, we can't find unemployed persons. Unfortunately... To illustrate, this year we had an open call for 4 carers, barely 3 applied, 2 with a license, one interested without a license. And now, part of our funding was for nothing (Municipality of Zrnovci).* A similar problem emerges with finding educational assistants because in certain municipalities there is no unemployed staff with adequate education: *This year I planned to involve personal assistants as well, educational assistants in the schools, because there is a real need. We addressed the schools, they responded that there are 4 pupils who are in need of an educational assistant, helper during the school year. However, our project was rejected because as a municipality we do not have such staff for an educational assistant - a certain profile of education is needed, a special educator and rehabilitator, a social worker, with higher education. The ESARM Kumanovo provided us with a list in which we do not have such an educational profile on our territory (Municipality of Staro Nagorichane).* The lack of interest due to the amount of the compensation and the inconsistency of the engagement is also a problem:

People cannot work for 9,000 denars and they cannot work based on a temporary service contract, but should rather be regularly employed and with salaries that meet their needs. We have people who are truly educated, they studied for special educators and rehabilitators, psychologists, and it is ridiculous they work for 9,000 denars (Association of persons with cerebral palsy), and When we were trained by the Employment Service Agency for the Community Work Programme in Dojran, we told the UNDP representatives that every request is welcome, however now they rarely accept... The monthly compensation is 9,000, however with the subtraction it is around 7,200. And some due to the low funds wanted to give it a try, but they found it... Person 1: Little. Person 2: Little, yes. Some of them withdrew (ESARM Vinica).

Municipalities indicate that the Community Work Programme through which services are most often provided is inconsistent and dependent on funding provided by international donors: The Community Work Programme somehow in our municipality did not function very well, so it was occasional. There is, then there isn't, there is, there isn't, depending on how we get the project (Municipality of Cheshinovo-Obleshevo). Municipalities themselves often have financial difficulties to continue funding the project, which calls into question the sustainability:

Now, in March, the project gets completed... And then we have for example two months pause, and then again we continue the project until we prepare... Int: And, during those two months you close the centers? Respondent: We close them, yes. We only continued it once last year in Zhitoshe, until they finish. Because, after that it must be borne by the Municipality, to pay for the hired person and everything. Int: And they refuse for it to continue? Respondent: They do not refuse, but we had no funds, we were blocked. So, the Municipality was totally blocked (Municipality of Dolneni); We cannot, as a small municipality, allocate so much resources. The Municipality can for 2-3 months, however when we say long-term, help from the central is still needed (ESARM Vinica).

A positive aspect is raising the awareness on the need for providing social services which would be managed by the Municipalities and increasing the capacities at the municipal level, as in the following examples: *First, the greatest success is that the Municipalities were encouraged to start considering that matter. More serious activities in the programs of the Municipalities cannot be found anywhere, because on one hand there is no capacity, and on the other hand somehow it is not so attractive activity from the public point of view. ... It is a fact that in rural areas there is a great need for a scope of such services, now the question is how much capacity is there, how much funding for that is there (Municipality of Zrnovci).* In addition, a benefit is the acquirement of additional qualifications by the unemployed persons who were involved in the Community Work Programme: *However, the persons involved in the Community Work Programme go to an additional lecture in Shtip after the end of those 6 months. We had lectures in Shtip, where they were awarded with a license. And that is wonderful. So, they have already completed training, license for tending to and taking care of the elderly; I tell everyone: "Keep them, you may need them someday, persons who have completed training may be requested, maybe someday a home will be opened in Vinica" (Municipality of Vinica).*

3.3. Foster families

There is a large number of foster families in several municipalities: Prilep, Makedonski Brod and Krushevo, and in the rest there are only a few (2-3); there are also municipalities with no foster families. Therefore, the children and persons in need are being fostered in other municipalities. It is needed to promote this service and to encourage families to foster persons. There is a significant number of foster families (37) and foster children (56) in the municipality of Makedonski Brod. There are also isolated occurrences where there are also children with developmental disabilities who are in foster families (example of a child who is in DSU Partenie Zografski), however that form of fostering is not yet developed. In some municipalities they emphasize that they encounter difficulties with raising public awareness on the needs for the existence of foster families. The experiences are generally positive: And they are all in foster families, and when we go to regular check-ups, it is visible that when we handed them down they were children with mild abnormalities, and now they are children who have advanced and are healthy (CSW Skopje). Foster families must meet specific conditions and complete a specific training, but they should also receive more support and more comprehensive training: And, the support that we provide to the fosterers, is an important factor (CSW Skopje).

The experiences of the small group homes are mainly positive: *this is too good, for us as well, you can give more attention to a smaller group, previously it was an obstacle in the home on occasions. ... this way, it is clear, you are responsible for five children and you can provide them with what was not always accomplished there...* ("11 Oktomvri"), primarily because more one-on-one care and individual attention can be provided to each child: *We have a new work method. We gave it a try while we were there, however we could not, it was more difficult for us because we were many, two groups somehow functioned intertwined. Now, those five and six children, each beneficiary has its own mentor, in the sense of a professional, ... to be always there for him. Int: There is a more individual approach..., Resp: Yes, yes, if there is a need for a parent-teacher meeting* ("11 Oktomvri"). *It is needed to work on increasing the existing capacities: the existing small group homes are already full, the capacity is what it is... and they are a form which is great for functioning* (CSW Skopje). Within the small group homes efforts are being made to organize assisting for those children who will turn 18, to prepare them for independent living and to accommodate children who approach the age of adulthood in a separate house: *We prepare them for six months, one year in advance, workshops, to talk more, to connect them with jobs, faculties* ("11 Oktomvri").

3.4. Associations

The local associations mostly provide services of information, professional assistance and support and counseling, mostly to victims of domestic violence and persons with disabilities. These activities are mostly provided within the framework of internationally funded projects, which end with the completion of the project itself.

The association Opcija Ohrid and the Youth Center Shtip work with two categories of persons: drug addicts and sex workers. Ischekor Kumanovo works with returnees from peacekeeping missions. They point out that the returnees are not defined at all as a category towards which social services are targeted, although they and their families are in great need of services for resocialization after they return to the country.

Certain associations that work with persons with disabilities have opened day care centers in Kumanovo, Radovish, Negotino, Ohrid and Struga, which function on the same principle as the public day care centers and are funded through projects, donations, the local business sector and the Municipalities. The Day care center in the Municipality of Chashka was opened by a local association and it functioned within the framework of a project up until a couple of years ago, but it was then closed due to lack of funds and collaboration with the competent authorities: *With the help of the Ludwig Boltzmann Institute of Human Rights, the initiative to create such a day care center emerged and in the period from 2012 to 2016 it operated with donations and financial support... This day care center is located on a parcel of 70m2 and includes an office area, large workroom, toilet, accessible pathway and surrounding which is quite well arranged. It does not work at the moment, however we have not received support neither from the MoLSP, nor from the local government* (Association of persons with cerebral palsy). This center is the only one in a rural municipality and a municipality where the CSW is not headquartered at.

Some local associations, for example Inkluziva Kumanovo, and the Red Cross, are certified providers of the service of personal assistance for persons with disabilities and they have certificates for training personal assistants. They point out that the service is positively rated by the beneficiaries, but it needs to be improved through: 1) Compulsory commitment from the persons who complete training borne by the state, to be personal assistants for a specific time period: *Everywhere trainings are paid for by persons who want to be trained. Here it is the other way around, they get paid, they are awarded with a certificate and after that, they go to European countries* (Inkluziva Kumanovo). In this way, part of the problem with lack of personal assistants will be solved. 2) The practical work organized by the Red Cross is at the Day care center for persons with special needs and at the Aged care home, which is inadequate as the assistants work with neither persons with intellectual disabilities nor with elderly persons. Therefore, it is needed to conduct practical work with appropriate persons (blind and with physical disabilities): *However, the practical part of a week or two, they bring them to the wrong place, in the day care*

centers where there are children and persons with intellectual disabilities, or in aged care home in Kumanovo, which is absurd (Inkluziva Kumanovo). 3) Expanding the categories of persons entitled to a personal assistant, by including the deaf and the deaf without speech and the persons with intellectual disabilities.

RCLIP Poraka have established clubs for persons with disabilities in several municipalities: Prilep, Bitola, Strumica, where the persons with disabilities socialize. It is announced that, with the help of the Municipality of Prilep, this club will be converted into a Day care center. The association provides activities that are more targeted towards making the beneficiaries capable of independent living:

Our program is focused exclusively on independence of the beneficiaries, acquiring skills for independent living. That is the primary goal, and that is a need that is unsurpassed, because each of our beneficiaries has certain potentials that need to be enhanced so that he/she tomorrow, when he/she remains alone, without his/her family, ... lives independently and meets his/her own needs. That's the biggest difference - our approach is individual, possibility-based, we have instruments which are developed, and a scale for possibility assessment, ... it is all individualized to the greatest extent possible.

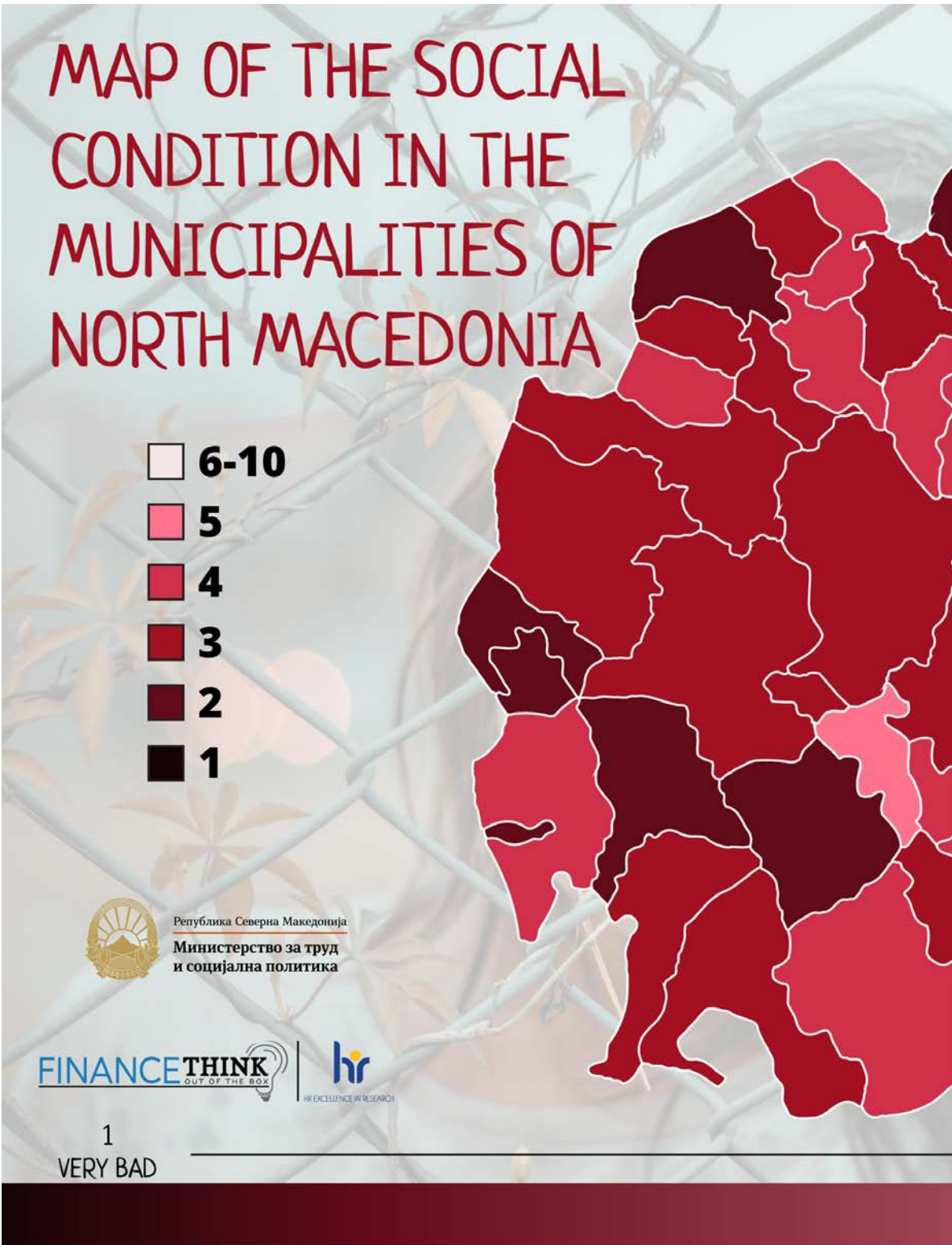
The Association of persons with disabilities Poraka Negotino is an example of a service provider of the service of supported living, by running residential units in Negotino and Volkovo, where adults with disabilities live: *I can emphasize that so far we have accommodated 87 beneficiaries in Negotino and Skopje, out of whom most come from institutions, ... special institute Demir Kapija, Topansko pole, some had been accommodated in aged care homes, and we also have a group of beneficiaries who come from their parents, when the parents are no longer there or the parent is no longer capable to take care of them, so to prevent the institutionalization (Poraka Negotino).* There is a great need for this service, because all parents of persons with disabilities fear that after their death there will be no one to take care of their children.

The Associations for pensioners have clubs for the elderly in almost all municipalities, which work exclusively for the purpose of socialization and, in some cases, provide support through informing: we refer them where to register if they have problems with pension, ... and educational lectures twice a month (Association of pensioners Veles). Some associations have retirement homes, where elderly persons who do not have their own home are accommodated, but except from accommodation they do not receive any additional services (care, food, and the like). The Association of pensioners from Veles is emphasized, which in collaboration with the Municipality of Chashka, has opened three day care centers for the elderly and one retirement home with over 40 beds, but it cannot manage it in the long term and it seeks help from the MoLSP.

Two examples are also worth mentioning, where social service providers are religious associations run by the Catholic church and the local diocese of the MOC in Strumica.

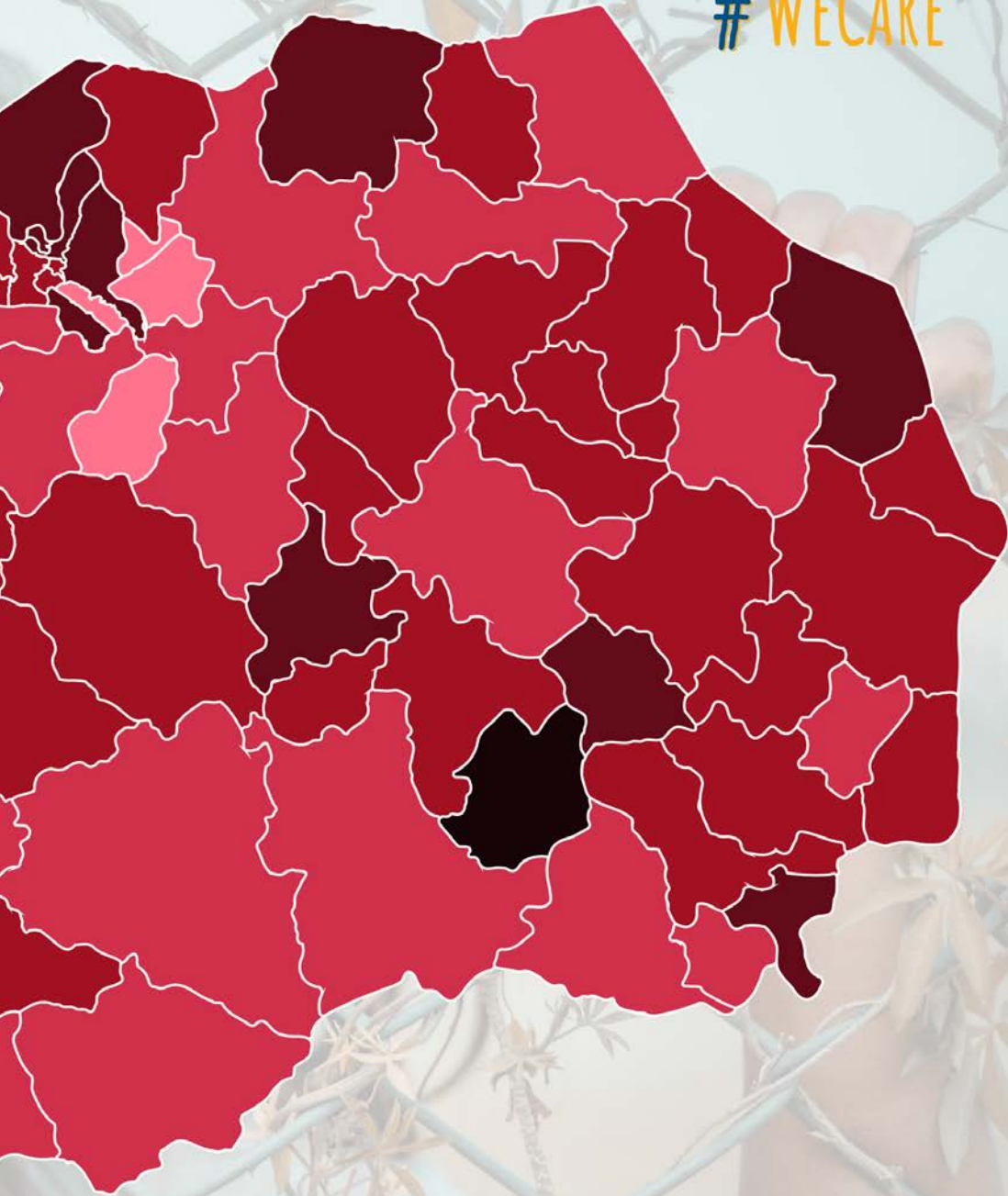
Figure 2 gives a summarized overview of the condition with the social services, through the prism of the available infrastructure and human resources in the municipalities of North Macedonia. The figure indicates that the conditions generally tend to be poor in most of the municipalities, especially taking into account that only a small number of municipalities were rated 6 to 10. No conclusion can be drawn from the figure about a particular geographical pattern of the conditions, but it is noticeable that the conditions are particularly poor in the far north of the country, which includes municipalities which belong to the Polog, Skopje and Northeast regions, as well as in multiple municipalities in the Southwest and Southeast regions.

Figure 2 – Map of the social condition in the municipalities of North Macedonia



Source: Project teams' assessment based on qualitative analysis
Note: The social situation refers to the infrastructural and human capacities for delivering social services. The scale ranges from 1 indicating very bad to 10 indicating very good

#WECARE



10
VERY GOOD

Analysis of the social status, based on 364 conducted interviews.
Services. The rating is made on a scale of 1 to 10, with 1 indicating very poor social status and
good social status.



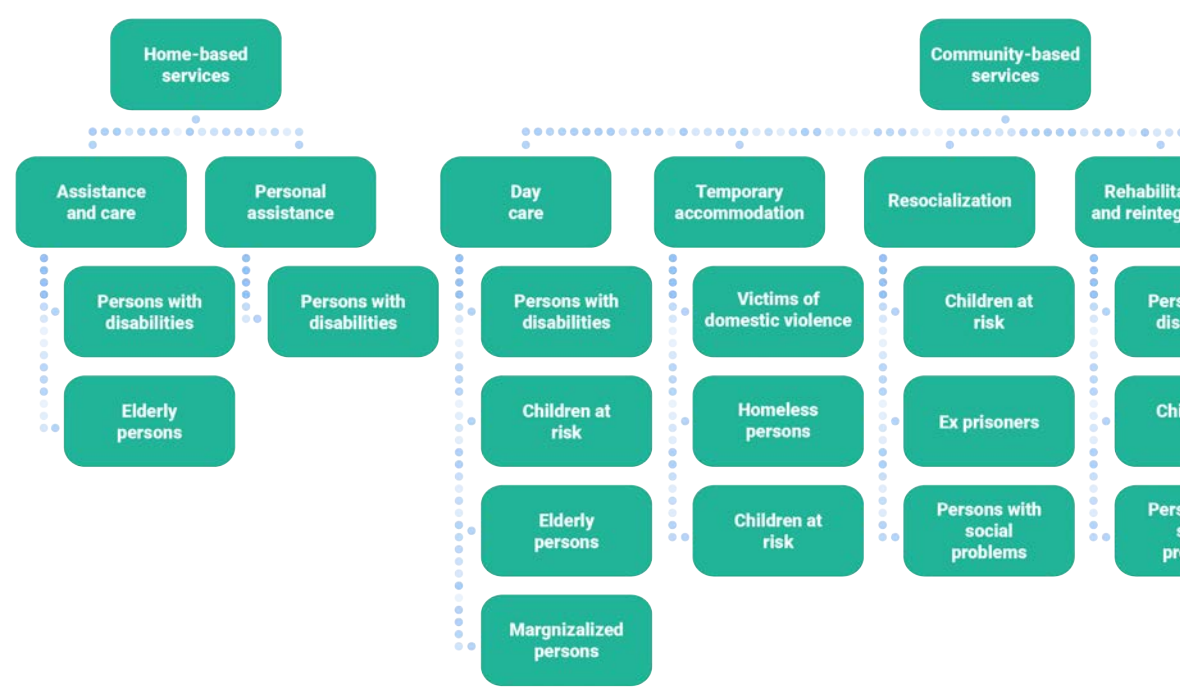
04

Social risk assessment

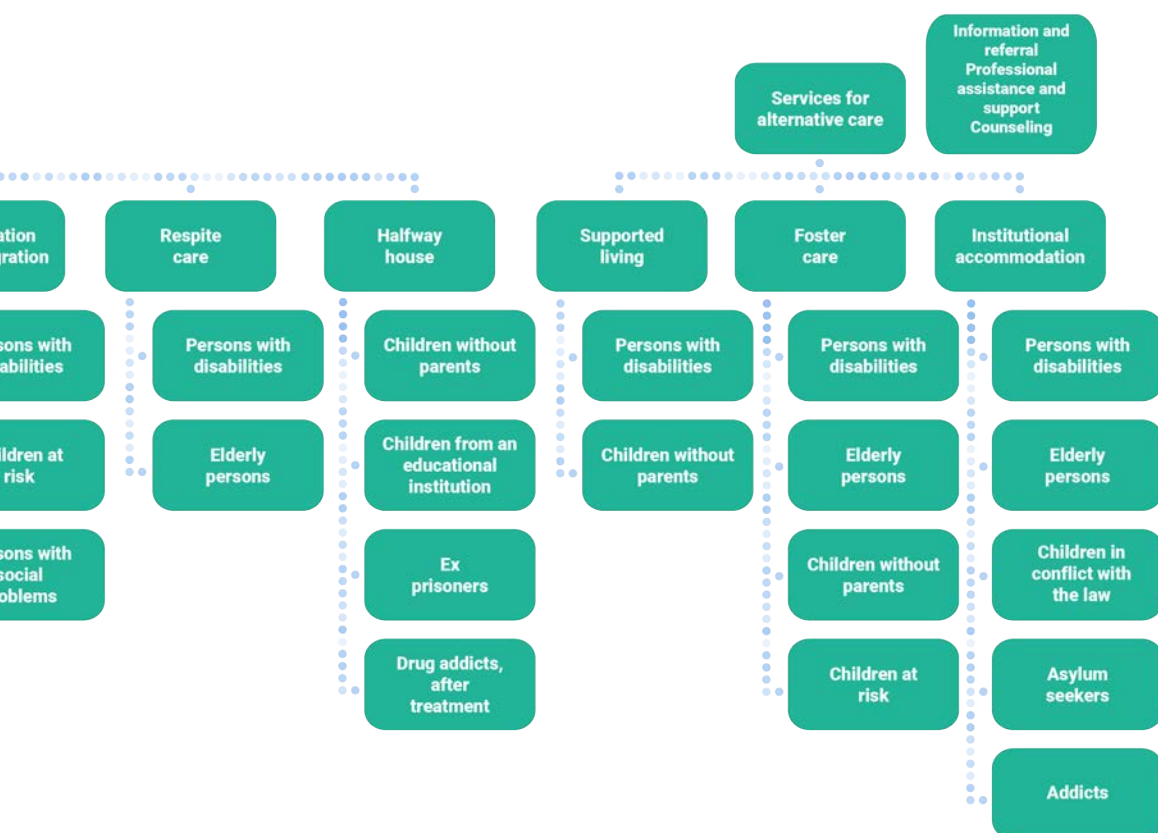
A social risk is a condition that has the potential to impair or impede the smooth social functioning of the individual, the family and a certain group, for which the need of social assistance could arise. In order to identify the social risks, Figure 3 provides an overview of the beneficiaries of the social services, based on which we define the following social risks:

- insufficient means of subsistence (poverty),
- old age,
- childhood,
- violence,
- physical and mental disabilities,
- incapacity for social reintegration.

Figure 3 - Beneficiaries of social services

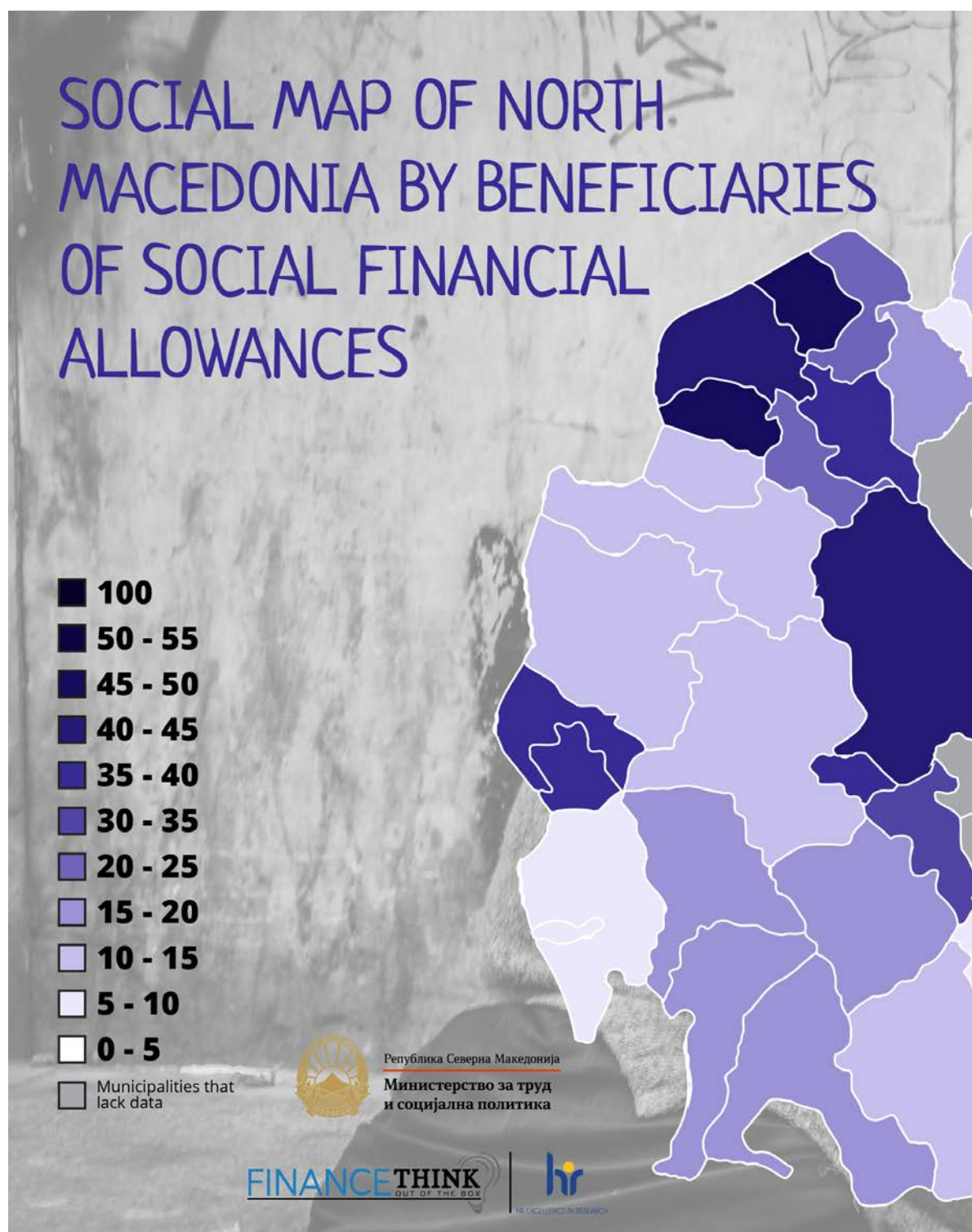


Source: Authors' illustration, based on the competencies from the legal framework

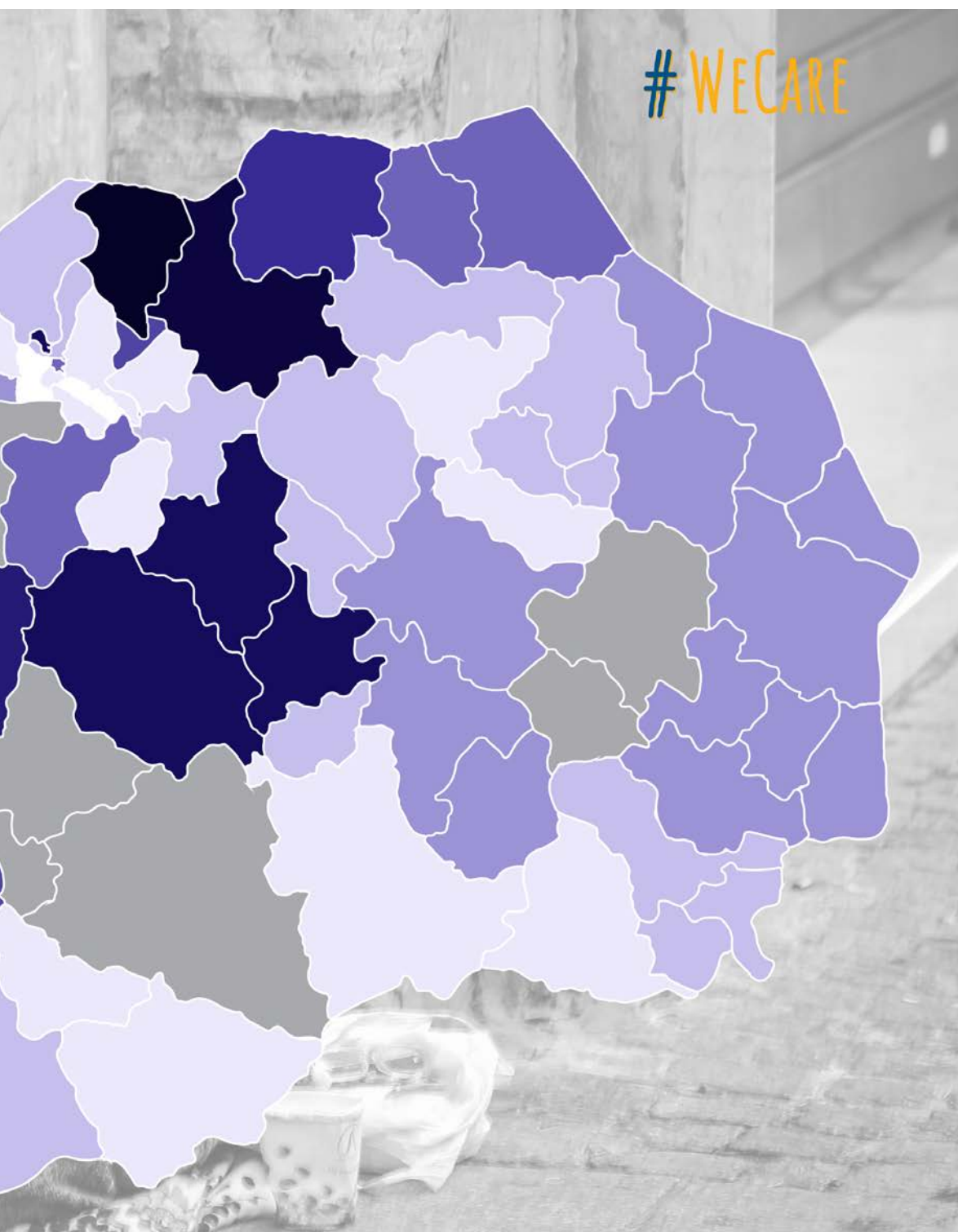


The social risk of poverty is mainly treated through the system for financial allowances, i.e. the social allowances, which are not the subject of this study. That risk gives a significant reflection of the social picture in the municipalities, which is why we present Figure 4, which visualizes the intensity of the social risk according to the financial allowances for each municipality (whereby in 13 cases, the information is combined for several municipalities, according to the jurisdiction of the CSW from which this information was obtained). The figure indicates that greater criticalness in the social picture occurs in the north-central part of the country, with the exception of the urban municipalities in Skopje. With a little lower intensity, the social risks are also present in the eastern peripheral area.

Figure 4 – Social map of North Macedonia by beneficiaries of social financial allowances



Source: Self-reported amounts of beneficiaries of different
Note: The social map is presented on a scale of 0 to 100, with 100 denoting the municipal
municipalities are grouped according to the headquarters of the Center for Social Work, and
with the total figures obtained from the MLSP. However, some of the data (inclu



types of social assistance from the Centers for Social Work.
ity with the highest social risk, and the rest are ranked relative to that municipality. Some
according to data obtained from them. At the aggregate level, the data are cross-referenced
uding the number of inhabitants of municipalities) are the best approximations.

Figure 5 criss-crosses the qualitative information regarding the identified social risks with the key institutions for delivery of social services. Larger circles indicate that that risk was more frequently mentioned by the interviewees from the given type of institution. The figure shows that poverty is the greatest social risk, identified by all stakeholders, although it is ranked third by the specialized centers and homes. As we already mentioned, poverty is treated through the system of financial allowances, and hence, other social risks are more important for this study. Old age - understood as the incapacity for physical self-support, which is why the need for care arises - is identified as the greatest social risk in the country with the need for addressing the social services, especially in the rural and smaller urban municipalities, where due to the limited employment opportunities, the young emigrate to larger cities or abroad, so the elderly remain alone. The next social risk are the disabilities - physical, mental and sensory impairments, with the greatest incidence of identification by the associations, and the smallest by the CSWs. Similarly, the associations place greater emphasis on violence and addictions as opposed to the other types of institutions, while Municipalities place greater emphasis on juvenile delinquency and other social risks.

Further in the study, analytically, through the prism of the collected qualitative information we refer to social risks that are subject to addressing by the social services. With regard to the risk of poverty, a small segment that is being treated through social services is homelessness, which is covered in the sections below.

Figure 5 – Risk identification by institutions



Source: Conducted interviews on respondents- stakeholders.

4.1. Old age

Given that old age is the most significant social risk, there is a great need for the service of in-home assistance and care for the elderly, which is currently provided in the majority of the municipalities through the CWP, but the number and the qualification of providers and beneficiaries of the service are very small. Some municipalities are even having trouble finding persons who will provide the service, and one of the reasons is the small compensation they receive: *So, no one wants to be hired for 7,500 denars, nor to apply to the call. We tried, several applied, but there is no effect.* (CSW Vinica). The duration of the engagement of these persons during the day is one of the limitations of the CWP. The engagements are most often part-time, and the few hired service providers and the many beneficiaries of this service raise the question about the quality. An additional aspect is the sustainability of the provision of the service: *Friendships happen, they become closer to each other, they are satisfied during that period, they want this to continue, because 6 months are not enough, the moment they get used to such assistance from the persons, then our project ends.* (Municipality of Staro Nagorichane). Another problem is the accessibility and spaciousness of Municipalities: *So, it should be driven an hour and a half with a terrain vehicle, and during winter weather they are, so to speak, inaccessible, there is a problem* (CSW Kriva Palanka). This problem can be overcome by more frequent visits from a patronage nursing unit of the centers for social work, with adequate staff and resources for implementing the service. *In my opinion, some type of patronage nursing service would be the most effective. That is, which can visit elderly persons, and ill persons, and families with problems, ... it is a different question whether staff is going to be found, and who would provide funding for it. Since we are three villages here, we are very close to each other, therefore, such patronage nursing service of 2-3 persons would be perfect. Not only for our municipality, but also for those very similar to us.* (Municipality of Zrnovci)

There is a very great need for Aged care homes, which is why the capacities of the four public institutions are full, and the waiting lists long. There are also private homes, but not everyone can afford them due to the high prices. Several municipalities have provided facilities for opening homes, but they are in lack of funds, which corresponds to the investment in aged care homes costing a lot of money, whereas several are facing problems with finding locations for such homes, due to prejudice by the local population about the location of the home (for example, in the village of Vratnica the proposed location was the old school dormitory) or due to selling the parcels to private investors (as in the municipality of Vasilevo). Although, the most frequent response by the representatives from the CSWs and from the municipalities was affirmative of the need for aged care homes, the conclusion was that there is uncertainty about the interest and desire of the elderly to be institutionalized that way. *Realistically, there is a*

need, however I think that the mentality in our country is still at a very low level, whether there will be a need to create some campaigns or to talk to the population. It is not easy to take the elderly person out of home, and to bring him there, not to be somehow misunderstood (Municipality of Staro Nagorichane)

Some local associations of pensioners have retirement homes available to them, where there are beds to accommodate the elderly, but except for accommodation, they do not receive other services. In the past, a few day care centers for the elderly were opened, but none of them functions properly, i.e. to provide all the services as indented in the service for day care.

4.2. Childhood risks

The services for day care and temporary accommodation, resocialization, reintegration and rehabilitation, halfway house and the services for alternative care are intended to be provided for social protection of the children. However, there are still segments of the child population that are extremely exposed to social risks, primarily the children with upbringing and social problems and those who beg on the streets. There are adequate social services for these children at risk, with certain shortcomings.

No Day care center for children at risk was identified at the local level, other than the Day care center for street children, in Skopje, run by the Association for protection of children's rights which provides support to children in the educational process and accommodation during a specific period of the day: *The activities in the Center, we have those from 8 to 5, are non-formal education ... acquiring work, cultural, hygiene habits, the creative workshop is our music workshop, ... and the most important one is inclusion in education, but also keeping them in the education process. So support throughout the whole process.* (Association for protection of children's rights). After the accommodation in the Center, the children return to their families again and are exposed to risk, and a systematic approach is needed to address such problems, i.e. working with the families. The registration of such children and families is also problematic due to the lack of collaboration between the local government and the institutions at the central level: *It is not enough to say "Yes, I helped that person." What did I help him/her with? I took the child today from the crossroad, so it doesn't beg, I returned it to the mother, and after 4 pm, what happens with the mother who was a victim of violence, none of us cares about that...* (Municipality of Shuto Orizari). The children who beg on the streets are often taken from city to city which makes it difficult to provide support from the local institutions and associations: *Not that begging is not present, however they are not residents of Tetovo, they come from Skopje or from other cities* (CSW Tetovo), *there were children beggars on every step of the way but they were brought from all over Macedonia and they are here every summer* (Association of the deaf and hard of hearing Struga).

Resocialization, reintegration and rehabilitation services are not provided at the local level, the children at risk are the only ones who receive professional assistance and support by the local CSWs, but even here there is a lack of protocols for supporting them: *We have not yet created a protocol for how to handle children beggars. We have collaboration with the CSW, with the police, we did fieldwork and we reacted several times, and the children were taken by the police, registered, then referred to the CSW. We did interventions so that they can be included in primary education, educational assistants were hired for them, some of them returned to school regularly, some still have problems* (CSW Tetovo).

For the children in the small group homes there are special conditions for socialization: The children are accommodated in "25ti Maj", in those 5 small group homes. These are children with upbringing and social problems, children from dysfunctional families, children found on the streets, taken away from parents, and the like. Whereas in the other group, with disorderly conduct, the old "Ranka Milanovikj", are children with court judgments, with criminal offences. ... *That means that the process there is a bit more complicated, a slightly higher degree of risk, especially when it comes to their inclusion and involvement in the social trends.* (Home for childcare 25 Maj). The deinstitutionalization already produces the first results in such children: *Some of the indicators are less runaways, reduced violence among them, reduced vandalism, children included in regular education, they function very well in terms of life skills, maintaining personal hygiene, home hygiene, those household skills, cookery.* (Home for childcare "25ti Maj" Skopje).

The SOS Children's Village can be emphasized as a special form of childcare for children without parents with a slightly different approach from the state institutions, and it provides accommodation for children similar to foster families: *They create their own lifestyle in one family and one house. Thus, the independence is completely left to the SOS carer. And the SOS family only defines the way of functioning. They cook alone, shop alone, go to school outside the Children's Village, meet a variety of needs, which means that, the way of functioning is non-institutional. Unlike the small group homes which are small institutions* (SOS Children's Village). Within the framework of the SOS Children's Village a program for semi-independent living is also provided: *SOS Children's was a Program for semi-independent living where children were mentored. During studies, the child is mentored for 4 years by a primary person for care, and if he/she does not study, he/she works for 3 years, and is supported in finding a job, apartment, accommodation, housing* (Home for childcare 25 Maj Skopje).

4.3. Physical and intellectual disabilities and sensory impairments

Most of the beneficiaries of around 25 day care centers for persons with intellectual and mental disabilities in the country are residents of the municipality in which the day care center is located, and it rarely occurs that the center is also attended by persons from other municipalities for which it has jurisdiction over. When overcoming the social risk of disability it is important that those persons are involved in more activities at the local level, in order to reduce the stigma and the social distance towards them, and for them to feel useful as well: *The specialized centers should be more opened, and they shouldn't be ghettoized, they mustn't be, they have to be present in the community and we do that. Here, in our day care centers, there is a social activity once a week, with other people, that's a minimum, open for collaboration with everyone. You see us all around town, at all events, in municipal, at the local level, we plant flowers with mayors on the day of spring... all those moments are very important* (Day care center Kumanovo).

Some of the respondents, as well, emphasize that sometimes there are obstacles in exercising legal rights: *The second right is the right of the parent who reached the age of, if a mother, 62, if a father 64, who due to taking care of their child, did not work, did not accumulate pensionable service. That is also because of the initiative of "Inkluziva", and they didn't accommodate the child anywhere in a home, they are entitled to a pension of 8,000 denars. These people are harassed to request confirmations about their property, about their average salary, that is not prescribed by the Law at all, regardless of their income, they are entitled to that right. So, they are constantly coming, and yet no parent has ever exercised that right* (Inkluziva Kumanovo).

For persons with physical disabilities an additional service provided aside from those with intellectual disabilities is the personal assistance, provided to persons with profound physical disabilities. At the local level there is a Resource center for blind persons, covering the municipalities of Bitola, Resen, Mogila, Novaci and Demir Hisar, located in Resen, where the blind persons socialize and learn by using suitable technology (Braille machines). There are no special social services for the deaf and the deaf without speech, nor there is a deaf person in a center, nor has been mentioned that someone provides in-home assistance and care to a deaf person. According to Inkluziva Kumanovo, this is partly due to the criteria for assigning personal assistants that only apply to completely blind persons and to persons with severe or profound disabilities. Several local associations of deaf persons have opened social clubs for socialization, and no other service was identified. Some of the deaf persons are with multiplied social risk, especially when deafness is present in multiple generations of the same family: *The children who come to us are usually very socially vulnerable. Those are children of parents who are usually unemployed, especially if the parents are also deaf* (DSU Partenie Zografski), therefore opportunities need to be created for assisting such persons during the transition from education to employment.

4.4. Violence

Victims of domestic violence, are mostly provided with professional assistance and support, and rarely with accommodation in temporary accommodation centers, given that there are only a few with a very limited capacity in this country. Professional assistance and counseling are provided by the CSWs and the local associations. One of the reasons for not reporting violence is presumed to be the lack of a temporary accommodation center, and the victims know that they will have to return to the perpetrator (since in most cases they are economically dependent). The victims, after reporting violence, except for several hours at a police station, have nowhere to be urgently accommodated.

4.5. Homelessness

Other than Chichino Selo and Momin Potok, there are no centers for accommodating homeless persons. In winter, the Red Cross in collaboration with some Municipalities and/or CSWs accommodates homeless persons, but this is only a short-term solution. The legal framework according to which assistance is provided to the homeless could also be an obstacle: *If the person receives social allowance, he/she loses the status of a homeless person, even though he/she does not have a roof over his/her head, the law says so. Maybe in the future there will be such cases as well, ... but we provide protection, we include them into all types of our services, financial assistance, soup kitchen services... or we provide one-off financial assistance to some persons and families, in the form of food or cash payment, one-time cash payment ...* (Center for social work Ohrid).

Efforts are being made to get the number of homeless persons, whereby is it again insisted on encouraging cross-sectoral collaboration and coordination between various institutions and the non-governmental sector: *We work together with the Ministry of Labor and Social Policy on a common project, which is creating a registry of homeless persons, of socially disadvantaged families ... We submitted that pledge in 2017, it was accepted and now we work on it, whereby the working group also includes the Inter-municipal center for social work, the Institute for social protection, the Red Cross, and the City of Skopje.* (Association of citizens for assistance and support of homeless persons and socially disadvantaged families and individuals "Ljubeznost").

4.6. Incapacity for social reintegration

Persons who served prison sentences are only provided with professional assistance and support/counseling at the local CSWs, but the CSWs emphasize that they mostly have a problem with these persons, because they are not interested in the service and do not come to the scheduled treatments: *They are very difficult to collaborate with. These people usually contact us in order to be provided with one-off financial assistance after they get out of prison, and then rarely come to appointed treatments* (CSW Sveti Nikole). However, they all receive one-off financial assistance from the CSW, so it should be considered to link it to a prior visit to the CSW for receiving professional assistance with the aim of facilitating their resocialization.

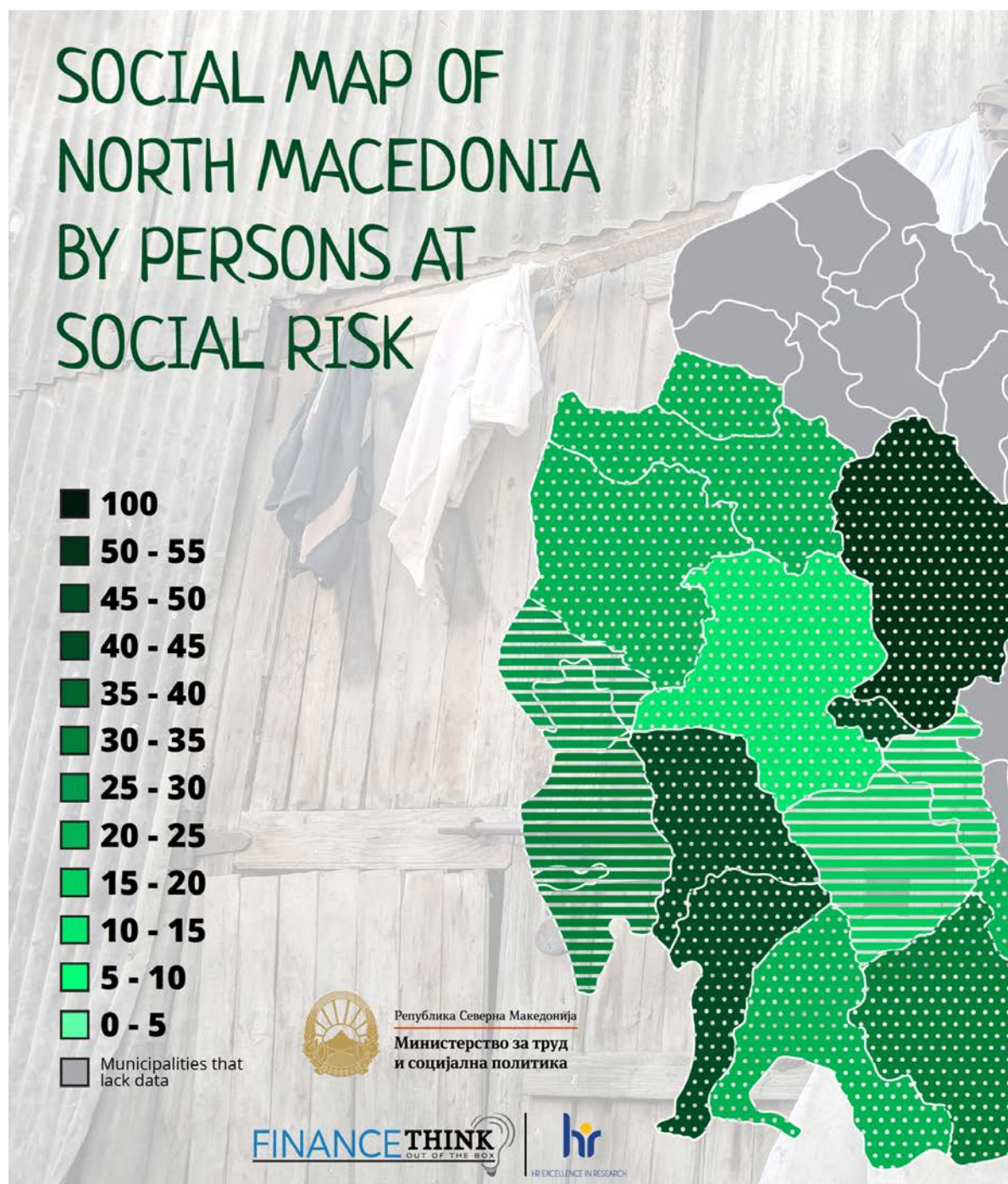
The services of halfway house and institutional accommodation are available to drug addicts, but neither is provided at the local level. The actual number of such persons at the local level is unknown, because there is a problem with registration due to the social stigma: They come to the CSW, but may not declare themselves as addicts (Youth Club Shtip), confidentiality of data on drug users and lack of coordination between the various institutions. This problem is emphasized as quite worrying in several municipalities in the Polog region, but there are no adequate initiatives to handle it: *People say that both youth and children are using [drugs, n.b.] starting from elementary school. I think more efforts need to be made in this area, because not much is being done to eliminate these negative phenomena such as drugs and alcohol* (Multikultura Tetovo), and *Drug and alcohol addicts, of course especially among the young there are many, but I have not heard that there are realized projects, especially in the schools. We have some planned projects, but not realized projects, in the schools in particular, about this topic* (Association Ignatija Tearce) .

The collaboration with non-governmental organizations and associations that provide assistance, such as Opcija Ohrid, Reto Nadezh, Pokrov Strumica, is emphasized in several municipalities. The only rehabilitation and resocialization service identified at the local level is the therapeutic community Pokrov, which is part of Izbor Strumica, run by the Strumica Diocese of the MOC, where there are many positive examples. The Association Opcija Ohrid also works with this category, and the services it provides are professional assistance and support, so does the Youth Center Shtip, which provides services for reducing the harmful consequences of drug use especially among intravenous users: *We work with the addicts on harm reduction which means that, we provide services by a social worker who helps with informing, filling in documents, referring to institutions... we have a medic who helps, checks on the condition, the injecting equipment ...* (Youth Center Shtip).

The social risk of incapacity for reintegration among returnees from peacekeeping missions was also identified in the country. This risk is present especially in the municipality of Kumanovo, where the Association Ischekor works in, but a systemic approach is needed: *Let's say that some of the diseases that we bring back to Macedonia are not recognized by our health system, and almost none has been implemented so far, out of those which are recognized. That's the first one. Second, the diagnoses we have, these are military diagnoses, the doctors in Macedonia are not educated about them at all. Our legal system has no military law, since we are active participants from NATO peacekeeping missions where North Macedonia is also a member.*

Figure 6 provides a summary overview of the intensity and the most common type of social risk in the municipalities in North Macedonia, by the number of persons at risk. No data was obtained about a significant number of the municipalities, which is why the conclusion from the figure is limited. Regarding the intensity of the social risks, a unified conclusion cannot be drawn, but they appear to be more intensive in the eastern rather than in the western municipalities, and with greater prevalence in the Southeast and Pelagonia regions. Two risks are prevalent: old age (incapacity to self-support) and disability: old age is more prevalent in peripheral municipalities, whereas disability in central municipalities in North Macedonia. Old age as a risk in peripheral municipalities may also reflect greater internal and external migration of the younger population. In general, the risk of old age is more intensive than the risk of disability.

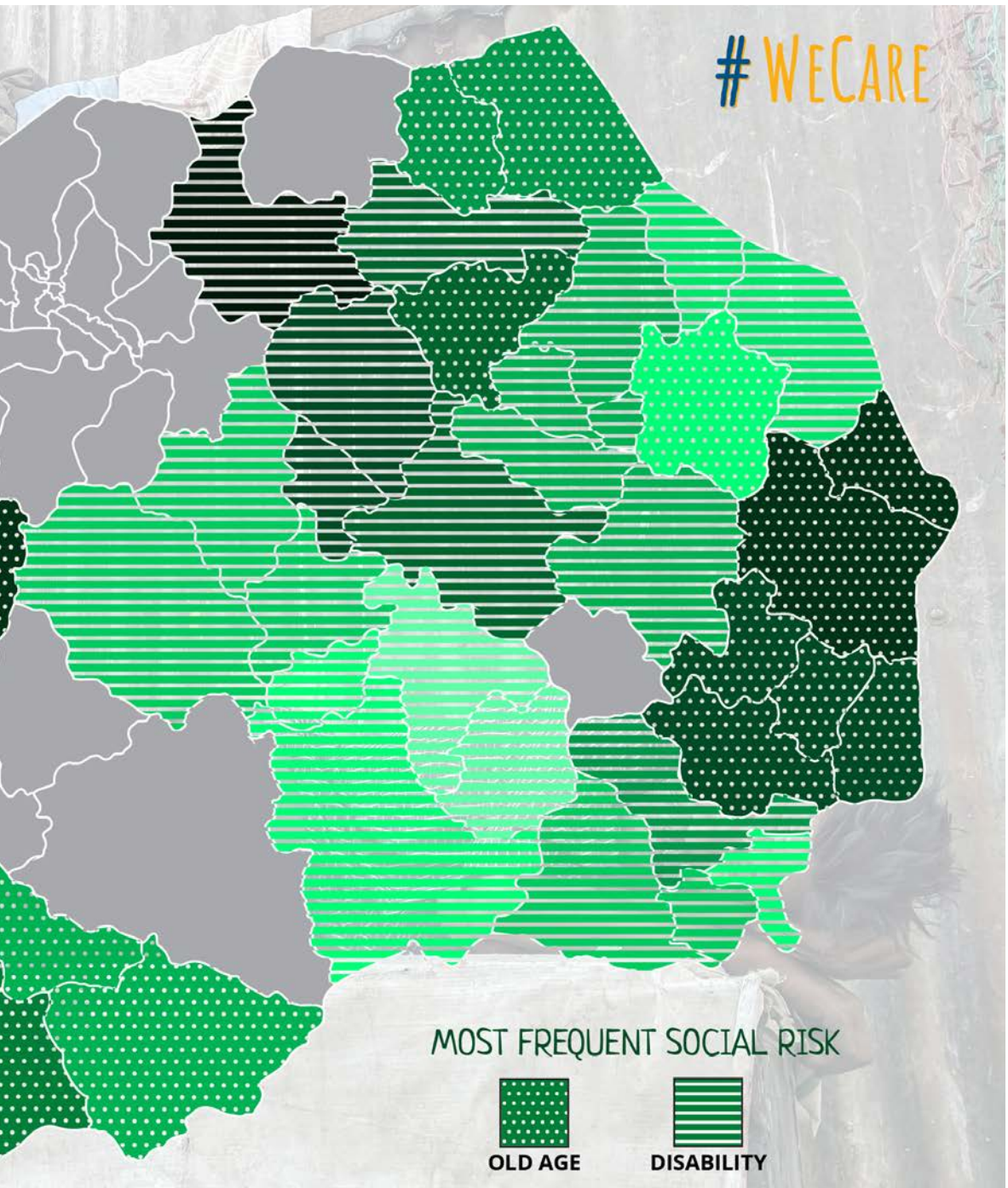
Figure 6 – Social map of North Macedonia by persons at social risk



Source: Self-reported numbers of persons at

Note: The social map is presented on a scale of 0 to 100, with 100 denoting the municipality include: elderly persons in need of care (incapable to support themselves for any reason), victims of disabilities, intellectual disabilities, mental disabilities, sensory impairment), persons who mentioned above (without parents, gangs, beggars, victims of trafficking, etc.), other people v predominantly treated with social benefits rather than social services. Some municipalities obtained from them. Some of the data (including the number

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social risk from the Centers for Social Work. with the highest social risk, and the rest are ranked relative to that municipality. Social risks include victims of domestic violence, perpetrators of domestic violence, persons with disabilities (physical or mental), persons who have served prison sentences, homeless persons, drug and alcohol addicts, at-risk children not in school, and persons with specific social problems. Therefore, the risk of poverty is not included on this map, as it is not a social risk. The municipalities are grouped according to the headquarters of the Center for Social Work, according to data of inhabitants of municipalities) are the best approximations.



05

Assessment
of the needs
for better
social
services

5.1. Needs for infrastructure and human capacities

The assessment of the capacities for social services presented in section 3 indicates that the greatest need for social services is, in fact, the need to increase the infrastructure, human and statistical capacities before considering new social services. Namely, many of the interlocutors could not talk about new social services, due to the current lack of rooms in which they deliver the current social services, and of fully-staffed teams of professionals that can focus on delivering high-quality social services. This conclusion is confirmed by the fact that on several occasions it was emphasized that the delivery of social services which are prescribed by the Law, and which have not been delivered so far, is not yet conceptualized. For example, there is still no Center for respite care nor a Halfway house in any municipality, and the Municipalities have no information on whether they have adequate facilities that would be converted for these services. Some interlocutors stated that those are new services that need to be further developed: *There are still no rulebooks for all these things, according to the new Law, how is that going to be regulated* (CSW Gevgelija). In addition, the need for developing a centralized data collection system was emphasized, i.e. a system that would contain more comprehensive information and would allow for better coordination of all institutions involved with the system for delivery of social services: *There is really no serious research, nor a serious statistical methodology. For example, the police have other data, the court has other data, the center has other* (CSW Gostivar).

In terms of institutions, several needs were identified. Only in some cities, for example in Shtip, there are special centers for persons with intellectual disabilities and for persons with autism. Therefore, there is a need to at least open regional day care centers for each category separately, equipped with suitable assistive devices depending on the type of disability and to provide services according to their needs. There is a need of establishing day care centers for adults and day care centers for children, or to physically separate the persons according to their age, in different rooms. It is also needed to increase the capacities of the Day care centers in some places because there are cases where adequate support cannot be provided because the existing capacities are full: *it is not possible because there are no vacancies in this Day care center... And the child has the capacity, he/she can be included somewhere, he/she doesn't get included because there are no vacancies* (Day care center Gostivar). Work-occupational therapy needs to be introduced in all day care centers. The example with the Day care center in Struga, through which the local businesses have employed over 40 persons with disabilities who are socially mentored by the employees in the Day care center is positive and should be replicated in other day care centers as well.

The need for a rehabilitation center for persons with physical disabilities and persons with cerebral palsy was identified, persons who are in need of regular rehabilitation and

who need to work with a physiotherapist with the aim of maintaining and improving their health state. Such rooms, equipped with suitable assistive devices are available in some day care centers, such as the Day care center for persons with cerebral palsy Prilep, which are positive examples. There are also cases when local associations have opened such centers through project activities, for example in Gevgelija, but after the completion of the project the center does not function, even though it is fully equipped: *That year when the project was implemented there were professionals. After the project was completed, no funds were obtained and the equipment from the institutions was left for use, but it is not used to the fullest. ... so that is something which can be used as a resource from the Ministry* (Apollonia Foundation). Many of the employees at the CSWs and the day care centers, as well as the non-governmental organizations also indicate the needs for opening sensory rooms that would be used by preschoolers and school-age children for therapeutic purposes (e.g. children with autism, mild disability, and the like): *for example, there is a group of children with autism, I wanted to create a sensory room in the Day care center, I was told that it means a lot to those persons. Since I hired a special educator and rehabilitator, I thought that if I was assisted by the Ministry in any way, I would help because, lately, I did research myself, there are many such children* (CSW Kriva Palanka). There are positive examples in several municipalities such as Butel (in a kindergarten in Radishani) and Chair where such sensory rooms are currently being equipped, but there are also negative examples where fully equipped sensory rooms are not fully utilized: *when it comes to persons with special needs, we participated in the creation of the first sensory room in the school Vlado Kantardziev. That sensory room is not used as intended today, because the place was apparently inadequate and apparently it would be waited for a classroom to be vacated, some larger place, however during that time, it did its job in the sense that those with special needs would no longer be dismissed with a petition in some way because everyone's awareness was raised that it can be done* (Apollonia Foundation). The need for additional centers for treating domestic violence was also emphasized, given that this risk is in increase, and the lack of shelter centers is one of the reasons why the victims do not report the violence.

There is a great need identified in terms of small group homes for older persons with disabilities who remain alone after the death of their parents/legal guardians, in order for them to continue living with support: *We are now facing a risk, their parents are getting older, their brothers and sisters also become adults, form their own families, and our estimates are that in 10-20 years, all of our members will have parents who will fall into the category of elderly persons who will be in need of social assistance and some type of social services. So, that is the main social risk we are facing, and which we have been working on for the last couple of years, i.e. introducing, in the social club, the development of skills which will mean preparing them for independent living, for group living in compliance with the new law reforms, for providing them with vocational training, be-*

cause it is a natural process, their parents to already fall into the category of elderly persons who will not be capable to take care of them as they do now and as they did before (Center for persons with intellectual disabilities Poraka Strumica). One such example are the nine small group homes (housing units) in Negotino and Volkovo that are run by the local association Poraka.

A need was also identified to organize small group homes as an alternative to aged care homes in the municipalities where the aging of the population is noticeable and where youth emigration increases: At the level of Centar we think that the risk of old age is a risk that will only begin to emerge, because all the population that remains here is elderly, the youth emigrates, they emigrate from here en masse. Therefore, we believe that if there is such a small group home, that some of the problems in that area would be solved (CSW Sveti Nikole).

A significant contingent of social services is provided through the Community Work Programme, by the Municipalities or through collaboration with other stakeholders. For example, through this project, in-home assistance and care for persons with disabilities is provided in a very small number of municipalities, although a great need was identified in all municipalities. And in those municipalities where the service is being provided, there is a need for increasing the capacities so that more end users are involved: The Community Work Programme is implemented, it covers very few people, and very few people are served, if there is an option to increase those numbers and for it to be a continuous program and expansion there may be some effect (Youth Club Shtip). The need for personal assistants who would assist the elderly is emphasized in the majority of the interviews: Yes, it depends on what they requested from the municipality, but the greatest need is for the elderly, we have a great emigration lately (JUMCSR).

There is a great need for assistants for all children with disabilities included in education and it requires great and urgent attention: We do not have educational assistants, however three personal assistants are delegated to three elementary schools and they assist several persons with disabilities, three persons with disabilities, one from each school. There is really a need for many such personal or educational assistants for persons with disabilities who are included in regular education, however the Municipality did not provide funding this year, for these needs in particular. (Municipality of Prilep). The educational assistants also help with the integration of children with disabilities into regular classes, and in some municipalities the awareness about the need to expand the service arises, so that children can be better integrated and included in the upbringing and educational process:

So, there is a need for assistants, not only in schools but also in kindergartens; one carer cannot provide attention to that child, he/she has to devise a special plan and that is why the assistants are needed, who are now only three in the elemen-

tary schools, and there is also in the gymnasium. In the gymnasium there is only one, and there are four children with special needs, they are already highschoolers, who are somehow more aggressive and can fit in, integrate in the regular classes (Municipality of Negotino)

It is definitely needed, without it [the service of educational assistant, n.b.] that education cannot function regularly, at least the formal, there is no theoretical chance a child with a disability, especially with some more severe intellectual, to sit alone in a classroom with persons with typical development, that's impossible; I mean, we can lie to ourselves as much as we want, but it's impossible (Center for youth activism Krik).

With regard to foster families, the need to monitor the condition of the fostering is emphasized, especially of the children at significant risk: *There are professional foster families in the world which we did not include in the Law, where professionals, psychologists, psychotherapists foster a child for a certain time period and they work on correcting his behavior. That was a good option and opportunity, they [the legislator, n.b.] did not accept it (SOS Children's Village).*

The need for adequate physical infrastructure is especially emphasized in terms of the wider space relevant to the persons with special needs: *There is a ramp in the school, but there is none here in the Municipality. An elevator is needed here, that costs a lot of money (Municipality of Zrnovci).* Inaccessibility also occurs in some schools: *They are not accessible. We have done fieldwork, we have seen the schools. Two schools are accessible, many are non-functional. ... And, there are children with wheelchairs, with disabilities, but they have no conditions. We have talked to the parents, because they request from us to lobby for the conditions inside the schools as well, such as the toilet, children with disabilities do not have good access to the toilets (Association Ignatija Tearce).* Examples provided are the needs for installing audible traffic lights (for blind persons), sign language interpreters (for deaf persons), elevators, moving walkways and similar assistive devices, as well as assistive technology in the various institutions which the persons with special needs address.

5.2. The needs through the prism of the social risks

As observed by social risks, the significance of the risk of old age indicates the need for urgent expansion of the capacities and the scope of services provided in the existing facilities for accommodation of the elderly. Some of the respondents emphasize that the elderly should be also provided with more services by mobile services which would do home visits especially in the rural areas: *Establishing a rural doctor... Rural, mobile pharmacies in Debarca, and in other villages. ... He'll prescribe it to him, he'll come*

here, thirty kilometers back, eighty kilometers to get a medicine. (Association of pensioners Ohrid and Debarca).

The childhood risk requires for greater structuring at the local level, given that the resocialization, reintegration and rehabilitation services do not exist at that level and are partially addressed by the CSWs or local associations. A need was identified from the interviews for integrating or centralizing the support of young persons who are going to leave the small group homes and continue living independently after the age of 18. The support of the children who leave the homes aimed towards training for independent living, support and assistance for job search is, also, crucial in making them capable for independent living: *What I want to emphasize, is the lack of support for employment, we do not have a law yet for this target group. So, instead of giving so much social assistance, that will be used by a child who does not have the capacity to finish secondary school, and you give him/her 400 euros until he/she turns 26. And if that child wasn't ready by now, imagine what he/she will be like at 26... He/she from one vulnerable group goes to another, in begging in poverty, in sleeping under a bridge...* (FICE Macedonia).

The need for as early intervention as possible and social inclusion is identified with the risk of physical and intellectual disabilities. *The inclusion is successful only when you have early treatment and early detection, when you prepare your child. [Otherwise, n.b.,] you are left with children who missed a golden period, frustrated parents and teachers, frustrated colleagues from the fellowship, from all sides, because our activities, i.e. our profession is multidisciplinary* (Association Lastovica). With this risk, the need for the respite care service is emphasized, which is not provided in any municipality, and it is needed because the parents are aware that their children are in need of care from trained persons: *They have severe physical disabilities, and even if you call someone from the neighborhood to watch over your child for money, they don't accept because each child is special, specific; our children have special attention and way of rearing; they even get epileptic seizures, which is why, God forbid, they are not left alone and they might die if they swallow their tongue during a seizure, and there is no one in ...* (Association Nadezh). In order to encourage inclusion and mutual learning, the associations point out that small group homes should accommodate persons with disabilities and typical children together. The findings indicate the need for sign language interpreters, given that there are almost no such persons at the local level, so the deaf persons have a problem when visiting institutions for social services and using other services (e.g., health).

In general, the findings indicate that the systemic support of families with a person with a disability is crucial with the risk of disability, and even the provision of psychological counseling services for accepting the state in which the family has found itself, in order to help families maintain the functionality: *Just to take something that we can*

apply [thinks, from experiences of other countries, n.b.], when the parent is told that [the child] has some disability, and he/she is diagnosed. After all, we are talking about early diagnosis and detection, to provide psychological support, because we do not take responsibility for taking care of a family, to be functional ... with this system we produce depressed parents, who work part-time, and who most often produce dysfunctional families and divorces (Association Lastovica).

Similarly, the need for systemic and longer-lasting support is present among the victims of domestic violence, so that they do not return to the perpetrator: *If you harass the woman, they will call him for informative conversation... A-ha, nothing... They will keep the woman in some shelter for a month, and she has nowhere to go, she has to return, and the same trouble continues. So no... you will provide her with... She needs a job – you will provide her with a job, so that she becomes independent and does not depend on that man (Association of the deaf and hard of hearing Tetovo).* *If that comes down to emergency centers or shelter centers, to adapt some room as an emergency center so that the victims of domestic violence would be accommodated. The victim reports and then returns home (Municipality of Probishtip), then a program should be devised for the accommodation of the victims of violence in those centers. Initially, for them to receive the necessary assistance, and then to be adapted for gaining independence and entering the labor market, in order to eliminate the possibility to return to the perpetrator of the violence. At the same time, it should be worked on informing the population about domestic violence, reporting and the services that can be received: I think there should be a campaign or something that would let citizens know where can they report the violence and that they have the right to that (Multikultura Tetovo).*

Lastly, there is a need for social services that will address the risks of the returnees from the peacekeeping missions and the battlefields abroad. Support is also needed for the families who feel the burden of the reintegration: *The problem is not with the persons from the NATO peacekeeping missions who have physical disabilities, with their families, those are visible. Some of them have psychological, some have an already visible physical crutch ... The problem is much, much bigger with families where everything seems to be okay (Ischekor Kumanovo).*

5.3. Needs for new social services

Although the questionnaire for all interviewees included a specific question through which the respondents were supposed to indicate 1-2 new social services that do not currently exist, nor are prescribed by the Law on Social Protection, and which would potentially address an important social risk in the municipality, nonetheless the responses were significantly meager. The impression of the project team is that the interview-

ees are almost exclusively focused on implementing the existing social services, in the context of overcoming the multiple problems they face at the micro level, which probably impedes a more visionary approach for identifying new needs and designing new services. The need for further development of the social services, instead, focuses on diversification, increasing the range, the scope and the accessibility of the existing social services.

However, the needs identified in sections 5.1. and 5.2. can be the basis for a creative team in the Ministry of Labor and Social Policy to be able to design new social services.

In the majority of the municipalities, as well as in some of the CSWs, the diversification of the services for the elderly is indicated as necessary, primarily, due to the increasing youth emigration. Some of these services are maybe already available in other municipalities, but those involved believe that they should be provided in both rural and smaller municipalities: *Somewhere towards Vladievcí, there is one parcel, we created some location conditions for building such a home, to create something like accommodation for the pensioners, because a lot of young persons emigrate, ... pensioners stay here, and they can't really provide themselves with all the services, because ... there are pensioners who, despite having funds, have no one to bring food to their homes* (Municipality of Vasilevo). Forms of personal assistants are indicated as examples of services needed for the elderly (CSW Plasnica): *There is a need for a service for the elderly and their care. Now, it should be considered whether they will be provided with in-home care or whether that is going to be a day care center for the elderly* (Municipality of Negotino) *or small group homes for the elderly: ... there could be an aged care home, or lately they are making them in small group homes for the elderly* (CSW Valandovo). In some of the municipalities the opening of soup kitchens that would serve as assistance for the persons who are incapable to cook alone is also indicated: *And a soup kitchen for persons who are not capable of cooking for themselves, where the food will be delivered from the soup kitchen to their home, whether they are going to be volunteers or persons somehow funded, or some services would do that* (CSW Sveti Nikole). In several interviews the need for patronage nursing services is indicated (e.g. Municipality of Negotino, Gerontology Institute, Municipality of Zrnovci, Women's association Sveti Nikole and others), as well as finding a way the activities of the municipalities to be complementary with the activities of the CSWs: *That type of uncategorized, undefined, innovative, new [services, n.b.], we should somehow not mix them with the work of the Center for social work. ... Patronage nursing services, some new type, something that could eventually function. Maybe it would be more efficient ...* (Municipality of Zrnovci).

The need for specialized rehabilitation services for certain groups of persons with specific needs is also detected in several municipalities: Something like a rehabilitation center or a day care center for cerebral palsy needs to be opened, because they are in dire

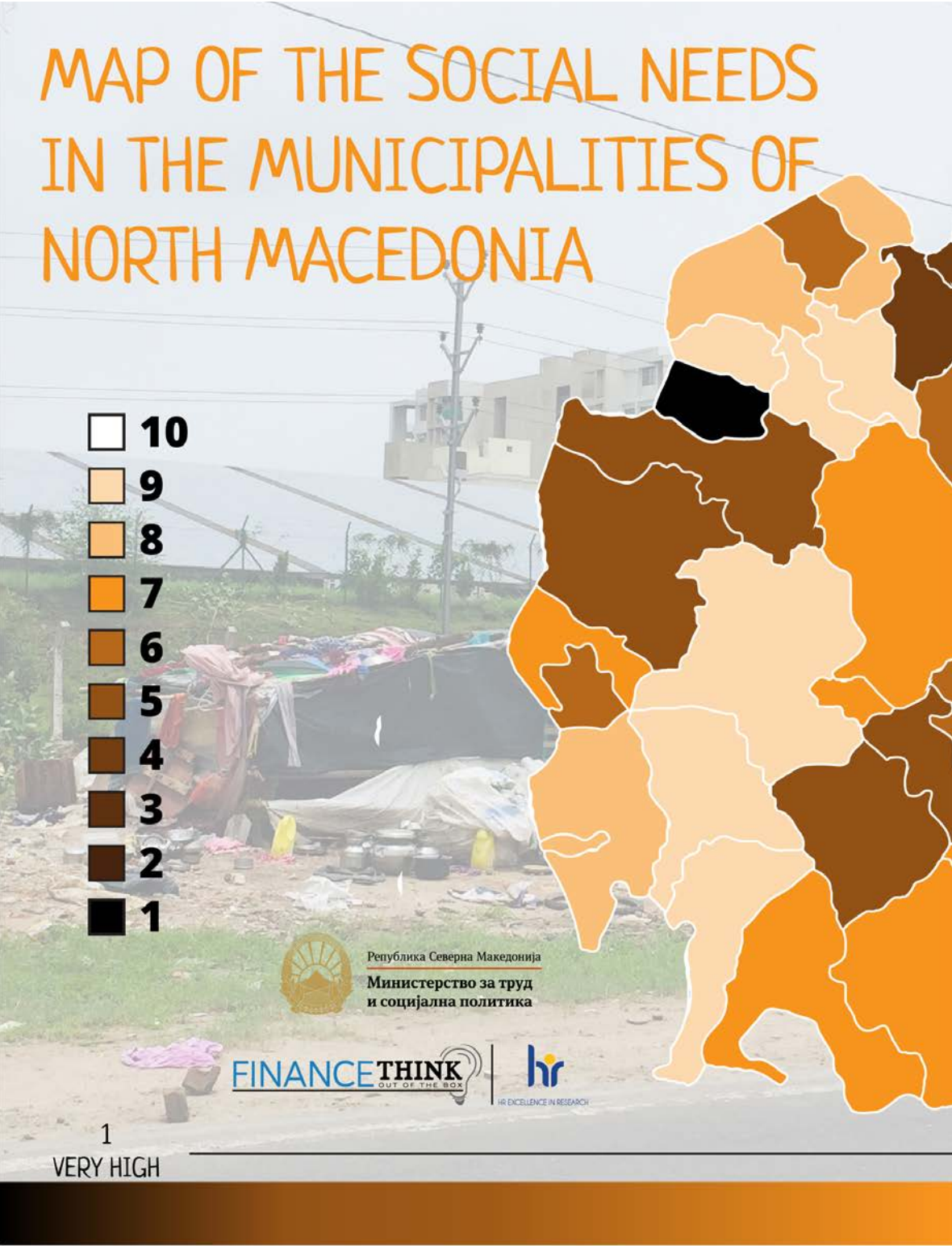
need of exercises (Inkluziva Kumanovo). The majority of the municipalities emphasize the need to develop and strengthen the service of personal assistants, as well as to open small group homes for adults with developmental disabilities (Gradsko). Some municipalities identify needs for developing child-focused services. In some these are kindergartens, especially in the rural municipalities (Municipality of Rankovce, CSW Rankovce), and in others, the services would be aimed towards accommodating children at risk: We need shelter centers, at least for children on the street, children beggars, as well as homeless persons (Municipality of Tetovo). In Struga, the Local Development Agency has an idea for organizing a "mothers' patrol", i.e. women who would watch out for the occurrence of street children and would provide support to those children by connecting them with the CSWs.

The need for the existence of more local shelter centers for victims of domestic violence is indicated in some of the interviews, as well as services for drug users, for example: If we talk about services which are absent in the city, a shelter center for victims of violence, we had an initiative, but it was not implemented. They use some of ours, methadone center they use services, it can be helped here, and maybe an alternative approach for people who use drugs (HBO Opcija Ohrid).

In the majority of the Municipalities there is no strategic planning for introducing new social services, or if something like that is included in their strategic and annual plans, it comes down to the construction of facilities for social protection. Some of the Municipalities emphasize the construction of new kindergartens on their territory as a way to improve the services in the field of child care (for example: Zhelino, Bogovinje, Bosilovo). However, in some Municipalities more specific plans for providing or extending the services by using funds from various projects are also emphasized. An example of that is the improvement of the care for the elderly by building an aged care home: if an opportunity arises to reconstruct the aged care home, also a larger cross-border project with the European funds, we are planning for day care centers for the elderly in the larger settlements, I do not know how are they going to be titled as clubs for pensioners (Municipality of Rankovce and CSW Rankovce); expanding the services for the elderly by opening new retirement homes: *after all, we applied to the MoLSP for the project "Improving the social services", I mean, where in the application we requested that two more such sites are reconstructed, renovated, created in two other settlements, Monospitovo and Turnovo. In that way that social service would be extended to two more settlements, places would exist where the elderly would move around (Municipality of Bosilovo); care for victims of domestic violence: in assistance of victims of domestic violence, this is stated in the program, by opening a regional counseling center for victims of domestic violence (Municipality of Negotino); and care for the persons with special needs: In Makedonski Brod it is planned to reconstruct the old school and to use it as a day care center for children with special needs (Municipality of Makedonski Brod).*

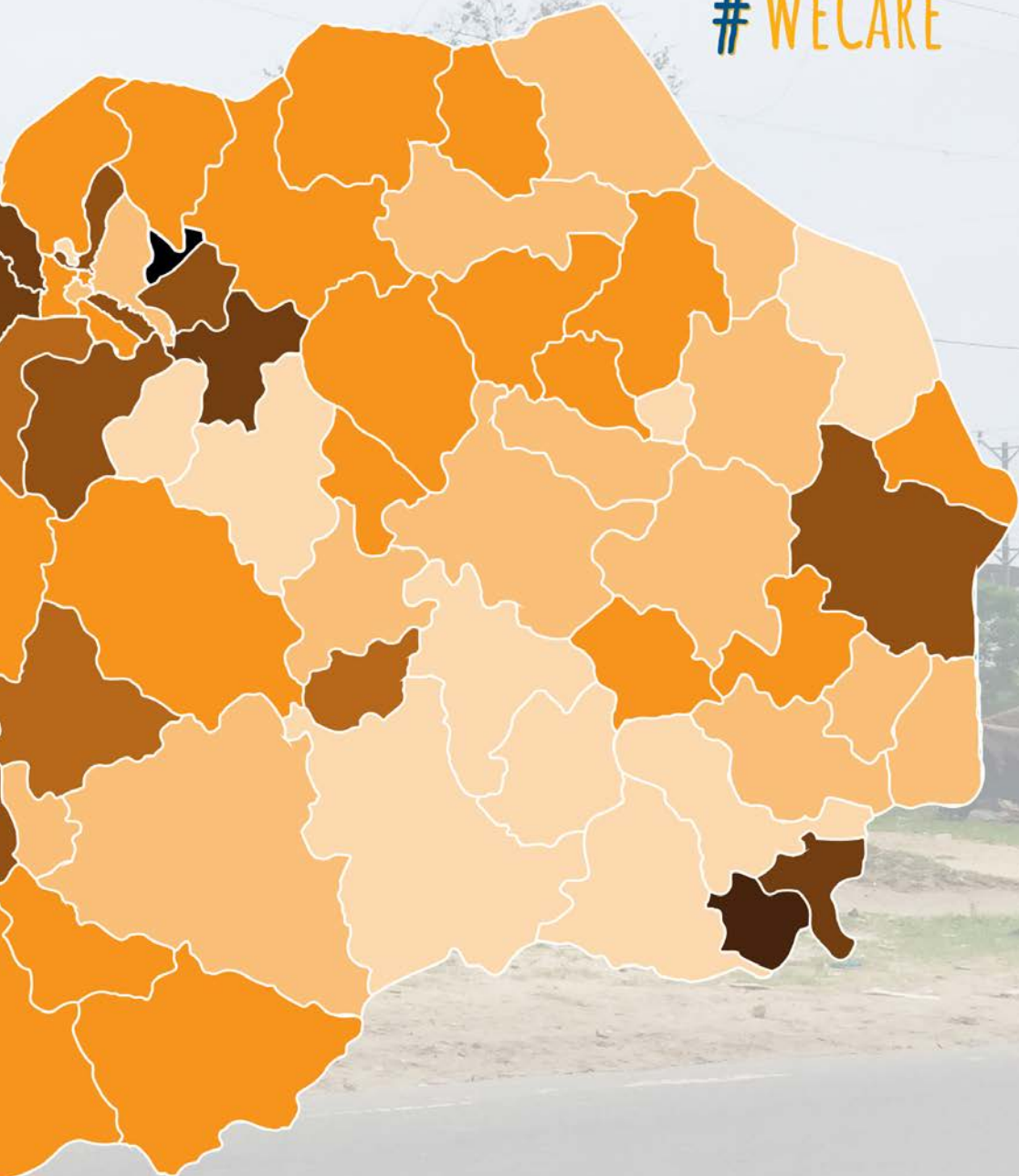
Figure 7 visually presents the needs for more, more diversified, improved and new social services in the municipalities. In general, the need for improvement and innovation of the social services is more emphasized in the western part of the country and especially in the municipalities in the Polog and Skopje regions. However, it should be taken into account that other than by the presence of the social risks, the such identified need may also be determined by the greater awareness about the social needs themselves, which as expected may be greater in the capital rather than in other urban and rural areas.

Figure 7 – Map of the social needs in the municipalities of North Macedonia



Source: Project teams' assessment based on qualitative analysis
Note: Needs for social services relate to more, better, more diversified, more accessible and more affordable services, and 10 indicating very high

#WECARE



10
VERY LOW

Analysis of the social status, based on 364 conducted interviews.
new social services. The rating is on a scale of 1 to 10, with 1 indicating very high need for social
y low need for social services..



06

Conclusion

The goal of this study is to provide a synthesized overview of the capacities, the social risks and the need for better or more social services in the municipalities in North Macedonia. For that goal, 362 interviews were conducted with the key stakeholders in the process: representatives of the centers for social work, the Municipalities, local social service providers - public and private, and with representatives of current and potential beneficiaries of social services. The main finding of the synthetic study is that the interviewees are almost exclusively focused on implementing the existing social services, in the context of overcoming the multiple problems they face at the micro level, which probably impedes a more visionary approach for identifying new needs and designing new services.

The integral assessment of the existing capacities for delivery of social services, is limited with all stakeholders, both in terms of the physical infrastructure available to them and in terms of human resources. Although the physical infrastructure is satisfactory in the municipalities where the centers for social work are located, their reach to the rest of the municipalities they have jurisdiction over is insufficient – a basic presentation of that center in the municipalities where it is not physically located is often missing. The day care centers for services are faced with spatial problems and they have to integrate persons of different age and with various disabilities in the same room, which impedes the quality of the delivered services and generating satisfaction among the beneficiaries. Next, staffing with professional staff is generally meager: teams that are multidisciplinary often lack a certain profile, and as such the teams often switch from one to another various problems, which reduces the efficiency of their work. Generally speaking, only with the exception of a small number of municipalities, the social condition in terms of infrastructure and human resources is determined as unfavorable.

Social risks assessment - the social map of the municipalities in North Macedonia, indicates the presence of multiple social risks, a significant part of which are covered by the available social services. However, the lack of infrastructure and human capacities identified earlier impair the efficiency in handling them. It is interesting that old age is the prevalent social risk, due to the large and increasing share of the elderly in the total population. However, the rest of the social risks – with the persons and children with physical and mental disabilities and sensory impairments, the homeless persons, the victims of domestic violence and the persons in need of social reintegration - may be more dangerous, which is why it is needed to provide greater attention to these risks. With regard to the intensity of the social risks, a unified conclusion cannot be drawn, but they appear to be more intensive in the eastern rather than in the western municipalities, and with greater prevalence in the Southeast and Pelagonia regions. Old age as a risk is more prevalent in the peripheral municipalities, whereas the disability in the central municipalities of North Macedonia.

The findings indicate that the demand for social services is high, but the local stakeholders are primarily focused on improving the existing social services, rather than introducing new innovative social protection services. Given that the existing social services are provided with limited infrastructure, human and financial resources, there are currently no vacant capacities for creating new social services, not even for those services which are introduced for the first time in the new Law on Social Protection of May 2019. According to the social risk assessment, the need for expanding the social services that will meet the needs of the elderly, early intervention services for persons with disabilities and systemic support to victims of domestic violence is the greatest and requires urgent intervention in order to more easily handle the risks towards which these categories of persons are exposed to.

The cross-monitoring of the conditions, the risks and the needs indicates that both infrastructure and human resources conditions are generally unfavorable throughout the whole country; the risks are especially prevalent in the eastern half of the country (however, there is a lack of data about the municipalities in the Skopje region), whereby the risk of old age is especially prevalent in the peripheral municipalities; the needs for new and diversified social services are especially emphasized in the Skopje region and in parts of western North Macedonia. Only in the northern parts of the country, which are comprised by several of the municipalities in the Polog, Skopje and Northeast regions, the conditions are particularly unfavorable, with the identified needs which reflect the intensity of the existing social risks.



Reference list

IDSCS (2017) Social protection and inclusion at local level: Volume of monitoring reports. Skopje: Institute for Democracy Societas Civilis.

Ludwig Boltzmann Institute of Human Rights (2010) Analysis of the state of social protection and social inclusion at local level. Skopje: Ludwig Boltzmann Institute of Human Rights.

Josifovska, B. and Petreski, M. (2018) Analysis of the provision of social services at the local level: Results from the monitoring of the Municipalities of Prilep and Dolneni. Policy study no. 23, Skopje: Economic Research and Policy Institute Finance Think.

PI Institute for Social Activities (2017) Overview of social protection services in the Republic of Macedonia: Overview by regions. Skopje: PI Institute for Social Activities

MoLSP (2013) Handbook on development of social services for the vulnerable groups in the local communities. Skopje: Ministry of Labor and Social Policy.

Municipality of Bitola (2019) Program for implementing the social, child and health protection in the municipality of Bitola in 2019. Bitola: Municipality of Bitola.

Official Gazette of the Republic of North Macedonia 104/2019. Law on Social Protection

Trbojevikj, S. (2012) Decentralization of the Social Protection in the Republic of Macedonia - Factual Situation, Challenges and Opportunities at Local Level. Skopje: Ludwig Boltzmann Institute of Human Rights Skopje.



Annexes

Annex 1 - Unstructured questionnaire

In order to conduct this unstructured questionnaire, interviewers should:

- 1) Study the Interview Guide for the need for social services in the municipalities of North Macedonia in detail (refer to Annex 2)
- 2) Participate in a half-day session for acquiring more precise and unified skills to correctly identify the need for social services in the municipalities of North Macedonia

Questions:

Group 1 (existing social services):

Which social services do you provide (refer to the types of services from the Guide)?

Provide a qualitative assessment of the quality of the social services provided, based on the information from the beneficiaries.

Does the municipality have other service providers and in which range, quality and price?

Group 2 (infrastructure):

What kind of infrastructure do you have for delivering social services (homes, centers ...)?

What kind of trained professional staff (employed persons and educated but unemployed profiles) relevant for the delivery of social services is available to the municipality (psychologists, pedagogues, educators...)?

Do you rate this structure as sufficient for the vulnerable groups it targets (refer to the types of vulnerable/marginalized groups from the Guide)?

Which services are planned to be delivered (including a plan for improving the existing ones) in the Operating program of the Municipality?

Group 3 (social risks):

In general, what is the picture of social risks in the municipality like (refer to the types of social risks from the Guide)?

Which is the greatest social risk and does the municipality handle that risk (provide social services, has adequate institutional arrangement, including sufficient human capacity and good practices - refer to the explanation of quantity-quality-diversity from the Guide)?

If it does not handle that risk, why?

Group 4 (new social services):

Following the previous group of questions, to what extent the social map indicates the need for more diverse social services?

Can you indicate 1-2 new social services that do not currently exist, and whose provision would significantly improve the social map in the municipality?

Or, should the focus in the municipality stay on a) expanding the range of the existing services, b) improving the quality of the existing services, c) improving the accessibility of the existing services (including the prices), d) all of the above?

Annex 2 – Interview guide for the need for social services in the municipalities

1. Social protection structure and infrastructure

This section would cover general information regarding the institutions which provide social services in the municipality¹ (under the CSW, under the Municipality, as well as private), as well as data available with regard to the presence of social risks in the municipality, i.e.:

- Number of beneficiaries of social assistance rights and other rights:

- o Guaranteed minimum assistance
- o Cash supplement for heating
- o Care from another person
- o One-off cash assistance
- o Social housing
- o Foster care
- o Cash assistance for a fosterer
- o Disability allowance
- o Part-time, Participation, Institutional accommodation
- o Child allowance
- o Special allowance
- o One-off financial assistance for a newborn
- o Parental allowance for a third child
- o Education allowance (primary and secondary)
- o Education allowance (studying)

¹ The interviewers should make a difference in the use of the word municipality with a lowercase and an upper-case letter. When municipality is used with a lowercase letter, it refers to the municipality as a geographical term, whereas when used with an uppercase letter, it refers to the institution Municipality X. For example, in the municipality of Prilep only 2 types of social services are provided, but neither of them is delivered by the Municipality of Prilep, but from the CSW Prilep and from one private provider.

- Number of persons by social risk², according to the following classification of vulnerable groups:

- o households living in absolute poverty (beneficiaries of guaranteed minimum assistance)
- o elderly persons in need of care (incapable to self-support for any reason)
- o victims of domestic violence, of whom % women and % children
- o perpetrators of domestic violence
- o persons with disabilities, of whom % children
- o persons who served prison sentence, of whom % children who were in juvenile detention center
- o homeless persons, of whom % children
- o drug and alcohol addicts
- o children at risk not mentioned above (without parents, gangs, begging, victims of trafficking, and the like)
- o other persons with specific social problems

- Number of persons with different types of disabilities, according to the following classification

- o Physical disabilities
- o Intellectual disabilities
- o Mental disabilities
- o Sensory impairments

It is good to obtain this data in advance from the Centers for social work or to let them know that this information will be requested during the interview.

² A social risk is a condition that has the potential to impair or impede the smooth social functioning of the individual, the family, and a certain group, for which the need of social assistance may arise. In general, this action defines the following social risks: insufficient means of subsistence (poverty), old age, childhood, violence, physical and mental disabilities, incapacity for social reintegration

As well as the following data:

- **Number of qualified staff** in the municipality:

- o social worker,
- o psychologist,
- o pedagogue,
- o special educator,
- o child rearer
- o other

It is good to obtain this data in advance from the Employment Service Agency or to let them know that this information will be requested during the interview.

In addition, this section should also provide information about what does the Municipality plan for in its programs, in terms of the social services - existing and future, and especially with regard to the future ones, how were conclusions drawn for the needs for them. If the Municipality plans to introduce a new one, or to increase the range of an existing social service, or to modify an existing social service, then what kind of infrastructure is available to it for that purpose, and how is the financial construction closed.

2. Needs for social services

This section would cover the assessment of the needs for various types of social services, while deepening the research towards:

- Need for new social services (quantity)
- Need for improving the existing social services (quality), how and in which way to improve
- Need for diversifying the social services, in terms of their diversity (and who provides them)

3. Potentials for introducing social services

The input in this section is the information collected from section 1, taking into account that instead of in terms of numbers, now it is talked about the qualitative aspects, with the interviewees, especially in terms of how much the infrastructure (physical, human, financial) corresponds to the needs in that municipality.

The following informative card may serve to direct the conversation in deepening the information in points 2 and 3. The informative card **does not represent an interview structure**, especially taking into account that asking detailed questions about each type of social service to each interviewee will lead to a situation "you can't see the forest for the trees." Instead, the interviewer should:

- Know the types of social services according to the new Law on Social Protection

- Read the following questions in detail and understand them as a framework in which the interview can develop, in a situation when it will be determined that a service is very important in that municipality, whether that be because there are many current beneficiaries (who request, for example, to raise that service to a higher quality level) or because there are many potential beneficiaries (for example, the municipality is faced with limited capacity and cannot deliver that service neither in sufficient quantity, nor in sufficient quality), or because that service is not provided in the municipality, but there is (some) need (then, how was that need assessed? Is the need sufficient to invest in the delivery of that service, for example, to build an aged care home?)

- Be able to distinguish:

- o Current provision as opposed to a need for a social service

Current provision: a certain scope of social services is provided in the municipality (for example, there is a Home for deaf persons)

Need: There are many children with some type of physical disability in the municipality, for whom there is no day care or long-term accommodation available and therefore they travel to the next larger city, but that entails a lot of costs and time

- o Quantity (range) as opposed to quality as opposed to diversity of social services

Quantity:

1) which social services are provided in the municipality and which capacity can be fulfilled. For example, how many persons can be accommodated in the aged care home? How many victims of domestic violence can be served by the CSW (for example, only one employee works on that), and how many by private providers?

2) This section should also cover information about the physical accessibility of the services (for example, there is a Day care center for children with disabilities in the municipality, but it is so far from the central urban area, that makes it difficult for the parents of children in terms of transportation and time.)

Quality:

1) satisfaction with the social services provided, measured objectively (for example, if questionnaires, interviews with beneficiaries were conducted), subjectively (for example, assessing the extent to which a certain social risk has been overcome or there is significant progress in overcoming it. For example, there is a very effective counseling office for victims of domestic violence, whose effectiveness is visible because more and more victims are encouraged to report and to come to counseling). 2

2) awareness that the use of social services by the beneficiaries can lead to better social and economic outcomes (for example, to raise awareness/belief that visiting a counseling center for victims of domestic violence, can really take them out of that social risk).

3) This section should also include information about the accessibility of the services through the prices (for example, in the municipality there is a resocialization service for children who were in juvenile detention center, but is so expensive, that the parent/guardian cannot provide that).

Diversity: Diversity can be understood in two ways: first, as addressing the overall scope of social risks in the municipality (i.e. the physical and qualitative availability of any type of service), and second, more importantly, complementing the services for the most important social risks in that municipality. For example, if in one municipality one of the important risks is marginalized children with mild disorder and there is a Daycare for such children in the municipality, then are there complementary social services, for example, some type of counseling centers and the like (the complementarity and the need for more diverse social services should be determined through the interviews)

1. Information and referral services

- What does this service include?
- How many individuals have requested for professional assistance and support in the past year? How many of them received it?
- How many families have requested for professional assistance and support in the past year? How many of them received it?
- Is there a special sector/person where persons in need can request for and receive professional assistance?
- Do you have an adequate room where professional assistance and support is provided?
- Do persons request for professional assistance and support on their own or do you identify them and offer them assistance? How do you identify them?
- Do you monitor the condition of the persons/families after the intervention?

2. Professional assistance and support services

- What does this service include?
- How many individuals have requested for professional assistance and support in the past year? How many of them received it?
- How many families have requested for professional assistance and support in the past year? How many of them received it?
- Is there a special sector/person where persons in need can request for and receive professional assistance?
- Do you have an adequate room where professional assistance and support is provided?
- Do persons request for professional assistance and support on their own or do you identify them and offer them assistance? How do you identify them?
- Do you monitor the condition of the persons/families after the intervention?

3. Counseling services

- How many cases of counseling did you have in the past year:
 - 1) Divorce counseling
 - 2) Counseling with disrupted family relationships
 - 3) Psychosocial support for victims of domestic violence
 - 4) Psychosocial support for perpetrators of domestic violence
 - 5) Other types, specify
- Do you have an adequate room where the counseling service is performed?
- Do the persons in need of advice request for it on their own or do you identify them and offer this service to them?
- Is there a special sector/person where persons in need can request for and receive advice?

4. In-home assistance and care for persons with profound disabilities/ completely blind persons and elderly persons

- Do you have adequate conditions so that one person can perform this service (education, experience, and the like)

5. Personal assistance for persons with profound disabilities/completely blind persons

- Do you provide this service? How many cases did you have in the past year?
- Do the persons in need of this service request for it on their own or do you identify them and offer the service to them?
- For how long a person can use this service?
- Which person performs the service (employee, contract worker, volunteer)? Are there any special conditions so that a person can perform this service (education, experience, and the like)

6. Day care services for children at risk/persons with disabilities/marginalized persons/elderly persons and other persons with social problems

- How many public institutions for day care are there in the municipality?
- Which categories of persons are accommodated there?
- What do they receive at the center (e.g. education, cultural, recreational activities...)
- How big is the capacity of the center in terms of employees and wards?
- How many employees and wards are there at the moment?
- Is there a certain age limit for the persons from this category to be able to use the services of the center? If so, what happens to the persons after they reach the age limit?
- Do the persons in need of day care request for accommodation on their own or do you identify them and offer the service to them?
- Are there any vacancies for new members? If yes, why (e.g. in the new center in Prilep there are 10 vacancies because the population is not informed enough that this center exists)
- Are there persons waiting to be admitted to the day care center?
- Is this number of employees sufficient for maximum individual work with all wards?
- How many private institutions for day care are there in the municipality?
- What is your role over the day care centers? (e.g. the CSW completely manages them, the municipality can pay for utilities and bills as in Prilep)
- Do you collaborate with the public day care centers in your municipality? In which way?
- Do you collaborate with the private day care centers in your municipality? In which way?

7. Rehabilitation and reintegration service for children at risk/persons with disabilities/marginalized persons with specific social and health problems

- Do you provide psychosocial support to the target group (children at risk, persons with disabilities/marginalized persons)? In which way?
- Do you provide support to the target group (children at risk, persons with disabilities/marginalized persons) for acquiring vocational skills and skills for employment? In which way?
- Do you provide activities for reintegration and independent living to the target group (children at risk, persons with disabilities/marginalized persons)? In which way?
- Do the persons in need of this service request for it on their own or do you identify them and offer the service to them?
- For how long is each service provided to them?

8. Resocialization service for children at risk/adults after serving a prison sentence/other persons with specific social problems

- Is there a Center for children in the municipality in which this service is provided to children at risk/children in conflict with the law?
- Is there a Resocialization center in the municipality in which this service is provided to persons after serving prison sentence/other persons with specific social problems?

9. Temporary accommodation service for a child without parental care/child wanderer/child victim of harassment/victim of domestic violence/victim of human trafficking/homeless persons

- Number of persons/cases from each target group
- Are there institutions for temporary accommodation in the municipality?
- If so, how big is the capacity of the institution in terms of employees and wards?
- How many employees and wards are there at the moment?
- Are there any vacancies or are there persons waiting to be temporarily accommodated?
- Do the persons in need of this service request for it on their own or do you identify them and offer the service to them?
- What happens to the persons after the period during which they can be accommodated expires?
- If there aren't, what happens to the persons who are in need of this service?
- What is your collaboration like with these institutions?

10. Respite care service for an elderly person/person with disability/ill and frail person

- Do you offer this service?
- Are there institutions where the person are accommodated in or is the service provided in their homes?
- Which persons perform the service (employees in the municipality, CSWs..., contract workers, volunteers)?
- How do persons in need of this service apply?
- After how long do they receive a response about the application?
- Are there any special conditions for using this service?

11. Service of halfway house for children without parents/children after leaving a resocialization institution/persons after serving prison, drug and alcohol addicts/persons with disabilities/persons with specific social problems

- Do you provide this service?
- Where is this service provided? How many such houses are there in the municipality?
- How many persons are temporarily accommodated in those houses? What do they receive there? Is it only accommodation or other services as well (professional assistance, counseling and the like)
- How are these houses managed? How many persons are employed?
- How big is the capacity in terms of employees and wards?
- How many persons are currently accommodated?
- Are there any vacancies or a waiting list?
- Do the persons in need of this service request for it on their own or do you identify them and offer the service to them?

12. Supported living for persons with disabilities/children without parents and parental care over the age of 14 and up to finishing secondary education

- Are there institutions for supported living in the municipality - small group homes?
- How big is the capacity in terms of employees and wards?
- How many employees and wards are there at the moment?
- Are there any vacancies or a waiting list?
- Is there a need for additional institutions?
- Do they receive temporary, daytime or 24-hour accommodation and protection?
- What is your collaboration like with these homes?

13. General foster care for children without parents/persons with disabilities/elderly persons

- What is your role in the process of fostering for persons of the above categories?
- Do you work with the person and the foster family after the person is fostered?
- Aside from the legally prescribed rights, is the foster family entitled to any additional rights prescribed by you?

14. Specialized foster care for children at risk/child victim of domestic violence/child or person with disability

- What is your role in the process of fostering for persons of the above categories?
- Do you work with the person and the foster family after the person is fostered?
- Aside from the legally prescribed rights, is the foster family entitled to any additional rights prescribed by you?

15. Emergency foster care for children without parents/children from families in conflict/victims of domestic violence/victims of human trafficking/

- Did you have a case of urgent fostering in the past year?
- How do you find a family that will foster a person urgently?

16. Institutional accommodation for elderly persons/persons with disabilities/children without parents/children in conflict with the law/persons with addiction problems/asylum seekers/marginalized persons who are in need of treatment and rehabilitation

- Which of the listed institutions are present in the municipality?
- Are they public or private?
- Do you collaborate with these institutions? (e.g. There is a soup kitchen in the Aged care home in Prilep – the Municipality of Prilep pays for the meals and cooks from the home prepare them)
- An interview to be conducted in the institutions and to adjust the questions according to the institution? For example, what do the wards receive, how big is the capacity in terms of employees and wards, how many are there at the moment, is there a waiting list, how much does the accommodation cost... etc.



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