



ESPN Thematic Report on work-life balance measures for persons of working age with dependent relatives

Former Yugoslav Republic of Macedonia

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Macedonia**

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Summary/Highlights

The long-term care regime in the Former Yugoslav Republic of Macedonia provides rights and services mainly to those being cared for. Carers' rights, especially leave and in-kind benefits, are not comprehensively developed. The regime was partly established under the previous socialist system (pre 1991), and the dominant form of support included residential care (which is now largely privatized) and cash benefits. In recent years, some new forms of cash benefits have been introduced. However, labour market support of carers is still marginalized, making carers more vulnerable in relation to employment and decent living standards.

In terms of carers' leave, there is only one scheme that enables shortened working hours (which is not strictly a form of leave). Also, eligibility for this scheme is very narrow, being limited to parents caring for children with developmental difficulties and special educational needs (not available to relatives or other family members).

Long-term care benefits are mainly provided to cared-for persons. There are only two long-term care benefits for carers, and eligibility for these two benefits is limited only to carers who are parents. When these benefits are combined (benefits aimed at cared for and benefits for carers, they often lead to an income close to the national average salary. Although this may significantly compensate for the financial costs of the carer, it certainly does not contribute to their work-life balance.

In the Former Yugoslav Republic of Macedonia there are no specific in-kind benefits that are provided to support people with dependent relatives. In-kind support is provided only to cared-for persons.

The coverage of the long-term care regime in relation to carers is very narrow, as it only concerns parents of disabled children. Hence, other categories of people – such as spouses and other family carers who are working and at the same time providing help and assistance to a family member in need of long-term care – are not covered or supported through social, health or employment measures. Take-up is also very low. Official statistical data for 2014 show that, in the case of the only social protection right/benefit aimed at carers, only 9.1% of all potential beneficiaries used it.

The overall package of measures aimed at carers and dependent persons is not balanced. Almost all measures are aimed at dependent persons, with a clear lack of specific support for carers. Accordingly recommendations are made in relation to (i) enhancing the coverage of support given through the social protection system; (ii) increasing active support i.e. services to carers; and (iii) greater accessibility and flexibility of the procedures related to financial benefits for carers from the social protection system.

1 Description of main features of work-life balance measures for working-age people with dependent relatives

1.1 Overall description of long-term care regime

Long-term care is not ensured by a single system, but it is provided partly under the social protection and pension insurance system (run by the Ministry of Labour and Social Policy) and partly under the health care system (under the responsibility of the Ministry of Health). Each of these systems has its own legal regulations, criteria of accessibility and quality, and method of financing. Apart from the state-guaranteed systems, family members and other close persons traditionally provide long-term care. Long-term care is financed primarily from state funds, but also by the care recipient and/or their family¹.

In terms of overall support, the long-term care regime in the Former Yugoslav Republic of Macedonia consists of combinations of rights related to: (i) financial support; (ii) residential and non-residential services; and (iii) carers' leave. In addition, informal care-giving is a substantial part of caring for dependent people.

Institutionalized forms of long-term care are provided through social and health care institutions, as well as through some home-based services provided at community level. Institutional protection for old people is insufficiently developed compared with some European states. This can be illustrated by the fact that only four public homes for old people are in existence. On the other hand, the institutional protection for people with disabilities has a long tradition in the country and is still considered to be the dominant medical model for protecting such people. The social model, providing complete integration of such people into society, has been slow to develop, due to the insufficient administrative capacities and professional staff (Dimitrievska, V., 2010).

Non-institutional protection is provided under the health and social protection system through a number of services that are insufficiently developed and coordinated by responsible bodies, due to a lack of basic resources (funds, vehicles, medical supplies etc.). There have been very small steps in the direction of de-institutionalizing services for people with disabilities within the social protection system, but they are not yet sufficient (Dimitrievska, V., 2010).

The scope of rights related to long-term care is specified in the laws on health protection, health insurance, social protection and labour. The existing legal provisions cover the long-term care protection of elderly persons, as well as of children and persons with physical, mental and/or developmental disabilities.

1.2 Description of carers' leave

As previously indicated, the least developed aspect of the long-term care regime in the Former Yugoslav Republic of Macedonia is the support for carers' leave. There is only one scheme that enables shortened working hours (which is not strictly a form of leave). Also, eligibility for this scheme is very narrowly defined and can be used only by parents (not relatives or other family members).

The only leave scheme concerns parents caring for children with developmental problems and special educational needs, under the Labour Law (art. 169).. One of the parents (or a single parent) has the right to work half-time, subject to approval by a medical commission (if the child is not in residential care). According to the rulebook for acquiring this right (Official Gazette No. 49/2013), applicants need to provide a decision from their employer supporting their use of the right to shortened working hours according to the law. The shortened working hours, under this article, are

¹ Council of Europe (2016) 23rd edition - Situation on 1 January 2015: Comparative tables of social protection systems in 12 member states of the Council of Europe, former Yugoslav Republic of Macedonia – Long Term Care.

treated as full-time working hours, and the right to salary compensation is regulated according to the Law for Social Protection (described later in the section on carers' benefits).

The other option that carers may use is unpaid leave (art. 147 of the Labour Law), which may be taken for up to a maximum of 3 months during one calendar year. This right is administered through employers, who send a form to the Employment Agency confirming the suspension of the employment contract due to the use of the right to unpaid leave. The criteria and conditions for using this right are regulated under collective agreements.

1.3 Description of carers' cash benefits

Long-term care benefits are mainly provided to dependent persons. There are only two long-term care benefits for carers, and eligibility for these two benefits is limited to carers who are parents.

Salary compensation for shortened working hours due to care of a child with developmental problems and special educational needs: this is currently the only benefit paid directly to carers, i.e. the parents. It is paid at a fixed amount of 4,987 Denars (EUR 81), which represents 52% of the minimum wage. Salary compensation is financed from the state budget and paid to employees who are entitled to work half of the full working time due to care of a child with mental or physical development problems or with chronic illness. The part-time working hours are treated as full working hours. Contributions for social insurance are calculated according to the law on pensions and disability insurance, and the law on contributions for compulsory social insurance.

Financial assistance granted to a single parent with a disabled child, upon reaching pensionable age: this is a newly established right (in 2014). It is paid to a single parent who takes care of their disabled child until the child reaches the age of 26 (continuously for 15 years²) provided that the parent is unemployed or not entitled to a pension. The benefit is given to the single parent upon reaching pensionable age, i.e. 62 (women) or 64 (men). The benefit represents a form of pension, paid as a fixed monthly payment set at 8,000 denars (EUR 130), which represents 83% of the minimum wage.

The main beneficiaries of other benefits (described below) are dependent persons.

Financial reimbursement for assistance and care: this is granted to people above the age of 26 who have mental or physical disabilities, are completely blind or suffer from permanent changes in their medical condition, or cannot perform basic living functions without orthopaedic devices due to temporary changes in their medical condition. The amount of the financial reimbursement for assistance and care by another person depends on the level of dependency of the beneficiary. People with a higher level of dependency are entitled to financial reimbursement in the amount of 4,348 denars (EUR 70), which represents 45% of the minimum wage. Those who have a lower level of dependence are entitled to financial reimbursement in the amount of 3,846 denars (EUR 62), which represents 40% of the minimum wage. The benefit is adjusted according to the inflation rate in the previous year. The benefit is paid directly to the beneficiary.

Special allowance for disabled children up to 26 years of age: this is a right that can be claimed by one of the parents (or guardians/custodians of children without parents) of a child with: mild, moderate and severe physical disability; mild, moderate and severe mental disability; a severe form of chronic illness; a severe form of visual, hearing or speech impairment/disorder; or combined disability. The benefit is provided regardless of the family income or whether the child regularly attends school. The only condition is that they have been permanent residents in the previous three years and are citizens of the country. The allowance equals 4,366 denars (EUR 71), which

² From the day this Law was adopted (2014).

represents 46% of the minimum wage. The benefit is increased by 50% for single parents with a disabled child and by 25% for parents in need (recipients of financial social assistance or continuous financial assistance).

Permanent (continuous) financial assistance: this is a benefit aimed at people who are unfit for work and do not have sufficient subsistence means, such as:

- People over 26 years of age with a disability, mental disease or a permanent change in their health condition.
- Single mothers during pregnancy, for one month before delivery.
- Single parents with a child not over 3 years old.
- Children (up to 18 years of age) if they are full-time students.
- Elderly people over 65.

It is paid in the amount of 3,677 denars (EUR 60) for a single recipient. The benefit may rise further depending on the number of co-beneficiaries: for a recipient with one co-beneficiary, it is increased by coefficient of 0.4, and for a recipient with two or more co-beneficiaries it is increased by coefficient of 1. A co-beneficiary is a family member of the bearer of the right who is also unfit for work, including a child up to 18 years of age (or 26 if they are attending school regularly). The benefit is paid monthly.

Apart from financial reimbursement for assistance and care and permanent financial assistance, other cash benefits that dependent elderly people can receive are: one-off financial assistance and assistance in kind, as well as financial assistance for social housing.

Allowance for mobility: this is granted to people over 26 years of age with a physical disability of 100% who independently use a wheelchair; and to people with quadriplegia or mild, moderate or severe mental disability who use a wheelchair with support from another person (caregiver). The benefit is paid monthly in the amount of 7,000 denars (EUR 113).

Allowance for blindness: this is granted to completely blind people over 26 years of age. The benefit is paid monthly in the amount of 7,000 denars (EUR 113).

Allowance for deafness: this is granted to completely deaf people over 26 years of age. The benefit is paid monthly in the amount of 4,000 denars (EUR 65).

Financial reimbursement for assistance and care, the allowance for blindness, the allowance for mobility and the allowance for deafness are granted if the annual net income earned by the individual from all sources is lower than their net salary received in the previous year.

According to data from the State Statistical Office for 2014, out of all the above-mentioned rights, the most used was financial reimbursement for assistance and care, while the least used were financial assistance for social housing and salary compensation for shortened working hours.

Table 1: Adult recipients of social welfare rights , 2014

	Total	Socially excluded	Persons with visual impairment	Persons with hearing impairment	Persons with physical disability	Persons with intellectual disabilities	Persons with combined disabilities	Financially unprotected	Elderly persons	Other
Salary compensation for shortened working hours	65	-	-	-	1	2	16	-	-	46
Financial reimbursement for assistance and care	34,973	1	1,462	313	4,810	3,389	12,818	206	1,919	10,055
Permanent (continuous) financial assistance	6,024	137	56	13	608	883	1,760	541	1,651	375
One-off (occasional) financial assistance	6,640	119	27	14	191	150	124	5,347	214	454
Financial assistance for social housing	16	-	-	-	-	-	-	6	-	10
Allowance for Mobility and Blindness	8,718	187	3,062	2,780	2,553	43	80	-	-	13

Source: State Statistical Office, 2015

1.4 Description of carers' benefits in kind

In the Former Yugoslav Republic of Macedonia there are no specific in-kind benefits that are provided to support people with dependent relatives.

For dependent persons, there is homecare and assistance – mainly for elderly, infirm and disabled people. Individuals may provide such services if they are issued with a work permit by the Ministry of Labour and Social Policy by virtue of a contract signed with a social work centre. Through the health care system there is a home palliative care service provided by specialized units.

The social protection system offers access to day care centres, small group homes and accommodation in a foster family. Day care centres for disabled people, run by the state or non-governmental organizations (NGOs), provide a stay on a day or half-day basis, nutrition and personal hygiene, as well as working, cultural, entertainment and other activities. As can be seen from the table below, institutionalized care is still a dominant form of social care, while other forms of non-residential care are less utilized.

Table 2: Beneficiaries of non-residential and residential social care in 2014

Placement	Juvenile beneficiaries	Adult beneficiaries
Small group home	20	/
Organized living with support	34	49
Day care centres	280	258
Centre for assistance at home	/	/
Social welfare institutions	/	414
Adult residential care	/	1009

Source: State Statistical Office, 2015

The health care system offers specialized day care centres and centres for palliative care, community mental health centres that provide services through, sheltered homes, social clubs, and mobile teams that provide home treatment. The main beneficiaries of these services are dependent persons.

In addition, pensioners in need of long-term care are entitled to rehabilitation and spa treatments on the basis of an established diagnosis and referral issued by their personal doctor and a medical committee.

2 Analysis of the effectiveness of work-life balance measures for working-age people with dependent relatives

2.1 Assessment of individual measures

As can be seen, the formal support given to the carers of dependent children and relatives is very limited. The *coverage* is also very narrow, as it only concerns parents, who in turn are provided with very few support measures – shortened working hours, salary compensation for shortened working hours, and financial assistance (not yet accessible) to a single parent with a disabled child, upon reaching pensionable age. Hence, other categories of people – such as spouses and other family carers who are working and at the same time providing help and assistance to a family member in need of long-term care – are not covered or supported through social, health or employment measures. According to the State Statistical Office data, there is a very limited take-up of salary compensation for people who have shortened working hours as a result of caring for children with developmental problems and special educational needs. In the three years 2011 to 2014, only 50 to 65 people accessed this right. In 2014 this represented only 9.1% of the 715 employees who were working shortened hours. Such a limited take-up highlights the potential limitations of this right, such as the low benefit amount, the low supply of part-time jobs, and institutional and legal barriers (e.g. complex claim procedures).

From the table below, it can be seen that the overwhelming majority of family carers are women. In addition, in 2014, a small proportion of people (0.66%) were unemployed due to the care of children and disabled people. Also, 0.95% of all women were inactive due to taking care of disabled people (Labour Force Survey, 2014).

Table 3: Part-time employees, unemployed and inactive persons due to care of children or disabled people in FYR Macedonia, 2011-2014

	Part-time employees by reason – taking care of children, disabled people		Unemployed persons due to care of children, disabled people		Persons not looking for job due to taking care of disabled people	
	All	Women	All	Women	All	Women
2011	1104	785	918	854	n.a.	n.a
2012	1271	1065	480	480	6629	6381
2013	709	620	639	639	3065	2868
2014	715	715	838	713	4723	4303

Source: Labour Force Surveys, 2015, 2014, 2013 and 2012.

The very limited provision of support for carers makes it impossible to reach any conclusions as to their employment effects. In general terms, combining the benefits given to the cared for and benefit for carers, contributes to some extent towards offsetting the financial costs of the carers.

2.2 Assessment of overall package of measures and interactions between measures

It can be concluded that the overall package of measures aimed at carers and the cared-for is not balanced. Almost all measures are aimed at dependent people, with a clear lack of specific support for carers such as longer leave and in-kind benefits. The lack of such measures clearly has negative work-life balance effects upon carers. This particularly affects women, as they tend to be the main informal care providers in the family.

The only aspect that provides some support to carers and the cared-for is the financial benefits from the social protection system. The possibility of combining these can in many cases lead to an income close to the national average salary. Although this may contribute towards the financial costs of the carer, as well as towards the well-being of the cared-for person, it certainly does not contribute to work-life balance for carers.

The conditions regarding the accessibility and quality of long-term care services in the country point to a number of problems and challenges that require attention. The main impediments identified in access to social and health services are: lack of information on existing services, lack of information for citizens regarding their rights, insufficient materials printed in the languages of different ethnic communities, and geographical distance from social and health centres and institutions (particularly affecting the rural population) (Dimitirievskaa, V., 2010).

In addition, the quality of long-term care services is at a relatively low level. Most commonly the reasons for this are: inadequate professional staff, bad infrastructure of health services, and insufficient equipment, as well as long waiting lists for the institutions (Dimitirievskaa, V., 2010).

Taking into consideration all of the above, reform of the long-term care system is an urgent issue.

2.3 Policy recommendations

Given the very narrow *coverage* of support through the social protection system, aimed only at carers who are parents, it is of high importance that the benefits and services related to long-term care enable support for other family members as well (spouses and other family carers).

In order to improve work-life balance for carers as well as the well-being of carers and their family members, there is a need for greater emphasis on the provision of *services* through the social protection, health and labour market schemes. Such services could include counselling, respite support, and longer leave for caring duties.

In addition, *access* to the existing support available to carers, such as salary compensation for shortened working hours, should be more transparent and flexible. Anecdotal evidence suggests that many applications for support are returned, due to uncompleted documentation or other formal barriers, which discourages other potential beneficiaries. Social work centres that administer this right should have a greater role in improving access to it.

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