

Guide for facilitating access to users of Community Based Services (CBS) to mainstream local community services and for implementing innovative CBS

October 2021



Partners

KMOP | Social Action and innovation Centre

Association for Development Humanost

Municipality of Demir Kapija



Authors: Martin Canevski, Jana Janeva, Damjan Nikolovski

Humanost, Association for development and support, North Macedonia

Editing: Vaska Bojadji, Yiannis Kardoulis

KMOP - Social Action and innovation Centre

Disclaimer

European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



This project is funded by
the European Union



Contents

List of Acronyms	4
1. Introduction.....	5
1.1 Who can read this Guide.....	5
1.2 Information of the “OASIS” pROJECT	6
2. Concept and principles of provision of personalised innovative social services in the community.....	8
2.1 Transformation from institutional care to community- based approach.....	8
2.2 Tailoring services to the needs of the users	9
2.3 Empowering the persons on having equal opportunities and responsibilities	10
2.4 Activation in the community.....	13
2.5 Implementation of the social model and resocialisation of the target groups	15
2.6 Risks & challenges of social service development at community level	16
3. Key aspects in developing innovative social policies	18
3.1 Legislative framework	18
3.2 Mapping the local services and networks.....	19
3.3 Co-design and co-production for social innovation	20
3.4 Support from key stakeholders.....	22
3.5 Case management and co-ordination with other networks and referral techniques	24
3.6 Supported from public authorities and policymakers	26
3.7 Financial and spatial design for development of social services at the local level...26	
3.8 Advocacy and contextual sensitivity	27
4. Facilitating People with Intellectual Disabilities deriving from institutional care to access mainstream community services	31
4.1 Introduction (the role of service providers and the Role of the Local Authorities AND National Government).....	31
4.2 Facilitating access of PwID to employment and professional orientation	31
4.3 Facilitating access of PwID to health.....	32



4.4	Facilitating access of PwID to education and continuing education	35
4.5	Facilitating access of PwID to housing	49
4.6	Facilitating access of PwID to day care	53
4.7	Facilitating access of PwID to public social events	54
4.8	Facilitating access of PwID to sport Activities and Physical Exercise.....	56
4.9	Facilitating access of PwID to cultural Activities, leisure and recreational Activities	58
5.	Implementation of innovative Community Based Services by local providers.....	67
5.1	Home care and help services	67
5.2	Personal assistance services	68
5.3	Day care services	70
5.4	Respite care	72
5.5	Supporting PWID for the use of all types of transport	73
5.6	Support in communication and mediation with persons, institutions and organisations.....	74
5.7	community Participation.....	76
5.8	Supporting PwID to maintaining contact with family members and their circle of support	78
	Bibliographical Sources/ References	81



List of Acronyms

AOTA	American Occupational Therapy Association- AOTA
CBS	Community based services
CSO's	Civil Society Organisation's
CSW	Centers for Social Work
CRPD	Convention on the Rights of Persons with Disabilities
EU	European Union
HSE	Health Service Executive
MoLSP	Ministry of Labour and Social Policy
PAs	Personal Assistants
PPP	Public-Private Partnership
PWD	People with Disability
PWID	People with Intellectual Disability
UN	United Nation
UN CRPD	United Nations Convention of the Rights of persons with disabilities
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations International Children's Emergency Fund
NDS	National Deinstitutionalisation Strategy
WHO	World Health Organisation



1. Introduction

This Guide for facilitating access to users of Community Based Services (CBS) to mainstream local community services and for implementing innovative CBS for people with disabilities is produced in the framework of the project funded by the European Union (EU) entitled “OASIS: Supporting the resettlement of persons with intellectual disabilities from the residential institution of Demir Kapija into community based supported living settings”.

The overall objective of this Guide is to promote and integrate people with disabilities through social inclusion, so that they can re-socialise and adapt easily in their community. The specific objective of this Guide is to facilitate the access of community-based service users (persons resettled/to be resettled from Demir Kapija and other persons with disabilities who live in the community) to mainstream community services (employment, health, education, housing, social, day care, recreational, sport, cultural, leisure activities etc.). It also introduces to the key stakeholders and the risks and challenges that are ahead in the community regarding people with disabilities.

1.1 WHO CAN READ THIS GUIDE

The Guide is addressed primarily to professionals working in the field of community-based social service provision targeting People with Disabilities. It introduces the concept and principles of provision of personalised innovative social services in the community, supporting the resettlement of persons with disabilities from institutional care into community based supported living settings. Moreover, this Guide provides practical advice to Professionals on how to support People with Disabilities in a sustained transition from institutional care to community-based supported living facilities, and it gives practical tips on the day-to-day management of these facilities. It also shows and describes the innovation in the varieties of social services.

The Guide is addressed to the following types of professionals:

- Staff working in the provision of community-based supported living services and innovative community-based services (such as housing unit coordinators, caregivers, social workers, psychologists, physiotherapist nurses etc.)
- Staff of CSOs who wish to become potential service providers in a diversity of community based services
- Staff of municipal & social protection authorities which act within the system of personalised community services



- Staff of organisations providing relevant mainstream services in the community, including services such as rehabilitation, health, education and training, employment, recreational, sport and cultural services, leisure activities, social and/or respite support of families.

1.2 INFORMATION OF THE “OASIS” PROJECT

The overall objective of the EU-funded (EuropeAid) project “OASIS: Supporting the resettlement of persons with intellectual disabilities (PWID) from the residential institution of Demir Kapija into community based supported living settings” is to support the process of deinstitutionalisation of Demir Kapija and to enhance inclusion of people with intellectual disabilities into the community. Demir Kapija is the largest social care institution in North Macedonia with 173 residents – adults with physical and intellectual disabilities. This project aims to support the resettling of persons with intellectual disabilities from Demir Kapija institution into community-based supported living settings, and the development of new community-based social services, in order to enhance inclusion of people with intellectual/mental disabilities into mainstream community.

The specific objectives of the project are the following:

- To resettle persons with intellectual disabilities living in the residential institution of Demir Kapija into community based supported living settings.
- To develop new community-based social services, as well as to expand and improve already existing local social services in Demir Kapija such as: community-based living, group homes, coordinated care and support services, home-care and support, personal assistance, and rehabilitation.
- To develop and implement new ways of social services delivery based on users’ rights, person-centred approach, user involvement and empowerment, and collaborative, participative and proactive approaches.
- To enhance the capacities and skills of professionals in the provision of person-centred social services to persons with mental/intellectual disabilities.
- To Increase the awareness of local society and stakeholders about the problem of institutions and the advantages of deinstitutionalisation, about disability rights to combat stigma, and the benefits of inclusion to both users and the community.

The services that will be provided through the project are the following:

- 10 residents resettled from Demir Kapija institution who are going to be assisted in the living arrangements into the community.



- Establishment and operation of 2 community-based supported living services (small group homes).
- Increased availability of innovative community-based social services for persons with disabilities, such as intensive interaction, personal planning/assistance, home help/care and personal care packages.
- At least 20 persons with disabilities using newly established innovative community-based social services.
- At least 20 professionals trained in planning and provision of community-based supported living services.
- Capacities of 30 Civil Society Organisations' (CSOs) staff built in innovative communitybased social services establishment and delivery.
- Capacities of 10 municipal and social protection authorities staff built in innovative community-based social services establishment and delivery
- Capacities of 50 professionals in public services (teachers, general practitioners, nurses, culture workers, vocational and social services etc.) built on user involvement
- Increased awareness of local community and stakeholders about the problem of institutions and the advantages of deinstitutionalisation, disability rights, and the benefits of inclusion for users and the community

The project is implemented by three partners, namely KMOP – Social Action and Innovation Centre (Greece), the Association for Development “Humanost” (North Macedonia) and the Municipality of Demir Kapija (North Macedonia).



2. Concept and principles of provision of personalised innovative social services in the community

2.1 TRANSFORMATION FROM INSTITUTIONAL CARE TO COMMUNITY- BASED APPROACH

Deinstitutionalisation and the development of community-based care are accepted by more than half of EU countries as a major goal linked to the transformation of their health policies. However, according to the assessment of the quality of institutional care for adults with psychosocial and intellectual disabilities in the WHO European Region, long-term institutional care for people with psychosocial and intellectual disabilities in many European countries is far below the standard. An important number of the institutions assessed were violating fundamental rights of people with psychosocial and intellectual disabilities, including their right to dignity, legal capacity, liberty, autonomy, physical and mental integrity and freedom from torture, ill treatment, exploitation, violence, and abuse. Examples of violation and abuse included: use of mechanical and pharmacological restraints to manage difficult behavior, reported cases of sexual abuse that were neglected by authorities, various irregularities regarding informed consent, discrimination and low-level quality of care for general and reproductive health, lack of alternative or complementary treatment options¹.

The transformation from institutional to community based services is a system through which initially sought to protect people with disabilities by excluding them from society, is transformed into a system that seeks to enable participation through services and services provided at the community level, while respecting the principles of choice and decision-making. This process is essentially related to the development of new types of social services and services for people with disabilities, providing a chain of ongoing support in independent living, education, rehabilitation, employment, mobility, leisure, etc. For the development of these new social services for people with disabilities, the introduction of pluralism in the provision of social services is important, where civil society organisations have a major role. Decentralisation of responsibilities in the field of social services is another key element of the

¹ WHO, 2018



reform, which includes the transfer of responsibilities, capacities and resources from the state level to local authorities².

The social protection system of North Macedonia enables the development of non-institutional protection for persons with disabilities in need of social services, yet social services remain insufficiently developed. Several analyses of the services for persons with intellectual disabilities in the country indicate the need for expanding the current network of social support services, enriching their content, improving their quality through enhancing the infrastructural and human capacities, as well as the need for designing new and innovative social services³.

In North Macedonia, the necessary changes include: development of community services, introduction of new quality standards, monitoring and development of community services, strengthening the capacity of the workforce and training, awareness and advocacy, as well as and participation of users in the whole process of providing social services⁴.

2.2 TAILORING SERVICES TO THE NEEDS OF THE USERS

The benefits for the Community-based Services (CBS) may be numerous for the users, since there will be better accessibility of services, more sufficient coverage of user needs, all resulting to a greater possibility of a positive outcome. Involving non-specialists and members of the community to the implementation of the recovery plans empowers the service user to build relationships of trust, leading to stronger therapeutic alliances.

In addition, it is of vital importance for service providers to apply an effective approach to satisfy the users' needs. For example:

- Ensure continuity of care by designating a caregiver responsible for coordinating services to meet users needs
- Identify flexible community financial and human resources to support users needs
- Investigate opportunities for future housing options for the user

² Krstovski, V., 2019

³ Jovanov, S. and Najdoska Gjorgievska, S., 2015

⁴ Krstovski, V. 2019



- Enhance the range of psychosocial and vocational rehabilitation programmes to support users in the community

The needs of users are complex, and recovery should include the application of a multilevel approach. Regarding rehabilitation actions, the staff of the service providers in collaboration with the users and other local and wider community actors, should take all necessary actions so that service users can achieve the following⁵ :

- Developed relationships of trust and willingness to receive support provided by professionals, peers and others
- Active participation in the community, and the ability to develop meaningful relationships with family, friends, and other individuals
- Positive outlook for the future
- A belief in the possibility of recovery
- Motivation for personal change
- An overall optimism for life and personal development, as well as dreams and aspirations for life
- Developed personal responsibility
- Contribute for the society to gradually overcome the stigma that accompanies persons with intellectual disabilities
- The ability to find goals and to pursue their aspirations for improving their lives
- The power to lead a life with quality
- The ability to gain a little or greater control over their personal choices, with particular attention to each person's strengths and the ability to regain control over their personal health care.

2.3 EMPOWERING THE PERSONS ON HAVING EQUAL OPPORTUNITIES AND RESPONSIBILITIES

The European Disability Strategy 2021-2030, that guarantees the right on full and equal participation of persons with disabilities in society and economy, represents a comprehensive framework committing the European Commission to the empowerment of people with disabilities to enjoy their

⁵ OASIS CBS, Model Guide, 2021



full rights, and to removing everyday barriers in life. The European Disability Strategy focuses on priority areas such as: Participation, Equality, Employment, Education and training, Social protection, Health.

Combating all forms of discrimination against people with disabilities is at the heart of the United Nations Convention of the Rights of persons with disabilities, (UN CRPD). The EU has put a comprehensive body of EU anti-discrimination legislation in place to ensure equal treatment regardless of sex, sexual orientation, racial or ethnic origin, age, religion or belief. The Employment Equality Directive provides for specific measures to ensure equal treatment of persons with disabilities. A gap exists in EU law to ensure equal treatment of persons with disabilities outside the field of employment, such as social protection, healthcare, education and access to goods and services, including housing. Pending the adoption of a Commission proposal for a Council Directive on Equal Treatment, persistent inequalities and discrimination underline the need for further progress in EU legislation⁶.

Equal access to social protection, healthcare, education and goods and services, including housing, is of utmost importance of the Strategy 2021-2030.

Education creates the foundations for combating poverty and for creating fully inclusive societies. Persons with disabilities have the right to participate in all educational levels and forms including early childhood education and care on an equal basis with others⁷.

Persons with disabilities have the right to high-quality healthcare, including health-related rehabilitation and prevention. Further action is needed as persons with disabilities report unmet needs for medical examination four times more often than persons without disabilities. Healthcare is often too expensive, too far to travel to, not accessible, or subject to long waiting lists. As the prevalence of disabilities increases with age, older persons living in rural areas face particular challenges due to a lack of availability of appropriate healthcare and persistent staff shortages. The COVID-19 crisis

⁶ European Commission- Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030

⁷ European Commission- Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030



revealed weak spots in health systems, in particular regarding persons with disabilities living in institutions with limited access to emergency and intensive care⁸.

Persons with disabilities have a higher risk of becoming victims of violence and abuse, both in their home environment and in institutions, in particular women, older persons and children with disabilities. Persons with disabilities are also targeted by hate speech and bullying, including in education institutions⁹.

In a context of support of persons with disabilities, empowerment refers to the level of choice, influence and control that these people can exercise over events in their lives, so as to be heard and respected. The key to empowerment is the removal of formal or informal barriers and the transformation of power relations between individuals, community members, caregivers, services, policy makers etc. It is important for community-based services to involve mutual respect, critical reflection, caring and group participation, through which people lacking an equal share of resources gain greater access to and control over those resources.

The concept and theory of empowerment and recovery is paramount in the vision of the World Health Organisation (WHO) with regard to health promotion and calls countries to: a) Develop and implement tools or strategies for self-help and care for persons with intellectual disabilities, including the use of electronic and mobile technologies and b) Enhance self-help groups, social support, community networks and community participation opportunities for people with intellectual disabilities and psychosocial difficulties.

In order to increase the empowerment of people with disabilities, while respecting their right to choose and seize opportunities in society, the transformation and closure of large residential institutions and the services are just one step away from the process of deinstitutionalization. This process must be carried out simultaneously with the revision of the mechanisms for control and monitoring of entry into the system and for the development of the continuity of services at the community level (education, health care, rehabilitation, training, employment, support services, etc.).

⁸ European Commission- Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030

⁹ Ibid



2.4 ACTIVATION IN THE COMMUNITY

With the application of the new Law of North Macedonia on Social Protection, adopted in 2019, it is expected that CBS will follow the individual needs of the end users and they will be predominantly provided in the home and the community, which will contribute to furthering the processes of deinstitutionalisation, decentralisation, inclusion and pluralism, as well as to improving the quality of life of persons with disabilities and enabling them to continue living in their own home and the wider community. This Law sets the preconditions for overcoming the existing shortcomings in the development of social services for persons with disabilities, and it also underlines the need for additional social service providers in the local community, while it also encourages multi-sector cooperation. The existing legal provisions allow and provide a legal basis for the development of a range of innovative services for persons with intellectual disabilities, including home care and help services, and community based-services such as day care and respite care¹⁰.

The social protection system, in addition to its role to support people who have failed to have access to social security through other systems (such as employment, retirement, health, etc.), needs to also increasingly aim at supporting these people to overcome this situation and facilitate the social inclusion of vulnerable categories of citizens.

The process of inclusion of people with disabilities is supported by the introduction of a blindness or mobility benefit. Social inclusion of vulnerable groups is best achieved by ensuring the availability of social services in the community, developing services according to the needs for assistance, by strengthening the capacity of users, by removing barriers and by providing equal opportunities for their social inclusion. In this regard, the social protection system enables the establishment of daily and temporary care services, improving the care of children in foster families, strengthening the potential of biological families to care for their members, organised living in supported housing units, small group homes or other forms, according to the needs of the users in the community. In addition to the services determined by the legal regulations in this area, innovative services should be created in the community, which will be adequate to help and support vulnerable groups of citizens¹¹.

Community Based services are the best way to contribute to the active inclusion of people with disabilities into housing units, day centers and other services. With their inclusion they will have the

¹⁰ MoLSP, 2019, Law on social protection

¹¹ Spasovska S., 2013



necessary needs and rights. Community based services are more suitable for users than their institutionalisation in every possible way as they provide better conditions and more freedom of decision in order for their daily needs to be addressed in the future.

The ultimate goal of any social service for people with disabilities is the active participation of the person in social life. Therefore, these services often aim to carry out activities related to the social autonomy, personal development and well-being of the individual; In the short term, they may not always have objective and measurable results, such as economic or commercial activities.

In general, the involvement and activation of the users in securing and organising the services is not developed enough. It is still believed that people with disabilities, especially those with intensive needs, should not make decisions or participate in decision-making, because they have a weak ability to assess and due to intellectual disability do not have the capacity to make decisions. It is believed that it is better for professionals to make decisions in their best interest.

It is necessary for the above perception to change and participation in decision-making should not be just a privilege of professionals, but instead the participation of people with disabilities should be fostered, not only in making decisions for themselves, but also being active in the community.

Activation is important to accomplish the inclusion of people with disabilities in the social and working environment and it is set as one of the main social policy priorities in the Republic of North Macedonia. In this regard, in accordance with the international law, North Macedonia is developing a legal framework aiming at enabling financial, professional and technical support for people with disabilities and for their potential employers. The measures and activities for labour inclusion of disabled individuals consist of two components: 1) financial support and stimulation for increasing the employer's interest to include disabled persons in the employment process; 2) Institutional support to employers for acquiring skills and knowledge on disabled persons for employment and social inclusion measures¹².

¹² Trbojevik, S., 2015

2.5 IMPLEMENTATION OF THE SOCIAL MODEL AND RESOCIALISATION OF THE TARGET GROUPS

The new social policies of the Republic of North Macedonia are aimed at people with disabilities and emphasise the transition from institutional care to community care, through social services and services that adhere to the human rights model of disability. Reform in the social services sector for people with disabilities involves changing the paradigm in relation to oppression - from a medical model and a model based on mercy to a social model and an approach to human rights protection. One of the specific aspects of the service sector for people with disabilities is signed by the right balance between regular and specialized services provided at the community level (dual access)¹³.

The social model will enable social inclusion of people with disabilities through implementation of multi-sectoral approach, effective legal protection, better accessibility and availability of quality services (social, health and other services), as well as implementation of programmes and measures, particularly in the fields of education, employment, housing, which are essential for independent and active life of the disabled in all areas of the society.

The social model recognises the needs of individuals so that they can take control of their lives and needs and become involved in the community. The social model requires society to take responsibility for meeting the needs of people with disabilities in terms of providing support and overcoming numerous obstacles. According to this model, the disability should not be denied, but accepted in a way that the person is no less valuable because of his/her condition.

The social model implies that the disability of a person is not about having individual limitations, but it is about the failure of a society that is not providing appropriate measures to include people with disabilities in the community. According to this model, disability is not characteristic of a person, but a complex composition of conditions created by the social environment¹⁴.

The following examples show how environmental factors can affect the full inclusion and fulfilment of the needs of people with disabilities:

¹³ Krstovski, V., 2019

¹⁴ Humanost, Manual for conducting trainings for care assistants for people with dementia- Alzheimer's disease and intellectual disability, 2018



- A person in a wheelchair may have difficulty finding employment, not because of his or her condition, but because of environmental barriers, such as inaccessible public transport or a staircase at the work premises that prevent him or her from accessing it.
- A child / young person with an intellectual disability may have difficulty engaging in regular education due to the attitudes of teachers, students and parents who are unable to adapt and accept students with different needs in the learning process.

The model of human rights is aimed at the dignity of the human being, with four (4) values being particularly important in the context of disability: dignity, autonomy, equality and solidarity. Recognition of the values of human dignity indicates that persons with disabilities have the same rights as other persons and those they represent an important part of society¹⁵.

2.6 RISKS & CHALLENGES OF SOCIAL SERVICE DEVELOPMENT AT COMMUNITY LEVEL

Much is known about what does and what does not work in transforming the systems of care and support, yet some services fail to learn from each other's experiences. This Guide includes some potential risks, as well as challenges and barriers to developing high-quality services in the community, with the aim that by highlighting these challenges this Guide could contribute in the design of future plans and actions.

Before developing new community-based services, it is important to have comprehensive information on the social risks that already exist in the community. This helps to reduce the risk of providing services which are not functional and contributes to the effective and efficient use of available resources.

In parallel, a policy for the protection of vulnerable groups at risk of abuse should be in place in order to ensure immediate and effective response in cases of abuse or risk of abuse.

One particular challenge relates to the fact that most social problems and solutions involve multiple stakeholders and a network of people. While change makers and change agents initiate and drive

¹⁵ Humanost, Manual for conducting trainings for care assistants for people with dementia- Alzheimer's disease and intellectual disability, 2018

innovation processes they depend on other people to contribute, engage and collaborate in various roles and processes along the way¹⁶. Successful social innovation requires stakeholder acceptance and collaboration.

Firstly, all innovation processes are of their very nature uncertain, as they involve creating something new¹⁷. This 'newness' may involve new ways of doing things, as well as new outcomes. Clearly, engaging in something without knowing what will come out of it, if anything at all, may lead some stakeholders to resist getting involved in the first place.

Uncertainty may be particularly profound at the outset of an innovation process. For example, at the time of designing social innovation, many stages are involved. At the initial stage, the core tasks are about active problem sensing and idea generation. More specifically, this includes exploring and identifying the problem, necessary input and resources, processes and stakeholders, probable by-products, variations in outcomes and so forth. All of these may involve blurry perceptions, multiple interpretations and unclear goals which in sum creates a high level of uncertainty.

At later stages, such as the implementation stage, the level of uncertainty is substantially reduced and may appear less daunting. It may therefore be useful to keep in mind that individual stakeholders may be more or less tolerant and anxious about uncertainty. Those with low tolerance of ambiguity should probably not be targeted at the earliest stages of the innovation process¹⁸. Another challenge relates to the fact that in order to restore equality between certain groups of individuals, some individuals must be provided advantages, and not others.

¹⁶ De Jong, G. J., Cels, S., & Nauta, F. (2012)

¹⁷ Ibid

¹⁸ Drake, I., 2018



3. Key aspects in developing innovative social policies

3.1 LEGISLATIVE FRAMEWORK

In the last sixty years a significant number of international initiatives related to persons with disabilities has been developed. Primarily, the disabled persons have gained special status within the global organisations through different conventions and agreement systems.

The UN adopted a Declaration on the Rights of Disabled Persons and the Standard Rules on the Equalisation of Opportunities for Persons with Disabilities. Most of these international documents refer to nondiscrimination and equality in society, education and employment. Fundamental instrument for promotion of the rights of disabled people the United Nation Convention on the Rights of People with Disabilities and its Optional Protocol opened a new path within the international human rights framework. The Convention obliges signatory countries to commit themselves to promote and monitor the implementation of the Convention as well as to provide barrier-free communities that may hinder full and effective participation of disabled persons in society¹⁹.

In the European context, the Lisbon Agenda and European Employment Strategy, the Employment Directive 200/78/EC and the European Disability Action Plan emphasise on the improvement of the employment situation of disabled people in European countries. As a successor to the Lisbon strategy, the Europe 2020 Strategy and its Agenda have been designed, which focuses on the analysis, political guidance, information exchange and other support that will consequently create new skills and jobs. It is expected that the strategy will contribute to improved knowledge on the employment²⁰.

In the context of North Macedonia, the National Programme for Development of the Social Protection 2011-2021, the National Strategy on Equalisation of the rights of the People with Disabilities 2010-2018 and the National strategy for Deinstitutionalisation "Timjanik", 2018-2027 are part of the legislative framework for innovative social policies.

¹⁹ <https://www.ohchr.org/en/professionalinterest/pages/rightsofdisabledpersons.aspx>

²⁰ Trbojevik, S., 2015



The National Programme for Development of the Social Protection 2011-2021 is the basis for the reform of the social protection and the preparation of statutory and other regulations in the field of social protection. It also represents a strategic document that unites all the previous strategies focused on specific areas or vulnerable groups in social protection. The main objective of the program is the development of an integrated, transparent and sustainable social protection system that will provide accessible, effective and high quality measures and services designed in accordance to beneficiaries needs²¹.

The revised National Strategy on Equalisation of the rights of the People with Disabilities (2010-2018) provides a comprehensive framework for the development and implementation of policies that in a long run aim at the improvement of human rights and equal opportunities of the people with disabilities. This national Strategy aims to improve the position of Persons with disabilities to a position of equal citizens who enjoy all rights and responsibilities. It provides the support for organisations of persons with disability, their participation in decision making on issues related to persons with disabilities²².

The National Strategy for Deinstitutionalisation aims to improve the quality and comprehensiveness of social protection services on a local level and to facilitate the social inclusion and re-integration within the families and society of all categories of beneficiaries in risk, placed in residential institutions. This Strategy imposes the need for estimation of roles and responsibilities of national and local structures and promotes and empowers partnership among the state, local government, non-governmental and private sector for the provision of services in the area of social protection. Its goal is to improve the quality of care for certain categories of citizens exposed to social risks that are identified as a target group, through the implementation of the process of deinstitutionalisation²³.

The National legal framework has adopted a number of laws within the national legislation that explicitly prohibit discrimination, including disability discrimination. Prohibition of discrimination is particularly emphasised in the laws that regulate labour relations as well as in adopted Law on prevention and protection from discrimination. The laws explicitly prohibit all discriminatory forms including direct and indirect discrimination, harassment, committed by natural persons and legal

²¹ National Program for development of the Social Protection 2011-2021, 2010

²² Trbojevik, S., 2015

²³ MOLSP, National Strategy for Deinstitutionalisation "Timjanik", 2018



entities in the public as well as private sector, in the area of: employment and labor relations, education, access to goods and services, housing, health, social protection, judiciary and administration, science, sport, participating and acting in syndicate, political parties, associations of citizens and other areas, accordingly²⁴.

3.2 MAPPING THE LOCAL SERVICES AND NETWORKS

Analysis of services for people with disabilities in North Macedonia indicates that the need to expand the network of social support services is evident, as well as enriching their content and improving the quality of services. In the process of providing social services, it is necessary to develop regulatory mechanisms, starting from mapping the needs at national and local level as well as developing procedures for customer orientation in service provision, licensing and accreditation of service providers and developing standards for quality and funding procedures²⁵.

As part of the mapping process for local services and network, the best way to locate the possible services and networks is through the local municipality and local government. These two institutions have the complete picture of which providers are durable and provide good services, as well as which network of CSO's or individuals can provide the necessary service.

Despite their assistance in performing basic and instrumental activities of daily life within the home, providers of services for people with disabilities can also provide the following community-based services to the beneficiaries²⁶:

- Support for the use of all types of transport
- Support for participation in public social events
- Support in communication and mediation with persons, institutions and organisations
- Use of social, health and other community services
- Support in the educational process
- Organising free and extracurricular activities
- Support for professional orientation and continuing education

²⁴ Trbojevik, S., 2015

²⁵ Damov, A., 2015

²⁶ OASIS CBS, Model Guide, 2021



- Support for visiting and active participation in recreational, sports, cultural-entertainment and other events of interest
- Support for and realisation of other activities to participate in the community,
- Maintaining contact with parents, relatives
- Socialisation and productive spending of their free time

Community and network mapping is a highly effective way to get to know the local community and to build a framework for future community development work. This involves making links and developing relationships so that each service becomes an equal player and a useful resource to the community. Every community has resources and communities grow to the benefit of all when these resources come together.

In community and network mapping on local services, the first step involves identifying and making contact with all organisations in the local community that offer any kind of programme, service or learning opportunity which might benefit the participants. The information that is collected about each organisation makes up the community map, which is dynamic.

The advantages of network mapping for local services are the following²⁷:

- Making many new contacts;
- Learning what is available for the users in the community;
- Learning about programmes and services;
- Discovering which programmes and services are lacking in the community.
- Helping the wider public to get to know and learn about services offered by service providers, which in turn builds a network of connections in the community.
- Making connections with other organisations could lead to cross-promoting programmes and events, partnering with other CSO's and local governments.

3.3 CO-DESIGN AND CO-PRODUCTION FOR SOCIAL INNOVATION

Social innovation and co-design are concepts that, during recent years, have been embraced as a new reform strategy for the public and private sector, given the social challenges and budget austerity.

²⁷ HSE, Community and Network Mapping, 2019

Through co-design and co-production the social innovation is seen as the creation of long-lasting outcomes that aim to address societal needs by fundamentally changing the relationships, positions and rules between the involved stakeholders, through an open process of participation, exchange and collaboration with relevant stakeholders, including end-users, thereby crossing organisational boundaries and jurisdictions²⁸.

Co-design and co-production are common elements of social innovation. Thus, innovative social services should be developed ‘with’ and ‘by’ users and not delivered ‘to’ and ‘for’ them. Proposals and ideas for innovative social services can be developed with the community through participatory decision-making, budgeting and co-design.

Innovative social services should generate new ideas that might address the identified need more effectively than existing approaches, offering solutions, new methodologies and new conceptual frameworks.

For an innovation to be sustained it must be able to cover its costs, gain support from key stakeholders (such as service users, partners, suppliers, regulators or others in authority), appoint the right people in the right place, the capacity to take the work forward, and continue to evolve.

Co-production gets the best practices throughout²⁹:

- Community resilience
- Network and field building
- Well-being and research
- Asset-based community development

Co-production is an approach to designing & delivering public services that values professional training & lived experience equally. Co-production, co-design and person-centred care are just some of the innovative concepts used to describe a more participative and inclusive form of service provision, one

²⁸ Voorberg, W., et al. 2014

²⁹ <http://www.sigeneration.ca/co-production/>



built around the end user. In social services, it entails a shift from a top-down to a more bottom-up approach focused on planning services with rather than merely for the service user³⁰

3.4 SUPPORT FROM KEY STAKEHOLDERS

According to the National Deinstitutionalisation Strategy (NDS) of the Republic of North Macedonia for 2018–2027, traditionally there is an evenly spread network of Centers for Social Work (CSWs) across the country, which is an important resource for the community-based services. In this aspect, the bureaucratic orientation of Centers for Social Work should be overcome and the skills of the professionals working in the CSWs could be developed and upgraded in order to support the general principles and mode of work of rehabilitation community units.

Network development at the local level should be planned in such a way, so as to allow for a more flexible and diverse provision of services and to fix major flaws in the system, by using the existing resources and structures. This process can start at a service level and may require that the service mission is redefined. Coordination between services may be of similar or of different type. Different organisations and groups of people need strong networks, matching of services, continuous assessment, and the formation of various partnerships in the community, so as to ensure sustainability³¹.

The benefits for the service may be numerous, since there will be better accessibility of services, a sufficient coverage of users needs, all resulting to greater possibility of a positive outcome. Involving non-specialists and members of the community to the implementation of the recovery plans empowers the service user to build relationships of trust, leading to stronger therapeutic alliances. Community engagement also increases the likelihood of family involvement, which, as mentioned in the previous sections, would in turn improve the quality of life, the functionality, and inclusion of service users.

Also as key stakeholders can be the local government that can be directly involved in the social services.

³⁰ *ibid*

³¹ OASIS CBS, Model Guide 2021

The structuring of these networks at a local level, which remain connected with the regional and central level of governance, helps to optimise the positive effects of decentralisation (e.g., local dynamics and needs are more thoroughly considered), while at the same time it promotes economies of scale in funding and homogeneity of major directions. They also contribute to the system reform, since they allow the system to progressively transform its organisation of services. In the long run, the abovementioned networks also appear to be encouraging for stronger inter-sectoral ties (e.g., municipality, education, employment/work, justice), which is particularly important in the disability sector.

In the modern world, the role and importance of social innovations as solutions to existing social or sustainable development challenges is growing. Research suggests that it is not possible to design and implement social innovation effectively without the involvement of significant stakeholder groups. The conclusions confirm that cooperation with stakeholders is an important element in developing social innovation, allowing a better understanding of the nature of challenges, the needs of beneficiaries as well as affecting access to important resources³².

Many stakeholders can be involved in the provision of care for intellectual disabilities and its promotion in the community. Some stakeholders are part of large organisations and others work alone or in small informal networks. It is important that stakeholders collaborate with each other and learn about the work that others are already doing, so that synergies can be planned and overlapping of activities is avoided. Innovative social services should generate new ideas that might address the identified need more effectively than existing approaches, offering solutions, new methodologies and new conceptual frameworks. For an innovation to be sustained it must be able to cover its costs, gain support from key stakeholders (such as service users, partners, suppliers, regulators or others in authority), appoint the right people in the right place, the capacity to take the work forward, and continue to evolve.

While the development of innovative social services should be led by the service providers who are well familiar with the end users, they should be extensively supported by the public authorities and

³² Murawska D., 2019

policymakers on both central and local government level, so as to be constructively engaged in all phases of the development of the services³³.

3.5 CASE MANAGEMENT AND CO-ORDINATION WITH OTHER NETWORKS AND REFERRAL TECHNIQUES

The introduction of case management is part of the overall reform of the social system in North Macedonia, and is aimed at supporting the new law on social protection. The three main components of systemic change for the successful implementation of integrated case management are the desired change in the mentality of providing social services (holistic and shared approach using empowerment methods); increased cooperation and coordination of all institutions and individuals - service providers in the social and child protection systems, and introduction of a strong supervision system.

It is justifiably expected that integrated case management will provide better social and child protection, and easier access to rights and services for system users.

This method provides both efficient and effective use of community resources, professional teamwork, and overcoming problems arising from service fragmentation, staff turnover, and inadequate coordination among service providers. The direct involvement of the user and his/her family in the whole process of integrated case management will respond to his/her needs, which will lead to effective results.

➤ **Comprehensive approach in delivering the services to the users**

Case management is a method of social work in which the needs and risks are assessed in cooperation with the user; agrees and coordinates the necessary services; monitors, evaluates and represents the best interest of the user, in order to achieve well-being and improve his/her daily functioning. It requires an individual approach to the situation and needs of each individual user and is based on an assessment of real needs (rather than predefined "rights" and "services"). "Starting from where the user is" it means accepting and understanding the user and his/her situation as it is, not as "should" and "can be". The focus is on understanding the user within

³³ OASIS CBS, Model Guide, 2021

his / her living space, while social work interventions are planned and implemented in the real life situation.

Case management involves a systemic and / or holistic approach to social work, i.e. focus on the systems in which the user operates on a daily basis, as well as on improving the adaptation between the user and the systems with which he/she is connected. People and the environment are interconnected, they face barriers in the context of other people and systems, so case management involves perceiving the isolation of the user from possible support systems (family members, friends, neighbours, religious communities, service providers, and similar). Many problems that people face (unemployment, poverty, violence, conflict with the law, etc.) are analysed at different levels of systems, and are acted upon with appropriate social work interventions. Every intervention in social work has an impact on both the user and the environment.

In integrated case management, the professional is oriented towards the strengths and potentials of the user, and directs his/her interventions in the direction of developing the capacity of the user for self-help, in accordance with the key principle in social work "from help to self-help". The term "case" refers to a situation or circumstance that makes it difficult to satisfy needs, hinder the functioning and realisation of the rights of the user, due to which an expertly guided process of changes is initiated in order to satisfy the needs and overcoming problems. The "best interest" of the user is a principle that determines interventions in social work.

Community services do not only provide treatment and psychosocial rehabilitation to a specific population but also play a crucial role in promoting health awareness for persons with intellectual disabilities, reducing stigma and discrimination and supporting recovery and social inclusion. Community networking requires joint actions from multiple sectors, either working in the health sector or not.

In this context, service users should also be encouraged by the staff to establish a social support network and/or maintain contact with other people in the community or members of their network. This makes service users feel active agents of the community where they live. Community networking can be used to establish informal support groups for the service users in a number of cases. Informal support groups may include groups of volunteers that can support the users, or



groups organised by the users' family members. These informal groups provide a mutual support safety net in a variety of cases when needed³⁴.

3.6 SUPPORTED FROM PUBLIC AUTHORITIES AND POLICYMAKERS

In modernising social services to better respond to changing needs, societal challenges (for example population ageing) and financing constraints, public authorities are increasingly diversifying the ways in which these services are organised, provided and financed (e.g. increased decentralisation, outsourcing of certain tasks to private – profit or non-profit – providers). Consequently, a growing proportion of these services now come under the scope of Community rules on competition and the internal market³⁵.

In this new environment, public authorities, service providers and users have asked for clarification of the legal framework. A broad consultation process carried out over the last few years has shown that most difficulties relate to the lack of awareness or misinterpretation of the rules rather than dissatisfaction with the rules themselves³⁶.

It seems reasonable to assume that the better informed communities are about the implications of state and local policy and policy changes, the greater their ability will be to respond effectively to address social disparities and help achieve change in the determinants of the social services. And, conversely, the more the needs of communities are considered in decision making at the state and local levels, the more effective those policies will be. In other words, policy makers have the opportunity to lay the groundwork for community success.³⁷

3.7 FINANCIAL AND SPATIAL DESIGN FOR DEVELOPMENT OF SOCIAL SERVICES AT THE LOCAL LEVEL

Budgeting may affect the incentives for organisations to innovate. For example, some organisations are able to harvest savings to fund other priorities, whereas others are expected to return savings to the central budget authority and may even have their subsequent years' budgets reduced. In the

³⁴ OASIS CBS, Model Guide, 2021

³⁵ <https://ec.europa.eu/social/main.jsp?catId=794&langId=en>

³⁶ <https://ec.europa.eu/social/main.jsp?catId=794&langId=en>

³⁷ National Academies of Sciences, Engineering, and Medicine. 2017.



former case, the organisation can reap benefits from efficiency-producing innovation and may be incentivised to do so. There may be a disincentive to introduce innovations that result in cost savings and/or that require longer-term investments.

It is necessary for the government to seek financing social enterprises involving or supporting persons with intellectual disabilities through seed funding from the governmental and the private sector. This is an example of how governments are considering how innovative financing arrangements may be able to support partnerships and collaboration with external partners and leverage their ideas, expertise and network³⁸.

Financing social services can be done by public authorities or by private contractors who want to be involved in the innovative process and benefit from the providing services. In general the sources of financing for social services are:

- Self-provision (involving a time-burden tax)
- User fees
- Pre-paid schemes
- Generalised insurance
- Indirect taxes
- Earmarked taxes
- Direct taxes

3.8 ADVOCACY AND CONTEXTUAL SENSITIVITY

Participatory policy making is more of a general approach than a specific 'tool' as the overall goal, no matter which method is followed, is to facilitate the inclusion of individuals or groups in the design of policies via consultative or participatory means to achieve accountability, transparency and active citizenship.

The push for this participatory process can be top-down i.e. by the government or organisations initiating participatory approaches to policy-making or bottom-up through particular stakeholder groups advocating a participatory approach or seeking to influence a specific policy that will assist the

³⁸ Daglio, M.; Gerson D.; Kitchen H., 2014.

users in provide better advocacy. There are also cases where external bodies such as donors are responsible for proposing such an approach. In this respect, it should be stressed that while government and local municipalities have a large part to play in opening political space, creating the right conditions, and setting up the necessary structures and processes to enable participatory policy-making, civil society organisations (CSOs) also have an important role to play. Their role concern or involve raising awareness about the issues at stake, helping citizens and communities organise themselves, and advocating for more participatory policy-making³⁹.

Innovation refers to the ways in which organisations adapt or change as a result of emerging contextual factors within an organisation’s external environment and internal demands. These contextual factors advocating (among others) the economic system of exchange, the political system of laws and policies, the cultural system of values and beliefs, and changing needs of service users.

These contextual factors provide new opportunities or challenges for advocating about implementing novel approaches to persistent or emergent problems.

Within the innovation, describing the ways that direct service nonprofits create social change is through the development and implementation of socially transformative programs and initiatives. It is within this category of social change efforts that most of the recent scholarship has focused attention—and primarily around the role of direct service nonprofits in participating in political advocacy efforts.

For example, organisations might seek to address issues related to social inequality and oppression and negative public perceptions and stereotypes. This is referred as ‘transformative’ programs or initiatives (herein referred to as socially transformative programmes and initiatives), as they are intended to create social change within social service delivery systems and/or within society more generally.

Socially transformative programmes and initiatives are those that do at least one of three things: (1) Challenge existing social/public policy; (2) promote social development or community participation; or (3) seek to change negative public perceptions toward a particular issue or service user group.

³⁹ Rietbergen-McCracken J., 2017

Some examples of how these areas may be manifested include, but not limited to:

Advocating or social action effort to address inequality in social programs or eligibility criteria, a new service delivery program bringing self-advocate service users together, participation in a formalised policy planning meeting, an initiative that connects service users with community members, or an education campaign done through web-based media to counter negative stereotypes about a particular group in society⁴⁰.

As for public advocacy, the right to advocate people for themselves, especially in this Guide people with disabilities, there is a need to do public speaking to many stakeholders such as government institutions, CSO's, local communities etc., in order to hear their voice for providing the necessary service and to satisfy their needs.

There will be a loss of all the gains of public education, deinstitutionalisation, and the advent of home and community based services over the years if society does not continue to protect the rights of the people with disabilities. Quality daytime, employment, and related transportation services for adults with intellectual or physical disabilities is essential in this regard. The cost of these services is a fraction of what is necessary to support persons in full-time care and day care facilities or group homes. Yet these services are equally necessary to provide lifetime care and support and ensure community inclusion and meaningful work for the people served⁴¹.

People with disabilities have the right to advocate and/or be supported to act as self-advocates. Self-advocates exercise their rights as citizens by communicating for and representing themselves and others, with whatever supports they need. Self-advocates must have a meaningful role in decision-making in all areas of their daily lives and in public policy decisions that affect people with disabilities.

Self-advocacy is crucially important in supporting people with disabilities to learn about self-advocacy skills and other topics, including⁴²:

⁴⁰ *ibid*

⁴¹ <https://merrickinc.org/advocate/>

⁴² <https://thearc.org/position-statements/self-advocacy/>



- Civil rights, including the right to vote, the right to integrated services and supports, and self-determination;
- Self-confidence and development of leadership skills;
- Successful story-telling;
- Public speaking;
- Problem-solving techniques;
- Participation in group decision-making; and
- Involvement on boards and task forces and with policymakers at the local, state, and national level



4. Facilitating People with Intellectual Disabilities deriving from institutional care to access mainstream community services

4.1 INTRODUCTION (THE ROLE OF SERVICE PROVIDERS AND THE ROLE OF THE LOCAL AUTHORITIES AND NATIONAL GOVERNMENT)

In the framework of collaboration among local authorities, national government and the service providers, the Public-Private Partnership (PPP) in cooperation with the local government plays a significant role, because without PPP there cannot be a process of deinstitutionalisation, especially when it comes to the cost sharing, and the cooperation for policy making.

The dialectical unity of Public-Private Partnerships as a form, and social entrepreneurship as content, lies in the inseparability of their form and content, the ambiguity of the relationship between them, the contradictory nature of unity and optimal development⁴³.

As a result, of public-private partnership for social services it can include six components: areas of social responsibility, levels of microeconomic and macroeconomic responsibility, stakeholders, social issues management, social sensitivity, and social activity impact assessment.

4.2 FACILITATING ACCESS OF PWID TO EMPLOYMENT AND PROFESSIONAL ORIENTATION

Vocational rehabilitation or increase of a person's ability to work, professional competence and ability to participate in the labour market are services that aim to develop or restore the employability of people with disabilities and increase their employability.

Vocational rehabilitation services are provided in accordance with an individual vocational rehabilitation programme, which is formed after assessing a person's professional abilities and personal qualities, wishes and expectations. All persons who are provided with vocational rehabilitation are assessed for their professional abilities and, based on the results obtained during the assessment, specialists will provide their recommendations as to which vocational skills restoration

⁴³ Shipunova, T. S., 2020.

and what vocational training programme they recommend. All decisions and choices are made by the individual, with the advice of a team of professionals.

The people who can gain professional help from this service are: persons with physical disabilities (movement and internal diseases 0-45%), persons with sensory disabilities (vision and hearing 0-45%), persons with mental and intellectual disabilities (30-45%), and disabled people with a basic working capacity of 50%, ie those for whom the working capacity level is determined for the first time.

4.3 FACILITATING ACCESS OF PWID TO HEALTH

Prevention includes a wide range of measures aimed at reducing risks or threats to health: promotion of healthy lifestyles, such as guidance on good nutrition, the importance of regular physical exercise and protection of people with disabilities from developing a health condition in the first place and reduction of the impact of an already established health condition, by means such as pain management, rehabilitation programmes, patient support groups or removal of barriers to access. Improving access to preventive services and programmes for persons with disabilities is important for achieving better health outcomes⁴⁴.

As a main goal of any preventive and fast response action is to meet the specific needs of persons with disabilities in all aspects of health emergency risk management, including emergency prevention, preparedness, response and recovery.

Globally, people with intellectual disabilities and/or autism experience health inequalities. Death occurs at a younger age and the prevalence of long-term morbidities is higher than in the general population. Despite this, their primary healthcare access rates are lower than the general population, their health needs are often unmet, and their views and experiences are frequently overlooked in research, policy, and practice⁴⁵.

Previous experiences have concluded healthcare-access issues for people with disability, a recent mapping of the health and wellbeing needs of adults with both intellectual disability and autism identified an absence of research to determine their needs. This lack of understanding represents a

⁴⁴ WHO, disability action plan, 2014-2021

⁴⁵ Doherty AJ et al., 2020



significant knowledge gap in efforts to improve their health and wellbeing. There may be overlap between these groups, but their needs may be unique and nuanced⁴⁶.

‘Access to health care’ is concerned with helping people to command appropriate healthcare resources to preserve or improve their health, and ‘equity of access’ is considered in terms of availability, utilisation, or service outcomes⁴⁷.

People with disabilities often have poorer health than the wider population and may experience a range of barriers when seeking to access healthcare. However many of these barriers have been identified as being both modifiable and avoidable. Inequalities and inequities in healthcare have thus been identified. Promoting equal and equitable access to healthcare for people with intellectual disabilities requires a range of responses at a number of different levels involving a number of key stakeholders. Four key domains where change is required are thus explored (practice, education, policy and research) and some practical strategies for achieving change are identified. It is argued that the provision of additional support to people with intellectual disabilities is justified since it is appropriate recognition of their additional needs.

Overall the life expectancy of people with disabilities is increasing in the last decade but their health remains poorer than that of the general population and their life expectancy remains lower than that of their non-disabled people. A range of internal and external factors give rise to such a situation) but one key influence is their access to appropriate and timely healthcare and the quality of the healthcare received⁴⁸.

When reference is made to access to healthcare provision it is often physical access that comes to mind but for people with disabilities it is, however, much more complex than this. That differences in access to healthcare between groups may arise due to availability (services may not be provided to certain groups), quality (may vary dependent upon group membership), costs (financial and other costs may vary between groups) and information (not all groups may be aware of certain services). Each of these areas would appear relevant to the situation of people with intellectual disabilities who

⁴⁶ Doherty AJ et al. , 2020

⁴⁷ ibid

⁴⁸ <http://www.intellectualdisability.info/changing-values/articles/equality-and-equity-of-access-to-healthcare-for-people-with-intellectual-disabilities>



may not, for example, be offered certain treatments or be made aware of them in a way that can be understood⁴⁹.

In relation to access to healthcare for people with intellectual disabilities reference is often made to inequalities and inequities. Equality and equity are thus often defined by their absence and sometimes the two terms are used interchangeably without consideration of differences in meaning. Misunderstandings around terminology can also lead to inappropriate interventions whereby practitioners believe they are doing the right thing whereas they may be compounding the problem. If equality and equity of access are desired goals it is essential to have clarity regarding both meaning and purpose⁵⁰.

All people, regardless of abilities, should have access to, choice of, and an opportunity to participate in full range of community activities. Individuals with intellectual disabilities have limited cognitive capacities and adaptive behaviours for participating in activities of daily living. Individuals with intellectual disabilities exhibit less community participation, fewer social relationships, and lower leisure and employment participation⁵¹. Despite these limitations, they have the capacity to participate in a range of community activities when provided the opportunity and appropriate supports. When individuals with intellectual disabilities participate and live in the community, the benefits include greater community, civic, and social participation as they transition from childhood into adulthood⁵².

For example, core philosophy of occupational therapy is to enable participation in society. Occupational therapists are educated and trained to understand the dynamic and changing interaction between an individual and the environment, making them essential professionals to help foster community integration.

The occupational therapist works with the individual to develop a comprehensive understanding of his or her skills and abilities to perform daily activities in the home, at the workplace, at school, or in the

⁴⁹ <http://www.intellectualdisability.info/changing-values/articles/equality-and-equity-of-access-to-healthcare-for-people-with-intellectual-disabilities>

⁵⁰ <http://www.intellectualdisability.info/changing-values/articles/equality-and-equity-of-access-to-healthcare-for-people-with-intellectual-disabilities>

⁵¹ Verdonshot, deWitte, Reichrath, Buntinx, & Curfs, 2009

⁵² AOTA, 2009



community. Daily activities demand the integration and use of sensory, motor, cognitive, perceptual, emotional, and social skills and abilities. Occupational therapists evaluate and provide interventions for these skill areas. The occupational therapist also examines where the person will be functioning (e.g., home, school, workplace, community), and the interaction of these environments or contexts on the individual's ability to perform daily activities⁵³.

4.4 FACILITATING ACCESS OF PWID TO EDUCATION AND CONTINUING EDUCATION

Inclusion as a dynamic process

The tendency in most European Union countries is to develop policies that promote inclusion as an important process in democratic societies, which gives equal opportunities to everyone and maximum flexibility in meeting the specific and social needs of the individual.

Having in mind that inclusion is a developing and dynamic process, the developmental level of inclusion in the Member States varies. Following the global tendencies and practices, the South-East Balkan countries, including the Republic of North Macedonia, face a challenge to steer the national policies towards creating societies that are structurally based on the principle of equal rights for all, according to which every person has equal rights and opportunities, individual differences are respected, and they lead towards building an inclusive society⁵⁴.

The general intentions of the North Macedonian institutions are to build an inclusive society in terms of abilities, ethnicity and socio-economic inclusion. Progress has been made, although inclusion is a multi-causal conditional process that requires the involvement of resources and time for full institutionalisation and strengthening inclusive culture, policies and practices.

Education, undoubtedly, is one of the fundamental postulates, and without exception, a pillar of every society. The foundations of an inclusive society essentially derive from inclusive education. It is a fact

⁵³ AOTA, 2009

⁵⁴ Center for vocational education and training, 2014, Handbook on working with special educational needs students

that education produces students who will be the future citizens of the country, and who will bear the overall social developments, changes and values⁵⁵.

In educational terminology, the terms integration (integrated education) and inclusion (inclusive education) are often used alternatively, as if they have the same meaning and describe the same processes.

Inclusion VS Integration

Integration and inclusion are two different concepts in education. If integration means “adding” something to a whole that already exists, the integrative approach in the education system considers the student as a problem who is required to fit in the school environment by changing and adapting. In integrated education, the focus is placed on the implementation of the syllabi and the achievements of the student at school level. No focus is placed on the student and his/her specific abilities, knowledge and interests⁵⁶.

Inclusion is comprehensive, in other words “contained in itself”. The inclusive approach focuses on the entire education system in terms of changing it and adapting it to the individual needs of every student. In education, inclusion is a process of mutual respect; respect for the differences of every student and his/her needs, in which the focus is placed on the student. The education system, on the other hand, should deal with the challenges that all students face, including the special educational needs students⁵⁷.

Nowadays, the inclusive concept of education is prioritised worldwide and can be found in numerous documents of various international organisations, such as the United Nations.

At the UNESCO conference in Salamanca in 1994 it was concluded that: “Inclusion is a process of solving and reacting to the various needs of all students, whereby the society as a whole focuses more on the processes of teaching and learning, on the different cultures and communities, so that people feel less excluded from the education system and society in general. The process itself involves the

⁵⁵ ibid

⁵⁶ Center for vocational education and training, 2014, Handbook on working with special educational needs students

⁵⁷ ibid



changes and modifications of the content, the approach, the structure and the strategy, with a common vision that encompasses all children of the same age with the only belief that the regular education system is responsible for the education of children.”

The inclusive education system increases the accessibility to education to every child and creates opportunities for good quality education to suit the needs and abilities of every student. The inclusive approach in education should bring about fundamental and substantive changes in schools, i.e. to create inclusive schools. This implies resources, financial and staff readiness of schools that can respond to the needs of the completely different students attending regular classes. As a result, it is necessary for all students to work according to a tailored syllabus and be provided with aids adapted to their abilities, needs and talents. However, one should also not forget the student’s personality and his/ her unique characteristics. Inclusive education puts special emphasis on the group of students that are at risk of marginalisation, exclusion or low attainment. The inclusive development of schools should be a continuous process that would bring about permanent changes in the organisational structure, the teaching process and the pedagogical approach⁵⁸.

According to the Law on primary education, primary education is institutionally, personnel and content organised in a way that supports the inclusion of all children in regular primary education⁵⁹.

Inclusive education is a process that takes into account the different individual needs for student development, providing equal opportunities for the realisation of basic human rights for development and quality education. Inclusive education includes changes and adjustments of the teaching content, approach, structures and strategies for students with disabilities, with a common vision and conviction that the state has an obligation to provide education for all children⁶⁰.

The inclusion of all children in regular primary education is defined by the Concept for Inclusive Education, which is adopted by the Minister at the proposal of the Bureau and it is published on the websites of the Ministry of Education and Science of North Macedonia. The infrastructure, the individualised support, the curriculum in the primary education, is reasonably adapted according to the individual needs of the student.

⁵⁸ Center for vocational education and training, 2014 Handbook on working with special educational needs students

⁵⁹ Ministry of Education and Science, Law for primary education, 2020-2021

⁶⁰ Ibid



Accessibility of infrastructure and services means taking measures to ensure that students with disabilities have access, on an equal footing with others, to the physical environment, transport, information and communication, including information and communication technologies and systems in primary school⁶¹.

Aspects of inclusive education for special educational needs students

Inclusion is a concept which is very often associated with students with disabilities, i.e. with students with “special educational needs”. However, it should be underlined that inclusion refers to education of all children and young people. The use of the term “obstacles to learning and involvement”, which refers to the difficulties students face, unlike the term “special educational needs students”, is part of the social model that refers to learning difficulties and disabilities. It is completely opposite from the medical model, according to which difficulties in education arise from the student’s deficiency or some impairment. In accordance with the social model, the obstacles to learning and involvement could be part of the student’s nature of adaptation and be derived from the student’s interaction in certain contexts: with other people, policies, institutions, cultures, and social and economic circumstances that influence their lives. Schools can do little to improve the state of disability, however, they can contribute a lot to reducing the obstacles and the discriminating opinions that further aggravate the disability⁶².

The inclusive approach in teaching and learning is built on the basis of respecting the differences between students. This should entail deep alterations in everything that takes place in the classroom, the staffrooms, playgrounds, and the relationship with the students’ parents or guardians. In order for these changes to be possible and to ensure the involvement of all students in education, it is important to focus on the student’s personality as a whole. If we focus on one aspect of personality only, such as the disability only, full involvement will certainly be neglected. The person with disabilities could be excluded if emphasis is put on what that person cannot do, or if his/her interests and abilities are not identified and taken into account during the implementation of the syllabus⁶³.

⁶¹ Ministry of Education and Science, Law for primary education, 2020-2021

⁶² *ibid*

⁶³ Center for vocational education and training, 2014 Handbook on working with special educational needs students



Minimising the obstacles to learning and involvement of all students presupposes mobilisation of resources in schools and the immediate environment. The obstacles could be of various natures in the schools, but at the same time they could be resources of support. This support can be detected in students, parents, municipalities, teachers, and in policies and practices, because there are always more resources of support than those implemented in the actual environment and situations. Having in mind these facts, one could conclude that resources do not always mean funding⁶⁴.

Who are special educational need students?

The term “special educational needs” refers to children and young people who have learning difficulties or disabilities that make learning and access to education difficult, unlike most of the persons of the same age.

In the Macedonian model of inclusive education, the group of special educational needs students includes⁶⁵:

- Students with intellectual development disorder
- Blind and visually impaired students
- Deaf and hard of hearing students
- Students with speech disorder
- Students with physical disability
- Chronically ill students
- Students with asocial behaviour
- Students with learning difficulties
- Students with emotional problems
- Students with no parents
- Students from chaotic households
- Students from culturally deprived families
- Students who do not know the target language
- Students of refugees and displaced persons
- Gifted students

⁶⁴ ibid

⁶⁵ ibid



Each of these groups has its own characteristics and every special educational needs student has personal, individual, and typical characteristics that make him/her unique.

Principles of Inclusive Education

The principles of inclusive education as a permanent orientation to act in a certain way are very difficult to be separated because the majority of the pedagogical principles apply here as well. Based on their essence and priority, the following principles of inclusive education are indisputable:

Principle of social acceptance and support⁶⁶

The principle of social acceptance and support is very important for the life and progress of special educational needs students because it encompasses socialisation, inclusion and interaction of the special educational needs with their peers. A research shows that the ability to solve cognitive and social problems is greater among students who are socially accepted rather than among students who are socially rejected. This research also shows that the special needs students must interact with their peers and thus be put in a situation where they can feel all the problems of social acceptance and conflicts. In this constellation of sensitive relations, the role of the teacher in regular classes is very important, because teachers can do and achieve many things that parents and special schools cannot via the student community.

Principle of early intervention and rehabilitation⁶⁷

Early identification of a child's problem is of great importance for the special needs students. Facing this challenge in its early stages allows parents and students to focus on solving all problems related to individual activities and to the interaction with the peers. Early support to the special needs children is an ethical and legal obligation not only of the parents and the professionals, but of the society as a whole. Rehabilitation is part of early support that provides preconditions for the special needs children to reach their highest potentials, regardless of how modest they may be. The principle of early intervention and rehabilitation will be met only when the child has been given the opportunity to interact with his/her peers, by paying special attention to the activities the student is most capable of

⁶⁶ Center for vocational education and training, Handbook on working with special educational needs students, 2014

⁶⁷ Center for vocational education and training, Handbook on working with special educational needs students, 2014



doing. Adults bear and overcome deficiencies of any kind much easier. In a situation when a student is searching for his/her identity, the situation is complex because the student finds it difficult to cope with the fact that he/she would not be able to do some things in his/her life. When this situation refers to a special needs person, the deficiency is seen as a particular trauma, because before starting education, the student often notices that he/ she cannot do various things that his/her peers can. In this context, individualisation comes to the fore, and individualisation does not only mean adaptation of the curriculum content, but subtle support through a series of steps and methods that would help these students.

Principle of functional development of abilities⁶⁸

Functional development of abilities is the development of the abilities that the child possesses by utilizing them in his further development and education. In order to achieve functional development of abilities, an individualised plan should be developed for the special needs child that would base its content on the student's individual needs. Such an individualised plan that incorporates adequate approaches and models of work will enable the child to do what he/she can, and in this way, he/she will gradually develop his/her abilities. Because of this, the functional development of abilities is based more on implementation, work, and activities rather than on theoretical learning, memorisation and reproduction.

Principle of stimulation and compensation⁶⁹

The principle of stimulation and compensation is based on the special educational needs students' motivation. Both inner and outer motivation contributes to the efficiency of most activities of these students. Many activities that stimulate the students who have no intellectual disorders could be frustrating for the special educational needs students. Due to these findings, teachers or specialist pedagogues should find suitable activities and tasks that would be stimulating for the special educational needs students, too.

⁶⁸ ibid

⁶⁹ Center for vocational education and training, Handbook on working with special educational needs students, 2014



The conceptual framework on human rights that is based on education for all⁷⁰ is also an important document that underlines the right to access to education, the right to good quality education and the right of respect within the learning environment.

Another important document is the Convention on the Protection of Human Rights and Fundamental Freedoms and Protocol 11, together with protocols 1, 4, 6, 7, 12, and 13 which state that everyone should enjoy rights and freedom without discrimination, regardless of gender, race, skin colour, language, religion, political and other beliefs, national or social background, national minority, ownership, or other statuses.⁷¹

In North Macedonia, the current concept of education and training for special educational needs persons is regulated and integrated in the Law on Primary Education, the Law on Secondary Education, the Law on Educational Inspection as well as other strategic documents, and is based on the highest legal act, the Constitution of the Republic of North Macedonia. In the Constitution of the Republic of North Macedonia, the part on economic, social and cultural rights also regulates the right to education, which states: “Everyone has the right to education. Education is accessible to everyone under equal conditions”⁷².

The Law on Secondary Education does not mention disabilities as possible grounds for discrimination. The secondary education of students with disabilities has the same features of the existing primary education. In addition, Article 39 of this law offers possibilities for students with special educational needs to be taught by using adapted programmes for particular vocations or training, in specialised secondary schools for students with visual and hearing impairments, and intellectual development disorders⁷³.

The work of the teachers who work with special educational needs students is also valued based on the Law on Educational Inspection. In accordance with this Law⁷⁴ and the Statute for educational supervision, a Guidebook that offers an assessment for regulating the responsibilities of teachers and experts in primary and secondary education was developed. Item 1.2 of the document Instruments for

⁷⁰ UNICEF, 2007

⁷¹ <https://www.echr.coe.int/Pages/home.aspx?p=basictexts&c>

⁷² Center for vocational education and training, 2014 Handbook on working with special educational needs students

⁷³ Ministry of education and science, Law on secondary education

⁷⁴ Official Gazette of the Republic of Macedonia” number 52/2005, 81/2008, 148/09 and 57/2010



evaluating the primary and secondary school teacher's responsibilities states: "The teacher is allocated five points if he/she is teaching classes that include special educational needs students (with inclusion)."

The National Programme for Development of Education in the Republic of Macedonia 2005-2015, as a strategic education document, defines the mission in the field of education as: "Education for all by ensuring educational equality; increasing opportunities for participation; increasing educational, cultural and economic competitiveness of the Macedonian society." In addition, the National Programme also envisages a global matrix of teacher's competences in terms of development of students, respect of students' individual differences, building mutual trust and respect, development of support systems for students with learning disabilities and helping each student, and creating conditions so that students could enjoy their achievements⁷⁵.

In 2001, the Government of the Republic of North Macedonia adopted the National Strategy on Equalisation of the Rights of Persons with Disabilities in the Republic of Macedonia⁷⁶, which is based on a thorough comprehension and analysis of the need the Government of the Republic of North Macedonia to adopt adequate decisions for protection, education, rehabilitation, training and employment of disabled persons. This National Strategy on standardisation of the rights of persons with disabilities was revised 2010-2018. It represents a plan for numerous activities that arise from the principles of the Convention on the Rights of Persons with Disabilities that the United Nations adopted on 13 December 2006, which regulates the rights and the needs of the persons with disabilities, and the participation of the main stakeholders (such as the line ministries, institutions and civil organisations) in its implementation.

All of the above measures reflect the country's efforts to include all persons regardless of their disabilities in all areas of life. This tendency of the institutions in charge implies: inclusion of persons with disabilities in all levels of education; individual support given to people with disabilities so that they exercise the right to education; and ensuring conditions for a well-thought out education process that would enable further inclusion of persons with disabilities in all areas of public life.

⁷⁵ National Strategy for the Development of Education in the Republic of North Macedonia 2005-2015

⁷⁶ Official Gazette of the Republic of Macedonia no.101/01



Organisation of education and training for special educational needs students in the Republic of North Macedonia

The education and training of special educational needs students in the Republic of North Macedonia is organised in special institutions and schools, in special classes within regular schools, and in “regular classes” together with their peers.

The Law on Primary Education gives the opportunity to special educational needs students to attend regular classes. Special educational needs students who attend regular primary classes enroll in regular secondary schools after completing their primary education. Thus, the number of special educational needs students in the regular secondary schools grows every year. However, in N. Macedonia, the education and training of special educational needs students is also carried out in special institutions that are an integral part of the sole education system. These schools have identical or very similar goals and principles and completely follow the pattern of regular education⁷⁷:

- Special preschool training and education;
 - Special primary education and
 - Special vocational secondary education
- I. Special preschool education and training. In preschool education, preparatory classes are offered for children with visual and hearing impairments, intellectual development disorders, physical disabilities, chronic illnesses and autism in special primary schools and in special classes within regular schools.
 - II. Special primary education. In N. Macedonia, special primary schools and special classes in regular schools offer education to persons with visual and hearing impairments, intellectual development disorder, autism, anti-social behavior and to persons with physical disabilities.
 - III. Special vocational secondary education. The special vocational secondary education is carried out in special vocational institutions for students with visual and hearing impairments and for students who have intellectual development disorder.

⁷⁷ National Strategy for the Development of Education in the Republic of North Macedonia 2005-2015



How to achieve inclusion of special educational needs students in secondary vocational schools?

Inclusion represents undertaking a series of strategies to achieve reasonable adaptation of special needs persons to the environment and the world. It is not only seen as a transition of children and young people from special institutions to regular schools, but it pervades all areas and aspects of life. This implies that establishment of a new culture that will spread ideas for equality and fairness, and a culture that will provide reasonable adaptations that are necessary in all areas of people's everyday lives, and not only at school level.

This culture comprises:

- Joint work of all people who deal with special needs persons;
- Cooperation, planning and instruction that is not confined only to the classroom;
- Developing new strategies for work in all areas of life;
- Ideas for the future of all people, and not just for the special needs persons;
- Transfer of expertise about the nature of the specific needs of special needs persons in everyday life.

Inclusion is an interdisciplinary teamwork which, apart from involving professionals working in schools and striving for social interaction with peers, should, first of all, create new environments that would not be new only for the special needs students, but for all participants.

The successful inclusion of special needs students in regular classes, among other things, implies significant participation of all persons who deal with special needs students. It also implies cooperation, planning and learning, development of new strategies, and comprehensive reflection on the future of special needs students and exchanging expertise and knowledge about the nature of the special needs in everyday life. The essence of inclusion is to have a feeling of belonging, which is what every human being needs.

Changes in schools – fundamental moving force of inclusion

Inclusion should be understood as a dynamic and continuous process of changes in which the school has an important mission: "inclusion of all students in school work". Changes in school cannot happen overnight, because this is a process, and the process brings about changes over a longer period of time. Thus, one is to be aware that it takes time for the new ideas and novelties to be absorbed and mastered and that the process of their acceptance requires time. When it comes to complex



institutions such as schools, 34 social psychologists claim that it could take from three to five years to completely adopt something new.

In order for the school's mission to be successful, and to build a successful inclusive secondary school⁷⁸:

- The school principals should continuously encourage their staff, initiate and support novelties, take into consideration staff proposals, talk with them about important decisions, work on creating a positive working atmosphere in the school, and raise awareness for accepting similarities and respecting differences among students;
- Teachers should cooperate with each other, communicate with students and parents, use adequate educational materials, aids, various models of instruction and implement differentiated or individualised instruction;
- The team for inclusion, coordinated by the team coordinator, should function and work successfully;
- The school, as an educational institution, should adopt a rulebook on individualisation of instruction. The individualisation of instruction is planned and introduced in the education and training system as a means of support to students who cannot reach their expected optimum due to some disability. This, in turn, encourages motivation and progress in the education process;
- The school should strive towards accessibility and adaptation of the space available in terms of providing adequate conditions for individual needs depending on the type of the student's disability (installing wheelchair ramps, more room for maneuvering wheelchairs, elevator, equipping schools with necessary didactic and rehabilitation materials and aids, procuring assistive technology based on the proposals of the inclusion team, etc.)

The local self-government, i.e. the municipality also plays a great role in the development of inclusion in schools. The processes of decentralisation envisages a more active involvement of the local self-government in the planning, implementation and the funding of the education for special educational needs students, as well as providing various forms of support.

⁷⁸ National Strategy for the Development of Education in the Republic of North Macedonia 2005-2015

Recommendations for working with special educational needs students

When working with special educational needs students, special attention should be paid to: communication with the student, the social support, the environment and his/her daily routines, the presentation of content, the assessment and the rules, and the teacher's approach.

In the communication with a special educational needs student one needs to:

- Be patient;
- Be precise and avoid unclear and undefined terms in communication;
- Avoid words with double meaning;
- React positively to every attempt of the student (confirmation, encouragement);
- Build on the communication with the student;
- To encourage his/her ability to communicate whenever possible.

Social support is very important for the special educational needs students. It should focus on⁷⁹:

- Developing friendly rapport in every class;
- Planning situations of cooperation (assign roles in group work) so that everyone can participate in situations where the student can show what he/she can do;
- Practicing specific skills during activities with the peers;
- Focusing on the social process, not the result or the product;
- Helping the students to find common interest ;

The environment and the daily routine should be fully adapted to the special educational needs students. The activities should focus on⁸⁰:

- ensuring a safe and familiar environment;
- ensuring personal space in the classroom;
- reducing everything that could be an obstacle to the senses and unnecessarily distract the student;

⁷⁹ National Strategy for the Development of Education in the Republic of North Macedonia 2005-2015

⁸⁰ National Strategy for the Development of Education in the Republic of North Macedonia 2005-2015



- minimising changes;
- Avoiding surprises and carefully preparing the student for transferring from one activity to another, for changes in the schedule or any other change.

The presentation of the content should be adapted to the needs of the special educational needs students. This entails:

- Presentation of the content in a more obvious manner: showing, writing, demonstration, using photos, pictures, diagrams, objects from the surroundings, calendars, maps, audio and video materials;
- Breaking down of instructions into smaller steps/chunks;
- Creating opportunities for repetition and practice;
- Studying in real situations.

The correct evaluation of the difficulty of the content, as well as the proper approach could make it much easier for the student to acquire it. This entails⁸¹:

- Adapting the difficulty of the tasks;
- Adapting the form of the questions;
- Offering alternative activities;
- Consistent expectations;
- Practicing the formulation of questions before tests;
- Ensuring sufficient time

When creating the individualised education plan, it is necessary for the teacher to consult the other team members, to cooperate and reach an agreement with the student, family and other professionals working with the student.

⁸¹ ibid



4.5 FACILITATING ACCESS OF PWID TO HOUSING

UN Convention on the Rights of People with Disabilities

North Macedonia has ratified the UN Convention on the Rights of People with Disabilities.

Article 19 (a) living independently and being included in the community, states that⁸²:

Parties to the present Convention recognise the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;

People with disabilities now have an equal right to access housing and to receive the supports necessary to enable them to live in their own home in the community. A person with a disability may choose to live alone or choose from a variety of arrangements such as sharing with family, host families, friends and/or others who may or may not have a disability.

Housing and Housing Support

There are many ways that a person with a disability moving from a congregated setting can access housing. Housing options include private rented, social housing schemes, local authority housing, and purchased or new build housing. It is important that the individuals who are directly supporting people with disabilities are also working together with those responsible for the provision of housing, in order to achieve the best outcome for the person⁸³.

⁸² UN- Convention on the Rights of Persons with Disabilities, 2006

⁸³ HSE, Supporting people with disabilities to access appropriate housing in the community, 2020



Towards a new model of support⁸⁴

All those now living in congregated settings should have the opportunity and right to move to a home of their choice in the community. However, while a person's home offers safety, warmth and a good environment to live in, it cannot be and should not be the person's complete world. Our lives and family lives are not solely determined by our home. Independence and inclusion in our own community is a measure of a fully engaged life for people with disability, as it is for everybody.

For this reason, the planned provision for people living in congregated settings must be broader than a plan for accommodation; arrangements for housing must be part of a wider person-centred support plan full community participation and inclusion.

While the focus of these proposals is on the needs of people currently living in the congregated settings covered by this report, the model being proposed has a wider application over the long term for all individuals with disabilities who need the supports outlined in this model in order to participate fully in their community.

Delivering this model of support will require strong partnership between the Ministry of Labour and Social Policy (MoLSP) and housing authorities, and among disability service providers and mainstream service providers. MoLSP and the housing authorities should have shared and distinct responsibilities. The delivery of individualised supported living arrangements should be co-ordinated and funded at local level through the MoLSP. Housing authorities should be responsible for provision of accommodation.

The proposed new model should be based on person-centered principles and have the following key components:

- Access to dispersed housing in local communities
- Access to supported living in dispersed housing through a comprehensive range of individualised supports
- Distinct statutory responsibility for elements of support provision

⁸⁴ HSE, A Strategy for Community Inclusion, 2011

- Separation of responsibility for delivery of in-home supports from delivery of inclusion supports

A new model of community-based support

The provision of accommodation for people moving from congregated settings to their local community must be broader than a plan for accommodation; accommodation arrangements for housing must be part of a new model of support that integrates housing with supported living arrangements. The new model of support should be based on the principles of person-centeredness; it should enable people with disabilities to live in dispersed housing, with supports tailored to their individual need.

Person-centered principles guiding the new support model

The principles of independence, inclusion and choice are the cornerstones of the movement from campus/institutional settings to the community. The person-centred approach should inform the development of supports for those transferring from congregate to inclusive community settings. The core elements of person-centred practice include:

- An over-riding commitment to self-determination: The person's aspirations, goals, and needs will direct the support arrangements to be put in place. People will be supported to lead a life on their own terms i.e. exercising choice equal to that of other citizens.
- An intentional and sustained focus on inclusion: A commitment to inclusion involves fostering a high level of engagement with the local community and wider society and support for building social roles and relationships. Both generic services and disability service providers should gravitate towards inclusion. The aim is to help citizens with disability to become enmeshed in their local community, with the help of a network of local community contacts, supporters and friends.
- Supporting people to live a fulfilled life: Citizens with disabilities should have access to meaningful employment and valued roles. The segmentation of people's lives into residential and "day services" is not compatible with person centeredness. Citizens with disability should be supported to explore their own interests and choices rather than being confined to a set range of centre-based activities.
- Individualised arrangements: The person-centered approach requires service providers to design and support individual arrangements one person at a time, recognising that group



activities struggle not to revert to group-based patterns of activity that may not take account of individual needs and wishes.

- Mobilising and sustaining “natural” and “freely given” supports: The person- centred approach involves enabling people with disabilities to get support from family, neighbourhood and community sources as well as paid support. To do this well, service providers must scan what is available outside of the specialist service and seek out and mobilise a strong personal network of friends, supports and advocates.

Dispersed housing in the community

All housing arrangements for people moving from congregated settings should be in dispersed housing in ordinary neighbourhoods in the community, with supports designed to meet their individual needs and wishes.

Dispersed housing⁸⁵ may be defined as apartments and houses of the same types and sizes as the majority of the population live in, scattered throughout residential neighbourhoods among the rest of the population.

In choosing their dispersed living arrangements, people may opt for one of wide range of possibilities:

- Some people may choose to live on their own
- Some may opt to share with others who do not have disability
- Some may choose to share their home with other people with a disability
- Some people may opt to live with their own family or opt for long-term placement with another family

Where home-sharing with other people with a disability is the housing option chosen by the individual, as part of their person-centred plan, the Working Group recommends that the home-sharing arrangement should be confined to no more than four people in total and that as far as possible each should have chosen to live with the other three people.

⁸⁵ Mansell, J., & Beadle-Brown, J., 2009



Purpose-built community housing funded by the Health Service Executive (HSE) should be provided for all children under-18 years old moving from congregated settings.

Access to individualised supported living arrangements

Differentiated forms and levels of support will include the following options:

1. Some people will choose to decide on, control and manage their own support;
2. Some people will need a third party to help with the management of their individualised support package;
3. Some people who choose to share their home with other people with a disability may combine resources with them to pay for shared supports as well as having some personalised support;
4. Some people may opt for long-term placement with a family that provides part of their support (shared living arrangements).

4.6 FACILITATING ACCESS OF PWID TO DAY CARE

Day care typically involves planned activities for older or working age adults, to support them with important aspects of social, health, nutrition and daily living. These support services are typically run by social care professionals and volunteers and are often in non-residential, group settings. Day care enables adults who have care needs, and/or who are at risk of social isolation, to engage in social and organised activities, as well as providing a regular break to carers.

Day care provision is hugely varied, with a range of different care settings, activities and groups using the services.

Day care settings include:

- Purpose-built day centres
- Day centres attached to or part of a care home
- Community buildings (with shared use)
- Sports and leisure activity venues
- Cafes, restaurants and pubs (for example, lunch clubs)
- Outdoor private and public spaces

Day care services support meaningful activities for the people who take part. These include social, leisure, entertainment, skills-based, educational and employment opportunities. Day care often



includes mealtimes and refreshments and may provide services such as hairdressing, assisted bathing, cutting nails and chiropody as well as advice and support with health issues.

Day care services are for adults with many different support needs and may be specialised in the care they provide. Specific groups include:

- Older people
- People living with dementia
- People with learning disability and/or autism, brain injury, mental health problems and long-term health conditions.

They aim to provide:

- Safety-To provide a safe and secure environment.
- Sensitivity- Religiously and culturally appropriate provision within both Centres
- Quality- User centered quality care
- Development- Enhance social and practical skills
- Independence- To empower service users to have more control over their lives and to become more independent.
- Support- To support carers at home and in the community
- Encouragement- Encouraging service users with Learning disabilities to become volunteers within the service

4.7 FACILITATING ACCESS OF PWID TO PUBLIC SOCIAL EVENTS

Social inclusion for people with disabilities consists of three elements: being involved in the community, maintaining reciprocal relationships, and having a sense of belonging. Involvement in the community includes the use of community amenities and participation in structured recreation, leisure, church, and volunteer activities. Developing and maintaining reciprocal relationships with family, friends, coworkers, and acquaintances in the community is important for people with disabilities. A sense of belonging is developed when a person is accepted by others, seen as an



individual, has positive interactions with others, and is not excluded through marginalisation, teasing, or bullying⁸⁶.

Contexts of social inclusion refer to where social inclusion is experienced, including work, school, day programmes, living accommodations, community settings, family, and structured activities. It also refers to the infrastructural, interpersonal, and personal levels in which social inclusion is experienced. Facilitators or constraints to social inclusion include the opportunities available, the attitudes and awareness of others, the work environment, advocates and volunteers, quality of service providers, and access to information, services, activities, and education⁸⁷.

Additional factors include personal abilities and skills, self-advocacy, transportation, and the natural supports they receive from others.

According to Abbott and McConkey⁸⁸, involvement in social events means having opportunities and using community resources such as having access to facilities, venues, and mainstream services such as cultural events and recreational activities. The availability and cost of transportation is important for adults with disabilities in accessing community amenities, especially for those whose living accommodations are in more isolated locations.

Many people with disabilities are unable to participate in the social and recreational events of a community because they lack supporting friendships, transportation, adequate personal funds, personal assistance, or the knowledge of how to find and navigate recreational activities. Social integration is an important aspect of life for people with disabilities. They should be able to live like others in the community and fulfill typical social roles.

To enhance the use of community amenities, people with disabilities should be identified that they need information provided on activities and events in an accessible format, more volunteers to accompany individuals, education of the community, and increased use of existing facilities and activities.

⁸⁶ Hall, S. A., 2010.

⁸⁷ Hall, S. A., 2010

⁸⁸ Abbott & McConkey, 2006



Here are some activities that can be implemented in public social events⁸⁹:

- **Routines** consisting of repeated physical and/or vocal interactions, usually in the form of rhythmic play, games or songs or mimicry, resulting in mirth for one or both participants. Differing forms of routines can be demonstrated across all central participants' interactions with family and paid workers. Each participant will have a unique set of routines that will not necessarily share with everybody. The origin of routines initiated by central participants has often been forgotten. Frequently, routines were people-specific, with the central participant requiring a particular response. Some participants can add a twist that increases the variety of routines (e.g. changing words or altering expected motoric responses). Games and songs, also routines, can be completed interactions in themselves, with a set format of turn-taking and ordered event sequence. These interactions, initiated by central participants, often consisted of well-rehearsed songs, rhymes or greetings, which were individualised by altering a word or action for further amusement.
- **Comedy.** Comedic interactions comprising several humorous forms in which all central participants engage. For example, beneficiaries can attend comic theatrical plays or stand up comedy shows, or even events where beneficiaries are presented with funny storytelling.
- **Hanging out.** Although having fun is one way of spending time together, another valued activity is sharing quieter time, termed hanging out. This major category includes activities that require spending nondemanding, pleasurable time together, involving varying degrees of physical closeness.

4.8 FACILITATING ACCESS OF PWD TO SPORT ACTIVITIES AND PHYSICAL EXERCISE

Everyone benefits from muscle-strengthening and aerobic activities – adults with intellectual or developmental disabilities are not different. Service providers can apply the following practices to helping beneficiaries staying physically active during the day:

- **Physical activities for elderly and people with intellectual disabilities⁹⁰:**

⁸⁹ Johnson, H., M., et al. 2012

⁹⁰ <https://supercarers.com/blog/games-for-elderly/>



For elderly who are still active, dancing can be a healthy activity that also challenges the brain thanks to having to learn new steps and routines. Dancing is also a therapeutic pastime that can reduce social isolation, increase relaxation and decrease blood pressure. There are loads of dance classes specially tailored to older adults, and even chair dancing classes suited to those who are unable to stand.

➤ **Chair yoga for elderly and people with intellectual disability: 30 minutes routine⁹¹:**

It's a fun activity to do together and to get the health benefits too. The only equipment that's needed is a sturdy chair that allows elderly feet to touch the floor. An optional accessory is a belt, strap, or long hand towel to aid in stretching. This is a great way to warm up the body, improve flexibility, and reduce pain.

Activities for Individuals in Wheelchairs

Service providers may organise meetups of wheelchair basketball and tennis – or activities like seated volleyball. They may also organise athletic or hiking events that can be accomplished by self-propelling in a wheelchair, hand-crank bicycle or other adaptive equipment. Aquatic exercise is also a popular option for aerobic physical activity.

Brisk Walking and Hiking

This is a great activity for small groups that results in both physical exercise and socialisation. Many parks and paths offer paved alternatives that increase safety while taking away none of the aesthetic beauty of the walks and exposure to the beauties of nature.

Structured Activities

Service providers can try to find physical activities that are structured and have repetition. This helps to develop and improve muscles and motor skills. Aerobic exercises should be performed at least ten minutes at a time, spread throughout the week for at least 2 to 2.5 hours. These activities include walking, team sports, yoga, self-propelled wheelchair and hand-crank biking, lap swimming, etc.

⁹¹ <https://supercarers.com/blog/games-for-elderly/>

Muscle strengthening exercises

To achieve ongoing results and to keep in shape, it is recommended that two days a week to work on all the major muscle groups, for at about 75 minutes. Typical activities include the following: yoga, working with resistance bands and weights, under supervision, and other exercises.

4.9 FACILITATING ACCESS OF PWID TO CULTURAL ACTIVITIES, LEISURE AND RECREATIONAL ACTIVITIES

For individuals with developmental disabilities, art encourages creativity and expression, especially for those who are unwilling or unable to communicate in other ways. Looking at art fosters conversation. Creating art, whether it is on canvas, paper or through dimensional art like sculpting, awakens creativity and accomplishment⁹².

The Convention on the Rights of Persons with Disabilities requires governments to make sure that all persons with disabilities can⁹³:

- Enjoy culture in an accessible way
- Enjoy TV, films and theatre plays in an accessible way
- Access theatres, cinemas, museums, galleries, hotels and restaurants easily

All persons with disabilities have the right to go to hotels, restaurants and bars. People working in hotels, restaurants and bars have to make sure they are able to enter the relevant premises and make them feel welcome.

Various countries across Europe have taken action to make culture, sports, tourism and leisure activities accessible for persons with disabilities. Some measures have been successful. More must be done. All new cinemas, theatres, museums, galleries, libraries, sports and concert halls, hotels and restaurants must be accessible for persons with disabilities. People working there must receive training on how to cater for guests with disabilities. Governments must identify funding to make existing museums, galleries, libraries, sports and concert halls, hotels, restaurants and bars accessible

⁹² <https://www.colemanadultday.org/activities-for-adults-with-developmental-disabilities/>

⁹³ <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>



for persons with disabilities. They must work together with persons with disabilities. Together, they can make sure that all persons with disabilities are able to access culture, sports, tourism and leisure activities.

Article 30, paragraph 5, of the United Nations Convention of the Rights of persons with disabilities, (UN CRPD) provides that, in order to enable persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, States Parties must take appropriate measures⁹⁴:

- to encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels;
- to ensure that persons with disabilities have an opportunity to organise, develop and participate in disability-specific sporting and recreational activities and, to this end, encourage the provision, on an equal basis with others, of appropriate instruction, training and resources;
- to ensure that persons with disabilities have access to sporting, recreational and tourism venues;
- to ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system;
- to ensure that persons with disabilities have access to services from those involved in the organisation of recreational, tourism, leisure and sporting activities.

Accessibility is one of the key principles underlying the UN CRPD. Effective implementation of Articles 9 (accessibility) and 21 (freedom of expression and opinion and access to information) is a vital precondition for meaningful participation by persons with disabilities in cultural life, tourism, sports and leisure activities. In order to enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties must take appropriate measures 16 to ensure that persons with disabilities have access, on an equal basis with others⁹⁵:

- To the physical environment,

⁹⁴ UN- Convention of the Rights of persons with disabilities, Article 30, paragraph 5, 2013

⁹⁵ UN- Convention of the Rights of persons with disabilities, Article 9, 2013



- To transportation,
- to information and communications, including information and communications technologies and systems, and
- To other facilities and services open or provided to the public, both in urban and in rural areas.

These measures must include the identification and elimination of obstacles and barriers to accessibility (Article 9). Inter alia, States Parties must:

- Develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;
- Ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;
- Provide training for stakeholders on accessibility issues facing persons with disabilities;
- Provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;
- Provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public;
- Promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information.

It is of crucial importance to ensure the implementation of minimum standards and guidelines for the accessibility of facilities and services in the fields of culture, tourism, sports and leisure activities. All new facilities and services must be designed to be accessible for everyone, including persons with disabilities, in accordance with the principles of universal design/design for all. 2 The barriers in existing facilities and services must be removed progressively.

Leisure activities are important for their content, but even more so because they are an arena for developing peer relations and social inclusion. However, people with intellectual disabilities seem to participate less in leisure activities with peers than typical developing children, and their degree of

participation decreases with age. While activity is the execution of a task or action by an individual, we understand participation as involvement in life situations⁹⁶.

Leisure activities are typically activities in which individuals freely choose to participate during their spare time because they find such activities enjoyable. The benefits of participation in recreational and leisure activities are well documented, and we will now point at findings that stress the importance of leisure activities as phenomena regardless of age. Taking part in recreational and leisure activities provides opportunities for social interaction and promotion of friendships, and for learning and development. Furthermore, involvement in leisure activities provides opportunities to express oneself in different ways, and to challenge one's existing identity. For example, participating in cultural activities opens for presenting oneself as an artist instead of an intellectually disabled person. Physical activities offer the opportunity to contribute to well-being, improved physical fitness and an increased perception of self-efficacy and social competence. In other words, aspects of participation in leisure activities can contribute to enhancing the quality of life of people with disabilities. The importance of participation in leisure activities has also been acknowledged by the United Nations, in Article 30 of the rights of persons with disabilities, which highlights that persons with disabilities⁹⁷ should be able to participate on the same terms as others in cultural life, recreation, leisure and sport.

Music therapy greatly benefits adults with developmental disabilities. They can instantly participate in activities like foot tapping, hand clapping or sing-a-longs. Skilled music therapists and group leaders can include everybody – even non-verbal individuals – to play percussion instruments and benefit from feeling the rhythm and vibrations. In addition to stimulating senses, music can help to improve an individual's emotional, social and mental well-being⁹⁸.

As additional recreational activities can also be:

➤ **Model building**

Building model cars, trucks, trains, boats are a great way to create something from start to finish. It builds patience when the project whether the project can be completed in one day or must be

⁹⁶ Melbøe, L., & Ytterhus, B., 2017

⁹⁷ United Nations- Rights and Dignity of Persons with Disabilities, 2006

⁹⁸ <https://www.colemanadultday.org/activities-for-adults-with-developmental-disabilities/>



revisited over a period of sessions. Cognitive skills are engaged as a project goes from beginning to completion. This is a great sense of satisfaction to the model builder – and some fantastic team building and bonding when done together with others.

➤ **Arts and crafts to keep the mind active and the hands nimble**

For elderly people, making things is not only a brilliant way to use imagination, but it can also help to maintain dexterity in hands and fingers whilst creating bespoke items for the home, or gifts for friends and family. Arts and crafts do not have to be elaborate or expensive either. Also there could be the work with old picture frames with paper collage, making greeting cards from magazines or knitting items for new-borns.

➤ **Keep the brains buzzing with word puzzle:⁹⁹**

Word puzzles are an enjoyable challenge that can get the brain buzzing and give the mind a work out. Even if not all of the conundrums in a puzzle are solved, simply trying to figure out the answer, working with other people and putting in the effort, is what makes the difference to brain health.

Logic puzzles are an exciting activity designed to test a person's ability to use information provided to them, and come up with a logical answer. Logic puzzles allow you to think outside the box, create new solutions, and can also help to solidify memories. Logic puzzles are ideal for older people since they enable lateral thinking and can help to fire up neural pathways that have likely been dormant since retiring.

➤ **Botanical identification game for older people games :¹⁰⁰**

For all older people, getting out and have outdoor activities are a great booster of wellbeing, even if it is just out in the garden. Fresh air can stimulate the brain, and adding in a botanical identification element can help to really enhance the mental benefits of being outside

➤ **Nature Activities for Adults with Disabilities**

⁹⁹ <https://supercarers.com/blog/games-for-elderly/>

¹⁰⁰ <https://supercarers.com/blog/games-for-elderly/>



Virtually everyone enjoys activities that take us outside to bask in Mother Nature’s handy work. One simple activity is a nature walk — where beneficiaries can enjoy the open air while learning about the environment. They can also set up exciting scavenger hunts to encourage them to identify and find things in nature, such as:

- Birds
- Insects
- Plants
- Trees

Many camps for people with developmental and intellectual disabilities utilise therapeutic horseback riding. Additional outdoor recreational activities include hiking, boating, fishing, swimming, and participating in outdoor team sport. When it comes to outdoor activities for adults with disabilities, the possibilities are endless.

Physical Activities for Adults with Disabilities

Physical activities and exercise can help adults with disabilities achieve their mental and physical potential. Bowling, exercise classes, gardening, team sports, dancing, and swimming are all activities that can be used to promote good holistic health while having fun.

In fact, a study published in the “Therapeutic Recreation Journal” in fall of 2005 reported improved family life, improved social life, enhanced quality of life, and better health for participants with intellectual/developmental disabilities who participated in adaptive and organized recreational activities, such as horseback riding and alpine skiing.

According to the guidelines published in “Frontiers in Public Health” in April of 2014, older adults with intellectual and developmental disabilities are encouraged to participate in a minimum of 150 minutes per week of age-appropriate moderate-to-low intensity exercise. This report suggests that when group activities are combined with exercise and social interaction, it could enhance your loved one’s enjoyment and motivation.

Art Activities for Adults with Disabilities



Art is a viable way of expressing emotions and feelings, especially when someone isn't able to do so through traditional means. As a result, many people with intellectual and developmental disabilities respond well to therapy involving arts and crafts.

Art therapy inspires creativity and can be used to encourage adults of all ages. Whether it's creating with canvas, educational coloring books, making jewelry, scrap booking, or any other type of art therapy; you and your loved one will spend hours creating. A few of the most popular art activities for adults with disabilities include:

- Developing origami
- Beading activities
- Crafting with clay
- Creating paper mache
- Reusing and recreating
- Creative toys
- Decorating with paint
- Creating with fabric

Music Therapy Activities for Adults with Disabilities

Adults with intellectual and developmental disabilities typically respond well to music activities because it motivates action, captivates attention, brings joy, and offers success. In particular, music can be helpful because it is processed in both the right and left hemispheres of the brain. Music is a multi-sensory activity that incorporates auditory, visual, tactical systems, and kinesthetic systems.

At the same time, music is a wonderful way to connect and express oneself, which can be especially helpful for those who struggle with language or are nonverbal. Whether it's singing along or playing an instrument like the tambourines, music activities accomplish the following goals:

- Academics – Can translate virtually anything into a song to improve recall.
- Communication and speech – Creating custom songs can help increase repetition without monotony while isolating sounds.
- Gross and fine motor skills – Implementing adaptive and traditional percussion instruments (such as hand drums) can help address gross and fine motor skills.
- Behavioural – Can create musical stories and songs to reinforce appropriate behaviour.
- Emotional-Social – Songs can be used to help adults with disabilities identify feelings and utilise coping strategies anytime they feel overwhelmed.



- Quality of Life and Self Esteem – Successful and positive experiences can be commemorated through song and musical experiences.

Outdoor development activities

- Leisure outings: bowling, trips to parks, museums and farms.

Day trips

- Communal outings
- Teaching life skills

Using public transport, shopping skills, familiarising beneficiaries with public places.

- **Group walking**

Light exerciss and short trips

Indoor development activities

- **Life**

Numeracy, identification of letters, colours etc.

- **Self care**

Maintaining basic hygiene.

- **Fun**

Board Games and activities

- **Arts and crafts**

Painting and creative skills

- **Dance and singalongs**

Music and movement

- **TV viewing**

Movies and cartoons

- **Sensory activities**

Such as ball games in sports hall



- **Volunteering**

Working with others



This project is funded by
the European Union



5. Implementation of innovative Community Based Services by local providers

5.1 HOME CARE AND HELP SERVICES

Home Assistance and Home Care were introduced as services in certain municipalities of North Macedonia, such as the municipality of Centar in Skopje and the municipality of Demir Kapija, thus the concept of introducing the personal assistance service was initiated.

Home care includes any professional support services that allow persons to live safely in their home. Usually the home care service is provided by the government or CSO's which are licenced for delivering the service. In-home care services can be provided to the following types of users: a) someone who is aging and needs assistance to live independently; b) someone who is managing chronic health issues; c) someone who is recovering from a medical setback; d) someone who has special needs or a disability. Professional caregivers such as nurses, aides, and therapists provide short-term or long-term care in the home, depending on the person's needs.

Home care can be the key to achieving the highest quality of life possible. It can enable safety, security, and increased independence; it can ease the management of an ongoing medical condition; it can help avoid unnecessary hospitalisation; it can aid with recovery after an illness, injury, or hospital stay—all through care provided in the comfort and familiarity of user's home. Home care can include:

- Help with daily activities such as dressing and bathing
- Assistance with safely managing tasks around the house
- Companionship
- Therapy and rehabilitative services
- Short- or long-term nursing care for an illness, disease, or disability
- Taking the right medication at the right time
- Running errands
- Cleaning the house
- Meal preparation
- Making sure best diet is kept as per the age and lifestyle conditions of the user

Home care is provided in cases where family support is insufficient or professional care is required in accordance with the identified individual needs of the target groups due to disability or reduced

functional capacity caused by disability, illness, injury and exhaustion, preventing them from living independently without daily and regular support and care. Assistance and care at home is provided by professional and certified workforce with or without some support from the beneficiaries' families.

Help care centers and services are available for adults, people with reduced physical and mental abilities, disability and because of them they are not able to live independently, move and care for themselves in their homes, educational institutions, workplaces and in the community without regular care, support and supervision.

Services should regularly include the provision of professional care in the performance of daily activities and personal care for vulnerable categories that are unable to live independently. Vocational care should fully meet the needs of this vulnerable category of citizens.

Elderly often rely on family members to help them fulfill their desire to stay at home, as they lose mobility and the capability of completing certain activities of daily living. Professional homecare providers are available to help families fulfill the challenging and time-intensive responsibilities of caregiving. Depending on a family's and senior's needs, a homecare provider can provide his/her service from a few hours of care a week to full-time, live-in care.

According to the Law on Social Protection in North Macedonia, the price of the help and assistance service in the home in accordance with the rulebook on the manner and scope of social services, norms and standards for providing the assistance and care service in the home is 250 denars per hour per user¹⁰¹.

5.2 PERSONAL ASSISTANCE SERVICES

Personal assistance is provided for a limited target group, ie only for people with physical disabilities and blind people.

Personal assistance for people with disabilities is a service that provides assistance and support to people with disabilities in performing daily activities and tasks that they can not perform at home. It

¹⁰¹ <https://www.mtsp.gov.mk/pravilnici.nspix>

helps them to live independently, actively and equally, to be included in the society, as well as to actively participate in determining the priorities of their needs and the ways to satisfy them. A characteristic of this type of service is that people with disabilities are not passive recipients of care, but people can and have the right to control their lives, to make choices, to make decisions and to take responsibility for decisions, thus strengthen their capacity for self-advocacy.

Home care services are based on the so-called medical model, and personal assistance services are based on the so-called social model, i.e. model for independent living. Personal assistance is not assistance from nurses, social workers, humanitarian organisations, religious organisations, etc. Personal Assistants (PAs) are controlled and regulated by persons with disabilities, in order to promote the right to personal choice and independence under their conditions. This means that the personal assistance allows people with a pop-up saying who use the personal assistant service to play the role of employers, managers and coaches of their personal assistants¹⁰².

The personal assistance is of great value for people with disabilities because it can provide help and assist the user in his/her every day life regardless if the service is provided at home, at the work place, during the higher education process, in non-formal education or in professional rehabilitation or in the community. Some of the benefits that a user can get regarding the personal assistance are the following¹⁰³:

- **Inside the home:** movement support; support in using orthopedic and technical aids; support in appropriate dressing and undressing; support in maintaining personal hygiene and hygiene of clothes; support in performing physiological needs; control and monitoring of vital bodily functions (measuring blood pressure, blood sugar) and assistance in taking medication; support in performing daily household activities, such as cooking food, taking meals, maintaining home hygiene; assistance and support in other similar daily activities at home that a person without a disability could perform without the support of another person.
- **Work place, higher educational process:** travel support to and from work, educational institution, professional rehabilitation organisation; support when moving to the workplace, support in using information technology and information-communication technology; support

¹⁰² Humanost, Handbook for personal assistance of persons with disabilities, 2018

¹⁰³ <https://www.asistenti.mk/PersonalnaAsistencija.aspx>



in communicating with other people; support in reading texts (books, professional literature, newspapers, literature of the user's choice, etc.); support in meeting personal needs (toilet, diet, clothing, etc.) and other daily activities in the workplace or in the educational process that a person without a disability could perform without the support of another person.

- **In the community:** support in the use of all types of transport (wheelchair movement, entry and exit of vehicles); support for attending social and public events; assistance in mediation and communication with environmental institutions, support in mediation and communication with individuals and organisations and the environment; support for visiting and active participation in educational, recreational, sports, cultural entertainment and other similar activities and services available in the community; support in performing other similar activities for community participation, socialisation or leisure.

The price of the personal assistance as a social service according to the rulebook on the manner and scope of social services, norms and standards for providing personal assistance is 233 denars per hour per user¹⁰⁴.

5.3 DAY CARE SERVICES

Day care services are encouraged to promote well-being, reduce isolation and loneliness.

Day care centers have competencies in providing service for day care, activities for acquiring life and work skills, social, cultural and recreational activities, education and social support for persons with disabilities.

Day centers usually support older people or people with any kind of disability (intellectual or physical) or Alzheimer's disease and involve community building-based services that provide care and/or health-related services and/or activities specifically for older people or disabled people and Alzheimer's disease and / or in need. Attendance can be for a whole or part of a day and cover any number of days. Centres offer a wide variety of programmes that may be considered 'preventive' of decline or ill-being.

¹⁰⁴ <https://www.mtsp.gov.mk/pravilnici.nsp>

Day care services include individual activities for acquiring life and work skills, social, cultural and recreational activities, education, and social support of the persons with disabilities and their families and other related activities. A well-run adult day care centre should focus on enriching the lives of the beneficiaries, building upon their skills and strengths, and providing lots of social interaction. Day care centres have extensive benefits for the beneficiaries, as they provide a safe, secure environment in which to spend the day or part of the day, offer enjoyable and educational activities, meaningful social interaction that can improve both mental and physical health, enhance or maintain the beneficiaries' level of independence, as well offer the chance to build new friendships and enjoy peer support.

The benefit to attend a day centre for people with disabilities is mainly to provide something different, better and to improve the every day life of the users. Some of the needs or problems of beneficiaries that are addressed by the provision of day care services include the following: 1) social isolation (mainly due to bereavement or having lost existing social networks), 2) loss of mobility (declining physical health, sometimes suddenly, or no longer driving their car), 3) activity-related (the lack of day centre or club due to closure or changed entry criteria, stopping volunteering or retirement, wanting 'something to do' for stimulation or a change, or 'somewhere to go'), 4) mental health or emotional problems (feeling depressed, lonely, having lost confidence or reporting a diagnosed anxiety disorder), 5) feeling 'stuck' at home or not getting out enough¹⁰⁵.

Other benefits that a person with disability can get from attending a daycare center include the need for social contact, the need to do something, to get out of the home or to improve their mental health. Additional motivations include the need to meet goals for better physical health through exercise and better balanced meals, and to improve mental health.

As outcomes of a day care service attendance can be: 1) social participation and companionship, 2) the way time is spent, 3) getting out of the house, 4) improved mental wellbeing and health, 5) practical support, information and access to other services, 6) physical wellbeing and safety, 7) having a meal, 8) accommodation cleanliness and comfort, 9) personal cleanliness and comfort and 10) process outcomes, that is those which pertain to the way services are accessed and delivered¹⁰⁶.

¹⁰⁵ Orellana et al. , 2020

¹⁰⁶ ibid



While several day care centres have been developed in the recent years, they are unevenly distributed throughout the country, some lack of sustainability and do not offer the full range of day care services. There is lack of day care centres that would provide a variety of services catered to the specific needs of the beneficiaries.

5.4 RESPITE CARE

Respite care refers to temporary in-facility or in-home care of a person with disability, providing relief for the main caregiver. Long-term caregiving for a person with a disability entails a fairly heavy physical, emotional and economic burden. Thus, it is vital to the mental, physical, and emotional health of family caregivers to have access to services that will enable them to take breaks from time to time and exploit this time in other duties/activities that develop their own personal lives. Currently there are no respite care services in the country that provide temporary care for dependent adults with disabilities and enable primary caregivers a short-term break from their daily care routine. The need for such services has been emphasised in several research and policy papers¹⁰⁷.

Respite care can take place in several places:

- In the home
- At special day-care centers
- In residential centers that offer overnight stays

The respite care is usually necessary for people who have a disability or illness and the family needs service that will take over the person in need for a couple of hours, a whole day or even over the night. The respite care is mostly important as an easy and approachable way to take care of a person with disability, elderly, people with Alzheimer's and dementia, or people with impaired vision through a quick access buy a provider of that kind of service. The respite care services offer a safe and comfortable place for a family who has a member with disability.

Trained professionals can help with: bathing, dressing, providing healthy meals, assisting with taking medications, mental and physical exercises, and outdoor activities. Some community organisations

¹⁰⁷ OASIS CBS, Model Guide, 2021

offer care for particular groups (for example, activities for children or cultural groups). They may also offer activities for the user, such as social events or therapy sessions.

5.5 SUPPORTING PWID FOR THE USE OF ALL TYPES OF TRANSPORT

Social services should be easy to access by all the persons who may require them. Information and impartial advice about the range of available services and providers should be accessible to all users. Access to the physical environment in which the service provision takes place should be ensured for persons with intellectual disabilities, as well as access to adequate transport from and to the place of service provision, as well as access to information and communication (including information and communication technologies)¹⁰⁸.

Transportation and mobility play key roles in the struggle for civil rights and equal opportunity in the disability community. Affordable and reliable transportation allows people with disabilities access to important opportunities in education, employment, health care, housing, and community life. Most investments in transportation infrastructure have disproportionately favoured cars and highways, those who cannot afford cars or do not drive cars often lack viable transportation options. People with disabilities—particularly in small communities — need accessible, affordable transportation options that bring employment, health care, education, housing, and community life within reach.

Transportation issues rate highly as a challenge for people with disabilities globally. However, measuring access to transport, or indeed understanding who is the most severely affected, remains challenging. However, the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) has had an impact on both national and international policy and focus around transport. While the CRPD does not have a specific Article on transport, it does acknowledge the centrality of transport for people with disabilities to access a range of services including homes, schools, healthcare facilities, workplace and leisure [CRPD Article 9]. The CRPD enshrines the right of people with disabilities to access transportation on an equal basis with others. However, barriers to the enjoyment of these rights can be broadly divided into three main areas: institutional (legislation,

¹⁰⁸ OASIS CBS, Model Guide, 2021

political will, policy, etc.); environmental (infrastructure, vehicles, information); and attitudinal (transport staff, other passengers, lack of accessible information, etc)¹⁰⁹.

Unfortunately, adults with disabilities are twice as likely as those without disabilities to have inadequate transportation. Keeping people with disabilities at home keeps them out of jobs, away from shopping, and out of community life, and it prevents them from making valuable contributions to our society as individuals, as workers and as consumers. Few transportation options exist for people with disabilities where also there is a lack of public transportation. In some areas, such as in rural communities, insufficient funding has left people with disabilities with little or no transportation options. In urban areas, where individuals often rely on accessible taxis, a lack of requirements has meant very uneven progress for people with disabilities.

One of the biggest challenges is the impossibility to be mobile in any time of the day. In an inaccessible infrastructure which, although legally guaranteed, without accessible public transport, one cannot go to college, work or simply complete one's duties freely. Therefore, it is a great success to provide a specialised van for transporting people with disabilities for high school and university students from their homes to high schools and colleges in the city of Skopje. The advantage of this best practice is that the transportation services function institutionally, and the service is financed by the City of Skopje through a special service for free transport within the Public Transport Company. These vans serve the citizens with disabilities to be able to go to work, to the doctor, to walks, to events and the like. However, the disadvantage of this best practice is that this kind of service is not available in other cities of North Macedonia, therefore there is the lack of transport in smaller communities, and this is an issue on which local governments need to work, by providing a more accessible approach to transport for people with disabilities.

5.6 SUPPORT IN COMMUNICATION AND MEDIATION WITH PERSONS, INSTITUTIONS AND ORGANISATIONS

For many people with disabilities, assistance and support are prerequisites for participating in society. The lack of necessary support services can make people with disabilities dependent on family members – and can prevent both the person with disability and the family members from becoming economically active and socially included. Many persons with disabilities need assistance and support

¹⁰⁹ Kett M., et al., 2020

to achieve a good quality of life and to be able to participate in social and economic life on an equal basis with others¹¹⁰.

Support in communication and mediation with institutions can facilitate individuals with intellectual disabilities (e.g. autism, cerebral palsy, intellectual impairment, or multiple impairments), as well as their families, to access government services, enabling people with disabilities to live as independently as possible within their communities. It also encourages NGOs to collaborate, giving support to families who need it, and to facilitate the appointment of a legal guardian.

Formal assistance and support must be coordinated with health care, rehabilitation, and housing. For example, a range of residential support services, independent housing and congregate living in group homes and institutional settings, should be offered alongside other support services, with the type and level based on assessed need¹¹¹.

In order to facilitate public workers to communicate with people with disabilities and hearing their needs, the following basic rules can be followed¹¹²:

- Get the user's attention before you say something (for example, gently touch their hand)
- Remove anything that interferes with your conversation (for example, Say: " Let's go to a more quiet room so we can talk better")
- When addressing the user, keep your head at the same level as his/hers
- Accompany your words with gestures and touch when appropriate
- Speak slowly and clearly while maintaining eye contact
- Speak in short sentences, only about one topic
- Give the users enough time to respond
- Help him/her find the right word when needed
- Try to finish the sentence if the person has difficulty with it
- If they don't understand – KEEP TRYING. Repeat. Use clear simple words and concepts. Say it in a different way. Use different words. Use pictures

¹¹⁰ who.int/disabilities-world_report

¹¹¹ who.int/disabilities-world_report

¹¹² OASIS, Practical training for caregivers, 2021



If you don't understand – KEEP TRYING. Try alternative strategies, such as:

- i. Would you say that again please?
- ii. Is there another way you can think of saying it? Could you use another word? Could you show me?
- iii. Is there someone who could help us? Involve family member/caregiver/support worker if appropriate – remember to ASK FIRST!
- iv. Do not interrupt the users unnecessarily
- v. Listen carefully

It is very important for public workers to try and find out what the user really wants and desires and what he/she wants to accomplish. NEVER PRETEND to understand! For example:

- Write down some of the things you discuss if you see that it helps the users
- Ask for the support of an interpreter if required
- Follow and try to understand the user's body language
- Always use non-verbal communication (smile, hug)
- Visual information: symbols, pictures, diagrams, signs, gestures
- Use praise and respect for the users
- Use names when talking about other people (not him or her)
- Be honest and take responsibility for communication breakdowns

5.7 COMMUNITY PARTICIPATION

Developing community networks is a form of establishing and promoting a locally based supportive community for the users and service providers should try to establish and keep such networks. (e.g. local people, neighbours, volunteers, other welfare organisations, etc.)

This could be achieved by trying to engage all those people from the community in a series of events (e.g. cultural activities and networks, small-scale festivals organised for a sport or recreational nature, bazaars, small trainings for the caregivers of people with intellectual difficulties through the use of new technologies and many others).

Developing formal or informal community networks often includes innovative actions. Professionals should be enabled to diffuse innovation, to multiply resources and to integrate innovative actions to existing services. Communication and organisation networks comprise an important alternative,



provided that their development and function is based on evidence-based decisions, on standardised evaluation of efficiency and ethical guidelines¹¹³.

Also the local government and the local CSO's should be included in this process. These two actors should be the ones to provide the expertise to the rest of the providers of social services. The local government can provide the resources and help in the process of mapping of potential users.

Community participation is the active involvement of people from communities preparing for, or reacting to, disasters. True participation means the involvement of the people concerned in analysis, decision-making, planning, and programme implementation, as well as in all the activities.

Community participation can be defined as the involvement of the people in a community in projects to solve their own problems. People cannot be forced to participate in something that might affect them or their family. Some ways for community participation are through¹¹⁴.

- Needs assessment- expressing opinions about desirable improvements, prioritising goals and negotiating with local government, local organisations etc.
- Planning- formulating objectives, setting goals, criticising plans
- Mobilising- raising awareness in the community about the people with disabilities, their needs, establishing or supporting organisational structures within the community;
- Training- participation in formal or informal training activities to enhance communication with the people with disabilities and also maintenance and financial management skills.
- Implementing- engaging in management activities; contribution, operation and maintenance with labour and materials, paying for some of the services or membership fees for the community organisations;
- Monitoring and evaluation- participating in the appraisal of work done, recognising improvements that can be made and redefining needs for the users.

¹¹³ OASIS CBS, Model Guide, 2021

¹¹⁴ https://ec.europa.eu/echo/files/evaluation/watsan2005/annex_files/WEDC/es/ES12CD.pdf



5.8 SUPPORTING PWID TO MAINTAINING CONTACT WITH FAMILY MEMBERS AND THEIR CIRCLE OF SUPPORT

Family support is not just about informing family members on the health status of users or about facilitating communication between family members and the service users. Staff members of community services should develop actions that help families communicate and organise their lives at a wider community level. Family involvement and the provision of social support by the community can play a crucial role in reducing stigma and discrimination, as well as supporting recovery and social inclusion¹¹⁵.

Family members are a key source of services and support for people with disabilities across their life course, helping people to continue living at home and in the community. Family members are a primary, and frequently unpaid, source of support for people with disabilities, assisting with tasks that promote community living and integration across their life course. In childhood, youth with intellectual disabilities, including those with developmental and physical impairments, have unique social and health care needs. Parents play major roles as caregivers, advocates, and system navigators. As their children grow through adolescence and into adulthood, parents continue to advocate, and also share that activity with children who grow into the self-advocate role. In adulthood, families also provide broad range of assistance, helping individuals to lead meaningful lives in the community, including educational attainment and employment, and to avoid unnecessary and undesired institutionalisation.

Most elderly people, people with disabilities and people with chronic health conditions are primarily cared for by family members. Family caregivers may help with such tasks such as feeding, bathing, cleaning the home, money management, laundry or administering medications, but this is unpaid work and family caregivers may have other responsibilities such as paid employment and caring for children or other family members. In this context, the provision of family support is important. Support is associated with better family quality of life, functioning, satisfaction, and a reduction in stress. Family support can include information, education/training, therapies, home modifications, legal services and day programmes¹¹⁶.

Family relationships and dynamics are also critical to understanding the context of family support and intervention approaches. For example, siblings play important roles in the lives of many individuals

¹¹⁵ OASIS CBS, Model Guide, 2021

¹¹⁶ <https://fsrtc.ahslabs.uic.edu/2019/05/31/support-family-caregivers-people-with-disabilities/>



with disabilities across their life span and frequently assume greater family caregiving roles when aging parents pass away or are no longer able to provide support.

Moreover, support is often bidirectional and operates at multiple levels within families. Although individuals with disabilities receive support from family caregivers, they also provide a great deal of support to family caregivers and other family members. For example, younger individuals with disabilities may be receiving support from and providing support to aging parents that have acquired disabilities. Spouses with disabilities may be providing support to each other. Many caregivers in so-called sandwich generation are simultaneously supporting children, sometimes with disabilities, and aging parents with disabilities¹¹⁷.

Many people with disabilities interact primarily with their family, the people who take care of or provide services to them, and others in the programmes in which they participate. These relationships can clearly be significant and should be encouraged. However, outside of family members, people may have no freely given and chosen relationships. Generally, many people with disabilities face certain disadvantages in meeting and getting to know others.

Relationships between people with and without disabilities, (regardless if that is a family member or a friend) are not formed by simply grouping people together. Some individuals need assistance with fitting into certain settings and activities. Others may need someone to facilitate their involvement or to interpret for them. Without support, some people with and without disabilities may never have the opportunity to know each other. While most people enjoy meeting new people, they are sustained by those they have known over time. The continuity of relationships over the years is an important source of security, comfort and self-worth. Many people with disabilities do not have continuous relationships. Instead, they may leave their families, be moved from one programme to another and have to adjust to staff people who come and go¹¹⁸.

Other than the family as circle of support is also the local community. At the community level, we need to better understand the delivery of formal services and support by the aging and disability networks and broader community-based support systems. Although formal services are often structured at the

¹¹⁷ Grossman B.R., & Magaña, S., 2016

¹¹⁸ <https://www.recreationtherapy.com/articles/lutfiyya.htm>



state level, they ultimately are implemented at the local level. Community-based organisations play a large role in influencing the availability and quality of support available.

There are different ways that personal relationships between people with and without disabilities may be encouraged. It is very important to ensure social participation. How people with disabilities are supported within integrated settings is important. People with disabilities need to be enabled to participate as much as possible, and to do so in ways acceptable to other people. People without disabilities need the opportunity to meet their counterparts with disabilities as peers, not as objects of tutoring or volunteer service.

Last but not least, it is very important to work for the total inclusion of the family in the person's every day life and their activities. In addition to being physically present, people with disabilities need adequate support to enable them to fully participate in various activities. The family or friends can also ensure that the person with a disability takes part in a variety of integrated recreation and leisure activities. A consistent physical presence in each other's lives helps lead to friendships between people with and without disabilities, regardless if that is the family or their friends.



Bibliographical Sources/ References

- Abbott, S., McConkey, R., 2006, The barriers to social inclusion as perceived by people with ID, *Journal of Intellectual Disabilities* 10(3):275-87
- Activities for Adults with Developmental Disabilities, Coleman, Adult Day Services, 2019 <https://www.colemanadulthood.org/activities-for-adults-with-developmental-disabilities/>, Accessed: 20.06.2021
- American Occupational Therapy Association (AOTA), 2009 Occupational therapy's commitment to non-discrimination and inclusion. *American Journal of Occupational Therapy*, 63, 819–820, Bethesda, MD
- Brain games for the elderly that improve mental health and memory, Super Carers, 2017, <https://supercarers.com/blog/games-for-elderly/>, Accessed: 20.06.2021
- Caitlin Crabb, Randall Owen, Kaitlin Stober & Tamar Heller (2020), Longitudinal appraisals of family caregiving for people with disabilities enrolled in Medicaid managed care, Chicago IL <https://fsrtc.ahslabs.uic.edu/2019/05/31/support-family-caregivers-people-with-disabilities/>, Accessed: 25.07.2021
- Center for vocational education and training, 2014, Handbook on working with special educational needs students, Skopje
- Council of Europe, 2015, Access for People with Disabilities to Culture, Tourism, Sports and Leisure Activities: Towards Meaningful and Enriching Participation
- Daglio, M., Gerson D., Kitchen H., 2014, 'Building Organisational Capacity for Public Sector Innovation', OECD Conference "Innovating the Public Sector: from Ideas to Impact", Paris, 12-13, 2014
- Damov, A., 2015, Services for people with intellectual disabilities in the Republic of Macedonia: Vision and reality, Service for independent living with support in the community, 2015, Skopje
- De Jong, G. J., Cels, S., & Nauta, F. (2012). *Becoming an Agent of Change. Strategy and Tactics of Social Innovation*. Brookings Institution Press.
- Department of Health, A New Strategy for Learning Disability for the 21st Century 2001, London
- Doherty, A., 2020, Barriers and facilitators to deprescribing in primary care: a systematic review, *Royal College of General Practitioners*, Vol. 4, Issue 3 August 2020, London
- Drake, I., 2018, Social innovation and collaboration. Identifying and engaging stakeholders with power, purpose, passion and presence, Kristiania University College, Oslo



- European Commission, Press Release: “Union of Equality: European Commission presents Strategy for the Rights of Persons with Disabilities 2021-2030”, https://ec.europa.eu/commission/presscorner/detail/en/ip_21_810, Accessed: 25.07.2021
- European Convention on Human Rights, (e.g.) <https://www.echr.coe.int/Pages/home.aspx?p=basictexts&c>, Accessed: 05.08.2021
- European Commission, Community participation, Chapter 12, (e.g.) https://ec.europa.eu/echo/files/evaluation/watsan2005/annex_files/WEDC/es/ES12CD.pdf Accessed: 25.06.2021
- European Commission, Employment, Social Affairs & Inclusion, Social Investment, Social services of general interest, <https://ec.europa.eu/social/main.jsp?catId=794&langId=en>, Accessed: 25.07.2021
- European Commission- Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030, https://ec.europa.eu/commission/presscorner/detail/en/ip_21_810, Accessed: 25.10.2021
- Grossman, B. & Sandy Magaña, S., 2016 Introduction to the special issue: Family Support of Persons with Disabilities Across the Life Course, Journal of Family Social Work, Chicago, IL
- Hall, S. A., 2010, The Social Inclusion of Young Adults with Intellectual Disabilities: A Phenomenology of Their Experiences, University of Nebraska, Nebraska
- Health Service Executive (HSE), Community and Network Mapping: Your guide to strengthening social inclusion, EVE QA Department, 2019
- Health Service Executive (HSE), Time to Move on from Congregated Settings: A Strategy for Community Inclusion, Report of the Working Group on Congregated Settings, June 2011
- Humanost, Manual for conducting trainings for care assistants for people with dementia-Alzheimer's disease and intellectual disability, 2018, Skopje
- Humanost, 2018, <https://www.asistenti.mk/PersonalnaAsistencija.aspx>, Accessed: 20.06.2021
- IRIS, 2015, Policy Paper: From idea to initiatives to reform the public social services in Macedonia.
- Johnson, H., Douglas, J., Bigby, C., Iacono, T., 2012, Social interaction with adults with severe intellectual disability: having fun and hanging out, Journal of applied research in intellectual disabilities



- Jovanov, S. and Najdoska Gjorgievska, S. (2015). Policy Paper: From idea to initiatives to reform the public social services in Macedonia. IRIS. <https://bit.ly/3vkuMHC>
- Kett, M., Cole, E., & Turner, J. (2020). Disability, Mobility and Transport in Low- and Middle-Income Countries: A Thematic Review. Sustainability
- Krstovski, V., 2019, Social services for persons with disabilities: Theoretical approaches, comparative experiences conditions and challenges in North Macedonia, Republic Center for Persons with intellectual disability- Poraka
- Mansell, J. & Beadle-Brown, J., 2009 Dispersed or clustered housing for adults with intellectual disabilities: a systematic review, pg. 313-323, University of Kent, Canterbury
- Marie Lutfiyya, Z., The Importance of Friendships Between People With and Without Mental Retardation, Therapeutic Recreation Directory, 1997, <https://www.recreationtherapy.com/articles/lutfiyya.htm>, Accessed: 28.08.2021
- Melbøe, L. and Ytterhus, B., 2017. Disability leisure: in what kind of activities, and when and how do youths with intellectual disabilities participate? Scandinavian Journal of Disability Research
- Merrick, Inc. Empowering Adults with disabilities, Advocate for Adults with Disabilities, <https://merrickinc.org/advocate/>, Accessed: 28.07.2021
- Ministry of Labour and Social Policy, 2019 Law on social protection, Skopje
- Ministry of Education and Science, Law for primary education, 2020-2021, Skopje
- Ministry of education and science, Law on secondary education, Skopje
- Ministry of Labour and Social Policy, 2019 <https://www.mtsp.gov.mk/pravilnici.nspx> Accessed: 28.07.2021
- Ministry of Labour and Social Policy, 2018 National Strategy for Deinstitutionalisation "Timjanik", Skopje
- Murawska, D., 2019, The role of stakeholders in social innovation, Collegium of Economy and Public Administration, vol. 2, pg 11-22. Warsaw
- National Academies of Sciences, Engineering, and Medicine. 2017.
- National Housing Strategy for People with a disability, 2011-2016, Dublin
- National Program for development of the Social Protection 2011-2021, 2010, Skopje
- National Strategy for the Development of Education in the Republic of North Macedonia 2005-2015, Skopje
- OASIS Project, Community Based Service Delivery Model Guide for persons with intellectual disabilities, April 2021, Skopje



- OASIS project, Practical training for caregivers, July 2021, Skopje
- Orellana, K., Manthorpe, J. & Tinker, A., 2020, Day centres for older people - attender characteristics, access routes and outcomes of regular attendance: findings of exploratory mixed methods case study research. BMC Geriatr
- Rietbergen-McCracken, J., 2017 - World Alliance for Citizen Participation, Civicus, Johannesburg
- Ruth Northway, 2014, Equality and Equity of Access to Healthcare for People with Intellectual Disabilities, University of Hertfordshire
<http://www.intellectualdisability.info/changing-values/articles/equality-and-equity-of-access-to-healthcare-for-people-with-intellectual-disabilities>, Accessed: 03.08.2021
- Shipunova, T. S., 2020, Principles of public-private partnerships as a form of social entrepreneurship, Plekhanov Russian Academy of Economics, Moscow
- Social Innovation Generation, Co-Production, <http://www.sigeneration.ca/co-production/>, Accessed: 30.07.2021
- Spasovska, S., 2013, Handbook for developing social services for vulnerable groups in local communities , Ministry of Labour and Social Policy, Skopje
- Supporting people with disabilities to access appropriate housing in the community, 2020, Health Service Executive, Dublin
- The Arc, Self-Advocacy and Leadership, <https://thearc.org/position-statements/self-advocacy/> Accessed: 26.07.2021
- Trbojevik, S., 2015, Inclusion of disabled persons in Republic of Macedonia, Faculty of Philosophy-Skopje, Institute of social work and social policy, Skopje
- United Nations - Convention on the Rights of Persons with Disabilities, 2016 <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>, Accessed: 21.06.2021
- United Nations Human Rights Office of the High Commissioner, Declaration on the Rights of Disabled Persons, Brussels
<https://www.ohchr.org/en/professionalinterest/pages/rightsofdisabledpersons.aspx>
Accessed: 26.07.2021
- Verdonschot, Manon & Witte, Luc & Reichrath, Enid & Buntinx, Wil & Curfs, L.. (2009). Community participation of people with an intellectual disability: A review of empirical findings. Journal of intellectual disability research



- Voorberg, W., Bekkers, V.J.J.M. & Tummers, L.G. (2014) Co-creation in social innovation: A comparative case-study on the influential factors and outcomes of co-creation Ottawa: IRSPM.
- World Health Organization. (2015). WHO global disability action plan 2014-2021: better health for all people with disability. World Health Organization.
- World Health Organisation. (2018). Mental health, human rights and standards of care. Assessment of the quality of institutional care for adults with psychosocial and intellectual disabilities in the WHO European Region. WHO: Copenhagen



Learn More:
www.oasis.mk

