

Analysis of the needs of children at risk and persons with disabilities in institutions in the **Republic of North Macedonia**

(Correctional and Educational Institution –
Tetovo, Public Institution for Child Care with
Educational and Social Problems and
Disorderly Conduct – Skopje, Public
Institution Children's Home "11 Oktomvri",
Special Institution in Demir Kapija)

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ЗАЈАКНУВАЊЕ НА ЧОВЕКОВИТЕ
ПРАВА И УСЛУГИ ЗА ДЕЦАТА И
РАНЛИВИТЕ ЛИЦА ВО РИЗИК
ВО ЗАТВОРЕНИ ИНСТИТУЦИИ



ANALYSIS OF THE NEEDS OF CHILDREN AT RISK AND PERSONS WITH DISABILITIES IN INSTITUTIONS IN THE REPUBLIC OF NORTH MACEDONIA

(Correctional and Educational Institution – Tetovo, Public Institution for Child Care with Educational and Social Problems and Disorderly Conduct – Skopje, Public Institution Children's Home "11 Oktomvri", Special Institution in Demir Kapija)

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INTRODUCTION

The aim of this 'Analysis of the Needs of Children at Risk and Persons with Disabilities in Institutions in the Republic of North Macedonia' is to provide a comprehensive assessment of the conditions, needs and challenges faced by children at risk and persons with disabilities placed in the system of institutional and out-of-home care, by examining the practices and conditions in several establishments. The analysis covered an assessment of the conditions for accommodation and care, organisational practices, access to services and support, respect for human rights, as well as the psychosocial aspects related to the day-to-day functioning of the institutions. Particular attention was paid to the experiences and perspectives of the children and young people, as well as the challenges faced by the professional staff in providing appropriate support.


The analysis included several institutions, namely the Correctional and Educational Home – Tetovo, the Public Institution for Child Care with Educational and Social Problems and Disorderly Conduct – Skopje, the Public Institution Children's Home "11 Oktomvri", and the Special Institution in Demir Kapija, including the small group homes that operate within the institutions. The research aimed to identify opportunities for improving the quality of care and support for the children and individuals accommodated in these institutions, and to assess their compliance with standards for community living and the rights of the child.



The analysis is based on a combined methodological approach which included desk research and fieldwork. The desk analysis involved a review of relevant international regulations, the national legal and strategic framework, national policies, and other relevant documents in the field of social and child protection and the rights of persons with disabilities. The fieldwork included visits to institutions, structured observation, focus groups and interviews with children and young people, interviews with professional and management staff, as well as interviews with other relevant actors working in the field. The data were analysed using a triangulation approach to ensure greater validity and comprehensiveness of the findings.

The document begins with an overview of the methodological framework for the analysis, followed by the desk analysis, which covers the relevant legal and strategic framework, as well as an institutional analysis of the conditions and practices in each of the institutions covered. The findings from the fieldwork are then presented, including the perspectives of the children and the professional staff. The analysis concludes with a chapter dedicated to conclusions and recommendations for the further improvement of services and the needs of the beneficiaries in each of the institutions covered.

The analysis was prepared as part of the project 'Strengthening Human Rights and Services for Children and Vulnerable Persons at Risk in Closed Institutions', which is implemented by the Helsinki Committee for Human Rights, with financial support from the European Union. The project aims to contribute to the improvement of services through a human rights-based approach, improving conditions and strengthening the capacity of staff, as well as fostering cooperation between relevant actors and the community.





2. METHODOLOGY

2.1. Aim and Approach

The aim of this analysis was to conduct a comprehensive assessment of the conditions, needs and challenges within the system of institutional and out-of-home care in the Republic of North Macedonia, by examining the practices and conditions in several establishments. The analysis included the Correctional and Educational Institution – Tetovo in Volkovija (CEI), the Public Institution for the Care and Education of Children with Educational-Social Problems and Disrupted Behaviour – Skopje, the Public Institution Children's Home "11 Oktomvri" and the Special Institution in Demir Kapija, including the small group homes that operate within the institutions. The research aimed to identify opportunities for improving the quality of care and support for the children and individuals accommodated in these institutions and to assess their compliance with standards for community living and the rights of the child.

The methodology was based on a qualitative approach aimed at understanding the actual conditions, experiences and needs of the children and individuals accommodated in the institutions subject to this analysis. Quantitative data were used only in a descriptive function in relation to data, such as the number of residents, number of staff, etc., in order to provide context for the qualitative findings. The main focus was placed on the content analysis of the primary data obtained through the fieldwork.

2.2. Methods and data collection

The research covered multiple sources and types of data to provide a comprehensive picture of the needs of the children and individuals accommodated in the institutions. Data was collected through a combination of document analysis, interviews, focus groups and direct observation, which allowed for a comparison of the institutional practices, conditions and experiences of the children and individuals accommodated in these establishments. The methodological approach was flexible and adapted to the context and conditions in each institution. For example, the decision on whether to conduct a focus group or an individual interview with the children and young people was made based on an assessment of their readiness, communication skills, age, and the general atmosphere within the institution.

2.2.1. Document analysis (desk analysis)

Initially, a secondary data analysis was conducted, which included the national legal and strategic framework, international instruments, as well as reports relevant to the protection of children and persons accommodated in institutions. In this process, over 30 documents were reviewed in order to understand the institutional context and policies in this area.

2.2.2. Target groups with children and young people

In the small group homes at the Public Institution "11 Oktomvri" and the Public Institution for Child Care with Educational and Social Problems and Disorderly Conduct – Skopje, seven focus groups with children were organised, one in each organisational unit. The questions were formulated in accordance with the prepared Guide for Focus Groups¹ and covered topics such as daily life, relationships between the children and the staff, feelings of safety, access to education and activities, contact with family and and visions for the future.² In accordance with the guidelines, visual tools and symbol cards were used to facilitate the expression of feelings and attitudes.

2.2.3. Interviews with children and young people

At the Correctional and Educational Institution – Tetovo in Volkovija, five individual interviews were conducted with children and young people accommodated in the institution. The questions concerned their daily lives, educational and recreational activities, relationships with staff and their sense of security. The conversations were conducted with respect for confidentiality and ethical principles.

¹ Annex 1. Guide for a target group with children

² Annex 2. Questionnaires for target groups with children.

2.2.4. Interviews with staff

To gain insight into the organisation, conditions, and challenges of the work, 53 short interviews were conducted with staff in all of the covered institutions, including educators, social workers, psychologists, carers, as well as administrative staff. The questions were focused on capacities, staffing needs, procedures, available resources, challenges, and recommendations for improving the system.³

2.2.5 Observations and observation checklists

During the fieldwork, 22 units of the facilities were visited, using a standardised observation checklist to assess the conditions and needs.⁴ The checklist included an assessment of categories such as:

- condition of the facility, hygiene, and ventilation;
- equipment and spaciousness (sleeping rooms, communal rooms, school and playground space);
- safety and accessibility;
- access to health and psycho-social support;
- relationships and atmosphere between the children and the staff

For each item, a scale of 1 to 3 was used, supplemented with notes, which allowed for a comparison of the different establishments and their organisational units and the identification of priority needs.

2.2.6. Interviews with relevant actors

Five short interviews were conducted with representatives of the Social Welfare Institute, lawyers working in the field, representatives of civil society organisations, and health workers.⁵ Some of the interviews were conducted in writing. The data obtained from these sources provided a broader picture of the conditions, challenges, and opportunities for improving the situation of the users in the institutions.

2.3. Ethical standards

The research was conducted in full compliance with ethical principles for working with children and vulnerable groups, respecting their dignity, privacy and safety.

³Annex 3. Interview questionnaire for staff in institutions

⁴Annex 4. Observation checklist for assessing conditions and needs in institutions.

⁵Annex 5. Questionnaire for relevant actors.

The consent was obtained from institutions or guardians and verbal consent from each child before the interview began.

Each child was informed in advance of the purpose of the conversation, what would happen during, and that their participation was entirely voluntary, with the right to refuse to answer or to withdraw at any time without any consequences. Before the start of each focus group or interview, it was emphasised that everything said would remain confidential, except in cases where action was required to protect someone's safety.

None of the conversations were recorded, and the data were recorded as anonymous notes, without names, initials or other identifying information. Each participant was informed that the data would be used solely for the purposes of analysis, in an aggregated form, without the possibility of individual identification.

In accordance with the group's needs, visual symbols and cards were used during the conversations (for example, a smiling, neutral, or sad face) to allow for the expression of feelings without verbal pressure, and the rooms for the conversations were chosen to provide a calm and safe atmosphere, without the presence of carers or other individuals who could influence the responses.

The entire process was conducted in the spirit of the 'best interests of the child', ensuring that each participant felt respected, heard, and protected.

2.4. Research Limitations

Despite the use of multiple methodological approaches and careful planning of the fieldwork, the research had certain limitations that should be considered when interpreting the findings.

In some of the small group homes, some staff remained present in the room during the focus groups. Although it cannot be determined with certainty whether their presence influenced the responses or the course of the conversation, there is a possibility that it had some impact on the openness of the responses or on the children's freedom to speak.

For children and people with disabilities, data collection was limited due to varying levels of communication ability.

Most of the information was obtained through staff and observation lists, while short conversations were conducted with some individuals who were able to communicate verbally or non-verbally. This aspect limits direct insight into their personal perspective.

Furthermore, it should be noted that the visits to the institutions were pre-announced and arranged, which may have influenced the prior preparation of the staff and the premises. This situation is common for planned field visits, but it could potentially soften the realistic portrayal of everyday conditions.

However, by combining multiple data sources and methods, high reliability, and verifiability of the findings were ensured, allowing for a complete and realistic picture of the situation in the institutions covered.



3. DATA ANALYSIS

3.1. Desk Analysis

3.1.1. Historical and political context of the deinstitutionalisation process in the Republic of North Macedonia

The process of deinstitutionalisation in our country has a history of more than two decades, which began with the gradual abandonment of the model of collective institutional care, in favour of establishing services that are closer to the family and the community. The first steps of the deinstitutionalisation process date back to the early 2000s, when the Ministry of Labour and Social Policy, in cooperation with UNICEF and the World Health Organisation, signed a Memorandum which prevented the further admission of new children to the Special Institution in Demir Kapija, and some of the children were reintegrated into their families or foster families.

As a result of these initiatives, the Government adopted the first National Deinstitutionalisation Strategy 2008–2018, with the aim of improving the quality of social protection services and bringing services closer to users at a local level, by developing existing and establishing new non-institutional forms of care and transforming the then-institutional care system. However, the implementation of this strategy was partial, and none of the institutions were fully transformed.⁶

⁶ Hamilton, K. and Bina, S. (2024). Formative and summative evaluation of child care reforms and deinstitutionalisation in eight countries in Europe and Central Asia from 2009 to 2022: Country report North Macedonia. UNICEF ECA.

The next phase began with the adoption of the National Deinstitutionalisation Strategy 2018–2027, named "Timjanik", in 2017, which defined the process as a social change aimed at the right of every person to live in the community. The strategy was developed with the support of UNICEF and the World Bank and emphasises that institutional care is incompatible with human rights and should be replaced with community-based services, personalised support and accessible housing.⁷

International instruments and bodies played a key role in fostering this process. Following the ratification of the Convention on the Rights of Persons with Disabilities (CRPD) in 2011, The Committee on the Rights of Persons with Disabilities welcomed the ban on the institutionalisation of children under the age of three, but expressed concern about the state's focus on small group homes, rather than on models of independent living and community-based services.⁸ Similarly, the Committee on the Rights of the Child, in its concluding observations, commended the efforts to close large-scale institutions but recommended prioritising placement in a family environment, particularly for young children and children with disabilities.⁹

Additionally, the reforms were prompted by the accession process to the European Union, within which North Macedonia is obliged to align its social inclusion and human rights policies with the European Social Charter and the European Convention on Human Rights.

With the passing of the new Social Protection Act in 2019, a ban was introduced on placing children under the age of three in institutions, except in exceptional cases. This legislative amendment was one of the most significant outcomes of implementing international recommendations, yet children under three years of age continued to be placed in small group homes.¹⁰

Following the closure of residential institutions for children, the Republic of North Macedonia established a network of small group homes as a transitional alternative to community-based care. In practice, these homes operate under the umbrella of the former institutions and are most often housed in rented flats or houses located in residential neighbourhoods, within which the children are expected to meet their everyday needs.

⁷ National Deinstitutionalisation Strategy "Timjanik" 2018 – 2027.

⁸ Committee on the Rights of Persons with Disabilities. (2018). Concluding observations on the initial report of the Former Yugoslav Republic of Macedonia.

⁹ Committee on the Rights of the Child. (2022). Concluding observations on the combined third to sixth periodic reports of North Macedonia. <https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolNo=CRC%2FC%2FMKD%2FCO%2F3-6&Lang=en>

¹⁰ Hamilton and Bina, 2024.

However, despite their necessity, small group homes do not represent a standard solution that fulfils all the principles of the right to live in the community. Hence, the National Deinstitutionalisation Strategy 2018–2027 provides for the parallel removal of barriers in the environment and the provision of accessible housing, supported living and family-based solutions.¹¹ In this regard, in 2022 the Committee on the Rights of the Child welcomed the closure of large institutions but recommended prioritising placement in a family environment and the gradual replacement of small group homes, especially for young children and children with disabilities.¹² Additionally, the Committee on the Rights of Persons with Disabilities expressed concern about the focus on small group homes rather than independent living and community-based services, and called for a shift in resources from residential solutions to community support.¹³ At an operational level, the insufficient number of foster families, particularly specialised foster carers for children with disabilities and children with complex needs, leads to small group homes being consistently full and with limited intake of new cases.¹⁴

In essence, the current picture shows significant formal progress, such as the closure of institutions, the creation of a network of group homes in the community, and a legal ban on the institutionalisation of children under three years of age, but at the same time, there are structural limitations in the transition to family and supported care, which is reflected in a reliance on small group homes, a lack of family-based alternatives, staffing turnover, and infrastructural limitations. The guidelines from the National Deinstitutionalisation Strategy 2018–2027, as well as from international bodies, clearly call for the enhanced development of community-based services, accessible housing and independent living, and for the replacement of transitional solutions with permanent, family-based forms of care.

3.1.2. Legal and Institutional Framework

3.1.2.1. International standards and instruments

The international framework for the protection of children who are in conflict with the law or are placed in institutional and other forms of out-of-home care, is based on several key instruments adopted by international bodies, such as the United Nations and the Council of Europe, which the Republic of North Macedonia has signed and ratified, thereby undertaking an obligation to implement them.

¹¹ National Deinstitutionalisation Strategy "Timjanik" 2018–2027.

¹² Committee on the Rights of the Child, 2022.

¹³ Committee on the Rights of Persons with Disabilities, 2018.

¹⁴ Hamilton and Bina, 2024.

Given that this analysis is focused on children who are in some form of institutional or out-of-home care, the following analyses the international instruments that are more directly relevant to this category, namely those which establish the standards for the placement, treatment and protection of children in institutions and in the juvenile justice system.

The 1989 United Nations Convention on the Rights of the Child (CRC)¹⁵ is a fundamental international instrument that establishes universal standards for the protection, care, and implementation of the rights of all children. The Republic of North Macedonia signed the Convention in 1991 and ratified it in 1993, thereby committing to respect its provisions and to report regularly on progress in their implementation. The Convention introduces the universal concept of the child as a subject with their own rights, not just an object of protection, and establishes the principle that states are obliged to provide all necessary conditions for their development, safety and a dignified life. According to the Convention, a child is every human being who has not yet reached the age of eighteen, unless, under national law, the age of majority is reached earlier.

The States Parties are obliged to respect all the rights of the child, to act in its best interests, and to ensure protection from any discrimination. The Convention emphasises the needs of children as the most vulnerable group and their right to special protection, including legal, institutional and social support, especially when they are in conflict with the law or when they are deprived of family care. It incorporates obligations for states to guarantee humane treatment, prohibit torture and degrading treatment, and restrict deprivation of liberty as a measure of last resort, for the shortest possible period, and in conditions appropriate to the child's age and needs.

Regarding the family environment and alternative care, the Convention establishes that parents have the primary responsibility for the upbringing and development of children, and the state has an obligation to intervene only when parents are unable to provide care in the best interests of the child. In such cases, state authorities should provide an appropriate form of alternative care, such as foster families, adoption or institutional placement, always taking into account the best interests of the child. The Convention also contains additional standards for regulating adoption procedures and for monitoring the quality of care.

¹⁵United Nations. (1989). Convention on the Rights of the Child. <<https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>>

Particularly significant are the provisions for children with disabilities, which establish the state's obligation to provide conditions for a full and dignified life, self-confidence, and active participation in the community. The Convention promotes an inclusive approach in society and equal access to educational, health, and social services for all children.

In its most recent concluding observations from 2022, the Committee on the Rights of the Child notes that North Macedonia has made progress in its legislative framework and in the process of deinstitutionalisation, but indicates the need for the adoption of a new national action plan for the rights of the child, better inter-sectoral coordination and the establishment of a system for the regular collection and analysis of data on all categories of children, particularly those in vulnerable situations.¹⁶ The Committee also welcomes the implementation of the new human rights-based model for disability assessment, the National Deinstitutionalisation Strategy 2018–2027 and the legislative amendments enabling inclusive education for pupils with disabilities.

The Committee welcomes the deinstitutionalisation of children and the creation of a care system, but recommends the establishment of a monitoring mechanism for referrals to the care system, prioritising family care over institutional care, replacing small group homes with placements in a family environment, especially for young children and children with disabilities, and introducing quality standards and regular monitoring of child protection services. The Committee also points to the need to provide quality free legal aid for children in conflict with the law, the appointment of specialised judges and regular monitoring of the juvenile correctional centre in Tetovo and the prison in Ohrid, in order to fully protect children deprived of their liberty and ensure access to appropriate services.

The Convention on the Rights of Persons with Disabilities (CRPD)¹⁷ was adopted by the United Nations General Assembly in 2006. It establishes the legal and institutional framework for the protection, non-discrimination and full participation of persons with disabilities in all aspects of life. Its purpose is to ensure the full and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities and the respect for their dignity. The Convention bases its principles on respect for the autonomy and independence of persons, non-discrimination, their full participation and inclusion in society, equality of opportunity, accessibility, and respect for the developmental abilities of children with disabilities.

¹⁶ Committee on the Rights of the Child, 2022

¹⁷ United Nations. (2006). Convention on the Rights of Persons with Disabilities and Optional Protocol.

The guidelines make a clear distinction between family-based care (relatives, foster families, other forms of family or family-like placement) and institutional care, which should only be used when necessary and in the best interests of the child. For children under the age of three, family-based care is recommended exclusively, except in emergencies and for a short period of time.

The guidelines set out the principle of deinstitutionalisation, recommending that states develop strategies for the phased closure of large institutions and the development of small, individualised and family-oriented forms of care. In doing so, children should be placed as close as possible to their community and have the opportunity to maintain contact with their family and siblings, unless this is contrary to their best interests.

The Committee on the Rights of the Child, in its concluding observations on the Republic of North Macedonia, directly refers to the Guidelines, recommending the establishment of a functional system of monitoring, limiting institutional placement of children, and developing individualised services to support families.¹⁹

The United Nations Standard Minimum Rules for the Treatment of Prisoners (also known as the Nelson Mandela Rules)²⁰ were adopted by Resolution 70/175 of the UN General Assembly in 2015. They represent a revised version of the 1955 standards and establish universal minimum conditions for the humane treatment of all persons deprived of liberty. They are based on the principle that every prisoner retains their human dignity and fundamental rights, except those limited by the deprivation of liberty itself. The rules are not specifically aimed at young people's institutions, but their core principles also apply to such establishments, with the recommendation that young people should not be sentenced to imprisonment, and, where necessary, should be separated from adults.

The rules prohibit torture, inhuman or degrading treatment, as well as discrimination on any grounds. Special attention is paid to vulnerable groups, including women, young people and persons with disabilities, whose treatment must be adapted to their needs. Deprivation of liberty must not have a punitive character beyond the restriction of freedom, so institutions should provide conditions that support a rehabilitative and educational approach, with the aim of individuals being reintegrated into society upon their release.

¹⁹ Committee on the Rights of the Child, 2022.

²⁰ UNODC. The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules). <https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf>

The rules emphasise that healthcare in institutions must be equal to that in the community, with access to medical and psychological services, confidentiality of health information, and free care. The use of disciplinary measures, such as solitary confinement or physical force, is strictly limited and permitted only in exceptional cases, under supervision and for the shortest possible time. Contact with the outside world, particularly with family and legal counsel, must be allowed regularly and without unjustified restrictions.

The United Nations Standard Minimum Rules for the Administration of Juvenile Justice (known as the Beijing Rules),²¹ adopted in 1985, constitute a fundamental international instrument which sets standards for the way in which states should treat minors who are in conflict with the law, based on humanity, fairness and the protection of the dignity of minors at all stages of the proceedings. According to these rules, the primary aim of the juvenile justice system is the promotion of the minor's welfare and ensuring that any response to young offenders is proportionate to the circumstances of the offender and the offence. This principle limits the application of punitive sanctions and directs justice towards a rehabilitative and supportive approach, taking into account the child's age, family circumstances, and personal conditions.

Rule 19 stipulates that the placement of minors in an institution should be a measure of last resort and for the shortest possible duration. Institutionalisation is recognised as a measure that carries a risk of negative influences and isolation, and should therefore only be applied when no other suitable solution is available. The use of "open" institutions and educational or correctional establishments instead of prison-type facilities is recommended.

Rule 26 defines the objectives of institutional treatment, which are to provide care, protection, education, and vocational skills in order to prepare young people for a constructive role in society. According to this rule, minors should have access to social, psychological, medical and educational support appropriate to their age and personality, and should be separated from adults. In particular, special attention should be paid to girls, who must not receive less care or support than boys and should be allowed contact with their families.

²¹ <<https://www.ohchr.org/en/instruments-mechanisms/instruments/united-nations-standard-minimum-rules-administration-juvenile>>

The treatment of minors should be in accordance with the United Nations Standard Minimum Rules for the Treatment of Prisoners, insofar as they are applicable to their age, sex and individual needs. This entails decent accommodation, healthcare, nutrition, recreation and contact with the outside world, in accordance with the principles of humane treatment.

The rules also indicate the use of semi-institutional forms of support, such as day centres, educational or training programmes, and halfway houses, in order to facilitate the reintegration of young people into the community. Such arrangements are considered a necessary step between institutional care and full independence, allowing for a continuity of support after leaving the institution.

The United Nations Rules for the Protection of Juveniles Deprived of Liberty (known as the Havana Rules)²² of 1990, set out minimum international standards for the protection and treatment of juveniles who are deprived of liberty, in accordance with human rights and the Convention on the Rights of the Child. The fundamental principle on which they are based is that deprivation of liberty should be a measure of last resort and for the shortest possible duration, and that any placement must contribute to rehabilitation and reintegration into society.

The rules emphasise that minors should be treated with respect for their dignity, without discrimination on the basis of sex, ethnic origin, disability, social origin or other status. States are obliged to ensure that conditions in the facilities will respect their fundamental human rights, provide activities that encourage development, self-esteem and responsibility, and prevent negative influences from the environment.

Minors in detention or placed in institutions should have access to education, vocational training, and health and psychological care, ensuring their proper development and preparation for reintegration into society. Education should, as far as possible, be provided in regular community schools, and every young person should have the right to appropriate instruction, vocational training, and recreation.

Regarding the conditions of accommodation, the institutions are required to be small, with decent conditions, privacy and hygiene, and access to light, fresh air and recreational activities. Minors should be separated from adults, except when they are members of the same family, and the number of people in the institutions should be limited to allow for individual treatment.

²² United Nations. (1990). United Nations Rules for the Protection of Juveniles Deprived of their Liberty. <https://www.unodc.org/pdf/criminal_justice/United_Nations_Rules_for_the_Protection_of_Juveniles_Deprived_of_their_Liberty.pdf>

Particular emphasis is placed on the right to family contact, through regular visits, communication and temporary leave from the institution for educational or family purposes. Strict limitations are also provided for the use of force, isolation, and disciplinary measures, which must not harm the child's physical or mental health. All forms of corporal punishment, solitary confinement, and restriction of contact with the family are prohibited as sanctions.

The rules also introduce mechanisms for oversight and appeals, providing for regular and unannounced inspections by independent bodies and the possibility for minors to lodge complaints with judicial or administrative authorities, with the support of parents, guardians or legal representatives. The document also highlights the need for training and professional integrity for staff working in the institutions, with an emphasis on understanding child psychology, humane treatment, and respect for the privacy and health of young people.

The Council of Europe's European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment,²³ adopted in 1987, is the first international instrument to create a system for the active prevention of torture, rather than merely sanctioning its commission. Its essence lies in establishing a mechanism of regular and independent supervision over all places where persons may be deprived of their liberty by order or decision of a public authority, police stations, prisons, detention centres, juvenile correctional institutions, psychiatric institutions and other establishments.

The Convention establishes a system of a preventive and non-political character, based on regular visits to places where state authorities hold persons in custody, correctional institutions, psychiatric establishments, or other forms of deprivation of liberty. The Convention has an exclusively preventive purpose; it does not establish liability or conduct judicial proceedings, but rather, through dialogue, monitoring and advisory recommendations, it encourages the state to ensure humane treatment of all persons deprived of their liberty.

The main body established by this Convention is the European Committee for the Prevention of Torture. The Committee has a mandate to carry out visits to all member states that have ratified the Convention, in order to examine the way in which persons deprived of their liberty are treated and to propose improvements with a view to enhancing their protection.

²³ European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). (2002). European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment. <<https://rm.coe.int/16806dbaa3>>

The Committee has the right of unrestricted access to all places of deprivation of liberty, to speak with detained persons and to gather information from all relevant sources. After each visit, the Committee prepares a confidential report with recommendations to the state, which is obliged to cooperate and take measures to improve conditions.

The obligations of the States Parties are aimed at full cooperation with the Committee, allowing visits without restrictions, providing information on all establishments where persons deprived of their liberty are held, and guaranteeing access to the necessary documentation. If the state fails to cooperate or to improve conditions in accordance with the recommendations, the Committee is authorised, after consulting with the state, to issue a public statement on the situation in that country.

The Convention obliges States to provide full cooperation with the Committee, including free access to all facilities, information and documents relating to persons deprived of their liberty. These persons must be treated in a humane, dignified, and lawful manner, and States must ensure conditions that respect human dignity, including adequate nutrition, hygiene, access to healthcare, and the opportunity to contact family or legal counsel.

In a broader sense, the Convention is not only aimed at penal and correctional institutions, but also at all forms of deprivation of liberty, including institutions for child care, persons with psychosocial difficulties or persons with disabilities. It stipulates that every person, regardless of age, condition, or the reason for deprivation of liberty, has the right to be protected from all forms of torture, ill-treatment or degrading treatment.

By ratifying the Convention, the Republic of North Macedonia undertakes to ensure continuous, independent and effective supervision of all places of deprivation of liberty and to implement measures that prevent the occurrence of torture or ill-treatment. This obligation is particularly significant in the context of institutions housing minors, persons with disabilities, or persons undergoing resocialisation, where the state has a duty not only to punish but, above all, to protect their rights and dignity.

Through its standards and practical guidelines, the Committee specifies the meaning of the Convention, establishing minimum rules and recommendations that States must observe with regard to all persons deprived of their liberty, including children and persons in institutional care. The standards emphasise the obligation of states to treat all persons in detention, institutions or other restricted environments with humanity and dignity, and to ensure protection from physical, psychological or verbal violence, as well as from degrading treatment. For children deprived of their liberty, the Committee emphasises that deprivation of liberty should be a measure of last resort and for the shortest possible duration, in accordance with Article 37 of the Convention on the Rights of the Child.²⁴

Particular emphasis is placed on the conditions in institutions where minors are accommodated, which should provide a non-carceral environment, with individual rooms, adequate hygiene and access to daylight. Accordingly, minors should have daily physical activity, education and vocational training equivalent to that available in the community, as well as an individual support and rehabilitation plan that will enable their reintegration upon release.

The Committee recommends the complete separation of children from adults, as well as the presence of specialised staff – psychologists, educators and social workers, who should provide constant support and prevent violence or abuse among young people. The use of force and disciplinary measures must be strictly limited and proportionate, and isolation as a punishment should not last more than three days, nor be used for educational purposes.

With regard to social care institutions, the standards extend the application of the Convention to persons who are de facto deprived of their liberty, even though they are formally considered to be voluntary users.²⁵ The Committee warns that such cases present a high risk of abuse and calls on States to establish clear legal safeguards and oversight mechanisms.

The Committee recommends that accommodation in social institutions should be in small, humane conditions, with no more than four people per room, separate sanitary facilities for men and women, personal space and the opportunity for privacy. Individuals should have daily access to the outdoors, access to healthcare and dental care, nutrition that meets their needs, and an individual care plan that promotes rehabilitation and resocialisation.

²⁴European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). (2015). Juveniles deprived of their liberty under criminal legislation. <<https://rm.coe.int/16806ccb96>>

²⁵European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). (2020). Persons deprived of their liberty in social care establishments.

The standards also prohibit mechanical restraints and "quick" medical interventions without a clear medical indication, as well as the custody of individuals by staff from the same institution, as this creates a conflict of interest. Each institution must provide an internal and external complaints mechanism, access to an independent supervisory body, and regular unannounced visits from external inspectors or the ombudsman.

3.1.2.2. National legal and strategic framework

The Law on Juvenile Justice regulates the procedure for children at risk and children who have committed acts that are legally classified as criminal offences and misdemeanours, as well as the application of measures of assistance and protection, educational and alternative measures, and penalties.²⁶ The objectives of the Law and its implementation are to prioritise the interests and protection of children from crime, violence and any form of threat to their freedoms and rights, and to ensure their proper development; the protection of children who commit acts which are legally classified as criminal offences and misdemeanours, and from reoffending, their socialisation, upbringing and reeducation; assistance and care for children and protection in proceedings before the court and other authorities of their freedoms and rights guaranteed by the Constitution of the Republic of North Macedonia, the CRC and other international treaties on the status of children, ratified in accordance with the Constitution of the Republic of North Macedonia. The fundamental principle upon which the Law is based is the protection of the best interests of the child, which entails action and decision-making where the interests of the child for their protection, upbringing, reupbringing, and proper growth and development are of primary importance, and the effects that such action or decision-making has on the child.

According to the Law, the detention of a child and the imposition of a remand order are applied only as a last resort in the proceedings and only under conditions and for a duration specified by this Law. The application of the measures and sanctions provided for in this Act and the handling of the child are regulated in the interest of the child's protection, upbringing, re-education and proper development.

Children under the age of 14 cannot be sanctioned and measures of assistance and protection apply to them, to be provided by the Centre for Social Work, educational, social, and health institutions. For children aged 14 to 16, only educational measures may be imposed, while for children aged 16 to 18, educational measures may be imposed, and in exceptional cases, punitive or alternative measures, when this is the only way to achieve the purpose of the law.

²⁶Law on Juvenile Justice, "Official Gazette of the Republic of North Macedonia", No. 66, 20 March 2024.

Educational measures include a reprimand, enhanced supervision by a parent, guardian, a specialised foster family, or the Centre for Social Work, as well as institutional measures which include referral to an educational institution or a training and correctional home. Institutional measures are applied when longer-term upbringing, re-education or treatment is required, and when the complete separation of the child from their current environment is necessary.

The measure of referral to a care institution is imposed to provide expert supervision and support for the child, for a period of six months to three years, during which the court regularly reviews the justification for continuing or replacing the measure based on reports from the institution. In accordance with the Act, this function is performed by the Public Institution for Child Care with Educational and Social Problems and Disorderly Conduct – Skopje.

The measure of referral to a correctional and educational institution is imposed when more sustained and intensive educational and re-educational activities are required, and when complete separation from one's environment is necessary. In a correctional and educational institution, a child remains for a maximum of five years, or until the age of 23, under mandatory court supervision with regular progress reports. Children are placed in a correctional care home if they have dropped out of primary education or have never started the educational process, which is a clear indicator of parental neglect and the dysfunction of the family of origin.²⁷

During the execution of educational and custodial measures, the child has the right to education, vocational training, healthcare, and activities that contribute to their resocialisation. When selecting an appropriate measure, the court assesses the child's age, psychophysical condition, the circumstances in which they grew up and lived, the gravity of the offence, and the possibilities for educational intervention, in order to ensure a treatment appropriate to their needs and potential.

The aim of the sanctions is to ensure the upbringing, reeducation and proper development of the children by providing them with protection and assistance, exercising supervision over them, providing their professional training and developing their personal responsibility.

²⁷ Chekalovikj, M. (2023). FAMILY VIOLENCE AS AN INDICATOR FOR THE DEVELOPMENT OF CHILD DELINQUENCY. National Network against Violence towards Women and Domestic Violence – Voice against Violence. <<https://glasprotivnasilstvo.org.mk/wp-content/uploads/Semejnoto-nasilstvo-kako-indikator-za-detsko-prestapnistvo-1.pdf>>

The Public Institution Centre for Social Affairs – Skopje monitors the social risks associated with the Law on Justice for Children, namely children at risk and children in conflict with the law, as well as its implementation within the social protection system and the application of assistance and protection measures for this category of beneficiaries.

The Law on the Execution of Sanctions²⁸ establishes a broad list of rights for every convicted person and for a child to whom a custodial educational measure of referral to a correctional and educational institution has been imposed, which apply for the entire duration of the sentence or measure. The Law provides for the right to accommodation, clothing and bedding, personal hygiene and nutrition, as well as the right to treatment, rest, pension and health insurance, information, satisfaction of religious needs, contact with the outside world (correspondence, telephone calls, visits), receipt of parcels, entering into marriage, legal assistance and updating personal documents. Accommodation standards imply e rooms that meet basic hygienic and climatic conditions, with sufficient daylight, ventilation, sanitary facilities, heating and lighting suitable for work and reading, with an individual bed, chair and wardrobe for each person. Accommodation at night is, as a rule, in separate rooms with appropriate supervision, whereas communal rooms require careful selection of groups to prevent negative influences.

The rights to clothing and bedding imply that the child may use their own, and if they do not have them, the institution is obliged to provide them. The right to personal hygiene requires the institution to provide the facilities and equipment for maintaining hygiene, while the right to nutrition entails three meals a day at regular times and with a nutritional minimum that ensures good health, with clear standards for food preparation. As part of resocialisation, treatment is provided through regular and specific programmes, work, education, leisure activities, sport and recreation, as well as medical and psychological support.

The special regime for children provides for serving the sentence in a separate correctional institution, separate from adults, with boys and girls housed separately. In doing so, the institutions must provide only the security barriers necessary to prevent escape, which are to be arranged in such a way as to avoid causing physical injury in the event of an attempted escape. A key principle is individualisation, which means that the number of children in a facility, and the organisation of an "open unit", should be planned so that a child gradually progresses towards a less

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Law on the Execution of Sanctions, "Official Gazette of the Republic of North Macedonia" No. 99, 21 May 2019

restrictive environment, provided they demonstrate self-discipline and there is no risk of escape. The admission procedure should minimise the psychological negative effects of deprivation of liberty. Night-time accommodation is, as a rule, in separate rooms, except when a lack of space means that more than one child stays in a room, but the number must not exceed five and constant supervision is provided.

Education is compulsory, with the institution organising teaching for primary and secondary education. When this is not possible, the children attend a school in the local area. Concurrently, vocational training programmes and work tasks are provided, which are adapted to the child's physical and psychological abilities, interests, and the facility's capabilities. The daily schedule provides for systematic sport and leisure activities (two hours a day outdoors or in a hall), cultural and recreational activities, and time for vocational training and education. Healthcare is provided according to developmental needs, with regular medical check-ups, informing the family/guardian, consent for hospital treatment, and systematic examinations twice a year. Family contact is encouraged through the opportunity for leave twice a year (for up to 14 days outside of term time), subject to behaviour and commitment to learning.

Contact with family and the community is guaranteed through unlimited visits from immediate family within the house rules, correspondence with parents and loved ones, with the possibility of expanding this circle with the director's approval, as well as receiving parcels (clothing, personal items, books, newspapers) and money which is spent in accordance with the house rules. The diet in the correctional and educational home is organised into three meals a day, with a higher prescribed energy minimum for children, and a special regime for the sick. Clothing and footwear are provided free of charge for those who cannot afford them. The home is obliged to meet the most essential needs of children who, through no fault of their own, are not in work and have no means of support.

The imposition and enforcement of educational measures have a clear resocialisation objective, namely protection, education, upbringing, reeducation, socialisation, assistance and care for the proper development of the individual. The measure of referral to a correctional and educational institution lasts for a minimum of one and a maximum of five years, or until the age of 23, and can only be imposed once. Upon admission, the professional team develops an individual plan, according to which the treatment programme, education, and practical training are carried out; the children are arranged into small educational groups according to their age and personal characteristics, in order to enable an individualised approach and to prevent negative influences.

Disciplinary measures are limited and proportionate. Solitary confinement as a special measure for maintaining order and discipline is not permitted for children. For more serious offences, temporary seclusion in a separate room for five to seven days may be used, during which the professional team conducts targeted corrective activities; the seclusion may also be postponed if the goal can be achieved without it. In March 2024, amendments to the Act were adopted, which include UNICEF's recommendation to separate girls from adults in correctional facilities.²⁹

The Law on Social Protection³⁰ establishes the system and organisation of social protection, the rights of beneficiaries, the types of services and the manner of their provision. The Law establishes that social protection is not limited to monetary rights, but includes services and measures aimed at supporting the individual in all spheres of life, including education, health, housing, and family and child care. With the new 2019 text of the Law, some of the rights and services contained in the previous Law were changed and/or reformulated, and at the same time, a significant number of completely new social protection rights and services were also provided for, such as in-home, community-based and out-of-home care services.³¹ The development of this type of service is in line with the goals of the deinstitutionalisation process, which should contribute to facilitating and supporting the relocation of users from social care institutions on the one hand, but also to prevent further institutionalisation and re-institutionalisation, through support at home and in the community, on the other hand.³² The Law also enabled the introduction of specialised foster families for children with complex needs, including children who are victims of domestic violence, children at risk, children in conflict with the law, and children with disabilities.³³

The Act introduces core principles that ensure the protection and participation of service users: participation, individualisation, empowerment, respect for integrity, privacy, the best interests of the child and the least restrictive environment. The user, and in the case of children in accordance with their age and maturity, has the right to participate in the assessment of their situation, the choice of services and provider, as well as in the preparation of an individual plan. These principles are particularly important in the context of children who are outside of family care, for whom support is provided based on their needs and potential.

²⁹ European Commission. (2024). North Macedonia 2024 Report

³⁰ Law on Social Protection, "Official Gazette of the Republic of North Macedonia" No. 104, 23 May 2019.

³¹ Helsinki Committee for Human Rights. (2021). 10 years since the ratification of the Convention on the Rights of Persons with Disabilities. <<https://mhc.org.mk/wp-content/uploads/2021/12/10-godini-ratifikacija-na-kplp.pdf>>

³² Helsinki Committee for Human Rights, 2021.

³³ Bojadzhi, V. (2020). Alternative report of non-governmental organisations on the situation of the rights of the child in Macedonia. First Children's Embassy in the World "Megjashi".

In the area of out-of-home care, the Act provides for several services: supported living, foster care, and placement in an institution. Supported living is provided in a separate residential unit, with assistance from professional or other personnel in carrying out the basic and instrumental activities of daily living. Supported living is provided for persons with disabilities and for children without parental care over the age of 14 until they complete their secondary education, with the aim of preparing them for independent living. The support can be intermittent, daytime, or 24-hour, and a single supported living unit can accommodate up to five people, or seven children without parental care.

Foster care is a key form of protection and includes general, specialised, respite, emergency and kinship foster care. General foster care provides 24-hour care and meets the basic needs of children and individuals without family support. Specialised foster care is intended for children who are victims of domestic violence, children at risk, children in conflict with the law, and children with disabilities. This provision enables the development of specialised foster families for children with complex needs, which is a significant part of the national policies on deinstitutionalisation. Intervention care is applied in emergency situations, until a permanent solution is found, while respite care provides short-term care when carers need a break, therapy or treatment. The Centre for Social Work can place a maximum of five people in one foster family, taking into account the family's accommodation conditions and possibilities.

The law provides for several types of out-of-home social care institutions: 1. a residential home; 2. a home for assistance and care; 3. a correctional institution; 4. a treatment and rehabilitation institution; 5. a group home and 6. a reception centre for asylum seekers. Placement in an institution is the most restrictive form of out-of-home care, but it remains significant for categories of beneficiaries with no other care options. For children, this service includes education, upbringing, life skills development, and cultural and recreational activities. For children in conflict with the law placed in a correctional institution, the service also includes resocialisation, reintegration, upbringing, access to education and educational support, organised leisure activities and other resocialisation services, in accordance with the Children's Justice Act.

The Law on the Protection of Children³⁴ establishes the basic framework for the implementation, promotion, and protection of children's rights, treating the protection of the child as a public interest activity. The aim of the Act is to ensure living conditions that will enable the full physical, mental, emotional, moral and social development of every child. Protection is implemented through the implementation of rights, financial and institutional support, as well as through the development of services and institutions at national and local levels. The state and units of local self-government are obliged to provide adequate support for parents in the care and upbringing of children and to establish an accessible network of childcare facilities, such as nurseries, day centres and community-based services.

The law is based on the principles of protecting the right to life and development of the child, respect for the best interests of the child, equal access and non-discrimination, respect for freedom, security and personal dignity, the right to expression, association and education, as well as providing conditions for a healthy life. These principles are fully in line with the CRC and form the basis for public policies and institutional practices aimed at improving the situation of children.

The law defines a child as a person up to the age of 18, and for those with physical or intellectual disabilities, protection continues until the age of 26, thereby recognising the need for extended support and inclusion. The rights of the child are secured through various forms of support, such as child benefits, early childhood development services, social and health services, institutional and non-institutional care, and special programmes for vulnerable families.

Although the legal framework is largely aligned with international standards and EU law, its implementation remains a challenge due to issues with accountability, capacity, oversight and funding.³⁵

³⁴ Consolidated text of the Law on the Protection of Children, which includes: the Law on the Protection of Children ("Official Gazette of the Republic of North Macedonia" No. 23/13); the Law amending and supplementing the Law on the Protection of Children ("Official Gazette of the Republic of North Macedonia" No. 12/14); Amendment and Supplementation of the Law on Child Protection ("Official Gazette of the Republic of North Macedonia" No. 44/14); Amendment and Supplementation of the Law on Child Protection ("Official Gazette of the Republic of North Macedonia" No. 144/14); Law on Amendments and Supplements to the Law on the Protection of Children ("Official Gazette of the Republic of North Macedonia" No. 10/15); Law on Amendments and Supplements to the Law on the Protection of Children ("Official Gazette of the Republic of North Macedonia" No. 25/15); Law on amending and supplementing the Law on the Protection of Children ("Official Gazette of the Republic of North Macedonia" No. 150/15); Law on amending and supplementing the Law on the Protection of Children ("Official Gazette of the Republic of Macedonia" No. 192/15); Law on Amendments and Supplements to the Law on the Protection of Children ("Official Gazette of the Republic of Macedonia" No. 27/16); Law on Amendments and Supplements to the Law on the Protection of Children ("Official Gazette of the Republic of Macedonia" No. 163/17); Law on Amendments and Supplements to the Law on Child Protection ("Official Gazette of the Republic of Macedonia" No. 21/18"); Law on Amendments and Supplements to the Law on Child Protection ("Official Gazette of the Republic of Macedonia" No. 198/18); Law on amending and supplementing the Law on the Protection of Children ("Official Gazette of the Republic of North Macedonia" No. 104/2019); the Law on Amendments and Supplements to the Law on Child Protection ("Official Gazette of the Republic of North Macedonia" No. 146/19) and the Law on Amendments and Supplements to the Law on Child Protection ("Official Gazette of the Republic of North Macedonia" No. 275/19) and the Law amending the Law on the Protection of Children ("Official Gazette of the Republic of North Macedonia" No. 311/20).

³⁵ European Commission, 2024.

Furthermore, the best interests of the child are very often more of a declarative than a substantive guiding principle for the protection of children's rights within the family, in health and educational institutions, and especially by social services.³⁶

The National Deinstitutionalisation Strategy "Timjanik" 2018–2027³⁷ was adopted by the Government in 2017 and is a key strategic document for the reform of the social protection system, aimed at enhancing the rights and dignity of persons in institutional care. The Strategy defines deinstitutionalisation as the process of closing institutions and simultaneously developing community-based services, based on the standards of human rights, participation and inclusion.

The Strategy's core vision is to establish a social services system based on respect for human rights, which ensures equal access, inclusion, and respect for the individual needs and choices of service users. It promotes an approach where community care is not just a spatial transformation, but a fundamental change in the way services are provided, by empowering individuals to lead an independent and dignified life. Deinstitutionalisation is based on four main objectives: the transformation and closure of institutions, the relocation of users into the community, the development and provision of community-based services, and the prevention of new institutionalisation.

The Strategy emphasises that institutional care is inefficient and harmful, as it leads to the depersonalisation, isolation and dependency of the users. The document recognises deinstitutionalisation as a "public good", which provides a general benefit through better care, the strengthening of users' rights, and a better quality of life for the entire community.³⁸

The strategy envisages the complete transformation of existing residential care institutions and their replacement with community-based support and living services. However, the aim is not the complete abolition of all forms of accommodation, but their transformation into small, flexible, and humane solutions, such as small group homes with a maximum of six people and supported living models. These forms are intended to provide individualised care, support for independent living, and integration into the community.

³⁶ Bojadzhi, 2020.

³⁷ Bojadzhi, 2020.

³⁸ Hamilton and Bina, 2024.

According to UNICEF's assessment, the Strategy represents an important step towards European standards, but its implementation faces serious limitations and some children continue to be placed in small group homes, particularly children with special educational needs, disruptive behaviour or Roma children, for whom it is more difficult to secure care in a family environment.³⁹

A special emphasis in the Strategy is placed on the transformation of the children's institutions and the Special Institution in Demir Kapija, which are identified as priorities due to poor conditions and the need for humane treatment of the residents. For children, the aim is to replace institutional care with family or family-like care, including foster families and supported living. The strategy promotes the idea that every child should grow up in a family environment and have access to mainstream education, a peer group, and community activities.

However, community-based services are underdeveloped, which makes it difficult to transition children into family settings.⁴⁰ Alternatives for independent living, personal assistance and support services for biological families are lacking, which limits the long-term sustainability of the process, particularly for children with disabilities.⁴¹

The strategy calls for the closure/transformation of residential institutions and a shift to community-based services, which represents not just a physical relocation, but a transformation of power relations, the dismantling of the departmental system, the abandonment of uniforms and the promotion of teamwork, a project model and key workers who lead personalised plans. The new system relies on personalised care, cross-sectoral work and continuous training. Hence, the Strategy provides for strengthening community-based working competencies (advice centres, mobile teams, in-home support, supported living), as well as the licensing of providers and professionals and the establishment of case management. It is the staff from institutions who must be retrained and supported for their new roles (home support, coordination with schools/health services), as otherwise, there is a risk that the "institutional logic" will transfer to the new services.⁴²

The strategy envisages the development of diverse and adaptable support services, varying in scope and intensity, and including home help and care, day centres, rehabilitation/reintegration, resocialisation, respite care services, temporary accommodation, halfway houses, supported living, foster care and, exceptionally and temporarily, placement in small residential units.

³⁹ Hamilton and Bina, 2024.

⁴⁰ Hamilton and Bina, 2024.

⁴¹ Hamilton and Bina, 2024.

⁴² Hamilton and Bina, 2024.

For children, the Strategy sets family or family-like care as the standard, including foster families, kinship care and supported living (for older adolescents/young people), with intensive support for inclusion (mainstream school, peers, community activities). Return to the home community is recommended as a principle, but with the child's right to choose where to live. The strategy provides for increasing the number and quality of foster families, including specialised foster care for children with disabilities or complex needs, and reforming adoption procedures.

The strategy recognises small group homes as a transitional tool in the transformation, with a clear limitation that they must not become the standard solution. They should be small (up to six people), open to the community, with personalised plans and with the aim of transitioning to family-based or independent living. However, practice indicates an over-reliance on small group homes, due to a shortage of foster families and intensive in-home services.⁴³

Although the Strategy prioritises children with disabilities, there remains an insufficient focus on other categories of so-called "hard-to-place" children, which include children at risk of offending and children with behavioural difficulties, who, due to a lack of necessary services, often end up in small group homes intended for educational and social problems, which is not always appropriate for their needs.⁴⁴

The National Strategy for the Rights of Persons with Disabilities 2023 – 2030⁴⁵ is a key document for implementing the CRPD and for ensuring their full inclusion in all spheres of social life. The Strategy complements the National Deinstitutionalisation Strategy 2018–2027, ensuring continuity in the transition process to community-based services and enhancing opportunities for independent living for persons with disabilities. The Strategy is based on a human rights-based approach and establishes equality, accessibility and independent living as key principles in the development of policies and services for people with disabilities.

In the priority strategic area – Child, Social Protection and Independent Living, the Strategy emphasises the need to improve the child and social protection system to create conditions for independent living and integration into the community. The main objective is to ensure increased coverage and access to quality services for people with disabilities and their families by 2030, in support of independent living and an adequate standard of living.

⁴³ Hamilton and Bina, 2024.

⁴⁴ Hamilton and Bina, 2024.

⁴⁵ National Strategy for the Rights of Persons with Disabilities 2023 – 2030

The strategy provides for the development and expansion of supported living services, personal assistance, day centres, as well as early intervention services and counselling support for families. It also emphasises the importance of the accessibility of all public services and facilities, the adaptability of the education system, and support for the parents and carers of children with disabilities. One of the measures envisaged by the Strategy is a coordinated approach between the Ministry of Labour and Social Policy, the Ministry of Health and the Ministry of Education in the development and provision of these services.

With regard to children, the Strategy emphasises that the priority is to provide an opportunity for growth and development in a family environment and to prevent their institutionalisation. An increase in the number of small group homes and the development of alternative forms of care are envisaged, alongside improving access to educational and health services.

In the area of independent living, the Strategy establishes an obligation to create a system of supported housing and accessible services in the community, with a focus on people with intellectual and psychosocial disabilities. It is stipulated that by 2030, a network of licensed providers of supported living will be established, alongside an expansion of capacity for day and rehabilitative support.

The National Strategy for Prevention and Child Justice 2022 – 2027,⁴⁶ together with the **2022 – 2023 Action Plan**, is a key document that guides state policy towards establishing a child-centred justice system that adheres to international standards and the recommendations of the Convention on the Rights of the Child. The Strategy is implemented by the State Council for the Prevention of Juvenile Delinquency, an autonomous body established in 2009, whose role is to monitor and evaluate the application of legislation and policies on juvenile justice.

The Strategy's core vision is to create a justice system that respects the individuality of each child, recognises their needs and provides the conditions for personal development, rehabilitation and reintegration into society. Under the umbrella term "children (at risk of being) in contact or conflict with the law", the document covers all categories of children who may come into contact with the justice system, namely children at risk, children in conflict with the law, child victims and child witnesses to crime.

⁴⁶ National Strategy for Children's Prevention and Justice in the Republic of North Macedonia (2022 – 2027) and Action Plan (2022 – 2023).

This broad scope confirms the commitment to address not only the consequences but also the causes that bring children into contact with the system, with an emphasis on prevention and community support. Of particular importance is the principle that children below the minimum age of criminal responsibility must not be treated as offenders, but as children in need of special care, protection and support within their own family. In exceptional cases, where out-of-home placement is necessary, it should be in a family environment, with regular judicial supervision and for the shortest possible period.

The Strategy is built upon core principles that define the approach to justice for children and include: the right to life, survival and development, the application of the best interests, dignified and compassionate treatment, active participation and the right to be heard, protection from violence and exploitation, non-discrimination, confidentiality and privacy, legal certainty, as well as an obligation for institutional placement and deprivation of liberty to be measures of last resort. These principles are present throughout the document and provide practical guidance on how the day-to-day treatment of a child should look, from the first contact with the police, through the prosecution and trial phase, to the enforcement of measures and reintegration into the community.

In accordance with international standards and the CRC, the Strategy strongly encourages the use of community-based measures as the primary approach for working with children in conflict with the law. These measures are intended not only to prevent reoffending but also to enable the child to take responsibility for their actions and to resume their constructive role in society. The Strategy recognises several forms of community measures: diversion measures whereby cases are steered away from the formal court process; alternatives to custody during the investigation phase; non-custodial sanctions that replace institutional measures with supervision and rehabilitation in the community; and restorative justice, which through mediation between the victim and offender, family conferences or community service, allows for the repair of harm and the reestablishment of a relationship with the community.

Although these mechanisms exist in the legal framework, their application in practice is limited. Data from 2017 to 2020, presented in the Strategy, show that deterrent measures and mediation are rarely used, and the number of alternative measures is small. Thus, in 2020, public prosecutors applied deterrent measures to only 23 children, while alternative measures were imposed on five children, all of whom were male.

Community service was not applied at all. The courts rarely refer cases to mediation, while public prosecutors' offices show a small but stable positive trend. These figures clearly illustrate the gap between legislative possibilities and practical implementation. The system still relies much more on formal proceedings than on community-based solutions, which limits the educational and resocialising potential of the measures.

In the section concerning deprivation of liberty, the Strategy adopts the basic standards from the CRC and specifies them in a national context. Deprivation of liberty is defined as a measure of last resort, which must be proportionate and of the shortest possible duration. The document emphasises that the aim of any form of detention is the social reintegration of the child, not punishment. To this end, children must be provided with education, vocational training, recreational activities, contact with their family, healthcare and psychosocial support. Particular emphasis is placed on the need to separate children from adults, regular medical examinations, protection from violence, and the establishment of a complaints system and independent oversight.

In accordance with the National Deinstitutionalisation Strategy 2018–2027, the Strategy stipulates the gradual closure of large institutions and their transformation into small organisational units with a family-based model, integrated into the local community. Thus, the institutions that previously cared for children with educational and social problems and behavioural disorders now function as small group homes in separate locations, using the same community resources as other citizens.

In addition to measures for rehabilitation and resocialisation, the Strategy also emphasises the importance of the active participation of children in all stages of the justice process, which means that their views, thoughts, and concerns should be taken into account when making decisions that directly affect them, and procedures should be understandable and adapted to the child's age and maturity. Furthermore, children should have access to information, support from legal representatives and trained professionals, and the processes should be free from discrimination, stigmatisation, and excessive formality.

The National Action Plan for the Rights of the Child in the Republic of North Macedonia 2025–2029⁴⁷ is a key national document that renews the state's policy in the field of children's rights after a pause of almost a decade, given that the previous plan expired in 2015.

⁴⁷ National Action Plan for the Rights of the Child in the Republic of North Macedonia 2025 – 2029

The preparation of the Action Plan came several years after the Committee on the Rights of the Child expressed concern that following the expiry of the National Action Plan for the Rights of the Child in 2015, no new action plan or other strategic document specifically covering children's rights has been developed, and called on the Government to increase its efforts to develop a comprehensive policy and strategy for children, covering all areas of the CRC, and to provide adequate human, technical, and financial resources for its implementation.⁴⁸ The new Action Plan, adopted in 2025, directly addresses this recommendation and provides a framework for the integrated implementation of children's rights.

The document is aligned with European standards and policies, particularly the European Union Strategy on the Rights of the Child, the European Child Guarantee and the Council of Europe Strategy on the Rights of the Child. The Action Plan does not duplicate existing national strategies, but rather ensures coordination and synergy with other instruments concerning children. Furthermore, the document states that despite the progress made in the legislative and strategic framework, in the Republic of North Macedonia, challenges persist related to child poverty, access to quality education and healthcare, violence and neglect, as well as insufficient support for children with disabilities and children at risk.

In the section dedicated to the family environment and alternative care, within the framework of the fourth priority area, the Action Plan provides for strengthening and expanding the network of foster families, especially specialised foster families for children with disabilities and children at risk, as well as support for children in alternative care during the transition to independent living, through the development of a Life Skills Programme and the development of counselling and mentoring services.

In the fifth priority area dedicated to children with disabilities, the document refers to the CRPD and the CRC, establishing an obligation to create an inclusive society in which all children can live with dignity and actively participate in their community. The activities include early identification of disability, accessibility of public services, local support centres, and personalised rehabilitation and educational support programmes.

⁴⁸ Committee on the Rights of the Child, 2022.

The National Strategy (2020 – 2025) and the Action Plan (2020–2022)⁴⁹ for the Prevention and Protection of Children from Violence are based on the obligations arising from the Convention on the Rights of the Child and other international instruments, with the aim of ensuring systemic and comprehensive protection for children from all forms of violence. The document is based on the fundamental principles of non-discrimination, the best interests of the child, the right to life, survival and development, as well as the right of the child to active participation in all matters that concern them.

The Strategy emphasises the role of the state in providing mechanisms for prevention, identification and intervention in cases of violence, as well as in promoting a culture of zero tolerance towards violence. It highlights the need for multisectoral cooperation between institutions in the areas of social protection, education, health and policing, as well as the active involvement of the family and the community in safeguarding processes.

Particular attention is paid to children who are at increased risk of violence, such as street children, children without parental care, and those in institutions, including correctional and reformative homes and juvenile prisons. Research conducted among children in these institutions indicates high exposure to physical and emotional abuse, neglect, and chronic stress.

Within the fifth strategic area – Protection and support for children in the juvenile justice system, there is a provision to strengthen the mechanisms for the protection, rehabilitation and support of children who come into contact with the justice system. All decisions concerning children are to be made in accordance with the principle of the best interests of the child. Children who come into contact with the justice system should have facilitated access to, and be provided with, free and effective legal assistance, particularly when they are deprived of their liberty. For children in conflict with the law, conditions and appropriate programmes must be created for their rehabilitation, resocialisation and reintegration into the community, as well as specialised programmes for child offenders. In doing so, it is crucial to develop alternative measures and mediation, while institutionalising children should be a last resort. Strengthening the capacities of experts in the juvenile justice system is essential for the effective implementation of protection, rehabilitation and support mechanisms for children in contact with the juvenile justice system.

⁴⁹ National Strategy (2020 – 2025) and Action Plan (2020 – 2022) for the prevention and protection of children from violence.

3.1.3. Institutional context and characteristics of the facilities

Small group homes have been established as a key part of the deinstitutionalisation process in the Republic of North Macedonia, with the aim of providing an alternative to large institutions and enabling conditions closer to community living. They are places where a group of people who need support live together and receive support from professionals and other workers who provide care, in residential units within the community.

Following the closure of all residential institutions for children, North Macedonia established a network of small group homes, which often operate under the auspices of the former institutions and are housed in rented flats or houses. For the most part, these are units with five to eight children or adults per home, and the total number of public small group homes recorded in 2024 is around 36, with additional capacities managed by non-governmental organisations, with the number of children accommodated varying⁵⁰ over time.

Although small group homes represent a better and more humane model of care compared to old-type institutions, the National Deinstitutionalisation Strategy (2018–2027) warns that they should not be considered a standard solution that fulfils all the principles of the right to live in the community.⁵¹ At the same time, it is essential to develop in parallel a system of supported living, accessible housing and family-based care models that ensure genuine integration and independence.

In essence, small group homes do not always provide care that is similar to a family environment. Shift work and the high staff turnover limit the creation of stable emotional bonds with the children, and a large number of them remain in the homes for significantly longer than intended. Children with disabilities, those with educational and social problems, or behavioural issues tend to stay the longest, as it is more difficult to provide family placements for these groups.⁵² Therefore, the state should gradually replace small group homes with placements for children in a family environment, particularly for young children and children with disabilities.⁵³

⁵⁰ Хамилтон и Бина, 2024.

⁵¹ Национална стратегија за деинституционализација „Тимјаник“ 2018 – 2027

⁵² Хамилтон и Бина, 2024.

⁵³ Committee on the Rights of the Child, 2022.

The initial decision for the state to rent flats instead of building new facilities was motivated by the intention to avoid the permanence of this arrangement and to emphasise its temporary nature, but practice shows that not all rented premises are adequately adapted to the needs of the children, and there is a risk of the lease being terminated at a time when the homes are still needed.⁵⁴

Despite positive progress, challenges remain regarding the quality of care, the provision of personalised support, and the full integration of children into the community. Small group homes should be a transitional, not a permanent, form of accommodation, in order to realise every child's right to grow up in a family environment and to participate equally in community life. Greater effort should be made to remove environmental barriers, to ensure accessible housing and to develop a supported living system, as well as alternative family care options for children.⁵⁵

The Public Institution for Child Care with Educational and Social Problems and Disorderly Conduct – Skopje is an institution that implements the institutional care measure of referral to an educational institution. The court may refer a child who requires constant supervision by professionals for the purpose of upbringing, reupbringing and proper development. In the educational institution, the child remains for a minimum of six months and a maximum of three years. Since 2018, with the start of the deinstitutionalisation and closure of institutions process, the custodial measure which was implemented in the "Ranka Milovanovic" Children's Institution – Skopje, is carried out in a department for disturbed behaviour under the Public Institution for Child Care with Educational and Social Problems and Disorderly Conduct – Skopje, which is divided into organisational units. As a result of the deinstitutionalisation process, the Institution today operates within small group homes.

The Regulation on the Internal Organisation of the Institution provides for a total of seven departments (organisational units) within it – five in the Service for Children with Educational and Social Problems and two departments in the Service for Children with Disruptive Behaviour.

For children with educational and social problems placed in small group homes, there is often no option for placement with foster families due to their specific needs and risks, so small group homes remain a temporary, but often long-term, solution.

⁵⁴Hamilton and Bina, 2024.

⁵⁵National Deinstitutionalisation Strategy "Timjanik" 2018 – 2027.

Although accommodation in smaller units and access to basic services are provided, this model is not always in the child's best interests, especially when it comes to children with complex health and psychological needs.⁵⁶

In practice, numerous problems arise related to safety and continuity of care. The facility is open-plan, which allows the children to move about freely, but also leads to frequent cases of running away and prolonged absences from the home. Each time a child runs away, the Crisis Protocol is activated and the police and social services are notified, but in many cases the children remain on the run for months, exposed to new risks and abuse.⁵⁷ Additionally, the frequent change of officially appointed guardians from social services disrupts the continuity of care and weakens the relationship between the children and the institutions responsible for their care.

Another significant problem is the shortage of staff with the appropriate competencies to work with children with psychiatric disorders or addictions. The Ombudsman points out that the institution does not have a permanent psychiatrist, nor a multidisciplinary team to monitor the health and psychological needs of these children. Some of them are hospitalised at the Clinic for Child and Adolescent Psychiatry, but their stay there is usually short, after which they are returned to the home, without continuous supervision or therapy.⁵⁸ For children who use drugs or psychotropic substances, despite recorded cases and admissions, there is often no proper diagnosis or regular treatment, which increases the risk of self-harm, aggression or criminal behaviour.⁵⁹

The institution provides basic conditions for living, education and socialisation, but reports indicate that structured rehabilitation and resocialisation programmes are often lacking. Some of the children are involved in the educational process, but with frequent interruptions, and their psychosocial functioning depends on the dedication of the staff, who work in shifts and have limited capacity, and the high staff turnover hinders the development of trusting relationships and a sense of stability for the children.⁶⁰

Although the small group home model allows for closer relationships and more personalised care than older institutional forms, the reality is that this placement often becomes long-term.

⁵⁶ Ombudsman. (2023). SPECIAL REPORT on the situation of the implementation of the rights of the children in the Public Institution for Child Care with Educational and Social Problems and Disorderly Conduct – Skopje, with an emphasis on high-risk beneficiaries.

⁵⁷ Ombudsman, 2023; Ombudsman. (2024a). INFORMATION on the state of the implementation of the rights of the users of the Small Group Home within the Public Institution for Child Care with Educational and Social Problems and Disorderly Conduct – Skopje

⁵⁸ Ombudsman, 2023.

⁵⁹ Ombudsman, 2023.

⁶⁰ Ombudsman, 2024a.

Through the department for disturbed behaviour, the Institution implements the custodial measure of "remand in a correctional facility", which is imposed by the court when constant supervision and educational treatment are required for a child with serious behavioural disturbances. In accordance with the law, the measure is imposed for a period of at least six months and up to three years, during which children are placed in special organisational units under the supervision of qualified professionals in educational and psychological work.

The Unit for Disruptive Behaviour functions as a closed system, with constant supervision, but also with an attempt to provide a humane and stimulating environment. According to the findings of the Ombudsman, it accommodates minors who have committed minor offences or criminal acts, children with chronic behavioural disorders, aggressive reactions, and defiance towards authority, runaways, addictions to psychoactive substances, or children with a family history of violence, neglect and social disorganisation.⁶¹ For some of them, this is their first placement in an institution, while others have previously been in foster families, children's centres or residential care homes.⁶²

Within the institution, an individualised plan is drawn up for each child, covering the educational, psychological and social aspects. The plans are prepared by a multidisciplinary team in cooperation with social services and the court, but their implementation often depends on staff availability and is not carried out systematically.⁶³ The children are included in the regular education process or in an in-house teaching programme with adapted content, and activities for developing social skills, responsibility and teamwork are carried out in parallel.

Psychological and pedagogical work is aimed at improving impulse control, resolving conflicts and strengthening personal responsibility. Although the staff demonstrate commitment, the institution faces a shortage of psychologists, pedagogues and special educators and does not have a regularly employed psychiatrist, which limits treatment for children with psychiatric disorders or addictions and some children exhibit a recurrence of risky behaviour and are returned to the institution after a short period in the community.⁶⁴

⁶¹ People's Ombudsman, 2023; 2024a.

⁶² People's Ombudsman, 2024a

⁶³ People's Ombudsman, 2024a

⁶⁴ People's Ombudsman, 2023; European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). (2024). Report to the Government of North Macedonia on the visit to North Macedonia carried out by the CPT from 2 to 12 October 2023

Additionally, cases of verbal and physical conflicts among the children, as well as self-harming behaviour, have been observed, with staff intervening by separating them and arranging a medical examination, and treatment in such situations sometimes amounts to the application of sedative therapy by a universal prescription, which is an unacceptable practice, contrary to standards for an individualised approach.⁶⁵

Restrictive measures are applied only in exceptional cases, when it is necessary to prevent self-harm or violence, and in accordance with legal standards, and in some cases a lack of regular supervision and psychological support after such interventions has been observed, which reduces the effectiveness of the measures and increases the risk of further unacceptable behaviour.⁶⁶

As the highest form of educational intervention in the juvenile justice system, the **Correctional and Educational Institution – Tetovo (CEI)** is a specialised institution for the resocialisation and rehabilitation of minors to whom the court has imposed a correctional and educational measure for misdemeanours or criminal offences. The measure aims to provide continuous and structured treatment in a setting with enhanced supervision, where educational, psychological, and rehabilitative activities are focused on establishing personal responsibility, developing social skills, and building a positive value system.

According to the latest data from 2024, 486 children were reported to be in conflict with the law, 365 were charged, and 300 were convicted, representing a 12.2% increase in reported children compared to the previous year and a 2.3% decrease in convictions.⁶⁷ This trend indicates the need for a greater emphasis on preventative measures, educational programmes, and alternatives to punitive policies for children, in accordance with the principles of juvenile justice and the best interests of the child.

The new CEI building was opened in November 2020 and represents a significant improvement on previous conditions.

⁶⁵ CPT, 2024

⁶⁶ Ombudsman, 2024a

⁶⁷ State Statistical Office. (2025). Reported, charged and convicted adult perpetrators of criminal offences and children in conflict with the law, 2024. <<https://www.stat.mk/mk/stat/>>

According to the latest report of the Committee for the Prevention of Torture, the accommodation conditions at the CEI are assessed as good, with two-person rooms with en-suite facilities, good lighting and ventilation, as well as common rooms equipped with a television, games, a projector and a space for recreation.⁶⁸ However, the Committee notes that certain architectural elements, such as the metal bars on the windows and the metal grille at the entrance, create the impression of a prison environment and recommends their removal.

The CEI accommodates male minors sentenced to a one to five-year educational and corrective measure, whereas girls under the same measure were, until recently, housed in the female wing of Idrizovo Prison due to a lack of facilities and years of indecision in finding a solution, where they mix both with each other and with adult female inmates.⁶⁹

Every child admitted to the institution undergoes an initial assessment by a multidisciplinary team, after which an individual treatment plan is drawn up, covering an educational, psychological and social component. During their stay, the minors are involved in an educational process, in programmes for acquiring practical skills and in work-occupational activities. However, teaching in subjects such as Macedonian, English, and Mathematics was conducted regularly until January 2023, when it was suspended due to the suspension of funding from the UNDP.⁷⁰ The Committee recommended the urgent adoption of legislative amendments to ensure continuity in teaching and teacher accreditation, taking into account the fact that most of the children have not completed compulsory primary education and some of them are illiterate.

In addition to the educational aspect, the CEI has programmes for psychosocial support, sports and artistic activities, and vocational courses, including plumbing, cooking and gardening, for which the young people receive diplomas upon completion. The minors generally rate their relationship with the educators and professionals as positive, but some of the staff carry batons and uniforms in the living areas, which is considered unnecessary and contrary to the educational character of the institution, as it creates a prison-like atmosphere and a sense of fear.⁷¹

⁶⁸ CPT, 2024

⁶⁹ Chekalovic, 2023.

⁷⁰ CPT, 2024

⁷¹ CPT, 2024

Healthcare is provided by two part-time general practitioners and two nurses, and clients are referred to a dental and a psychiatric practice in Tetovo as needed. Most of the children are receiving psychotropic therapy without a clear medical indication, in doses more appropriate for adults, and some have shown signs of over-medication (drowsiness, slurred speech), for which an urgent review of the therapy was recommended by a paediatric psychiatrist from Skopje.⁷²

The Public Institution Children's Home "11 Oktomvri" – Skopje is a central institution for the care and custody of children without parents or parental care. The institution is part of the deinstitutionalisation process of the child protection system and provides alternative accommodation and support for children in small group homes and in foster families.

The deinstitutionalised institution is divided into three services with a central institutional headquarters. It also includes a Support Centre for Foster Families, which strengthens the institution's role as a coordinator between institutional and family care. As part of the deinstitutionalisation process, several organisational units have been opened to date, housed in individual houses or flats. The space and equipment available to provide an environment resembling family life, with the aim of creating a sense of stability, belonging and security.⁷³

The users are integrated into the regular education system; all children are enrolled in primary or secondary school according to their age. Specialist staff regularly monitor their academic engagement and behaviour through visits to the schools and by liaising with teachers and form tutors. The institution provides transport, textbooks and school supplies, and the educational staff also work on developing social and life skills through daily communication, individual work and group activities.⁷⁴

Particular attention is paid to maintaining contact between the children and their biological families, where this is in their best interests. In cooperation with centres for social work, the carers help establish relationships between children and parents who are in prison, under guardianship or in difficult social circumstances. Activities are carried out to bring together siblings who are living in different homes or foster families. For some children, the aim is their reintegration into their biological family, while for others it is preparation for independent living or transition to a foster family.⁷⁵

⁷² CPT, 2024

⁷³ People's Ombudsman. (2024b). INFORMATION on the status of the implementation of the rights of children – beneficiaries accommodated in the organisational units/departments of the Public Institution Children's Home "11 Oktomvri" – Skopje.

⁷⁴ Ombudsman, 2024b.

⁷⁵ Ombudsman, 2024b.

Regarding living conditions, the institution provides regular meals under the supervision of responsible staff, who ensure the quality, variety and nutritional value of the food. The children participate in creating seasonal menus, with the aim of developing habits of responsibility and involvement in decisions related to daily life. The staff provide clothing, footwear and bedding according to assessed needs, and hygiene standards are also maintained. The health of the residents is looked after by a general practitioner based outside the facility, while the professional staff oversee regular check-ups, vaccinations, and therapy, as well as prevention and education for a healthy lifestyle.⁷⁶

According to information from the institution, staff shortages are one of the main challenges in its work. However, despite the staffing limitations, the staff strive to establish stable relationships with the children and provide them with a sense of continuity, care and security.⁷⁷ As part of the programme to encourage positive behaviour, the users receive a monthly pocket money, the amount of which depends on their age and behaviour: 2,000 denars for secondary school pupils, 1,000 denars for pupils from fifth to ninth grade, and 600 denars for children up to fifth grade, which they can use for sports, cultural, and recreational activities.⁷⁸

Psycho-social support is provided through individual and group work with professional staff and in collaboration with external experts and organisations, with the aim of helping to overcome traumas, behavioural problems or adjustment difficulties.⁷⁹

The Special Institution in Demir Kapija is the oldest establishment for people with intellectual and combined disabilities in the country, with a multi-decade history of institutional care. Initially established as a closed institution, for years the Institute was a central institution for long-term and, in many cases, permanent residential care for people with severe and profound intellectual disabilities. The deinstitutionalisation process, formally initiated in 2008, was intended to mark a gradual phasing out of large institutions and the establishment of small, community-based forms of care. However, its implementation in the following years was slow and yielded limited results, mainly due to insufficient financial support, staffing shortages, and the system's unpreparedness to carry out a comprehensive reform.

⁷⁶ People's Ombudsman, 2024b.

⁷⁷ People's Ombudsman, 2024b.

⁷⁸ People's Ombudsman, 2024b.

⁷⁹ People's Ombudsman, 2024b.

It was only a decade later that the process was reinvigorated through the adoption of new strategic documents and transformation programmes, with the support of international partners, when the first transfers of residents to small group homes began. A significant step was then taken towards the practical application of the community care model, with some of the Institute's former clients being transferred to small group homes, most often in rented flats in Demir Kapija and in surrounding cities, such as Negotino. The small group homes were conceived as a temporary solution and a transitional form towards family-based or supported independent living.

As part of this transformation, all children who were previously accommodated in the Special Institution Demir Kapija were transferred to small group homes, where they are provided with more appropriate care, access to education, rehabilitation, and community activities. These homes are designed as smaller, family-organised units where a group of people live together with the support of carers and professionals. They house children and young people with varying degrees of disability, some with significant health and communication needs, but in significantly better conditions than institutional care.⁸⁰

Despite the transformations, the central institution continues to provide care for adults with complex needs. Most of them are long-term institutionalised, some for decades, which makes it difficult for them to adapt to life outside the institution.⁸¹

The situation in the Special Institution in Demir Kapija, despite certain improvements in material conditions and access to care, still reflects the legacy of long-term institutionalisation. The spatial layout and the daily routine in the institution are defined by institutional rules rather than by the individual needs of the residents. The majority of the residents have a severe intellectual disability combined with physical limitations, requiring constant support with mobility, feeding, and personal hygiene.⁸² However, the living conditions in the institution are generally hygienically acceptable, with satisfactory ventilation and lighting, but the environment still bears the hallmarks of an institution, which contributes to a sense of isolation and passivity among the users.⁸³

⁸⁰ Hamilton and Bina, 2024.

⁸¹ CPT, 2024.

⁸² CPT, 2024.

⁸³ CPT, 2024.

Most of the residents do not have regular contact with their families, and for many this contact has been completely lost for decades. The absence of an external social network deepens their sense of isolation and reduces their prospects for resocialisation. Although there are initiatives to involve the local community through volunteer activities and cooperation with schools and civil society organisations, these activities are sporadic and of limited scope. The institution provides recreational and creative activities for the users, which depend on available funds and staff.

The staff at the institution consists of carers, nurses, and a limited number of professionals, including social workers and psychologists. The institution still does not have a regularly employed doctor, dental care is limited, and psychiatric support is insufficient, due to rare visits from a psychiatrist and a lack of continuous supervision of medication.⁸⁴ Additionally, women under the age of 50 are given hormone therapy to prevent menstruation and the possibility of unwanted pregnancy, without an official medical indication or protocol, raising questions about respect for bodily autonomy and reproductive rights.⁸⁵

⁸⁴ CPT, 2024

⁸⁵ CPT, 2024

3.2 ANALYSIS OF DATA FROM THE FIELD RESEARCH

3.2.1. Public Institution for Child Care with Educational and Social Problems and Disorderly Conduct – Skopje

This public institution provides 24-hour support for children with educational and social problems and children with disturbed behaviour, in four residential units in Skopje, in the neighbourhoods of Kozle, Przhino, Vlae, and Kapishtec. The field research involved focus groups with 12 children, comprising 10 boys and 2 girls, aged between 12 and 18. In one of the homes, a 14-year-old child was almost admitted; they came from a violent environment and did not answer the questions. In addition to the focus groups with the children, 20 staff members in various positions within the institution were interviewed.

Material conditions and spatial organisation

According to the children, the material conditions in the homes are generally adequate. The houses are tidy and functional, with cooked meals provided and access to communal rooms. Some of the children mention that being able to have their own room and a space to retreat to is important to them.

Although the children generally regard the conditions as adequate, some staff point to systemic limitations related to material resources and staffing levels. There is a recognized need for additional professional staff and improvements in material conditions in order to respond more effectively to the complex needs of the children. Although the basic conditions for care are provided, a lack of certain material and technical resources was noted, such as sports equipment, adequate technical and digital equipment, calming tools, and a sensory room. Additionally, a persistent staff shortage is noted, which affects the ability to provide an appropriate, individualised approach.

Daily life and organisation of the day

The daily routine in the homes is organised and predictable. A typical day usually includes personal hygiene, going to school, returning home, lunch, doing homework, and leisure activities such as watching television, playing sports, or socialising. This indicates the existence of a clear daily structure and organisation, which is a significant protective factor for children from unstable or at-risk backgrounds.

The organisation of the day also includes planned individual work according to plans drawn up for each child, as well as continuous psychosocial support and the development of life skills. Some staff members indicate that administrative and organisational duties place an additional burden on the staff.

Sports activities play a significant part in daily life, particularly for the boys, who most commonly play basketball and football, go for walks, and use the gym. Some of the children state that they fill their time independently and that they are not bored. Some of the children show emotional involvement in their descriptions of daily life, particularly when recounting past experiences or feelings of sadness.

Relationships between the children

The relationships between the children are, for the most part, good, stable and without serious conflicts. They mention spending time together, playing sports and resolving misunderstandings through conversation. In some of the homes, a strong sense of togetherness is observed, while in others the relationships are cordial but lack a marked closeness. No cases of serious interpersonal conflicts or feelings of insecurity were mentioned.

Relationships with staff

The carers are generally perceived as approachable and supportive. Most children state that in the event of a problem, they can approach them and receive a response or advice. In the majority of responses, the educators were cited as the primary point of support. Some children specifically named the educator they most frequently turn to.

There is a need for additional specialist staff, including professionals such as special educational needs coordinators, as well as the development of services such as occupational therapy. Staff shortages limit the possibility of providing a proper, individualised approach for each child.

Regarding the consideration of their opinions, some children express satisfaction, while others state that the rules are sometimes perceived as restrictive, particularly concerning the use of mobile phones and going out. These reactions are most often linked to the need for greater autonomy.

Education and activities

Integration into mainstream education presents a significant challenge, particularly for children with previous educational breaks. An individualised approach and support are applied in this regard. Additionally, recreational and cultural activities are organised, which play an important role in the process of socialisation and integration, although there is a need for better sports equipment and infrastructure.

Support in education varies. Some of the children state that they study independently, while others receive help from educators or teachers, depending on the subject.

Out-of-school activities are mainly sports-based, which can have a positive regulatory function in terms of emotional stability and the development of discipline. In certain homes, individual interests such as drawing, music and cooking are also observed.

Psychosocial challenges and support

A significant proportion of the children placed in the institution have pronounced psychosocial needs and traumatic experiences. Some of them come from highly dysfunctional family environments and have experienced neglect, homelessness, or begging. Certain children exhibit significant educational gaps, and some have never attended school before.

The most common challenges identified by staff include difficulties with emotional regulation, challenging behaviour, aggression or withdrawal, as well as communication difficulties. Some of the behaviour is linked to previous traumatic experiences and already established risky habits.

These conditions require continuous individual work and psychological support. Additionally, challenges faced by young people upon reaching adulthood were highlighted, including stigmatisation and insufficient institutional support in the process of independent living.

Family contact

Contact with family is arranged according to established procedures and in coordination with social services, through agreed visits or telephone communication, depending on the individual case.

Contact with family varies and depends on the individual family situation. Some of the children have no living parents, while others maintain contact with siblings. In some cases, contact is regular, whereas in others it is rare or limited. In one case, it is stated that the parent is in prison. Some children are reluctant to talk about family relationships, which indicates possible complex personal and family contexts.

Although the services in the home are adequate, their complementarity is limited without more intensive work with the families and the creation of conditions for the safe reintegration of the children. Challenges related to inter-institutional cooperation and the social conditions within families were identified, which complicate the possibility of returning the children to their primary environment.

Safety

The institution has clearly defined protocols for the prevention of and response to risk or violence, including the recording of incidents and the escalation of situations. Preventive activities are also carried out to strengthen skills for the peaceful resolution of conflicts.

The majority of the children stated that they feel safe and secure. In one instance, it was mentioned that there had previously been a feeling of insecurity related to the presence of another child, but that the situation has since changed. The children clearly state that in the event of a problem, they should turn to the educators, which indicates an established mechanism for responding to threats.

3.2.2. Correctional and Educational Institution – Tetovo

The Correctional and Educational Institution in Tetovo (CEI) is the only institution in the country intended for the accommodation of male minors sentenced to a juvenile correctional measure for a period of one to five years. The institution's new building, located in the village of Volkovija in Tetovo, was opened in November 2020 and represents a significant improvement on the previous conditions. The institution's total capacity is 110 residents, and over the past year, the number of residents has increased by 50%. The institution operates with an open and a closed ward, while a semi-open ward has not been established due to a shortage of educators.

The CEI accommodates 24 male individuals aged 14 to 23, while one female minor is housed in the institution's recently established special women's section. This change enabled girls under the same measure to no longer be housed in the women's wing of Idrizovo prison, where they had previously stayed alongside adult female inmates. The field research included observation of the conditions in the facility and interviews with five children and seven staff members in various positions who are daily involved in the work of the CEI. The findings cover the living conditions, daily organisation, access to education and healthcare services, relationships between the children and with the staff, as well as their key needs and challenges.

Material conditions and space

The conditions at the CEI are generally good. The new building offers significantly improved conditions compared to the previous accommodation, which had been in use for decades. The facility is fenced and has bars which, according to staff, are necessary for the children's safety. The facility also has an intake unit with a separate seclusion room.

The bedrooms are clean and tidy, with plenty of natural light and are regularly cleaned. Each child has their own bed and a wardrobe for personal belongings. The rooms they stay in are in good condition and have no significant technical problems that would affect their daily lives.

The communal areas, such as the living room, kitchen and dining room, are functional and are regularly maintained. The standard of hygiene in these areas is high. The children who have been assigned kitchen duties by decision are responsible for the hygiene in the kitchen and dining room, for which they receive no payment.

The facility has an outdoor yard used for sport and recreation, where football, basketball or ping-pong are most commonly played. It was noted that some of the equipment is older and occasionally requires repair or replacement, and that the yard could do with some improvement, although it is generally functional and in active use.

The facility also has additional rooms for group work, two classrooms, a workshop, a fitness room, a barber's shop and a laundry. In the workshop, the children are employed to make curtains, for which they receive a payment that is held by the carers. The children in the closed unit do not have access to the fitness room.

Regarding safety, all the children who were interviewed stated that there is a constant security presence at the facility and that they feel safe, both during the day and at night.

Regarding the learning space, it was noted that there is a need for more textbooks. During the interviews, both the children and the staff mentioned that there is a need for organised education in the facility, so regular classes have since been established, from Monday to Friday, between 9 am and 11 am.

Daily organisation, routine, and restrictions

The children in the boys' section follow a structured daily schedule. They state that the day begins with getting up and having breakfast, followed by morning activities such as being in the yard, playing sports or doing kitchen duties, depending on whether one of them is assigned there. Several children described that part of their daily routine involves cleaning their room or maintaining the spaces they use. They most often spend their free time in the yard, playing sports or socialising, as well as in the living room.

The facility has a fully equipped barber's shop, and in 2023, training was provided so the children now cut their own hair. The facility also has a workshop where the children are employed to make insect screens, for which they receive a payment that is held by their carers.

The use of mobile phones is not permitted. Children may use a phone or tablet only when contacting their parents. Several children indicated that they miss using a phone or social media more often.

Movement outside the facility is strictly limited and is only permitted when accompanied. Within the facility, the children can move about freely during certain periods of the day, depending on the activities and schedule. In the evening, a routine of showering and preparing for bed follows.

The girl accommodated in the special female unit has a similar daily schedule, but her activities are confined to an extremely limited circle. She has no contact with other children and socialises exclusively with the educator and the female members of the security staff, with whom, as she herself has stated, she carries out all her daily activities. The girl participates in educational activities, with the commander assisting her with her studies. In her free time, she remains within the women's section, where she has limited opportunities for activities compared to the boys. She expressed a desire for more board games, such as Monopoly or Ludo, and stated that she would like to be able to go home at weekends.

The children generally feel familiar with the rules and usually abide by them, meaning they know what is expected of them during the day.

Relationships between the children and with staff

Relationships between the children in the boys' section of the CEI are generally stable and without major conflicts. Several children mentioned that they socialise with one another, play sports together and spend most of the day in a group. Some of them noted that they get on well with the others and that arguments rarely occur. In conversations, the children spoke more about feeling bored than about conflict, and no child indicated that they felt threatened by others.

Staff members indicated that the children are different in character, but that they generally behave well towards one another and that there are no difficulties in maintaining order and discipline within the group. Several staff members mentioned that the children have natural disagreements, but these are resolved quickly and without serious consequences.

Relationships between the children and staff are predominantly stable, and there is a certain level of trust. Most of the children indicated that the educators and security staff are fair to them and that they can approach them when they need something. However, some of the children also stated that they are not sure that if they report something to the staff, anything will be done about it.

Furthermore, in one instance, it was stated that the staff are good and that "if you're good, they're good. If not, it's normal for them to get angry and to slap you, one, two, three", which clearly normalises violence as a response to behaviour that is out of line.

The staff try to maintain a positive and supportive relationship with the children. According to them, the children are generally open in their communication and do not hesitate to ask for help. Some staff members noted that challenges sometimes arise related to the children's various needs and emotional states, but that these situations are resolved through conversation and an individualised approach.

The facility has 24-hour supervision and video cameras in communal areas, but not in bedrooms and toilets. Handcuffs/weapons are kept locked in a cupboard.

In the female section, the girl, who does not interact with other children and carries out her daily activities exclusively with her carer and the security staff, stated that she feels well accepted and that everyone who cares for her is fair, attentive and supportive.

Despite the fact that the group structure in the women's section is completely different, in both sections of the institution the prevailing impression is that the relationships between the children and the staff are positive, stable and without significant disturbances.

Contacts and socialisation

Contacts with the outside world, including telephone communication, are strictly regulated, but the children have the right to an unlimited number of visits and regular communication with the outside world. On the other hand, each child has the right to telephone calls twice a week, as well as to use a tablet for video communication.

Contact with family and loved ones varies among the children; some maintain regular communication with their parents and relatives, while others rarely speak to their loved ones or have no contact at all.

Going outside the institution, when permitted, also represents a significant part of contact with the outside world. One child stated that seeing their family and friends has an encouraging effect on them. For some children, weekends and visits are the only times they have personal contact with loved ones and people outside the institution. One of them stated that they do not see their friends 'so they don't fill their head', while another noted that they do not speak to their friends at all, but that contact is mainly limited to their parents.

Regarding socialisation within the home itself, the children stated that they spend time together, but some mentioned that 'there are no real friends here' and that they are mean to one another. These statements show that some of the children feel lonely and distanced.

The girl placed in the girls' unit stated that she speaks to her parents regularly, twice a week. She has no other contacts outside of the institution and indicated that she would like the opportunity to go home at weekends.

Health and psychosocial support

The children have access to primary healthcare. A general practitioner and a dentist visit the institution every Thursday, and a healthcare worker is present in the home daily. The institution is located approximately 32 km from Tetovo, which may affect the timeliness of healthcare.

Not all the children have health insurance, and some have difficulty arranging it. Difficulties were also mentioned when booking specialist appointments through the 'MyTermin' system.

A psychiatrist visits the facility periodically, on call. In the past, five children were caught using psychoactive substances. The medical records document diagnoses of psychoactive substance use, as well as cases of Hepatitis C in two children. The clinic does not have a treatment for opiate overdose. Some of the children receive therapy with sedatives and neuroleptics, and it has been noted that some of them sometimes do not take their medication or hide it.

A psychologist is employed at the facility who conducts psychological workshops with the children. When additional intervention or a specialist consultation is required, the children are referred to healthcare facilities outside the CEI.

The majority of the children are in puberty, with a prior asocial or criminogenic behaviour, and often come from families with pronounced social problems. The most common challenges they face are insufficient or non-existent support from their families and the wider community, as well as drug use. For the staff, cases are particularly complex when children are receiving medical and psychological treatment, requiring constant supervision and an individualised approach.

Different age groups have different needs. Younger children require more supervision, emotional support, and activities and games to maintain their attention and reduce feelings of tension or restlessness, whereas older ones need support with identity development, acceptance, learning new skills, and the opportunity to develop personal interests.

Staffing and organisation of work

Staff reported that they face various challenges in their work with the children on a daily basis. Although they state that the system generally works, the work dynamic is intense and requires constant presence, monitoring, and a rapid response when problems arise.

Communication with the children is generally good, and for the most part, the children behave appropriately. However, staff indicated that some of them experience moments when they find it difficult to manage their emotions, but that through conversation and support, situations are usually calmed down.

Regarding human resources, there is a significant shortage of staff, for example, an educational psychologist on the specialist team, as well as nursery nurses and instructors, and also prison officers, particularly female. Additionally, staff members highlight that training should be conducted more frequently and that further education is required, particularly for working with children undergoing medical and psychological treatment and those with aggressive behaviour.

The general impression is that with the available resources, the work is carried out optimally, but that additional equipment and regular maintenance of the existing equipment are needed for the institution to function more efficiently.

3.2.3. Public Institution Children's Home "11 Oktomvri"

Within the Home for Children without Parents and Parental Care "11 Oktomvri", three small group homes operate, housing a total of 16 children and young people aged eight to nineteen, from various ethnic backgrounds. Some of them are siblings. The institution no longer functions as a large institution, but rather through organisational units for supported living in the community.

During the fieldwork, three focus groups were conducted with a total of 14 children, as well as interviews with the head of the organisational units and five educators. The conversations covered daily life, living conditions, relationships with staff, nutrition, access to healthcare services, and contact with external institutions.

In each organisational unit, during the day shift one educator and one carer work, while in the evening only the carer remains. In the morning shift a cook also works, preparing the food.

Material conditions and infrastructure

The organisational units are located in urban parts of the city of Skopje and offer good, but unequal, living conditions. All the facilities are clean and functional, but some of them are older and require occasional renovation and improvement of the interior. In some of the homes, damaged walls and furniture were observed, as well as problems with the heating, such as faulty air conditioning units. The communal space in some homes is limited in size, which can limit its use when all the children are present, considering that it is used by at least five children and one to two staff members.

The organisational units are adapted for family living, but two of them are on the third floor of residential buildings without a lift, which can pose an evacuation problem and a risk in the event of an emergency medical intervention. The outdoor space is limited in two units, where the exit leads directly to the street.

Hygiene, nutrition, and daily care

Hygiene in the organisational units is at a satisfactory level.

The children take part in cleaning and tidying, and sometimes in preparing meals, which positively influences the development of their independence and responsibility. Food is prepared by the cook in the kitchen within each home for breakfast and lunch, according to a menu agreed with the nurse.

Each unit has its own house rules, which are generally respected, and each has its own dynamic.

The children have their own personal space to arrange, but in some of the homes, privacy is limited. There is not enough room for each child to have their own desk or a quiet corner for studying, so they have to take turns and share when needed.

Older children who attend secondary school have expressed dissatisfaction with their limited evening curfew and the small amount of pocket money they receive. They stated that they would like to have more money for personal items, cosmetics, and going out.

Education and activities

All children are included in mainstream education and attend school regularly. The younger children, up to Year 5, are accompanied by a carer, while the older ones go to school independently. Some of the children also receive support from educational assistants.

The organisational units occasionally organise workshops for the children on various topics. Most of the children are involved in additional activities outside the home, such as football training, foreign language courses and the like, which are in line with their interests.

The staff provide support with learning at home. They are in constant contact with the children's teachers and have a good working relationship with them.

The institution organises trips and holidays.

Health and Support

The children's health is generally stable. Recently, all appointments during the first shift have been accompanied by the nurse, which sometimes complicates the organisation and leads to delays, particularly at weekends or when multiple children require an appointment.

The children have occasional access to a psychologist, provided by an external organisation, but this support is not regular. Some of the children have indicated that they need regular sessions with a psychologist, particularly those with traumatic experiences.

Relationships and atmosphere

Relationships between the children are generally good, but in some groups, behavioural problems occur with individual children, which affects the dynamics and the sense of security within the home. On several occasions, aggressive behaviour and verbal conflicts have been observed.

In the organisational units where some of the children were observed to have problematic behaviour, this affected the day-to-day functioning and the atmosphere within the group. One child was transferred to a facility for children with educational and social problems due to repeated inappropriate and risky behaviour, which included attempts at unwanted physical contact with other children in the home. According to reports, this child had been exhibiting behavioural disturbances for some time that clearly could not be stabilised. In another organisational unit, a child is accommodated who has recently been displaying aggressive reactions, manifesting physical and verbal aggression towards other children in certain situations, as well as self-harm. The children noted that this situation is causing stress, while the staff confirmed that continuous psychiatric support is required.

In most of the organisational units, there is a positive relationship between the children and the staff, as well as a sense of support and closeness. Although they do not like all the rules in the homes, such as the restriction on mobile phone use, the insistence on learning, and controlled curfews, most are aware that these rules are for their own good. One carer was described as a 'birth mother', and some of the carers already know the children so well that they can spot any change in them.

In some cases, the children stated that they had been insulted by individual carers. They discussed these cases with other staff, but no concrete action was taken. Some children feel that there is a difference in the staff's attitude towards boys and girls, and that boys are at an advantage because they are more often let off when they misbehave.

Contact with families and institutions

Some of the children have contact with parents or relatives, and with former foster carers. Some of them also receive financial support from them.

Staff report that they sometimes have difficulties collaborating with certain centres for social work, particularly when consent for certain procedures is required.

3.2.4. Special Institution in Demir Kapija

The fieldwork at the Special Institution in Demir Kapija covered both the main institutional building and the twelve organisational units, i.e., the small group homes that are established and managed by the Institution. A total of 117 people were covered, and the data were obtained through observations, and conversations with staff and some of the beneficiaries who are able to communicate and express their opinions. The conversations included the institution's acting director, who is also a special educator, two social workers, three coordinators of the organisational units, two nurses, one laboratory technician, as well as more than twelve carers. Through these conversations, data was obtained regarding the organisation of daily life, health and psychological support, as well as nutrition, the relationships between staff and service users, and the most common challenges faced by the institution.

The institution faces a continuous shortage of staff, particularly professional personnel and nurses, which directly affects the quality of care. Only four nurses are available, two in the main building and two in the small group homes, which is insufficient for the number and needs of the residents. This shortage is accompanied by difficulties in staff retention, as working at the institution is complex, emotionally challenging and often unattractive to younger people.

Healthcare is provided by external specialists: a general practitioner visits once a month and on call, a psychiatrist twice a month, and a physiotherapist twice a month. Systematic check-ups are only carried out once a year, and the most common health problems are respiratory illnesses, such as bronchitis and pneumonia. A tailored diet is provided for individuals with diabetes, but the menu is prepared mainly centrally at the Institution, with limited scope for individual preferences or needs.

All women up to the age of fifty are on contraceptive therapy, for which consent has been previously obtained, but there is no additional psychological or medical support regarding this practice.

In their day-to-day work, it is noticeable that the staff know the service users well, communicate with them and are able to manage their conditions, even in situations of aggression or self-harm, although there is no written protocol for dealing with such cases. They have developed ways through experience to deescalate and prevent risky situations, which is a testament to their personal commitment but also indicates the need for standardised procedures.

Challenges in collaboration with health and social institutions were also noted in the discussions. Despite positive changes, there are still examples of discriminatory attitudes from healthcare professionals, as well as a lack of preparedness on the part of certain centres for social work to respond in a timely or constructive manner to the institution's requests. These phenomena hinder coordination and create a sense of institutional isolation.

Contact between the clients and their families is rare. By law, guardians are required to visit the individuals under their care at least twice a year, but in practice, this number is much lower, and a significant proportion of clients receive no visits at all. Many of the residents have had their full legal capacity removed, and to date, none has had it restored, which further limits their ability to participate in decisions concerning their lives. An additional systemic problem is the fact that autopsies are almost never performed on deceased individuals, which makes it difficult to monitor conditions and any potential failings in care.

3.2.4.1. Main building of the Special Institution in Demir Kapija

The main building of the Special Institution in Demir Kapija currently accommodates 54 people, including two users from the organisational units, who have returned to the institution due to their health condition, specifically because of the need for constant oxygen support.

The people housed here are those assessed as having the most complex health conditions, as well as individuals who have refused relocation to small group homes, most often due to their long-term residency and a sense of belonging to the institution.

Although the building is formally in the process of being closed, it continues to operate with limited resources, without significant investment or improvements to the conditions.

The main building of the institution has not undergone any renovation for years, due to the ban on new admissions and the anticipated move to the new facility, the so-called Depandans, which is completed but still non-functional due to technical problems with the heating and cooling system. Staff and residents have been waiting for some time for intervention from the Ministry of Social Policy, Demography and Youth, so that the move can finally take place.

Of particular concern is the fact that two individuals without a personal identification number are housed in the facility, one of whom is also stateless, meaning they can only access private healthcare services. Despite the long-standing efforts of the Institute to resolve their status, their case remains unresolved, which constitutes a serious violation of their human rights, particularly the right to healthcare and legal identity.

Material conditions and infrastructure

The general conditions in the main building are inadequate. The living areas in some sections are functional, but the toilets and sanitary facilities are in a very poor state. Ward A currently accommodates 18 people. The bedrooms and the common room are in relatively good condition, but the other sanitary and auxiliary rooms are dilapidated. In Ward B, which accommodates 14 people, the conditions are very poor. Damaged walls with holes leading to adjacent rooms and cracked door panes were noted. Ward C, which accommodates 20 people, is the most concerning area; conditions here are substandard for humane living and require immediate intervention.

These conditions indicate that the facility has been operating in a 'transitional vacuum' for a long time as a result of a formal ban on refurbishment and investment in the premises, but the reality is that people are still living there. In these conditions, the dignity and health of the residents are seriously compromised, particularly as some of them have a significant need for support and medical care.

Hygiene, clothing, and daily care

Due to the outdated infrastructure and limited resources, hygiene standards are minimal. The sanitary facilities often have problems with damp, damaged surfaces and inadequate equipment, which poses a risk of infection and compromises privacy during use.

Residents do not have personal clothing, as all wardrobes are washed together in the main laundry. This can contribute to a diminished sense of personal identity and individuality.

Food for all users is prepared in the main kitchen. Three main meals and two snacks are served daily, and care is taken for those with diabetes through a tailored diet which includes a reduced intake of bread and sugar.

Health status and medical support

The institution accommodates individuals with severe chronic and combined health conditions. The institution also houses one person with psychosis and no categorisation, who was accommodated with the consent of the Ministry of Social Policy, Demography and Youth. Although their stay was supposed to be short-term, due to administrative obstacles and a lack of alternative accommodation, the person remained in the institution for a prolonged period.

The health service is operating at minimal capacity. The nurses do not receive professional training and feel 'forgotten by the health service'. Although any new medical device is welcome, without the skilled personnel, the technical equipment has no practical value. For example, the facility has an ECG machine, but there is no one who can use it or read the results, which limits the equipment's usability.

Staff and professional capacity

The main building has a limited number of staff who cover the full range of daily activities, including care, hygiene, and medical support.

The constant shortage of staff, combined with the complexity of the work, places a heavy burden on employees, who often perform more tasks than planned, without professional support or opportunities for rest or supervision. This leads to feelings of exhaustion and reduced motivation.

Activities and socialisation

The movement of the clients is very limited. For example, the individuals from Ward C are taken outside only occasionally, and then only when there is sufficient staff and good weather conditions.

Some individuals move independently within the institution's grounds or, at the staff's discretion, may go outside, for example, to a shop, but these cases are rare. The majority of the day is spent indoors.

This prolonged isolation can have a negative impact on their mental and physical health and reinforces passivity

3.2.4.2. Small group homes under the Special Institution in Demir Kapija

The small group homes under the Special Institution in Demir Kapija house a total of 63 people, spread across 12 organisational units, eight in Demir Kapija and four in Negotino. The users are predominantly individuals with moderate, severe and profound intellectual and combined disabilities, some of whom also have physical mobility impairments.

The homes are most often located in rented premises, namely ground-floor houses or flats without a (functional) lift, which is a barrier for wheelchair users or those with reduced mobility in leaving the home.

Although the deinstitutionalisation process enabled the departure from the large institution and placement in smaller homes with significantly better conditions, in practice, this does not always mean true integration into the community. As staff note, 'what we feared most happened: the users just moved into nicer material conditions', without new community services being created, without support or social inclusion.

Material conditions and infrastructure

In most of the homes, hygiene and maintenance were rated as satisfactory to good. The rooms are clean, with basic furniture and equipment, but some of the facilities show their age, mainly due to infrequent renovation, damp in some rooms and insufficient space, particularly in the living rooms where several people gather. In a small number of the houses, some of the residents sleep in the living room.

Heating is adequate, but relies exclusively on electricity, which places a significant financial burden. Several bedrooms are inadequately heated, which is particularly risky for people with chronic illnesses or limited mobility.

Accessibility is one of the most serious problems, as several houses are on multiple storeys, with steep stairs and no lifts, or with non-functional lifts, and some have dirt or rocky access routes. These conditions directly limit the users' physical mobility, causing many to stay at home for years, which can contribute to a deterioration in their physical and mental health. As a result, most users are dependent on whether a member of staff is available to take them out.

Hygiene and daily care

Hygiene in most homes is rated as acceptable, but in a few cases, unpleasant odours and insufficient ventilation in the bedrooms are noted. Personal hygiene and bathing are organised according to a schedule (on certain days and 'as needed'), which does not allow for an individualised approach. In each organisational unit, there are users who use nappies.

All the carers simultaneously clean, cook, administer daily medical therapy, and look after the residents' hygiene, which affects the time available for activities that would encourage the residents' personal development. In daily life, a positive aspect is observed in that some of the residents participate in maintaining the home, in cleaning, washing dishes or preparing coffee, which represents a form of supported independence.

Privacy and personal space

In most of the organisational units, the users are divided into bedrooms according to gender and mutual consent, and in certain cases the division is also based on personal habits and wishes to be accommodated with a particular person or according to shared interests, for example, watching television late at night or going to bed earlier. Such flexibility represents a positive step compared to the classic institutional model, where users have limited choice. A few users have their own rooms, while most share bedrooms with one, two, and on rare occasions, three other people.

Each user has their own bed and wardrobe, and some of them feel the space is truly their own and proudly display their personal belongings. In some homes, users independently decorate their own space with decorations, which indicates the development of a sense of belonging and personal identity.

However, the lack of sufficient space and private rooms remains a limiting factor. The bedrooms are most often shared, and there is only one bathroom which is used collectively. This can affect one's sense of dignity and personal freedom.

Staffing and professional capacity

The average ratio is one carer to five to six people, which is below the standards for this category of users, while special educators are often also coordinators for at least two organisational units, meaning they do not always have enough time for individual work with the users. This leads to a situation where basic biological needs are met, but psychosocial and developmental needs are at risk of being overlooked.

Relationships between staff and service users in most homes are warm and friendly, but infantilisation prevails, with staff referring to service users as 'children', regardless of their age. This approach, although not born of ill intent, perpetuates a paternalistic model of care. The staff are well acquainted with the residents' daily habits and needs, and the residents have a positive relationship with the staff. There are also positive examples, such as when, thanks to the persistent work of a special educator, an adult woman, at the age of 80, begins to go to the toilet independently for the first time.

Health and psychosocial support

A minimal level of access to medical and psychological support was observed in all organisational units. Doctor visits are sporadic and as required, and users do not receive physiotherapy. This situation creates a risk of neglecting health needs, especially for those with chronic illnesses, who are immobile, or who require regular rehabilitation.

Safety and risks

Homes on floors with no lift present a serious risk during an evacuation. Poor access to the outside and the presence of stray dogs further limit safety when moving outside the home.

Aggressive behaviour has been observed in some units, posing a potential threat to other residents, particularly as staffing levels are low.

Activities and participation

No home has an organised day or recreational programme. Activities are limited to household chores and sporadic activities such as picking apples or lavender in the garden. The organisational units lack equipment for physical activity and have limited materials for learning or creative expression. A few individuals show interest and initiative and go out in the local area on their own. The lack of activities leads to monotony and institutional routine, thereby losing the essence of small group homes as a form of supported living, not just accommodation.

Social inclusion and contact with the community

There are no community services, i.e. no day centre, no activities with local institutions or non-governmental organisations. The service users rarely come into contact with local residents and are mostly isolated in the homes. Even when they go out, most are always accompanied, and outings depend on the availability of staff. This model, although formally deinstitutionalised, essentially reproduces institutional isolation, just on a smaller scale and in new, improved material conditions

3.3. ANALYSIS OF DATA FROM INTERVIEWS WITH RELEVANT ACTORS

3.3.1. General condition and conditions

Interviewees point to significantly different conditions between the various types of institutions, with a clear gap between the progress in more modern facilities and the continued structural weaknesses in some specialised establishments. While in some establishments, such as correctional institutions, conditions are rated as excellent, in others there remain limitations that undermine the quality of daily life.

Several of those interviewed pointed out that the living conditions have been formally improved compared with the past and offer a "more suitable environment", but not one that is sufficiently stimulating, especially in institutions housing children and young people with complex needs.⁸⁶ The lack of equipment, activity materials and adequate spaces for rehabilitation and learning is repeatedly identified as a systemic problem. One of the interviewees points out that the current conditions in institutions such as the Special Institution in Demir Kapija "do not ensure respect for and enjoyment of fundamental human rights,"⁸⁷ indicating a need for substantive improvements rather than merely technical maintenance.

Accessibility is highlighted as a particular problem. According to one of the interviews, "accessibility is a challenge for people with physical disabilities."⁸⁸ Furthermore, some of the facilities, although renovated or functional, are not adapted for different types of disabilities.

In some institutions, an additional problem is the geographical remoteness from larger settlements, which limits contact with families and 'seriously affects the opportunities for receiving visits'.⁸⁹

At the same time, there are positive examples. For example, the conditions at the CEI in Tetovo are described as excellent.⁹⁰ This experience shows that, with investment, proper organisation and staff, it is possible to provide quality conditions.

3.3.2. Needs of the children and persons accommodated in the institutions

The profile of the children and young people accommodated in the various institutions is heterogeneous, but interviewees indicate that a large proportion have combined, complex or more intensive needs, which require continuous and individualised support. Furthermore, children with disabilities are 'placed in a more appropriate environment, but not a stimulating one, which would be necessary for the development of their remaining capacities and potentials'.

Interviewees emphasise that the institutional system is not fully adapted to the different categories of children, especially those with intellectual and sensory impairments.⁹¹ This leads to a situation where some children do not receive care that is appropriate to their actual needs.

⁸⁶ Interview with an expert, interview with an institutional representative

⁸⁷ Interview with an institutional representative.

⁸⁸ Interview with an expert.

⁸⁹ Interview with a representative of a civic association

⁹⁰ Interview with a legal expert.

⁹¹ Interview with a representative of a civil society organisation.

The needs of children with disabilities often remain unmet due to a lack of staff with the appropriate professional competencies, but also because of limited services. In some institutions, users have access only to basic activities of daily living, while developmental, rehabilitative and psychosocial services are limited or unavailable.⁹² This particularly affects children with the most severe forms of disability and those who would benefit significantly from early intervention, structured treatment or specialised support.

Some of those interviewed pointed out that "there is a systemic problem in the way institutions work with children at risk, and particularly with children exhibiting violent behaviour, with whom insufficient work is done to prevent their involvement in criminal activities."⁹³ This indicates a lack of interventional, therapeutic, and preventive services.

In some of the institutions, interviewees note that the children generally feel safe and have confidence in the staff.

A particularly significant issue is the separation of children from the group when the institution cannot meet their needs. In one of the interviews, a case is described of a child with a disability who has been placed in a CEI and isolated from others due to the team's inability to work with him and the others simultaneously, which points to a serious systemic lack of specialised services and personnel.⁹⁴

3.3.3. Services and programmes

According to those interviewed, in most institutions the services and programmes for children are limited, underdeveloped and often reduced to basic activities of daily living. Although there has been development of individual services at a national level, this development has not been 'even-handed, and the most common services are personal assistance and day services'.⁹⁵

In some specialised institutions, the activities available to the residents are most often related to hygiene, nutrition, and maintaining their health. Stimulating, developmental, and rehabilitative programmes, which would contribute to the development of the capacities of children with disabilities, are lacking.⁹⁶

⁹² Interview with a representative of an institution

⁹³ Interview with a representative of a civil society organisation

⁹⁴ Interview with a representative of a civil society organisation

⁹⁵ Interview with a representative of an institution

⁹⁶ Interview with a representative of an institution

Additionally, psychosocial treatment, occupational therapy, and vocational activities are 'inadequate' or completely absent.⁹⁷ In many places, activities depend on projects or donor support, but not on regular funding, which creates instability in the provision of services. The services that should be available to children "are not just accommodation, food and going to school", but also access to a psychologist, acquisition of work skills, sports, and hobby activities, which are most often not budgeted for and depend on donations.⁹⁸

In correctional institutions, although the physical conditions may be good, structured activities for learning, development, and socialisation remain scarce. For example, in one institution the children 'have an activity of weaving plastic curtains, but have no other structured activities apart from the mandatory work with the team'.⁹⁹

Although some institutions make efforts to provide access to education, a wide range of developmental and recreational activities are unavailable. Funding is lacking to enrol the children in sports clubs, art programmes or other peer groups, which limits their social development, self-confidence and integration into the community.¹⁰⁰

Interviews highlight the need for programmes based on the interests and needs of the children themselves, including activities such as crafts, music, drama and other practical skills, which can be essential for their development and psychosocial well-being.¹⁰¹

Although services formally exist, according to those interviewed, their quality, availability and consistency are limited, which seriously reduces the potential for rehabilitation, development and successful integration of children after leaving institutions.

3.3.4. Staff

The issue of staffing emerges as one of the most common themes in all the interviews. Regardless of the institution, all interviewees agree that the staff are insufficient, inadequately trained, overburdened, and lack proper support.

⁹⁷ Interview with an expert.

⁹⁸ Interview with a representative of a civil society organisation

⁹⁹ Interview with a representative of a civil society organisation

¹⁰⁰ Interview with a representative of a civil society organisation

¹⁰¹ Interview with an expert.

According to some of those interviewed, 'the biggest challenge is securing staff, as all institutions have a shortage of them, and of the staff that are available, some are inadequately trained to work with at-risk/disabled children, or the staff's capacity is such that they cannot be trained'.¹⁰² In most institutions, the number of staff is far below the required level, both in terms of quantity and professional profile. For example, at the Special Institution in Demir Kapija there is an insufficient number of staff and a shortage of personnel such as carers, nurses, special educators and rehabilitators, physiotherapists, and occupational therapists.¹⁰³ The shortage of specialised personnel leads to situations where staff lack the capacity to cope with children and individuals with more complex needs, which affects the quality of care, safety and developmental support.

In some institutions the situation is further complicated by changes in the organisational structure. For example, the opening of a ward for girls in the Tetovo Psychiatric Hospital meant that to function successfully, the staff would need to be doubled, but instead, only two new people were hired, creating a serious imbalance between the workload and the available personnel.¹⁰⁴

In addition to staffing levels, interviewees also point to a lack of continuous and relevant training. "Training is not provided for staff to enhance their work," particularly for contemporary approaches in the care of people with the most severe disabilities.¹⁰⁵ Where training is available, its effectiveness is limited.¹⁰⁶

Several interviewees also highlight a lack of psychological support and supervision for staff, which further increases the risk of burnout, reduced motivation and rigid practices. As one interviewee notes, it is necessary to provide support to 'preserve staff sensitivity and ensure psychological support'.¹⁰⁷

3.3.5. Cross-sectoral collaboration and institutional coordination

Cross-sectoral cooperation stands out as one of the weakest points in the care system for at-risk children and children and persons with disabilities. All interviewees point to the existence of gaps, unclear roles, limited capacities, and insufficiently coordinated interventions among social, health, and educational services.

¹⁰² Interview with a legal expert

¹⁰³ Interview with a representative of an institution

¹⁰⁴ Interview with a representative of a civil society organisation

¹⁰⁵ Interview with a representative of an institution

¹⁰⁶ Interview with a legal expert

¹⁰⁷ Interview with a representative of a civil society organisation

Several of those interviewed note that, although there is a legal division of responsibilities, in practice the roles are often misunderstood or not fulfilled properly, so that, for example, "staff (in various institutions) are not sufficiently familiar with their duties and the consequences of non-compliance"¹⁰⁸. This applies both to schools that "do not notice changes in behaviour" and to centres for social work, which implement the measures more formally than substantively.¹⁰⁹

A lack of capacity and resources is a common factor that limits cooperation. Even where there is goodwill, institutions do not have enough staff to respond in a timely manner or to fulfil their obligations.

According to most of those interviewed, the health sector is the weakest link in the coordination. One of the interviewees believes that the availability and organisation of health services for children with disabilities need to be significantly improved, as they have associated health conditions that require continuous monitoring.¹¹⁰ For example, the general practitioner for the users of the Special Institution in Demir Kapija is based in Negotino, so several trips are made there each day to obtain a referral, after which individuals are sent on to health facilities in the region or to Skopje for specialist services.¹¹¹

In certain settings, collaboration is functional and professional, but this often depends on the individual commitment of staff. This shows that good communication is possible, but it is not systemically guaranteed.

The lack of coordination becomes particularly apparent when an emergency intervention is required. It is necessary to "arrive promptly at the police station of the centre for social work and immediately engage a lawyer... rapid admission to a case of urgent health situations and conditions that will prevent the child from fleeing,"¹¹² but in practice, these procedures are slow and insufficiently efficient.

3.3.6. Protection of children's rights

Mechanisms for protecting children's rights formally exist, but their use, availability, and effectiveness vary significantly. Interviewees emphasise that the system does not function preventively, often only reacts when necessary, and fails to provide a sufficiently safe and accessible way for children to seek help.

¹⁰⁸ Interview with a representative of a civil society organisation

¹⁰⁹ Interview with a representative of a civil society organisation

¹¹⁰ Interview with a representative of an institution.

¹¹¹ Interview with a representative of an institution.

¹¹² Interview with a representative of a civil society organisation

Some of those interviewed believe that children 'are not informed that they have the right to seek help when their rights are threatened'.¹¹³ Furthermore, a lack of information reduces the likelihood of children reporting abuse or rights violations in a timely manner and creates a dependency on whether a member of staff will recognise a risk or take the initiative.

The lack of anonymity is a serious obstacle in some institutions. "There is no anonymity when reporting, which discourages children from reporting."¹¹⁴ This indicates that even when a formal mechanism exists, the psychological and practical barrier is not overcome, especially in institutions where children live alongside the staff who are supposed to implement the mechanism.

There are positive examples where children have "trust in their carers" and are encouraged to report if anything happens to them.¹¹⁵ However, this is due to relational trust rather than a stable and formally functional system, which means this practice may not be used in other institutions.

Regarding the existing external mechanisms, some of those interviewed believe that their role is often only activated after a complaint has been filed. In such cases, oversight and interventions are most often 'as needed, but not preventive'.¹¹⁶

3.3.7. Participation in decision-making

Children's participation in the processes that affect them is a theme that is included in the legal framework, but is significantly less present in the practice of institutions.

Several interviews highlight that children and individuals placed in institutions generally 'feel that they are not the ones who make the decisions' and often have the sense that their voices do not influence certain processes. This indicates an existing gap between the principles of participation and the everyday institutional reality.

However, there are also positive examples, particularly within programmes implemented through projects or external interventions, where through the activities they are 'allowed to speak directly with us and decide together what they would like to do and how'.¹¹⁷ This means that children have the opportunity for active participation, but this depends on the presence of an external actor, rather than being a systemically established practice.

¹¹³ Interview with a legal expert

¹¹⁴ Interview with an expert

¹¹⁵ Interview with a representative of a civil society organisation

¹¹⁶ Interview with a representative of an institution.

¹¹⁷ Interview with a representative of a civil society organisation

One of the interviewees states that children "know best what suits them and what doesn't, if they are allowed to say so." This highlights not only the need but also the capacity of children to participate when conditions permit.

In some institutions, participation is minimal and children 'rarely have the opportunity to express their opinions, and even more rarely to participate in decisions that affect them'.¹¹⁸ This indicates that participation is structurally limited and that the needs of children and individuals in care are not yet integrated into the system of planning, care and protection.

¹¹⁸ Interview with a legal expert.



4. CONCLUSIONS AND GUIDELINES FOR IMPROVING SYSTEMIC SUPPORT AND SERVICE QUALITY

PUBLIC INSTITUTION FOR CHILD CARE WITH EDUCATIONAL AND SOCIAL PROBLEMS AND DISORDERLY CONDUCT - SKOPJE

The institution provides a structured and predictable environment in the four residential units, with a clear daily routine and established rules that contribute to a sense of stability and security for the children. The majority of the children express a sense of physical security and recognise the carers as their primary source of support, which indicates established relationships of trust and functional mechanisms for responding to risk.

The material conditions in the homes are considered largely adequate, with basic living conditions, personal space, and organised communal activities provided.

Relationships with carers are, for the most part, positive and supportive, and sports and creative activities play a significant regulatory role in emotional stability and discipline. Some of the children exhibit elements of emotional closure, restraint in sharing personal experiences, and signs of traumatic experiences, which indicates a need for continuous psychosocial support.

Although individualised plans are developed and psychosocial work is carried out, a lack of specialist staff and certain material and technical resources limits the possibility of a more intensive and continuous individualised approach, particularly for children with complex psychosocial needs.

A developmental tension is observed in all homes between the need for structure and rules, on the one hand, and adolescents' need for autonomy, on the other, particularly regarding phone use, going out and pocket money. These reactions are within the developmental characteristics of the age, but they indicate a need for careful balancing between protection and gradual independence.

Inter-institutional cooperation and systemic support, particularly from centres for social work, are insufficiently functional, which complicates the process of family reintegration and further resocialisation after leaving the institution.

Guidelines for improvement

- Strengthening human resources by employing additional staff (educators, psychologist, special educational needs teacher) and through regular training, especially for working with children with disabilities and mental health disorders, in order to ensure regular and appropriate one-to-one work with the children.
- Strengthening psychosocial support, especially for children with traumatic experiences, difficulties in emotional regulation and risky behaviour.
- Providing additional material and technical resources (sports and recreational equipment, digital equipment, sensory and calming tools), in order to improve the quality of daily activities.
- Further development of individualised work plans with regular monitoring and updating, in accordance with the child's progress and changing needs.
- Developing programmes for gradual independence and preparation for life after leaving the institution, especially for older adolescents.
- Strengthening collaboration with families and social services to facilitate safe reintegration when it is in the child's best interests.
- Developing a more systematic approach to preparation for reintegration and independence, through better coordination with centres for social work and providing continuous support after leaving the institution.
- Maintaining clear safety protocols and continuing practices that contribute to a sense of physical security for the children.
- Further encouraging the participation of children in decision-making within the institution's capabilities.

CORRECTIONAL AND EDUCATIONAL INSTITUTION - TETOVO

The Correctional and Educational Institution in Tetovo provides stable and safe living conditions, with a clearly defined structure, a regular routine and basic living conditions. The new building provides significantly improved material conditions, tidy bedrooms, functional common rooms, and adequately maintained hygiene. The children generally have a good relationship with the staff, and communication is mostly positive. Through conversation and support, the staff endeavour to respond to the children's various emotional and social needs.

However, the materials indicate several systemic challenges, primarily concerning human resources. There is a clear shortage of educators, instructors, and prison officers, which limits the possibility of an individualised approach and the implementation of continuous resocialisation activities. Furthermore, a need for staff training has also been noted. The need for instructors in the resocialisation sector and additional educators on all shifts is particularly highlighted.

Healthcare is organised through weekly visits from a doctor and a dentist, the daily presence of a healthcare worker, and psychological support through workshops, but specialised services for children undergoing medical and psychological treatment need to be strengthened. The children's social background, from families with social difficulties and a lack of support, further complicates the process of resocialisation.

Despite the availability of educational and leisure activities, some of the sports equipment and parts of the outdoor space are outdated and require renovation and improvement to ensure functional and stimulating conditions. In the case of the girls, specifically the only girl housed in the female section, limited socialisation is observed due to the absence of peers, which requires a special approach and programme within the female ward.

Guidelines for improvement

- Regular maintenance and improvement of the outdoor space, including the repair and replacement of outdated sports equipment, to ensure functional conditions for recreational and group activities.
- Strengthening human resources through training and the employment of an educator in the specialist team, educators, instructors in the resocialisation sector, and additional prison officers, in order to better distribute responsibilities and provide continuous support for the children.
- Further equipping the institution with IT equipment (computers, printers), audio-visual equipment, as well as clothing and materials for daily activities.
- Developing specialised programmes for children undergoing medical and psychological treatment, and programmes for working with girls, taking into account their specific needs and the limited opportunities for peer socialisation in the female wing.
- Further development of educational and recreational activities, including providing additional learning materials, a well-equipped learning space, and structured daily activities.
- Improving psychosocial support through regular psychological sessions, group workshops and individual support, especially for children experiencing loneliness, difficult thoughts or limited contact with their family.
- Increasing collaboration with families and centres for social work, in order to strengthen children's contact with their parents and carers and to facilitate the process of resocialisation.

PUBLIC INSTITUTION CHILDREN'S HOME "11 OKTOMVRI"

The organisational units of the "11 Oktomvri" Home provide clean and safe living conditions, but the premises require regular maintenance and technical improvements, including repainting and better heating. The children have a predominantly positive relationship with the carers, although individual cases of unprofessional behaviour and a perception of unequal treatment have been noted. The staff maintain the daily routine and are involved in supporting the children's educational and daily activities.

The presence of children with challenging behaviour in some units creates tensions and affects the sense of security. Collaboration with social services and the provision of healthcare support are not always timely and are characterised by administrative delays, which affects the continuity of care, while psychological support is insufficient

Guidelines for improvement

- Regular maintenance and periodic renovation of the homes, to the extent necessary to maintain functional living conditions.
- Improving conditions for privacy and learning by providing personal space and equipment.
- Establishing regular and continuous psychological support for the children, with a special focus on those with traumatic experiences and behavioural disorders.
- Improving the implementation and oversight of procedures for handling cases of unprofessional conduct or unequal treatment by staff.
- Strengthening capacity to work with children exhibiting aggressive or at-risk behaviour, through specialised support and the involvement of external specialist services.
- Improving communication and coordination with centres for social work to expedite the resolution of administrative procedures.
- Improving the organisation and timeliness of health checks.
- Review and adjustment of pocket money for older children to encourage trust and gradual independence.

SPECIAL INSTITUTION IN DEMIR KAPIJA

The Special Institution in Demir Kapija continues to be a key facility for the care of people with disabilities, with a complex structure that includes the main institutional building and 12 small group homes in Demir Kapija and Negotino. Despite the positive changes brought about by the deinstitutionalisation process, it is noted that the transformation is not yet complete; some of the service users continue to live in conditions that do not provide sufficient dignity, privacy, and quality support.

The main challenges are related to a shortage of professional and medical staff, limited access to health and psychological services, as well as infrastructural and organisational weaknesses that limit the system's functionality. Insufficient support from local communities and a lack of programmes and services that would enable the genuine social inclusion of the users are also noted. The existing conditions in the main building are far below the standards for a dignified life, while the small group homes, although physically better, often remain isolated and lack continuous developmental and recreational activities. Small group homes represent an important step in the deinstitutionalisation process, but without an accompanying network of services, professional support and community involvement, they remain 'mini-institutions'. The positive and warm atmosphere in most of the homes cannot compensate for the structural isolation, lack of a therapeutic approach, and the uneven distribution of responsibilities among the staff.

Guidelines for improvement – main building of the Special Institution in Demir Kapija

- Given the prohibition on renovating the building, as well as its current repurposing, it is necessary to urgently relocate the residents of the institution's main building to small group homes or to the renovated building of the so-called "Depandans".
- Increasing the number of nurses, employing physiotherapists and introducing regular specialist check-ups, in order to maintain the basic health of the service users.
- Continuous training for staff, including nurses, to enhance their knowledge, approach to daily care, and handling of risky situations.
- Providing continuous professional support and supervision for staff caring for individuals with severe and combined conditions.
- Resolving the status of individuals without a personal identification number and citizenship, in order to enable them to access healthcare and other rights.
- Establishing a protocol for dealing with aggressive behaviour and risky situations, to ensure greater safety for both service users and staff.
- Ensuring regular and more frequent visits from a child psychiatrist, for the purpose of continuous monitoring and timely intervention.
- Development and implementation of individual rehabilitation and support plans, tailored to the needs and abilities of each user, and their regular monitoring and updating.

Guidelines for improvement – small group homes in Demir Kapija and Negotino

- Improving accessibility in homes located on upper floors or with non-functional lifts, particularly for people with reduced mobility, as well as in homes with inaccessible entrances.
- Regular maintenance and periodic renovation of the homes, to the extent necessary to maintain functional living conditions, including damp-proofing and whitewashing.
- Improving the spatial organisation within the homes to avoid overcrowding and the use of day rooms for sleeping.
- Increasing the number of carers in line with the number and needs of the residents in the organisational units.
- Aligning the number of staff with the number and level of needs of the users, by providing additional staff for individuals with more severe or combined disabilities.
- Increasing the number of specialist staff, particularly special educational needs teachers, to ensure regular one-to-one work with the service users.
- Ensuring regular access to medical, psychological and physiotherapy support, and not just on an as-needed basis.
- Developing and establishing community-based services (day centres, recreational, and social programmes), which will enable greater inclusion and participation of the users in social life.
- Developing a structured daily schedule with educational, recreational and social activities that will enable dynamism and engagement for all users.

National Legal and Strategic Framework

- Consolidated text of the Law on the Protection of Children.
- Law on the Execution of Sanctions, "Official Gazette of the Republic of North Macedonia" No. 99, 21 May 2019.
- Law on Social Protection, "Official Gazette of the Republic of North Macedonia No. 104, 23 May 2019.
- Law on Juvenile Justice, "Official Gazette of the Republic of North Macedonia" No. 66, 20 March 2024.
- National Strategy for Prevention and Justice for Children in the Republic of North Macedonia (2022 – 2027) and Action Plan (2022 – 2023).
- National Action Plan for the Rights of the Child in the Republic of North Macedonia 2025 – 2029.
- National Deinstitutionalisation Strategy "Timjanik" 2018 – 2027.
- National Strategy for the Rights of Persons with Disabilities 2023 – 2030.
- National Strategy (2020 – 2025) and Action Plan (2020 – 2022) for the Prevention and Protection of Children from Violence

National reports and analyses

- Bojadzhi, V. (2020). Alternative report of non-governmental organisations on the situation of the rights of the child in Macedonia. First Children's Embassy in the World "Megjasi".
- State Statistical Office. (2025). Reported, accused and convicted adult perpetrators of criminal offences and children in conflict with the law, 2024. Open the statement
- People's Ombudsman. (2023). SPECIAL REPORT on the state of the implementation of the rights of children cared for at the Public Institution for Child Care with Educational and Social Problems and Disorderly Conduct – Skopje, with an emphasis on high-risk users.
- Ombudsman. (2024). INFORMATION on the state of the implementation of the rights of the users of the Small Group Home within the Public Institution for Child Care with Educational and Social Problems and Disorderly Conduct – Skopje.
- Ombudsman. (2024). INFORMATION on the state of the implementation of the rights of the children – users accommodated in the organisational units/departments of the Public Institution Children's Home "11 Oktomvri" – Skopje.
- Hamilton, K. and Bina, S. (2024). Formative and summative evaluation of child care reforms and deinstitutionalisation in eight countries in Europe and Central Asia from 2009 to 2022: Country Report – North Macedonia. UNICEF ECA.
- Helsinki Committee for Human Rights. (2021). 10 years since the ratification of the Convention on the Rights of Persons with Disabilities. <<https://mhc.org.mk/wp-content/uploads/2021/12/10-godini-ratifikacija-na-kplp.pdf>>
- Chekalovikj, M. (2023). FAMILY VIOLENCE AS AN INDICATOR FOR THE DEVELOPMENT OF CHILD DELINQUENCY. National Network against Violence towards Women and Domestic Violence – Voice Against Violence. <<https://glasprotivnasilstvo.org.mk/wp-content/uploads/Semejnoto-nasilstvo-kako-indikator-za-detsko-prestapnistvo-1.pdf>>

ANEXES

ANNEX 1. GUIDANCE FOR A CHILD-FOCUSED TARGET GROUP

GUIDE FOR THE TARGET GROUP WITH CHILDREN

PREPARATION

The aim of the focus group is to gather the children's opinions and experiences regarding their daily lives, the conditions, and the support they receive in the institution/small group home.

Forming the focus group: the group is formed by grouping children of a similar age and/or gender, in order to ensure comfort and a sense of security. If necessary, multiple smaller focus groups will be formed, depending on the needs and the availability of a more suitable space for open sharing.

Duration: 40-50 minutes.

Space: Calm, comfortable, without the presence of educators/guards (unless necessary for safety).

Materials: Paper, markers, stickers, symbol cards

- Smiling face = "I feel safe"
- Neutral face = "I'm not sure"
- Sad face = "I feel threatened"

ETHICAL GUIDELINES

- Obtaining written consent from the guardian/institution and verbal consent from the child.
- Explaining the purpose, what will happen, the right to refuse to participate in the focus group, and the right not to answer any of the questions asked.
- Clearly informing them that everything said within the focus group remains confidential and anonymous, unless something is revealed that indicates danger or harm (duty to report).
- Information about the option to stop or leave the conversation at any time

SESSION STRUCTURE

Getting to know each other and building trust (5-10 minutes)

- Brief introduction (name, role, why we are here).
- Icebreaker activity (e.g., "Tell us something you enjoy doing in your spare time").
- Setting ground rules (everyone has the right to speak, we speak one at a time, we listen to each other, we do not make fun of anyone, everything said stays here (unless someone is in danger)).
- Show the visual tools and cards, explaining what they mean and how they can use them to respond or show how they are feeling

Main questions (25-30 minutes)

Open and simple questions, without suggesting an answer.

Closing (5-10 minutes)

- Ask each person to say one thing they have learnt or found important from the conversation (they can do the same with a card that matches how they feel after the conversation).
- Finish with a positive or light-hearted activity/question, so you don't end on a heavy topic. (e.g., What's the funniest thing that's ever happened to you?, What's your favourite food?, If you could have any animal as a pet, what would it be?)
- Thank them for taking part.

Recording and processing the data

- Words, emotions, gestures, and the choice of cards/symbols are noted.
- No recording (especially not without written consent).
- The data are kept without names and identifying information; codes are used.

ANNEX 2. TARGET GROUP QUESTIONNAIRES WITH CHILDREN

TARGET GROUP QUESTIONNAIRE (TGQ)

DATE _____

LOCATION _____

NUMBER OF PARTICIPANTS _____

GROUP CHARACTERISTICS _____

Introduction

- Introducing ourselves and explaining why we are here and the purpose of the conversation.
- Agreeing on the rules (everyone can speak freely, we respect each other's opinions, there are no wrong answers, what you share will remain confidential, unless someone is in danger).
- Explaining how to use the cards.
- Encouraging honesty and the right to not answer.
- Warm-up: Say one thing you most enjoy doing in your spare time

Daily Life

- Describe a typical day for you here, from waking up to going to bed.

(What do you do first thing in the morning? When do you have school or activities? What do you do in the evening before you go to bed?)

- What do you like most about a day here?

(What's the best part of the day? Who do you enjoy spending time with the most?)

- What is the hardest or most boring part?

(When is it hardest for you during the day? What do you least like doing?)

Relationships and support

- What are the relationships like between you here?

(Do you socialise? Do you have good friends here? What do you do together?)

- What are your relationships like with the carers, teachers and other staff?

(Which member of staff helps you the most? Do they treat you well/fairly?)

- When you have a problem, who can you turn to for help?

(For example, if someone is being unkind to you or if you need something, who do you tell?)

- Do you feel that they listen to you and take your opinions into account?

(Can you give an example of a time a member of staff helped you after you said something?)

Education and activities

- What school or educational activities do you have here?

(Where do you study? How often do you have lessons? Who helps you with your studies?)

- What sports, games or other activities do you do? What would you like to have more of?

(Do you play outside? Do you have enough time for sport, art?)

- What are the rules here? Are they clear?

(Who explained the rules to you? What happens if a rule is broken?)

- How do you feel about the way the rules are applied?

(Do everyone follow the same rules? Are the rules fair?)

- Do you have the opportunity to see or speak with your family or friends outside of here?

(How often? How does that affect you?)

Safety

- How do you feel about your safety here? (you can use a card)

(Do you feel safe during the day? And in the evening?)

- Have you ever seen or experienced anything that made you feel unsafe?

(You can only say if you want to. You can also use a card instead of speaking.)

- If someone has a safety problem, do you know what to do and who to tell?

(Who is the first person you would tell? What do you think they should do?)

Future

- If you could change one thing here (in the institution where you live), what would it be?

(It could be something small, like a food or an activity, or it could be something big.)

- What would you like to tell the people who make decisions about this place?

(What do you think is the most important thing for them to know about your day-to-day life here?)

Conclusion

- Say or show with a card how you feel after the conversation.
- We finish with a positive question or activity.
- Thank you for taking part.

TARGET GROUP QUESTIONNAIRE (TGQ)

DATE _____

LOCATION _____

NUMBER OF PARTICIPANTS _____

GROUP CHARACTERISTICS _____

Introduction

- Introducing ourselves and explaining why we are here and the purpose of the conversation.
- Agreeing on the rules (everyone can speak freely, we respect each other's opinions, there are no wrong answers, what you share will remain confidential, unless someone is in danger).
- Explaining how to use the cards.
- Encouraging honesty and the right to not answer.

Warm-up: Say one thing you most enjoy doing in your spare time.

Daily life

- Describe a typical day for you here, from waking up to going to bed.

(What do you do first thing in the morning? When do you have school or activities? What do you do in the evening before you go to bed?)

- What do you like most about a day here?

(What's the best part of the day? Who do you enjoy spending time with the most?)

- What is the hardest or most boring part?

(When is it hardest for you during the day? What do you least like doing?)

Relationships and support

- What are the relationships like between you at home?

(Do you socialise? What do you do together? How do you resolve disagreements?)

- What are your relationships like with the carers and other staff?

(Who helps you the most? Do they treat you well/fairly?)

- When you have a problem, who can you turn to for help?

(For example, if someone is being unkind to you or if you need something, who do you tell?)

- Do you feel that they listen to you and take your opinions into account?

(Can you give an example of when you suggested something and it was accepted?)

Education and activities

- How do they help you with your schoolwork and learning?

(Who helps you with your learning? Do you have a quiet place to study?)

- What activities do you do outside of school?

(Do you do any sports, art activities, or outings? What would you like to do more of?)

- Do you have the opportunity to see or hear your family or friends outside of the home?

(How often? How does that affect you?)

Safety

- How do you feel about safety here? (you can use a card)

(Do you feel safe during the day? And in the evening?)

- Have you ever seen or experienced anything that made you feel unsafe?

(You can only say if you want to. You can also use a card instead of speaking.)

- If someone has a safety problem, do you know what to do and who to tell?

(Who is the first person you would tell? What do you think they should do?)

Future

- If you could change one thing in your home (the institution where you live), what would it be?

(It could be something small, like a food or an activity, or it could be something big.)

- What would you like to say to the people who make decisions about the home?

(What do you think is the most important thing for them to know about your day-to-day life here?)

Finishing

- Say or show with a card how you feel after the conversation.
- We finish with a positive question or activity.
- Thank you for your participation.

ANNEX NO. 3. QUESTIONNAIRE FOR EMPLOYEES IN INSTITUTIONS

QUESTIONNAIRE FOR EMPLOYEES IN INSTITUTIONS

DATE _____

INSTITUTION _____

NAME OF THE INTERVIEWEE _____

POSITION HELD BY THE PERSON _____

Introduction

- Introduction and explanation of the purpose of the interview.
- Confirmation of confidentiality and anonymity

1. What is your role and how long have you been working at this institution?

(How many years of work experience do you have working with children (children from a particular vulnerable category)? Have you worked in other similar establishments?)

2. What are your main tasks and responsibilities?

(What is your typical working day like?)

3. How would you describe the children you work with?

(Age, gender, type of needs or difficulties, social background)

4. What are the most common needs or challenges these children face?

(Psycho-social, health, educational, family-related, safety)

5. Are there differences in needs between different groups of children/users? What are the differences?

(e.g., by age, gender, type of disability, behaviour)

6. What services and programmes are available to them in the institution?

(Education, healthcare, psychological support, recreational activities)

7. Do you consider these services to be sufficient and appropriate?

(If not, what is missing?)

8. How are contacts with family or friends supported?

(How often are visits or communication allowed?)

9. Is the number and composition of the staff sufficient to meet the needs of the children living here?

(Which professional profiles are missing?)

10. Do you feel you receive enough training to work with the children?

(Which topics would you like to see covered in future training?)

11. Do you have access to enough materials, equipment and resources for your work?

(If not, what do you think is missing?)

12. How is the safety of the children in the institution ensured?

(Examples of measures or procedures)

13. Are there situations of violence or risk, and how are they handled?

(Is there a reporting system and do you consider it effective?)

14. What are the biggest challenges you face in your work?

15. What would you change in the institution to improve care and support for the children?

16. Is there anything you would like to add that was not mentioned?

ANNEX NO. 4. OBSERVATION CHECKLIST FOR ASSESSING CONDITIONS AND NEEDS IN INSTITUTIONS

OBSERVATION CHECKLIST FOR ASSESSING CONDITIONS AND NEEDS IN INSTITUTIONS

DATE _____

INSTITUTION _____

A scale of 1 to 3 is used for the assessment (1 = unsatisfactory, 2 = acceptable, 3 = excellent) for each item, supplemented by brief notes

AREA	RATING	GRADE 1, 2, 3	COMMENTS
Condition of the property	Maintenance		Maintained and clean Partially maintained Visible damage Poor condition
	Ventilation (fresh air)		
	Light/Lighting		Natural Artificial
	Temperature		Heating Cooling
Hygiene	Kitchen		
	Bathrooms/toilets		
	Bedrooms		
	Communal areas		
Spaciousness	Kitchen/Dining Room		
	Bedrooms		
	Common areas		
Furniture and equipment	Kitchen equipment		
	Furniture in bedrooms (number of beds)		

	Furniture and equipment in communal areas		
	Study equipment (desk, chair, computer)		
	Equipment for activities (toys, sports, etc.)		
Accessibility	Inputs/Outputs		
	Toilets		
	Access to key rooms		
Safety	Fire safety		
	Surveillance/security		
	General physical safety (sharp edges, electrical installations, toxic materials, damaged floors)		
Daily care	Food (quality, regular and varied meals)		
	Clothing and footwear (sufficient, in good condition)		
	Privacy (personal space, curtains, locks, etc.)		
Education and activities	Access to education		
	Learning conditions		
	Learning materials		
	Outdoor play and sports area		
	Creative activities		
Health and psycho-social support	Medical room		
	Access to a doctor		
	Access to a psychologist		

	Specialised therapies (especially for children with disabilities)		Physiotherapy Speech and language therapy Occupational therapy
Relationships and atmosphere	Relationships between children		Cooperation Conflict Group dynamics
	Staff–child relationship		Respect Support Communication Tension Fear
	General atmosphere		Warm Neutral Tension Fear
Identified needs	TYPE OF NEEDS	YES/NO RESPONSE	NOTES
	Infrastructure needs		
	Staffing needs		
	Materials and equipment needs		
	Needs in programmes and services		

ANNEX 5. QUESTIONNAIRE FOR RELEVANT ACTORS

QUESTIONNAIRE FOR RELEVANT ACTORS

DATE _____

ORGANISATION/INSTITUTION _____

NAME OF THE INTERVIEWEE _____

POSITION HELD BY THE PERSON _____

Introduction

- Brief introduction.
- Explanation of the purpose of the interview (to gather opinions on the current situation, challenges and possible improvements in the care of children at risk and with disabilities in institutions).
- Confirmation of confidentiality and anonymity (the data will be used only in summary form, without identifying individuals or organisations).
- Obtaining verbal consent to participate and for note-taking or recording, if agreed.
- The interview will last approximately 30-40 minutes.

1. **Could you briefly describe the role of your organisation/institution in relation to children at risk and/or people with disabilities?** (Which aspect does your work cover – monitoring, advocacy, coordination, support?)
2. **What is your contact or collaboration with the institutions where these individuals are housed (small group homes, correctional youth institutions, specialised facilities)?** (Do you visit them, monitor their work, provide recommendations? How often and in what way?)
3. **How would you assess the current situation of the children (at risk, with disabilities) placed in the institutions?** (What do you consider to be working well, and what do you see as the biggest challenge or systemic problem?)
4. **How effective are the existing services and safeguarding mechanisms for these groups?** (Are they accessible, tailored, sufficient, and coordinated with one another?)
5. **How would you describe the cooperation and coordination between the relevant institutions and services (social, health, educational)?** (Is there a clear division of roles, or are there overlaps and gaps?)
6. **From your knowledge or experience, how would you describe the conditions in which children and persons with disabilities live in institutions?** (material conditions, hygiene, accessibility, safety)
7. **How would you assess the capacity of the staff working with children and persons with disabilities? (Is there sufficient staff?** Does the staff have the necessary training, support, and professional qualifications?)
8. **In your opinion, how are the rights of children at risk and with disabilities protected in institutions?** (Are there functional mechanisms for reporting and supervision? How are such reports handled?)

9. **Do the children and beneficiaries have the opportunity to express their opinions and participate in decisions that affect them?** (Are there mechanisms or practices that enable this?)
10. **From your professional experience, what are the greatest and most urgent needs of the institutions and the children placed in them?** (What changes or improvements are most needed – policies, practice, coordination?)
11. **Do you have any specific recommendations or examples of good practice that you would highlight?**
12. **Would you like to add anything from your experience or opinion that was not covered by the previous questions?**

