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**SOCIAL SERVICES
FOR PERSONS WITH
DISABILITIES:
THEORETICAL
APPROACHES,
COMPARATIVE
EXPERIENCES AND
CONDITIONS AND
CHALLENGES IN NORTH
MACEDONIA**

Introduction

The new social policies aimed towards persons with disabilities are emphasising the need for transition from institutional to community-based care, through enabling social services that are following the human rights-based approach towards disability. The reform of the social services sector includes the paradigm shift regarding disability – from the medical and charity model towards social model and approach based on human rights. One of the specific aspects of the social services sector for persons with disabilities is the need for right balance of the mainstream services and the specialised services in the community (twin track approach). Another challenge is the process of deinstitutionalisation which foresees that the institutionalised care system primarily aiming to protect persons with disability by their exclusion from the society,

should be transformed into a system that aims to enable participation with support services that are based in the community, and by respecting the principles of choice and decision making. This process is fundamentally related to the development of new types of social services for persons with disability that will provide a continuum support chain for independent living, education, rehabilitation, employment, mobility, leisure etc. For the development of these new social services, it is important to introduce pluralism in the service provision, where the civil organisations will have a major role. Decentralisation of the responsibilities in the field of social services provision is yet another key element of the reform, which embrace the transfer of the responsibilities, capacities and resources from the state level to the local authorities. In the Republic of North Macedonia, the needed changes are development of the social services in the community, introduction of new quality standards, monitoring and evaluation of the community services, strengthening of the workforce capacity and training, awareness raising and advocacy, as well as user involvement in the whole process of service provision.

**Approaches in the social policy
towards persons with disabilities
– modernization of the social
services**

In the past 20 years, the process of modernisation of social services is taking place in all EU countries of the

European Union, responding both to changes in society (demographic ageing, new and developing needs of the users) and the need for ensuring the sustainability and efficiency of public funding (Chiriacesku, 2006).

The main issues that contribute to the current “modernisation” of this sector could be presented as following:

- First, the development and generalisation of quality management procedures in the social and health services: the quality standards, the monitoring and evaluation of the service provision’s quality;
- Then, the responsibility of service provision is transferred from the public central authorities to various providers, at local level; the central authorities gain more a regulatory and funding role instead of providing direct services to users; the decentralisation of the service provision is required because the social needs of the users are better reflected and addressed at the level of the local community;
- In order to do so, there is a need for developing new types of public-private partnerships and to involve users in all stages of the service provision (needs assessment, choice of and orientation to the adequate service, individual planning, monitoring and evaluation).

The term of “modernisation” was often associated in the past with the need

for rationalizing the costs of a service and ensuring its sustainability. The process which currently proceeds in the European countries aims towards ensuring a better quality and effectiveness of the social services, “stressing the prioritisation of the individual needs of the users and fundamental values and goals of society – like social rights, social justice, social cohesion and balanced social and economic development” (Chiriacesku, 2006).

There are several tools for the modernisation of the social services sector:

- Introducing quality management in the field of social services
- Monitoring and evaluating social service provision
- Involving the users in the social services delivery process

The modernisation of the services sector has a specific impact and accent in the disability field. The major transformation during the last decades is related with a change of paradigm regarding disability: from a medical and protective model to a social and inclusive one, focusing on rights, equal opportunities and full participation of people with disabilities in the social and economic life of the community. The promotion of an enabling system becomes the key aspect for achieving these goals.

An *enabling system* is “a system of services oriented towards supporting people with disabilities to reach and maintain their optimal level of inde-

pendence and social participation. This goal is achieved through ensuring them equal access to mainstream services existing at the community level (ordinary medical, social, education, and employment services), with individualised support services according to each one's needs and expectations, and referral to specialised services when needed" (Handicap International, 2004).

The social services are an important tool for the reduction of poverty and exclusion of people with disabilities. They provide the frame for exercising the fundamental human rights (access to education, health care, housing, vocational training), as well as more specific rehabilitation or therapeutic interventions.

The final goal of any service addressed to people with disabilities is active participation of the person in the social life. Therefore, these services often target activities related to social autonomy, the personal development and the individual well-being; they cannot always have, like other economic or commercial activities, objective and measurable results, in the short term. The monitoring and evaluation, as well as the funding of these services must consider this aspect.

Reform processes in the social service provision for persons with disabilities

In the last 30 years, certain reforms in the field of social protection for disabled people, reflecting a political will and a real investment of the authorities,

have begun in the majority of the countries of South East Europe. For the first time after several decades, the reform process can be designed and carried out by different stakeholders: both governmental institutions and civil society organizations.

The need for structural reforms in this field represents a considerable site of innovation in the social sector. The accession process to the EU is also a lever for implementing social reforms for the countries of West Balkans. The organizations of persons with disabilities as well as associations of professionals, have the unique opportunity to influence and promote the development of enabling systems and inclusive societies. They are new actors in the policy process, with increasing roles and responsibilities regarding the promotion of the most relevant principles in the disability field.

In this context, the reform of social services, as one of the key elements of the social welfare system, is to be considered by the governments and civil societies in the region, in a frame of multiple radical changes: change of mentalities and attitudes, change of daily practices and work methods, change of relevant policies regulating the service provision etc. The political momentum for the reform is very positive, because the South East Europe countries are at the crossroads of new tendencies and paradigms, now simultaneously promoted at European and international level. This process of the change and reforms is

highly complex and should embrace the following main elements:

1. First, a **change of paradigm regarding disability** is needed: from a medical and charity-based model towards a social and global approach, based on fundamental human rights. This approach is actively promoted by the international disability movement and is reflected in the United Nations Convention on the Rights of Persons with Disabilities.

In the field of social services, the new paradigm promotes the sustainable access of people with disabilities to affordable, accessible and quality social services available at community level, where users play a central role. That is why the services have to be tailored in relation to the identified needs of people with disabilities at the community level. This approach is a radical change compared with the previous institutionalised frame of service provision, where people with disabilities were considered passive recipients of mostly medicalized services, meant to correct their “invalid” condition.

The new paradigm changes significantly the intervention of the service providers to:

- Take into account the needs of persons with disabilities within a holistic perspective;
- Place the intervention in the natural environment of persons with disabilities;

- Work in partnership with all relevant stakeholders (public-private providers, authorities’ representatives from the local and central level), in order to manage complex situations and needs.

This process requires a consistent and adequate awareness, knowledge and motivation from all stakeholders involved in the change process: at the political level, among the frontline workers, but also at the level of the users themselves.

2. One of the specific aspects of the disability service sector is the need for **the right balance between mainstreamed services and specialized services** provided at community level, what can be called the **twin track approach**. The reform of the social services for people with disabilities should progress following the twin track approach: an inclusive dimension, which supposes the existence of holistic and inclusive community-based social services, accessible to all citizens, and a specialised services system (doubled by support services), facilitating the participation of persons with disabilities in the community.

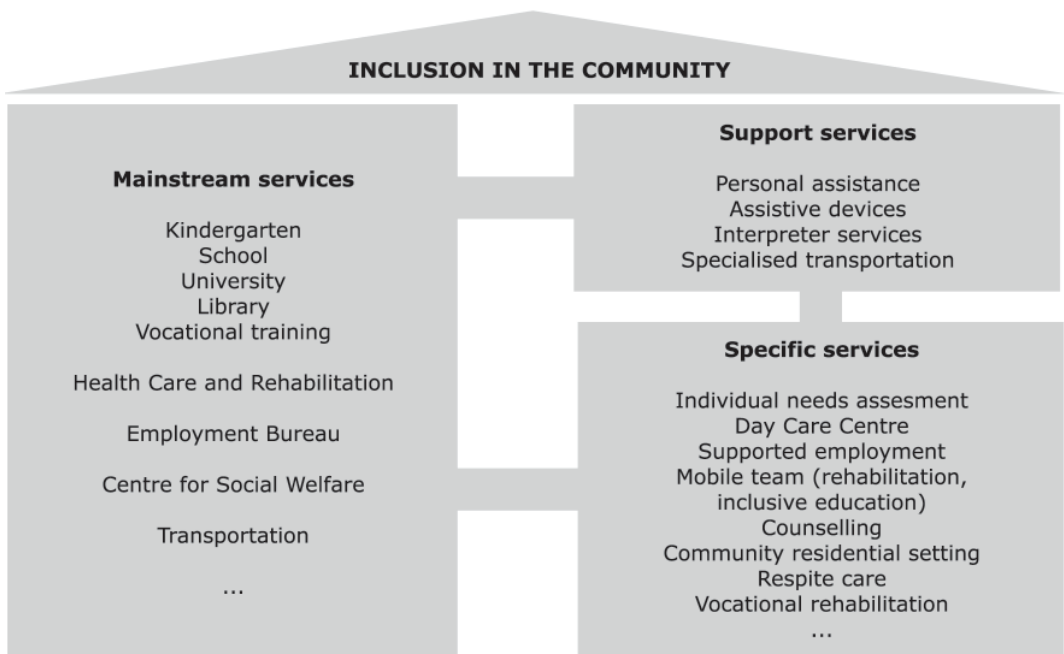
The access of people with disabilities to mainstream services in the community (education, health care, employment, social services and social protection) is a fundamental right as for any other citizen. In order to facilitate this process, a specific category of social services is developed in the disability field called

support services which aim to enhance the self-determination and participation of people with disabilities in society and to access the regular services in the society. They are key elements for mainstreaming disability and include the provision of prosthetic and assistive devices, personal assistant schemes, support teachers and support persons for accessing employment, interpreters for persons with sensorial disabilities, accessible housing etc.

The specialised services are an extended category of social services, also needed, in order to address the sometimes more complex needs of persons with severe/multiple disabilities. They have to be equally provided in the community, based on a person-centred approach, respecting the choice and the

interests of the users and their families. The specific rehabilitation services, the residential care in small family-like settings, the respite care units, the sheltered workshops for severely disabled, the specialised day care centres for persons with very complex needs and dependency, are only few examples of the services that should be developed at the community level, for responding to these specific needs of people with disabilities.

Considering the long tradition of segregated systems of specialised and medical-oriented services, these reforms require a transfer of knowledge, lessons learned and good practices examples from countries with a more advanced level of inclusive policies.



Graphic 1. *Twin track approach in social service provision*

3. Another challenge of the reform process in the South East Europe is represented by **the process of deinstitutionalisation**, as the process by which a care system, originally aiming to protect people with disabilities by excluding them from society, transforms into a care system that aims to facilitate social participation by offering a wide range of services provided at community level, and respect the principle of choice and decision.

The experience showed that the deinstitutionalisation must be understood from a broader point of view than the simple closure of large residential institutions. In order to achieve a reinforcement of the capacities of people with disabilities, respecting their right to choose and the equalisation of opportunities in society, transformation and closure of large residential institutions and the development of community-based services is only one step of the deinstitutionalization process. It must be realised at the same time with the revision of the gatekeeping mechanisms and the development of a continuum of services at the community level (education, health care, rehabilitation, vocational training, employment, support services etc.). This transformation is a complex and difficult one, involving requalification and training of staff, investments in infrastructure, revision or development of new methodologies and procedures of daily work with users, re-directing resources towards the local level etc.

4. The de-institutionalisation process is thus related to the **development**

of new types of services for people with disabilities, providing a continuum support chain, in the field of education, rehabilitation, employment, mobility, leisure etc. The promoters of these new services have been mostly the non-profit organisations that became an important category of providers during the two decades, with the support and assistance of international organisations and donors. In many countries of the region, the non-profit sector as part of civil society is very young, with no previous experience in participating in the policy making process, nor in service provision. However, new types of services are developing progressively in South East Europe, as innovative structures, enhancing the participation of people with disabilities including: day-care centres for children and adults with disabilities, inclusive education, counselling centres, vocational training, supported and sheltered employment, personal assistance services, family-like settings or group homes, adapted transportation, respite care services, mobile home care services, physical rehabilitation services at community level, occupational therapy services etc.

The promotion of such pilot initiatives into sustainable and available services for all, presents at this stage a major challenge for the region. In some cases, this development of services requires the promotion of new types of professions and qualifications, especially in the fields of rehabilitation (physiotherapy and occupational therapy),

personal assistance and employment for people with disabilities (job seekers, job coaches or mediators). The introduction of new training and professional curricula, at the college and university levels, is another step to be also accomplished.

5. For the development of these new types of services for people with disabilities, the civil society sector played a major role in the region and led **the introduction of the pluralism in social service provision**. This is why the emergence of **new types of social service providers** was an interesting process for the Eastern European countries, used to deal in the past only with public providers for all social fields. The new providers are usually non-profit organizations (organisations of persons with disabilities, parents' organisations, associations of professionals), but also *"informal" providers* (volunteers and family members of people with disabilities) and, in some of the countries, the for-profit companies (especially in the field of sheltered and supported employment).

This diversification of providers has led progressively to new questions regarding the sustainability of their services on long term, their access to public funding, the quality management within the services, and the competition between different types of providers.

In addition, like in all other European countries, the orientation of the non-profit organizations towards service provision has the tendency to create a specific dynamic and questioning

related to the separation of functions and responsibilities within the NGOs themselves: between a "classical" militant role of advocacy and lobbying, and the statute of service provider, this double role requires new skills and knowledge and might sometimes be in contradiction with their initial mandate.

6. **The decentralisation** of responsibilities in the field of social service provision is another key element for the reform in the region. The term decentralisation is considered as a process of transferring the responsibilities, capacities and resources from the State level (central authorities, government) to local authorities (municipalities and respectively, to decentralised bodies of the ministries). The goal of decentralisation is primarily the reinforcement of competencies and capacities of the local community level, for a better decision-making, answering the specific interests of the population and better governance. The local authorities are the decision bodies that are placed closest to the users. If the decision rests on this level, the chances to meet the real needs of the population are larger. The positive side effect of this process should be the improvement of the control, transparency and accountability, related with the use of the existing resources.

The success of decentralisation depends on several factors:

- The political will and the support of the political leaders, together with a guarantee of continuation of the

process, apart from the successions or changes of the governments in place;

- The activism and coherence of the civil society;
- The financial and human resources at the local level;
- The efficient legislative framework, which guarantees the stability of the results that are progressively obtained in the process;
- The correct allocation of resources needed to fulfil the responsibilities that are delegated at the local level.

Decentralisation is a complex process, which needs a broad framework for reform and a global perspective, simultaneously political, economic and social. It is not only a technical set of stages and transfers of responsibilities, but also a process which requires a democratic exercise and a change of mentality within the population. It implies a strong authority of management and involvement at the central level, together with a coherent and coordinated action at the local level, directly concerned with the process. These new responsibilities are numerous (administrative, financial, organisational) therefore local authorities need a transition period for assuming and managing all these new elements correctly.

Regarding the social services, it is theoretically correct to say that a decentralisation of their provision and funding leads to a better quality of the services.

In the early stages though, as has been shown in some of the countries of South East Europe, an initial stage of deterioration in the supply of the services may occur. There are several explanations for this phenomenon:

- a) the local authorities must manage several new responsibilities at the same time, compared to their available resources;
- b) certain communities are confronted with a larger number of people in difficulty or risk situations;
- c) the financial resources are not correctly allocated, or they do not follow the transfer of the administrative and organisational responsibilities (Fox, L. & Gotestam, R. 2003).

In the countries of South East Europe, one important mechanism which should support the decentralisation of social services is still lacking: the delegation and contracting of the services to NGOs and private providers. The local authorities are not able to ensure all necessary services at the territorial level in order to meet the real needs of the population, but do not have the tools or financial resources to delegate this responsibility towards the organisations/providers which could have the capacity to do it.

For all these complex aspects of the reform there is a clear need for defining regulatory mechanisms in the field of

social services provision. A regulatory system should contain:

- Gate keeping procedures (needs assessment at local level, access criteria and procedures, allocation of resources for social services etc.)
- Licensing and accreditation procedures;
- Contracting and funding of services;
- Monitoring and evaluation of services.

The need for the elaboration and adequate implementation of this regulatory system is obvious in order to guarantee effective and qualitative social services that facilitate equal opportunities and full participation of people with disabilities in society (Chiriacesku, 2006).

Situation and challenges in the social service provision for persons with disabilities in North Macedonia

According to the State Statistical Office, in 2017 in the Republic of North Macedonia, there are 4.587 children with disabilities registered in the welfare system. However, the statistics of 'special child allowances' show that there are more recipients – 7.346 across the country, which may be the whole population, not including children categorised with mild disability, and a marginal number of children with more intense needs who are not recipients of this allowance.

There are 26.296 persons with disabilities in contact with social services – 3.349 persons with visual impairment, 2.750 with hearing impairment, 13.500 with physical disabilities, 3.922 with intellectual disabilities and 2.775 persons with combined disabilities. However, 7.094 out of these are over 65 years, meaning that there are 19.202 people with disabilities between 18 and 65 registered as social welfare beneficiaries. It can be estimated that there are about 9.000 to 13.000 people with disabilities or 6.400 to 9.600 in the range of 18 –65 years that are not in touch with services. However, the estimate of a total number of people with disabilities does not necessarily mean that these are people in need. A substantial number of people with disabilities registers in order to receive the cash benefit and not because they need services or support.

Another indicator of need for support for adults is the number of care allowance recipients, which is 35.406 out of which 21.273 have been categorised as people with disabilities. With age and empirical evidence correction it can be assumed that there is at least 20.000 people with disabilities in need of continuous help below age of 65 years.

There are no available statistics on long-term mental health users, however, it can be assumed that half of the beds (650) in big psychiatric hospitals are occupied by such users. Some of them are virtually living there and some are revolving doors patients. Therefore, the number of people who have a long-term

mental health issue and who are at least occasionally, but regularly hospitalised, should be not less than 2000 people. A rough estimate of those would be that there about 3000 people with long-term mental health distress in touch with social services. At least a quarter more of population with mental health issues that is not in contact with social services but needs help and support other than purely medical treatment (Flaker & Krstovski, 2018).

Development of services in the community

Basic community services in social care are centres for social work that have been in existence since 1960s. In last two decades, as a part of deinstitutionalisation process, there was a development of community care services, mainly day centres, group homes, foster care and some counselling services.

Centres for social work are pillars of social work and social protection for the whole population (and major employer in social sector). Their mission is to give basic and polyvalent social support to the population of a certain geographic area (usually covering one of few municipalities). Centres for social work serve 2.8 % of population (58.022 users, 27 % of users are children and 20 % aged over 65 years). As a statutory service they provide access to welfare benefits, intervene in public interest in family and personal matters when needed (e.g. guardianship, legal capacity, violence, children without parental care,

adoption etc.), provide basic casework and counselling services and refer users to various placements (in institutions and in community). They also organise activities and, importantly, services needed for their users and community. They are agency for foster care and many of them have enclosed day centres intended for children with disabilities. They can be seen as community human resources centres of knowledge and highly trained professionals, experienced in developing responses in the community.

Day centres were established in the wake of deinstitutionalisation (first one in Kriva Palanka in 1994, other mostly in the period from 2002 on). Over sixty such facilities, forty of them public and twenty run by NGOs provide day-care and activities mainly for children and adults with disabilities, but also to old people and as community mental health centres for people in mental distress. Day centres are crucial resource of the activities for users that could not be done at home.

Community mental health centres are more than just a day centre. They provide also support for residential services, outreach and home services and organised work opportunity. Unfortunately, their activities have been reduced in past few year (both, in numbers of centres as in scope of activities).

Foster care provides accommodation and care for children who cannot live and be cared by their biological parents, at home. It existed as a pos-

sible arrangement of care already in pre-deinstitutionalisation era, however, it became an important vehicle for resettlements as well as an alternative to the placement into institutions. Now there are more children in foster care than in residential institutions.

Group homes are intermediary residential structure where a group of people (in need of support) live together and are supported by professional and other care workers. They are situated in ordinary environments, residential areas and ordinary houses or apartments. They provide accommodation and support in daily activities and inclusion in the community. Typically, residents spend part of the day outside the group home, in a day centre, in school (unfortunately not so often at work) and attending social events and activities in the community. There are group homes for children without parents and parental care, children with social issues and children and adults with intellectual disabilities. In the past two years, great accent has been given to creation of small group homes for resettled children and adults from the residential institutions.

Apart from day centres, foster care, group homes and generic services provided by Centres for social work there have not been developed with many services. There are however, about twenty various counselling services registered at MoLSP. Also, in the past two years the personal assistance is provided as a service to limited number of persons with disabilities.

There are about 140 non-government organisations registered, some of them very active, some less and some practically inactive. Mostly they engage in project work and in mobilisation of public (advocacy) as well as membership (activities). Some of them also provide services. There are three major NGO providers in social care: SOS – Children village, Poraka Negotino and the Republic centre for support of persons with intellectual disability - Poraka. There are also some local NGO providers of day care, usually organisations that have splintered from the Republic centre - Poraka.

Least development of new services was in establishing really personal services. In the last years there were, however, some attempts in this direction. Home help and care was introduced in some municipalities and there was a conceptual preparation for introduction of personal assistance. Personal assistance is provided for a limited target group, only persons with physical disability and blind persons are entitled. Coordinated care in sense of personal care packages and personal budgets had not been introduced yet. Similarly, there has not been serious consideration of mobile and advocacy services.

There are community services in all parts of country, but this does not mean that they covered it comprehensively. Centres for social work with some aberrations cover the entire territory very well. Day centres for children with intellectual disability are well dispersed

across the country, but that is not the case with the day centres for adults with disabilities. Foster care and group homes are, however concentrated in very condensed areas – foster care in the area around Makedonski Brod, Kruševo and Manastirec, group homes mainly in Volkovo, Skopje and Negotino.

Personnel of community services is on average of slightly higher education, predominantly of pedagogic, psychologic, special education and social work background with some representation of healthcare professionals (e.g. in children day centres). Exception are, of course, the foster carers who are on average of low education and also economic status. The new community services have developed a pleasing way of working and usually amicable relationship with users and their relatives, however their style (or model) is more pedagogic and is missing social orientation. This creates a deficit in dealing with social issues such as improvement of home situation, acquisition of valued social role, inclusion in the mainstream and community activities etc. Focus on improvement of a person and not on improving his or her situation and quality of life leads also, in conjunction with inadequate funding of the services, to heightening of the threshold of these services – accepting abler and not problematic users and referring the others to institutions (Flaker & Krstovski, 2017).

New standards of quality, monitoring and development of services in the community

The national legislation regulating the provision of community based services (day centres, group homes – services for organised living with support, foster care) has been recently improved by the adoption of the new Law on Social Protection (May 2019). Besides the existing services, the Law prescribes new social services (respite care, personal assistance, home help and crisis accommodation) for persons with disabilities. Also, the legal framework encompasses several by-laws on the standards and norms needed for establishment of the particular service. This is an important issue, but more significant is that the quality assurance of the established services has been neglected in these regulations. The existing standards and norms are mainly technical, regulating the space, staffing and equipment, and not taking into account the important dimensions of service delivery process. Some NGOs have developed their own standards of quality, based on the European frameworks.

Monitoring of the social care services is done by the MoLSP and Institute of Social Affairs. The MoLSP conducts inspection of institutions and services, legal entities and private persons performing social care activities. The inspection is done through control of: the implementation of the social care laws and bylaws; the performance of the so-

cial care providers; the fulfilment of the requirements to perform social care regarding the facilities, equipment and staff; the fulfilment of the conditions for the professional staff to perform social care activities in social care institutions, legal entities or private persons; the realisation of rights and obligations of users in line with the Social Protection Act. If during the inspection any irregularities are noted in the social care institutions or other private and public entities in terms of not fulfilling the conditions for work, disrespecting or breaking the laws or the rights of the users, the inspector must inform the Minister who can decide to ban or forbid the work of the institution or the service provider. The control over the professional work is conducted by the Institute of Social Affairs.

Public Health Institute is monitoring the mental health services and to some extent the services for old people. These monitoring processes are not oriented enough on the quality and process of the service delivery. Internal monitoring schemes in general are lacking and the external monitoring schemes are insubstantial.

One of the reasons why the deinstitutionalisation failed to deliver the expected results is the lack of systematic and effective (internal and external) monitoring and evaluation structures, especially in the service delivery process.

Capacity of the work force and training

Continuity and coordination of the development of the workforce - most of the workforce has been exposed to training and education, mostly organised either by the Institute of Social Care or international organisations. There is still a strong need to invest in the workforce and their development. The past development of the workforce has not been coordinated and rarely followed-up in the practice.

Professional ideologies - the institutional, 'medical' model and the distrust of users is still quite strong between professionals. But at the same time there is enthusiasm to change and to resettle users in the community. With training, more professional autonomy and better organisation the institutional ideologies will fade.

Knowledge and skills - a substantial knowledge and skills in deinstitutionalisation and social services provision process have been developed but it is not used in the majority of everyday practices. Therefore, the refreshment and upgrading of the knowledge developed in the past is needed. Academic education needs to incorporate the users' perspective, empowerment and methods and techniques that would enable personalisation of the service provision.

Training and support - presently the training is not coordinated, not focused on the development of social services for person with disabilities and deinstitutionalisation and not followed up in

the practice. The existing support and training from the Institute for Social Care will become more oriented to the development of the methods and implementation of new ways of providing services.

Awareness and advocacy - promotion of social services in the professional public and generating general public awareness

The general public is only marginally aware about the rights of persons with disabilities and about the essence or the importance of the transition from institutional into community-based care by development of social services. Professional audiences are more informed, but many are also misinformed. Often they are unaware of the benefits arising from the development of the social services in the community, of the deinstitutionalization itself, and how the transition of community care dramatically changes lives of residents to the better, but also unaware of the professional efficacy opportunity that this process is providing. For many of them independent living, personal assistance, personal budgets and direct funding of services, shared and supported decision making seem as something that cannot be conceived and sometimes even dangerous.

There are good examples and experience of good public awareness campaigns in North Macedonia related to disability rights, children rights and protection, as well as inclusion in general.

Users' participation and services lead by users

There is a long tradition of formal civil society organisations of persons with disabilities, of parents and relatives of people with intellectual. But, there are no organisations of users with intellectual disabilities or organisations for self-advocacy in mental health. The Republic centre for support of persons with intellectual disability – PORAKA is widely spread in most of the local communities. In many municipalities they also provide social clubs and day centre services for persons with intellectual disabilities. There are beginnings of self-advocacy groups organised by the Republic centre - PORAKA for their users and also by some other organisations (Poraka Negotino and Solem).

Overall users' involvement in the provision and organisation of services is not developed. Still it is believed that people with disabilities, especially those with intensive needs, should not be making decisions or participating in decision making because they have a poor judgment and are mentally disabled. It is believed that it is right for professionals to make decisions in their best interest. The students' camp organised in the Special Institute - Demir Kapija in November 2017 set discussions, training and assemblies which enabled user's participation. The first assumptions were that the users are too disabled to join the activities but when the activities took place the users did participate

and expressed opinions when supported to do so.

Conclusion

In the past few years, the Republic of North Macedonia has undertaken serious steps for improvement of the social protection system, including in the area of social services for persons with disabilities. With the adoption of the National Deinstitutionalisation Strategy “Timjanik” 2018 – 2027, and particularly with the new Law on Social Protection adopted in May 2019, the state has set good, but ambitious, strategic and legislative frameworks for the social services provision. There are many challenges and concerns about this reform process, but it is important that the deinstitutionalisation and the development of the social services for persons with disabilities have been agreed as priorities in the reform of the social protection system. For their adequate implementation actions are needed at many levels.

For the development of community services, it is necessary to assess needs at local level, to perform community social mapping and construct local and regional community care action plans, including for social service provision for vulnerable groups, containing services for people with disabilities. It is needed to provide support of mobile services and resources centres to local services, to establish crisis and respite centres and to provide good personal plans for the users, and also to change the funding

system to be responsive to the amount of need and to establish advocacy services. The development of personal services should embrace pilot schemes in home care, personal assistance and personal care packages and promotion of methods of person-centred practice.

The improvement of the coverage and upgrade of the community services that are currently available should be done simultaneously with the development of the new services. There is a need for improvement of the work of the centres for social work, upgrade of the foster care, improvement of the role and the functioning of the day centres, promotion of variety of residential or accommodation facilities, not only small group homes, and to strengthen the capacities of the NGO service providers through adequate financing and provision of equal treatment of all providers.

It is needed to introduce new standards of quality of the services for persons with disabilities based on quality of living, focusing not only on the technical norms and standards of the facilities and services, but more on the process of service delivery, including user’s rights, involvement, methods, staff training, monitoring and evaluation, ethics, complaints procedures etc. It is crucial to establish monitoring and evaluation structures and procedures, through the revision of the existing monitoring process and procedure, formulation of clear monitoring and evaluation procedures based on quality standards, introducing

an obligation for all services providers to perform internal monitoring and evaluation, and finally establishing independent monitoring and evaluation structures.

Also, strengthening of the capacity of the work force and training is needed. A centre (base) of knowledge should be developed through setting up an organisation at the national level or at the level of one institution. Organisation and implementation of training is needed, starting with an education programme for deinstitutionalization and social services for social care staff and the staff in other sectors. It is very important to include deinstitutionalisation in the academic sphere which can be achieved by development of a postgraduate studies in deinstitutionalization and development of a stream in community care for the special education, social work, psychiatry and health care programme.

Relating the awareness raising and advocacy, it is important to promote the social services for persons with disabilities and benefits from them, by preparation and implementation of detailed programme of awareness raising

activities, including the advocacy activities on personal and community levels. Channels of continuous communication about the process and its achievements should be established and the users to be included in the awareness raising and advocacy.

For increased users' participation, an increase of the users' control and power is needed, through empowerment, management and self-advocacy trainings for users, and by creation of self-advocacy programmes and actions and establishment of users' boards in residential organisations and in community services. Users' participation in making decision that affect them should be legal requirement for all current and future services providers.

Relating the possibilities for establishing services led and managed by users, the priority is to implement pilot projects for organisations and initiatives led by the users, including piloting of shared ownership and participation in house construction, piloting in user led group home and day centres, and piloting in user led personal assistance organisation.

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