Transformation of Out-of-Home Services for Children in North Macedonia: Towards Individualized and Child Tailored Care

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Abstract

Republic of North Macedonia in the last several years undergoes comprehensive social protection reform. The reform processes have been focused on furthering the processes of deinstitutionalization, decentralization and pluralization of social services delivery. The transformation of social protection institutions has been one of the key priorities in this period, specifically out-of-family services for children. In this respect, alternative care services for children without parents and parental care has been strengthened and promoted. Foster care as a traditional form of protection has been given particular attention and has undergone considerable changes. This article will review key reform processes in the domain of social protection in the country, with focus on social services for children without parents and parental care. To do this, results from recent empirical research will be presented. Mixed methodology research findings target current conditions in respect to foster care, small group homes and supported living as services used for placement of children without parents and parental care as well as professional approaches used to provide for individualized and child-tailored care. Cross-cutting issues relate to human rights, basic human needs and social integration of children.

Keywords: child, social services, tailored care, group homes, foster care

Introduction

Methodology

The situation of children in alternative care in the country has been in the focus of policy-makers, professional and scientific public in the last several years. This interest is a result of the intensive processes of deinstitutionalization and changes in the delivery of social services for children. In line with this, a number of qualitative and
quantitative researches has been carried out, predominantly targeting children without parents and parental care.

This article contains findings and conclusions from a qualitative research (Bogoevska, N., Bornarova, S., Geogrgievska, S.) “Social services for children without parents and parental care: conditions and challenges” carried out within the project “Addressing Systemic Gaps-Support to Child Welfare System Reforms” in Republic of North Macedonia implemented by SOS Children’s Village – North Macedonia in 2022.

The baseline study was prepared based on findings from desk and field research conducted in the second quarter of 2022 in Skopje and Pelagonija region. Desk research and content analysis of relevant statistical data sources, reports, legislation etc. was carried out prior to the field research. For the qualitative research, focus group discussion, expert and group interviews were used as techniques, while a survey was applied as a quantitative technique. The qualitative research targeted a total of 29 professionals, 26 foster parents, 36 children without parents and parental care and 9 media workers.

Social Protection Reform Processes

The Republic of North Macedonia initiated comprehensive social protection reform in 2017. A new Law on social protection was enacted in 2019 which presented a considerable step towards fulfillment of the strategic goals set in the National Programme for social protection 2011-2021. During social reform process, social services were given particular attention having in mind that this sector has been underdeveloped and neglected for years back. This was done with an intention to facilitate and enhance the process of deinstitutionalization and transformation of large residential facilities. With the new types of social services anticipated within the law, the basis for facilitating the process of deinstitutionalization, prevention of institutionalization and increasing the quality of social services, was created.

Within the social reform process social prevention was strongly emphasized and activities and measures to be taken for preventive action were extended. The services of information and referral, professional assistance and support and counselling were regulated and clearly defined as separate social services. Previous classification of social services as institutional and non-institutional services was replaced with a new classification depending on the place where beneficiary receives the service:

- home-based: home assistance and care service, personal assistance service;
- community-based: daily services (day care service, rehabilitation and reintegration service, resocialization service); and temporary services (temporary stay service, respite service, half-way house);
- out-of-family services: assisted living, foster care (general, specialized, temporary, urgent, kinship) and residential placement.
In terms of the home-based services, personal assistance was regulated as regular social service (previously implemented as program activity). Both personal assistance and home assistance and care were in more detail regulated which generated basic preconditions for their practical implementation.

As to the community-based services, the services for rehabilitation, reintegration and resocialization were amended with the respite care and half-way house as new social services. In addition, the socially vulnerable groups (drug addicts, sexual workers, alcohol addicts and gambling addicts) were recognized and given an increased access to a broader set of services.

Out-of-family services were enriched with the nursing care residential services for chronically and terminally ill beneficiaries. This provided for the possibility to encourage development of socio-medical services and to further extend access to social services for different beneficiary groups. The introduction of the kinship care for the first time in our social protection system enabled utilization of best possible caring environment for the beneficiary in a family of his/her relatives. The previously poor regulation of some out-of-family services (such as supported living, group homes vs. placement in institutions) was improved and upgraded.

In general, all social services were redefined, the list of potential beneficiaries was more appropriately developed and the entry criteria were more precisely defined. The main advantages of the reform changes in the domain of social services relate to: introduction of the functional capacity assessment of the beneficiary as eligibility criteria (such as for home assistance and care and personal assistance); promotion of the possibilities for establishment of joint social, health and educational services; enhancing the legal provisions for integrated social services delivery; and creating an environment for enhanced focus on development and utilization of home and community-based services as alternatives to out-of-family services (Eptisa, 2021).

**Deinstitutionalization and Transformation of Out-of-Family Services**

As a result of social reforms, the deinstitutionalization process has intensified in recent years. Following the guidelines of the National Strategy for Deinstitutionalization 2018-2027 - Timjanik, significant steps have been taken to replace the type of protection in large institutional facilities and to humanize the living conditions of users in accordance with the transformation plans. The process of transferring service users and transformation of large institutions is still ongoing. So far, the large residential institutions for children have been transformed into group homes as organizational units of the Children’s home "11th of October" - Skopje, Home for infants and small children - Bitola, Public Institution for care of children with upbringing and social problems and disordered behaviour. As of 2017, 180 children under institutional protection have been transferred to alternative services (small group homes, supported living facilities and foster families). The Institute for Protection and Rehabilitation-Banja Bansko no longer accommodates children.
Further placement of children in all existing large residential facilities was stopped (MLSP, data as of December 2021).

The process of deinstitutionalization also takes place in the residential institutions for children and adults with disabilities. The Special Institution - Demir Kapija established supported living units and group homes for children and adults with disabilities with a total of 45 users, 25 up to 30 years of age, of whom 15 are without parental care (ISA, June 2022). It is planned this institution to be transformed into a provider of integrated services, as follows: supported living, respite care and temporary accommodation of vulnerable groups during crisis situations and natural disasters. Services of supported living have been provided for persons with intellectual disabilities in Skopje and Negotino and for children without parents and parental care for over 14 years by authorized social service providers (Poraka - Negotino and SOS Children's Village Macedonia). They deliver these services as licenced service providers based on an administrative contract with the Ministry of labour and social policy. Also, the process of transformation of the Institute for Rehabilitation of children and youth Skopje (Topansko Pole) into a centre for early identification and intervention, for daily services for children and persons with disabilities and for professional rehabilitation, has begun.

Foster families are increasingly used for alternative care of children without parents and parental care. With the establishment of the three centres for support of foster families, two of which are state-owned, and one is established in cooperation with the SOS Children's Village North Macedonia, the quality of this service is expected to improve significantly.

However, the delivery of out-of-family social services faces numerous challenges, yet to be overcome:

− The process of deinstitutionalization predominantly focuses on children and disabled persons;
− Available out-of-family social services for older people are not sufficient to cover the needs, there is uneven geographical distribution, while existing state residential care institutions are massive, for large numbers of users which affects the quality of care provided;
− There is a limited number of small group homes and supported living units given the demand for these services;
− The established small group homes and supported living units are often placed in rented facilities which may cause uncertainty and disrupt the continuity of the social service delivery. Also, rented facilities often require additional adaptation to suit the needs of users;
− There is evident lack of staff in the small group homes and supported living units, unregulated work status of part of the staff (i.e. caregivers), as well as
lack of focus on counseling and therapeutic approaches in the professional work with users;

− The integration of service users in the community and gaining undisrupted access to health and educational services for people with disabilities is sometimes limited;

− Foster care services which are more intensively being used as alternative to residential placement are not adequately enhanced and improved, which in turn negatively affects quality of care;

− There are lots of unsolved issues related to sustainability, price, continuity, development planning and alike, related to delivery of out-of-family services by non-state providers when contracting with the state;

− Integrated social services have been developed in initial phase, while combined socio-medical services are not developed at all;

− The rulebook for out-of-family services is not yet adopted (except for the supported living service and institution for treatment and rehabilitation of persons with disabilities, persons with problems of addiction and other marginalized groups), which is an obstacle for service providers due to the current absence of standards and norms for these services (Bogoevska, Bornarova, 2021).

**Alternative care for children without parents and parental care**

The status, rights and institutional context for protection of children without parents and parental care are regulated in several laws: Family law, Law on social protection, Law on child protection and Law on justice for children. According to the Family law a child without parental care is a child whose parents are deceased, missing, unknown or with unfamiliar residence for over a year, and a child whose parents temporary or permanently do not comply with their parental rights and duties, irrespective of the reasons. Unlike the definition of children without parental care in the UN Guidelines for alternative care of children as children not in overnight care of at least one of their parents, for whatever reason and under whatever circumstances, the definition used in the domestic legislation is broader and extends to the reasons and duration of parent's absence, as well as lack of parental care for the child.

Alternative care for children without parents and parental care is provided as formal and informal. Formal alternative care is provided in out-of-family care placements: residential care in group homes, supported living units and foster care, including kinship care. There is an evident trend of declining number of children in residential placements and a parallel increase in the number of children accommodated in foster and kinship care.

Group homes are established as organizational units of the following social protection institutions: Home for infants and small children – Bitola (accommodates 32 children in 5 group homes), Children's Home "11th of October" – Skopje (accommodates 19
children in 4 group homes), Public institution for children with upbringing and social problems and disordered behavior (28 children with upbringing and social problems in 5 group homes and 9 children with disordered behavior in 2 group homes) and Centres for social work – Shtip (5 children in 1 small group home), Berovo (5 children in 1 small group home) and Kavadarci (7 children in 1 small group home)(ISA, 2022a).

The sole provider of supported living service for children without parents and parental care is SOS Children’s Village, based on administrative contract with the Ministry of Labor and Social Policy. There are 4 supported living units established in Skopje, accommodating 7 children per unit (SOS Childrens’ Village, 2022).

There is a total of 241 foster families with 453 children and 106 kinship families accommodating 146 children. Majority of foster families provide general foster care. Of 241 foster families, 106 have status of specialized foster families for children with disabilities. Only 2 foster families in the Skopje region are specialized for children victims of family violence and children in risk. Majority of foster families are in the Skopje region (95 or 39% of the total number of foster families in the country). There are currently 3 centres for support of foster families, promotion of foster care, preparation, assessment and training of future foster families established in 2021/2022 (ISA, 2022).

**Challenges in Alternative Care for Children without Parents and Parental Care: critical situation overview and discussion**

In the last several years, residential care for children without parents and parental care considerably improved with the establishment of group homes and supported living facilities as a result of the process of transformation of large residential institutions and humanization of living condition for children. Nevertheless, the care in these institutions is quite expensive, their number is limited, while the practice of renting facilities causes uncertainties, inabilities to invest in renovation and reconstruction, discontinuity of care and transfer of children from one to another facility. Existing facilities are not geographically evenly dispersed while some of them are not located suitably. There is no local/regional establishment of social services and specialized separate facilities for children without parents and parental care with specific problems.

Of all forms of alternative care, foster care in which majority of children without parents and parental care are accommodated, faces most substantial challenges that affect the quality of care provided to children. These relate to shortcomings in selection of the foster parents, recruiting specialized, temporary and interventive foster families, provision of initial, continuous and specialized training, entry into care, respect of children’s rights and meeting children’s needs during care, provision of support services, contacts with biological families, oversight and monitoring of care etc.
The protection of children without parents and parental care in all stages of the process, from his/her removal from the family to after care and independent living, is characterized with a number of challenges and shortcomings that affect appropriateness of responses to children’s needs:

Removal of a child from the care of the family is applied as a measure of last resort, sometimes even belatedly. However, it is not temporary and in most of the cases results in a long-term placement.

Financial and material poverty are not seen as the only justifiable reason for the removal of a child from parental care. Yet, the conditions in such families are rarely seen as a signal for provision of appropriate support to the family to prevent child detachment.

Most common reasons for child placement in out-of-family care are: abandonment by parents, unknown parent (usually the father), deceased parents, parents deprived of parental rights, parents’ addiction, parents serving a prison sentence, material deprivation and alike.

Every child placed in alternative care is assigned a guardian by the CSW, although communication and contacts between guardians and children in care are not regularly maintained. This is mostly because of geographical distance, assigning large number of children to one guardian and work engagement of guardians as case managers on other cases.

The selection of the alternative care placement for the child is not made based on prior rigorous assessment, planning and review of the living conditions and specific needs of the child.

Siblings with existing bonds are usually not separated by placements in alternative care, unless there is a clear risk of abuse or other justification in the best interest of the child, except in supported living settings. The occasional practice of changes and transfers of a child from one to another alternative care placement disrupts the principles of provision of permanency in care and non-separation of siblings.

Children who require specialized care and treatment are accommodated in same facilities/foster families with other children due to the lack of separate social services for children victims of abuse and neglect, addicts, children with traumatic experiences etc.

The right of the child to be heard and to have his/her views taken into account in accordance with his/her age and maturity is not fully respected during planning of care and preparation of the individual plan in all alternative care settings. The preparation of the individual plan is not participatory, inclusive and tailor-made.

Decisions concerning alternative care do not take full account of the desirability, in principle, of maintaining the child as close as possible to his/her habitual place of
residence, in order to facilitate contact and potential reintegration with his/her family and to minimize disruption of his/her educational, cultural and social life.

Decisions regarding accommodation of children in alternative care are not made with due regard to ensuring children safe and continuous attachment to their community and caregivers, with permanency generally not being a key goal. This is predominantly result of the undeveloped network of social services available close to the place of residence of the child and the established practice of accommodating children further from their homes.

Ensuring the child's safety and security, grounded in the best interests, rights of the child and in conformity with the principle of non-discrimination is generally provided in the alternative care settings, such as group homes and supported living facilities. Situation in foster care placements in this regard varies significantly, with children not receiving appropriate care in some foster families.

Children in alternative care are commonly treated with dignity and respect and there are mechanisms in place for protection from abuse, neglect and all forms of exploitation, whether on the part of care providers, peers or third parties. However, the application of these mechanisms in some foster care settings is questionable.

Biological, social and psychological needs of children, including but not limited to access to food, clothes, housing, education, health, cultural, sport, recreational and other basic services, freedom of religion or belief, safety and privacy, are commonly met in group homes and supported living facilities, unlike foster care placements where serious deviations are noted in some cases.

For children in all alternative care settings there is a substantial lack of specialized community-based services, especially for children with traumatic experiences, children with disabilities, children with behavioral problems, children with addiction problems.

Once in care, contacts of the child with his/her family, other close persons such as friends, neighbors and previous caregivers, are not satisfactorily encouraged and facilitated, while the child is not always informed about the situation of his/her family members.

There is no clear policy and practice for appropriate aftercare and follow-up of the situation of children after leaving care, especially in public institutions and foster care families. This is not the case with the SOS managed alternative care services where separate after-care programme is in place.

The system of social protection for children without parents and parental care is not oriented towards prevention of the need for alternative care, strengthening informal care capacities, reintegration of the child with the biological family and application of alternative care as temporary form of care. The State is responsible for protecting the
rights of the children without parents and parental care through ensuring appropriate alternative care. Although the legal framework allows local authorities and authorized civil society organizations to provide for such protection, most of the social services are state-owned. Families and informal kinship families do not have access to forms of support in the caregiving role, except for the financial benefits if they meet eligibility criteria. The network of services for primary and secondary prevention is poorly developed. As a result, the child care system is not directed towards enabling the child to remain in or return to the care of his/her parents, or with other close family members. Overall, the practice is not fully in line with the UN Guidelines for alternative care of children (Bogoevska, Bornarova, Georgievska, 2022).

Professional Work – Towards Individualized and Child Tailored Care

Methodologies and tools used by professionals when working with children without parents and parental care differ based on the professional profile of the worker, type of alternative care, age and health status of the child, as well as the stage of professional work with the child. They are incorporated within the standards, procedures and guidelines for professional work developed by the Institute for social activities. Professionals are also advised to use techniques, questionnaires and other instruments published on the webpage of ISA. There is Manual for assessment of the best interest of the child, as well as brochures and other materials in use.

When dealing with children victims of neglect, abuse and sexual violence, professionals act upon the Protocol for inter-agency cooperation in cases of child sexual abuse and pedophilia and the Protocol for acting in prevention and protection of children from abuse and neglect. There is a lack of specialized methodologies and tools for professional work with different categories of children, including children with traumatic experiences. In this respect, special instruments for recognizing trauma, assessment of needs, identification of treatment resources and referral, cooperation between relevant agencies for the purposes of coordination, application of the trauma-informed care approach, are not developed and applied.

For each child in alternative care there is a case file which includes information on their admission and departure and the form, content and details of the care placement of each child, together with any appropriate identity documents and other personal information. Information on the child’s family is included in the child’s file, still insufficiently in the reports on regular evaluations. Records on children in care are maintained, and in principle are confidential and secure, but they are not available to the child, as well as to the parents, within the limits of the child’s right to privacy and confidentiality, as appropriate.

However, there are still remaining challenges related to developing an individualized and tailored made care when working with with children without parents and parental care. Professional work is guided by a limited number of specialized
methodological instruments, guidelines, protocols. Quality standards for all alternative care services are missing, which affects quality of care provided to children and impedes the monitoring and its effectiveness. Professionals and caregivers lack specialized knowledge and skills for high quality, sensitive and effective professional work with children without parents and parental care. Although some continuing training is organized, training modules are too general, partial, theoretical, oriented towards rather gaining knowledge than skills. Training is not specialized for professional work with specific categories of children, including children without parents and parental care, and does not include gaining skills for counseling and application of therapeutic approaches.

In addition, full consultation in all stages of decision-making with the child according to his/her maturity, and with his/her parents, is not applied by the case managers appointed for each case. Same applies to the preparation of the individual plan which is not participatory, inclusive and tailor-made. Moreover, in most cases caregivers, especially children are not familiar with this document and its contents. The child and his/her parents or legal guardians are not fully informed about the alternative care options available, the implications of each option and their rights and obligations in the matter. Overall, assessment results and individual plans are too formal, alike and not appropriately used as essential tools for planning decisions in future.

Monitoring and supervision of the safety, well-being and development of children placed in alternative care and regular review of the appropriateness of the care arrangements should be strengthened. Existing monitoring mechanisms are not easily accessible to children without parents and parental care and parents, who are not familiar with the ways and procedures to use them in case of need.

**Conclusion**

Social reforms taking place in the last several years considerably improved the social protection system in the country. The processes of pluralization and deinstitutionalization have been intensified in line with the national strategic goals. The key benefit of this process is the humanization of the living conditions of beneficiaries placed in large residential facilities and establishment of small, family-like services, with focus on persons with disabilities and children without parents and parental care. In the last several years, residential care for children without parents and parental care considerably improved with the establishment of group homes and supported living facilities as a result of the process of transformation of large residential institutions.

Despite the significance of the social reform results, there are many challenges yet to be overcome. Overall, the system of social protection for children without parents and parental care is not oriented towards prevention of the need for alternative care, strengthening informal care capacities, reintegration of the child with the biological family and application of alternative care as temporary form of care. Biological, social
and psychological needs of the children are commonly met in group homes and supportive living facilities, unlike foster care placements where occasional deviations are present in some cases.

Nevertheless, the care in these institutions is quite expensive, their number is limited, while the practice of renting facilities causes uncertainties, inabilities to invest in renovation and reconstruction, discontinuity of care and transfer of children from one to another facility. Existing facilities are not geographically evenly dispersed while some of them are not located suitably. There is no local/regional establishment of social services and specialized separate facilities for children without parents and parental care with specific problems. Of all forms of alternative care, foster care in which majority of children without parents and parental care are accommodated, faces most substantial challenges that affect the quality of care provided to children. These relate to shortcomings in selection of the foster parents, recruiting specialized, temporary and interventive foster families, provision of initial, continuous and specialized training, entry into care, respect of children’s rights and meeting children’s needs during care, provision of support services, contacts with biological families, oversight and monitoring of care etc.

Professional work with children still requires interventions for enhancement of professionals’ knowledge and skills, practical methodologies and instruments, as well as individualized and tailor-made approaches when working with children. Development of quality of care standards and strengthening monitoring and supervision of practice is expected to fill in the existing implementation gaps.

The system of social protection for children without parents and parental care should be further developed and enhanced following the UN Guidelines for alternative care of children. In that respect, the state should allocate human and financial resources to ensure the optimal and progressive implementation of the Guidelines and facilitate active cooperation among all relevant authorities and the mainstreaming of child and family welfare issues within all ministries directly or indirectly concerned. Based on the UN Guidelines, the state should ensure preparation of national and professionally specific guidelines that build upon the letter and spirit of the Guidelines.

The national legal framework regarding alternative care for children, in particular secondary legislation, should be revised in terms of the care, monitoring and evaluation standards and introduction of critical professional approaches applied for work with children without parents and parental care, such as trauma-informed care.
References


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