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Multidimensional Poverty Among Social Welfare Beneficiaries in North Macedonia: Determinants, Lived Experiences, and Implications for Social Policy and Practice

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Abstract

Multidimensional poverty is a contested concept, often criticised for mixing poverty with its causes and consequences. Still, its application can contribute to better social policy practice. The paper aims to explore this potential in North Macedonia, where access to social welfare rests on one main eligibility criterion: household income for guaranteed minimum assistance and child allowance, and a certified disability for disability compensation. In this respect, the paper challenges the assumption that this criterion can capture the needs of those it admits into the system. It draws on 32 focus groups with beneficiaries in eight municipalities, a questionnaire completed by 152 beneficiaries and a survey of 57 professionals. A Multidimensional Deprivation Index (MDI), constructed following the Alkire–Foster method, shows that 86.8% of beneficiaries are multidimensionally deprived, mainly through unemployment, household hardship and the receipt of several benefits, while municipality of residence and Roma ethnicity are most strongly associated with deprivation in this sample. Beneficiaries and professionals agree that the system does little to help people out of poverty, but explain this differently. Under such circumstances, access to the support people actually need is not guaranteed. Hence, the paper proposes a locally grounded multidimensional assessment as an additional criterion for access to services.

Keywords: multidimensional poverty; deprivation index; social welfare; minimum income; eligibility; social work; access to services; North Macedonia

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1. Introduction

Multidimensional poverty is becoming an increasingly used, but still contested, concept in poverty research. Over the past three decades, a significant body of research has shown that income or consumption measures provide only a partial, and often misleading, picture of deprivation (Bourguignon and Chakravarty 2003; Atkinson 2003; Ruggeri Laderchi et al. 2003; Roelen et al. 2012; Alkire et al. 2021). However, there is still no agreement on what a multidimensional measure actually captures. For Kakwani and Son (2026), what such indices capture is in fact capability deprivation and not poverty, while Halleröd et al. (2026) warn that poor health, low education, unemployment or discrimination are causes and consequences of poverty and not poverty itself, and that mixing them weakens both analysis and policy. In this respect, the debate has remained largely focused on measurement, while a more practical question has received less attention: what a multidimensional approach

can contribute to social policy practice. It is our argument that its main value lies not in counting how many people are poor, but in showing what people lack beyond income, and hence, which services they need.

North Macedonia and its system of social protection provide a solid base for testing such an approach. After the 2019 social protection reform, access to the main cash benefits still depends on one main eligibility criterion. For guaranteed minimum assistance (GMA) and child allowance, this is a household income below a nominally defined threshold; for disability compensation, it is a certified level of disability. By the main eligibility criterion we mean the condition for entry into the system. Other elements of the eligibility test, such as the number of household members or the movable and immovable property of the household, only refine this condition, since they are used to establish whether the income of the household is below the threshold, and they do not assess what the household lacks beyond income. Once a person passes this test, the system knows very little else about them. Whether they also lack health care, adequate housing, transport or childcare is not part of the decision, and it rarely leads to any additional support. In this respect, the eligibility test decides only who enters the system. What happens afterwards depends largely on the capacity of the Centre for Social Work responsible for the beneficiary's municipality and on how persistent the beneficiary is.

Our intention is not to argue that the income test should be abandoned. In line with the criticism of Halleröd et al. (2026), we agree that it is important for the income or disability criterion to remain the entry point that establishes poverty or entitlement. However, it cannot show the deprivations that accompany poverty and keep people in it. In this respect, the role of a multidimensional assessment is not to redefine who is poor, but a more practical one, namely, to serve as an additional instrument that opens the door to services which today remain out of reach for most beneficiaries. The Council of the European Union takes the same direction in its 2023 Recommendation on adequate minimum income ensuring active inclusion, which asks EU Member States to carry out "a multi-dimensional needs assessment examining barriers to social inclusion and employment, identifying enabling and essential services necessary to address those barriers" (Council of the European Union 2023, para. 13(a)). For North Macedonia, as a candidate country, this standard is relevant in the accession process.

Also, the experience of poverty depends strongly on the context in which it occurs. Its form, intensity and consequences depend on the economic conditions of a given place, on the existence and accessibility of services, and on the social norms in the community. Namely, the same income may mean very different living standards in different places, and two households below the same threshold may face very different barriers (Lanau et al. 2020). Hence, locally grounded research on the everyday strategies of beneficiaries and the barriers they face can show aspects of poverty that are not visible in aggregate, income-based statistics. Also, the comparison of several categories of beneficiaries shows whether a uniform approach to social welfare is justified. This paper is part of a broader research project and represents its beneficiary-level component. The national multidimensional poverty atlas developed within the same project (Gerovska Mitev et al. 2026) maps multidimensional poverty in North Macedonia at the national level, using census data and geographically based indicators through the data-pooling method of Brunckhorst et al. (2026). The two approaches complement each other, since the national mapping shows where deprivation is concentrated, and this paper shows how it is experienced by those who are already inside the social welfare system.

The paper examines the depth and variety of deprivation among social welfare beneficiaries, measured through a Multidimensional Deprivation Index (MDI), and its determinants; that is, the characteristics associated with its intensity, the way beneficiaries

themselves experience and explain poverty, and how their views compare with those of the professionals who serve them. On this basis, it discusses how a multidimensional tool could serve as an additional criterion for access to services. The paper first situates the study within the debates on multidimensional poverty, eligibility and social work, and within the institutional setting of social welfare in North Macedonia after the 2019 reform, before turning to the findings and their implications for social policy and practice.

2. Literature Review

2.1. Measuring Multidimensional Poverty and Its Critics

Poverty rose sharply across the transition economies in the 1990s, with income poverty increasing from roughly 4 percent to 32 percent of the population between 1988 and 1994 (Hope 2000). Since then, poverty research has continued to debate whether deprivation is best captured through income and consumption or through the capabilities a person can achieve (Sen 1999). The counting method of Alkire and Foster (2011), which identifies the poor by counting simultaneous deprivations across a weighted set of indicators, underlies the UNDP Global Multidimensional Poverty Index and has been widely adapted, but also criticised. Kakwani and Son (2026) argue that composite indices of this kind mostly capture capability deprivation and not poverty in the conventional sense, and call for a clearer distinction between the two concepts. Whelan et al. (2014), on the other hand, drawing on European data, show that the cumulative deprivation threshold of the Alkire–Foster method offers an acceptable compromise for policy-relevant measurement. This study follows Whelan et al. in its construction of the index, while also accepting the conceptual criticism, as discussed in Section 6.

The strongest criticism comes from the consensual tradition. Halleröd et al. (2026) argue that a persistent problem in poverty research is the tendency to treat poor health, lack of education, discrimination or unemployment as indicators of poverty, when they may in fact be its causes or consequences, and that "such conflation weakens both empirical analysis and policy design". Lanau et al. (2020, p. 156) make a similar point about the MPI, which in their view combines indicators of poverty with indicators of its causes and consequences. However, for this paper, their contribution on services is more important. Drawing on the Copenhagen definition, in which poverty depends on access to services as well as on income, they show that households with similar resources may live at different standards in different contexts, and that where services are missing, households can be deprived whatever their income (Lanau et al. 2020, pp. 150–52). They also stress that the same deprivation may have very different causes, each requiring a different remedy: where the problem is affordability, the answer lies in income or free provision; where it is accessibility, the answer lies in local services or transport; where it is discrimination, the answer lies in changing norms and practices (Lanau et al. 2020, p. 152). In our view, this distinction is essential for understanding how a multidimensional instrument can be useful in social welfare practice.

Earlier research raises a related concern about where the indicators come from. Leclerc (2010), writing on rural Honduras, shows that indicators used by experts are often unrelated to what poor communities themselves consider important, to the extent that an expert-derived poverty map and a locally elicited one can rank the same areas quite differently. Lanau et al. (2020, p. 155) similarly argue that indicators should draw on the experience of poor people in their own societies. The MDI constructed in Section 4 follows this logic, as its indicators were drawn from the deprivations most frequently reported by beneficiaries themselves. Finally, Suppa (2025) shows that deprivations in Europe tend to cluster and persist over time, and Notten and Guio (2024) show that income growth has the largest

effect on material deprivation in the poorest European countries, both of which are relevant for a population living on benefits for many years.

2.2. Social Protection, Eligibility and Access to Services

A second strand of the literature examines how social protection interacts with multidimensional poverty, both as an outcome to be reduced and as a basis for targeting. Gao et al. (2022) find that China's rural Dibao programme reduced severe child multidimensional poverty only after benefit levels rose, and that income-based cash assistance alone has a structurally limited capacity to address non-monetary dimensions of well-being, which is why linking transfers to complementary services matters. Hlasny et al. (2022) reach a related conclusion for developing Asia: proxy means testing produces substantial exclusion and inclusion errors, as monetary thresholds fail to capture households' actual multidimensional conditions, and combining index-based and income-based targeting can identify deprived households that either approach alone would miss.

In Europe, the debate has focused more on how far minimum income schemes reach those in need. Nardo et al. (2026) show that means-tested support reaches well below 20% of the pre-transfer poor in most European countries, and below 10% in about half of them, while in Central-Eastern and Southern Europe, more than 40% of the pre-transfer poor are not covered by any income replacement benefit (pp. 311–12). Coverage gaps start with limits built into the design of the schemes, such as categorical conditions and low-income thresholds, and strict access criteria and high conditionality confirm the residual role of minimum income (Nardo et al. 2026, p. 302). Policy, at least on paper, has moved further. The 2023 Council Recommendation defines minimum income as only one of three strands of active inclusion, alongside access to inclusive labour markets and access to enabling and essential services, the latter of which includes social work, counselling, rehabilitation, early childhood education and care, health care, housing, water, sanitation, energy and transport (Council of the European Union 2023, para. 2(f)–(h)). It recommends a multidimensional needs assessment, an inclusion plan within three months and a case manager or a single point of contact responsible for timely referral to the relevant services (para. 13).

The Italian experience shows both the promise and the risk of such an approach. Under the Reddito di Inclusione, social services had a central role in assessing the multidimensional aspects of family poverty, while its successor, the Reddito di Cittadinanza, replaced this assessment with an algorithm, which Busilacchi et al. (2025, p. 283) see as a shift towards a more systematic, workfare-oriented approach. Analysing local outcomes, the same authors (p. 294) found that the quality of information exchange and cooperation between social services and public employment services was the most important determinant of policy success, since it allowed institutions to respond better to the multidimensional nature of poverty. Their broader conclusion, that the success of a policy depends more on the quality of local governance than on its formal design, is particularly relevant for countries such as North Macedonia, where legislation has often been ahead of implementation.

2.3. Social Work, Poverty and Benefit Administration

How poverty is understood by those who work with people in poverty is not a minor issue, since it shapes what they do. Krumer-Nevo (2020) distinguishes three paradigms in social work with people in poverty. The conservative paradigm sees poverty as a product of individual deficits and responds with interventions aimed at changing behaviour, including making material assistance conditional on participation in the labour market (p. 25). The structural paradigm locates the causes of poverty in social inequality, and sees, for example, the choice between work and welfare as a rational response to conditions in the labour market (p. 27). The poverty-aware paradigm builds on the structural analysis but adds a

relational layer. Poverty is pictured as a wheel: a material core, a lack of social opportunities in education, housing, health and employment, and a relational and symbolic layer of disrespect, humiliation, shame and stigma, in which people in poverty are also denied the position of those who know something about their own lives (pp. 30–31). She also observes that social workers often accept structural explanations in general but individualise poverty when it comes to their own clients, since a structural analysis is difficult to apply to individual service users (pp. 29–30).

Monnickendam et al. (2010), drawing on interviews with directors of municipal social services in Israel, find that professionals' uncertainty about their own role is reflected directly in service policies: directors did not identify their largely poor caseloads as poor, and therefore developed few services explicitly centred on poverty. A parallel literature examines the social attribution of the causes of poverty. Družić Ljubotina et al. (2022) show that gender, age and material status predict whether Croatian citizens attribute homelessness to individual, structural or fatalistic causes, while Davids and Gouws (2013) find in South Africa that respondents' own experience of hardship predicts which explanation they favour, with poorer respondents leaning towards structural accounts. In both studies, the explanation of poverty reflects the position of the person explaining it, a pattern this study revisits in Section 6.

In Central and Southeast Europe, social work and social assistance have been shaped by the paradigm of activation. Agencies administering cash benefits were expected to profile unemployed beneficiaries according to perceived market needs, instead of dealing with the systemic causes of their unemployment, and it was mostly social workers who were blamed for the sanctions against those furthest from the labour market (Gerovska Mitev 2024, pp. 9–10). Since the region has no tradition of integrated delivery of social services, activation was also weakened by poor cooperation between social assistance and employment offices (Gerovska Mitev 2024, p. 10). In Slovenia, the idea of dependency on social benefits was used to separate deserving from undeserving recipients, and social workers in cash-benefit departments were given a legal obligation to supervise, control and sanction beneficiaries (Leskošek 2024, p. 64). In Croatia, where benefits are too low to overcome social risks on their own, professionals often combine several rights for the same user (Matančević and Opačić 2024, p. 88). Across the region, a social work approach guided by social justice could not compete with the logic of deservingness imposed from the policy level, from the top down (Gerovska Mitev and Perišić 2024, p. 186).

2.4. Evidence from North Macedonia

Within North Macedonia, research on multidimensional poverty is limited relative to the scale of the problem. Srbinoski et al. (2021) constructed a national child multidimensional poverty index based on the Alkire–Foster method and found that the Southeast, East, Skopje and Polog regions are the most deprived among children, a finding against which the results of this study are compared in Section 6. Tuna et al. (2022) analyse rural poverty through access to resources and political power, and the UNDP (2024) regional scoping study places North Macedonia within the wider context of multidimensional poverty measurement in Eastern Europe and Central Asia. Robayo-Abril and Echeverria (2025) document that Roma across EU Member States face an elevated risk of poverty and are disproportionately likely to remain in chronic poverty. Methodologically, this study follows Peng et al. (2024), who combined a composite poverty index with an analysis of the characteristics that predict deprivation. What is still missing is evidence on the population that is already inside the social welfare system: how deprived they are across several dimensions at once, which characteristics are associated with that deprivation, how they

themselves explain it, and how their explanations compare with those of the professionals who serve them. This is the gap that the present study addresses.

3. Social Welfare in North Macedonia After the 2019 Reform

The present system of social welfare in North Macedonia was shaped by the 2019 reform, which brought a new Law on Social Protection, a new Law on Social Security for Older People and major amendments to the Law on Child Protection. The reform should be acknowledged for what it achieved. It introduced guaranteed minimum assistance with a more favourable access threshold and equivalence scale (Gerovska Mitev and Bornarova 2024, p. 127), linked GMA with child and educational allowances, consolidated earlier fragmented programmes and simplified the intake procedure. According to the World Bank, the share of social assistance beneficiaries in the poorest quintile increased from about 44% to 53% (cited in Gerovska Mitev and Bornarova 2024, p. 131). The new Law also introduced case management, new community-based services and, for the first time, the possibility of joint activation plans of Centres for Social Work and employment centres for GMA beneficiaries. Cash benefits are administered by 30 Centres for Social Work, which are public institutions of the central government dispersed across the country, not municipal services.

The design of access, however, remained narrow. GMA is granted to households whose total income from all sources over the previous three months, including the income and property of all household members, falls below a nominally defined amount (Law on Social Protection 2019). The base amount was set at MKD 4000 per month in 2019 and stood at MKD 5668 in 2026, while each child in the household adds a coefficient of only 0.1 to the base, compared with 0.3 under the OECD modified scale (Oz et al. 2026, pp. 13, 17). Since the base is not linked to the minimum wage or to the poverty line, its value fell from 32% of the net minimum wage in 2019 to 23.2% in 2026 (Oz et al. 2026, p. 13). Coverage has remained limited: in 2020, GMA reached 22.5% of the population at risk of poverty (Gerovska Mitev and Bornarova 2024, p. 133), and current estimates suggest that it reaches about 23% of the poorest fifth of the population (Oz et al. 2026, p. 31). The child allowance is income-tested against a similarly nominal threshold and is capped at two children (Oz et al. 2026, pp. 15–16).

GMA is also conditional. Beneficiaries who are able to work must register and regularly report to the employment centre, and refusing obligations from the individual employment plan twice, or refusing mediation for employment, leads to termination and twelve months of exclusion (Law on Social Protection 2019). At the same time, entering formal work is penalised, since already the first denar of formal labour income can lead to the immediate and total loss of GMA and the energy allowance (Oz et al. 2026, p. 33), as well as other benefits linked to GMA status. The new Social Welfare Information System, introduced in 2025 and 2026 with the aim of linking cash benefits with services and employment support, has so far only reinforced this pattern, since experience from the Centres for Social Work shows that beneficiaries who accept a job are removed from the system automatically, without any grace period to see whether the job is sustainable.

Disability compensation is a categorical, non-contributory benefit for persons aged 26 and over with severe or profound intellectual disability, severe physical disability, complete blindness or complete deafness. It can be combined with GMA and does not count as income in the GMA test (Law on Social Protection 2019). Eligibility is established by medical commissions of the Ministry of Health and is subject to review. In practice, obtaining the medical documentation and passing the commission is a long and tiring procedure, which deters many people with disabilities from claiming their rights.

Integrated delivery of services is foreseen in the 2019 Law, but it is not yet a customary practice. Cooperation between Centres for Social Work and employment centres on activation plans remains largely formal, as each institution completes only its own part of the individual plan. The reform did not restructure the institutional framework so as to separate the administration of cash benefits from the provision of social services, and the Centres for Social Work remain overloaded with administration and are short of staff, so that the introduction of case management in such conditions further complicated an already unfavourable situation (Gerovska Mitev and Bornarova 2024, p. 127). In the Employment Agency, case management has also proved poorly suited to the work of the agency (Gerovska Mitev and Perišić 2024, p. 191). Municipalities have a legal right to provide additional forms of social protection, subject to their financial capacity (Law on Social Protection 2019, Article 12), but municipalities still have no legal obligation to deliver social services (Gerovska Mitev and Bornarova 2024, p. 127). Outside Skopje, social services are scarce and the number of social workers is limited. There is no explicit support for public transport for people on low incomes, and in kindergartens where demand exceeds the number of places, priority is given to dual-earner families, which places the children of unemployed parents at a disadvantage. Finally, the 2026 budget reduced funds for social protection by 15.7% compared with 2025, which is the largest cut on the expenditure side of the budget (authors' calculation based on the 2025 and 2026 budgets; Government of the Republic of North Macedonia 2026). The accounts of beneficiaries and professionals presented below need to be understood within this institutional setting.

4. Materials and Methods

The study used a mixed-methods design, combining qualitative and quantitative data collection in order to capture both the prevalence and intensity of deprivation among beneficiaries and the perceptions and circumstances that shape their living conditions. Fieldwork was conducted between November 2025 and May 2026 in eight municipalities: four urban (Kumanovo, Strumica, Skopje-Chair and Gostivar) and four rural (Resen, Debar, Vinica and Sveti Nikole). The eight municipalities cover all eight statistical planning regions of the country. Apart from the rule of one municipality per region, the main criterion for the selection of municipalities was an equal number of urban and rural municipalities. The choice also aimed at a mix of municipalities with different ethnic compositions.

The study is based on focus-group discussions with social welfare beneficiaries and an electronic survey of professionals in Centres for Social Work and licensed service providers. Beneficiaries were invited to the focus groups by caseworkers of the Centres for Social Work in each municipality. Caseworkers contacted all beneficiaries of the selected benefits in their municipality, but only one member of each household, so that, for example, where the husband is the holder of the right to GMA and the wife is the holder of the right to child allowance, only one of them was invited, and, as far as possible, they also tried to ensure a balance between women and men and between ethnic communities. It was not easy to find beneficiaries who were willing to take part, so the sample consists of those who accepted the invitation and came to the discussions. Hence, the participants were not chosen by caseworkers but decided themselves whether to take part, and it is possible that the most excluded beneficiaries, or those least able to travel to the place of the discussion, did not come, which would more likely lead to an underestimation than to an overestimation of deprivation. The number of participants was 34 in Debar, 23 in Resen and in Sveti Nikole, 18 in Skopje-Chair, 16 in Vinica, 15 in Kumanovo, 13 in Strumica and 10 in Gostivar. In each municipality, four focus groups were held, one for each category of beneficiaries, including guaranteed minimum assistance (GMA), public kitchen support (PK), child allowance (CA) and disability compensation (DC), giving 32 focus groups in total. GMA and public

kitchen beneficiaries were subsequently treated as one group (GMA/PK) for the analysis, since the public kitchen beneficiaries in the sample were also GMA recipients. Participants were informed in advance about the purpose of the study and the assurance of anonymity, and gave verbal consent to the focus-group leader before taking part; participation was voluntary throughout. Ethical review and approval were not required for this study under the rules of the Faculty of Philosophy, Ss. Cyril and Methodius University in Skopje. Access to social welfare beneficiaries was authorised by the Ministry of Social Policy, Demography and Youth, which is the only body that can authorise research with beneficiaries of social welfare. The study was conducted in accordance with the principles of the Declaration of Helsinki. After each discussion, participants individually completed a questionnaire covering their demographic characteristics, a self-assessment of household hardship and an assessment of the usefulness of the benefits they received. In parallel, a link to an electronic survey in Qualtrics was sent to the Centres for Social Work in the eight municipalities and to the largest licensed social service providers in the same municipalities, such as the local organisations of the Red Cross. Of the 78 responses received, 61 were completed and 57 were valid for analysis; 52 respondents work in Centres for Social Work and five in licensed service providers. Combining focus groups with an individual questionnaire served a specific purpose: it allowed the qualitative material from each discussion to be cross-checked against individual-level variables such as municipality, instead of relying only on group-level impressions. Both samples are purposive and not nationally representative.

Using the focus-group material and the beneficiary questionnaire, a Multidimensional Deprivation Index (MDI) was constructed following the counting method of Alkire and Foster (2011), and Table 1 lists its eight indicators, the deprivation criterion for each and the weight assigned to it. The indicators were selected from the deprivations that beneficiaries reported most often in the focus groups, but only those that were also covered by the individual questionnaire could be included, since each indicator had to be measured for every respondent. Hence, transport, childcare and access to health care, although raised in the discussions, are not part of the index. The selected indicators relate to the domains commonly used in multidimensional poverty measurement, namely education, employment, health, material living standards and household vulnerability. Unemployment, including irregular and occasional work, is the deprivation that beneficiaries mentioned first and most often, and both beneficiaries and professionals see the lack of work as the main reason for low income. It may be argued that unemployment is a cause rather than a dimension of poverty; however, exclusion from work is widely treated as a dimension of poverty in its own right, as in the EU indicator of the risk of poverty or social exclusion, where very low work intensity is one of its three components. The two indicators of welfare-system exposure, multiple-benefit receipt and long-term benefit receipt, are of a different kind, since they show how people are tied to the system, but they can also be regarded as indicators of deprivation. Namely, each benefit is granted after a separate application and assessment, an income test for GMA and child allowance and a disability assessment for disability compensation, so receiving several benefits means an accumulation of recognised needs. Our data confirm this, as 83% of beneficiaries who receive two or more benefits are deprived on at least three of the other six indicators, compared with 59% of those who receive one benefit. Long-term receipt, on the other hand, shows the duration of deprivation, that is, more than ten years of living on an income below the eligibility threshold for GMA/PK and CA beneficiaries, and many years of living with a disability and its costs for DC beneficiaries. Of course, receiving several benefits may also partly reflect better access to social protection, and for this reason, the main results were also checked without these two indicators. The beneficiary sample is described in Table 2.

Table 1. Indicators of the Multidimensional Deprivation Index (MDI).

Indicator	Deprived If...	Weight	Domain
Low educational attainment	No formal education or incomplete primary schooling	1/8	Education
Unemployment	Unemployed or only irregular/occasional employment	1/8	Employment
Multiple-benefit receipt	Receiving two or more social benefits simultaneously	1/8	Welfare-system exposure
Long-term benefit receipt	Receiving the benefit for more than ten years	1/8	Welfare-system exposure
Self-assessed hardship	Household situation rated 4 or 5 on a 5-point scale	1/8	Material living standards
Household vulnerability	Single-person household, single parent, or 3+ children	1/8	Household/social vulnerability
Health-related disability	Household includes a member receiving disability compensation	1/8	Health
Unmet housing/employment need	Housing or employment cited as the priority unmet need	1/8	Material living standards

Source: Authors' construction, based on focus-group and questionnaire data.

Table 2. Socio-demographic profile of beneficiaries, by category.

Characteristic	GMA/PK (N = 59)	CA (N = 39)	DC (N = 54)	Full Sample (N = 152)
Female	40.7%	84.6%	38.9%	51.3%
No formal/incomplete primary education	45.8%	25.6%	20.4%	31.6%
Unemployed	67.8%	69.2%	75.9%	71.1%
Ethnic Macedonian	28.8%	43.6%	64.8%	45.4%
Roma	47.5%	25.6%	5.6%	27.0%
Albanian	16.9%	20.5%	22.2%	19.7%
Turkish	6.8%	10.3%	7.4%	7.9%
Receiving 2+ benefits	62.7%	94.9%	46.3%	65.1%

Source: Beneficiary questionnaire (N = 152).

Weighting is equal across indicators, following Alkire and Foster (2011), where there is no clear reason to give greater weight to one dimension than to another. In our case such a reason does not exist, and since the MDI is proposed as a practical tool for Centres for Social Work, a simple and transparent rule is also essential; moreover, equal weights are the most common choice in such cases, as in the global MPI. A person is classified as multidimensionally deprived if they are deprived in at least three of the eight indicators. This threshold of 37.5% is close to the cutoff of one third used in the global MPI (Alkire et al. 2021), and it identifies people who face an accumulation of problems, not a single one. Of course, other thresholds and weights would give different shares of deprived beneficiaries, but the main patterns remain the same: Debar and Kumanovo remain the most deprived and Vinica the least deprived municipality, and only the order of the municipalities in

the middle changes, depending on the weight given to the welfare-system and subjective indicators (Supplementary Table S2). For each subgroup, the index reports the headcount ratio, the intensity of deprivation and the adjusted headcount ratio, which is the product of the two.

One clarification is important. Taking into account the criticism of Halleröd et al. (2026) and Lanau et al. (2020), the MDI is not offered as a measure of poverty as such. All respondents already passed a resource-based or disability-based eligibility test. The index measures something else: the accumulation of deprivations and unmet needs among people who are already recognised as poor or entitled, including indicators such as low education, unemployment and disability that the consensual tradition would treat as causes or consequences of poverty. This is also why we use the term deprivation rather than poverty in the name of the index, and why we discuss its use as an instrument for identifying needs and opening access to services, not for redefining who is poor. For the same reason, the indicator describing more than ten years of benefit receipt is labelled long-term benefit receipt rather than dependency, since the latter term carries a moral judgement about beneficiaries that our data do not support (cf. Krumer-Nevo 2020, pp. 26–27; Leskošek 2024, p. 64).

To identify the factors associated with deprivation, and those shaping professionals' assessments of the effectiveness of welfare programmes, the individual-level data from both instruments were analysed directly. For beneficiaries, a regression was estimated with the number of deprivations as the dependent variable and age, gender, ethnicity and place of residence as predictors. The linear model is reported in the text, since its coefficients show directly how many deprivations more or less a beneficiary has in relation to the reference group, while the same model was also estimated as a Poisson regression with robust standard errors, given that the number of deprivations is a count variable; these results, together with the technical details, are given in Supplementary Table S1. Four of the eight MDI indicators are constructed from variables that would otherwise serve as natural predictors, so these were excluded in order to avoid regressing the deprivation count on its own components; for the same reason, household composition was not included in the main model, but was tested in a separate model against a deprivation count that excludes this indicator, and it shows no significant association with deprivation (Supplementary Table S1). Benefit type and income were not included either. Benefit type was not included because it coincides with one of the indicators, since every DC beneficiary is by definition deprived on disability in the household, so that including both would count the same characteristic twice; the differences between the three groups of beneficiaries are instead shown in Table 3. Household income, on the other hand, was not recorded in the questionnaire, and since GMA/PK and CA beneficiaries are all below the income threshold, it would in any case vary little. Municipality was entered as a set of dummy variables, and not through region or urban/rural status. For professionals, exploratory comparisons examined the perceived usefulness of cash assistance in relation to years of experience, role and municipality, and compared professionals' ratings of cash assistance with their ratings of licensed services, using non-parametric tests (Kruskal–Wallis, Mann–Whitney and Wilcoxon signed-rank) and Spearman's rank correlation, given the ordinal scale and the small subgroups.

Quantitative data were processed in IBM SPSS Statistics (version 32). Qualitative data were analysed thematically in ATLAS.ti (version 26.1.1), using an inductive coding process structured around the thematic domains covered in the questionnaire: education, employment, housing, nutrition, health, mobility, social inclusion and proposals for policy measures. The limitations that follow from this design are discussed in Section 6.6.

Table 3. Headcount ratio (H), intensity (A) and adjusted headcount ratio (MDI), by beneficiary category, municipality and ethnicity.

Group	H (%)	A (%)	MDI
Full sample	86.8	56.1	0.487
GMA/PK	88.1	56.2	0.496
CA	92.3	57.6	0.532
DC	81.5	54.5	0.444
Debar (Southwest region)	97.1	62.5	0.607
Kumanovo (Northeast region)	100.0	56.7	0.567
Sveti Nikole (Vardar region)	95.7	54.0	0.516
Resen (Pelagonija region)	95.7	52.8	0.505
Strumica (Southeast region)	92.3	51.0	0.471
Skopje-Chair (Skopje region)	72.2	59.6	0.431
Gostivar (Polog region)	70.0	55.4	0.388
Vinica (East region)	50.0	45.3	0.227
Turkish (ethnicity)	100.0	58.3	0.583
Roma (ethnicity)	87.8	63.9	0.561
Macedonian (ethnicity)	87.0	52.1	0.453
Albanian (ethnicity)	80.0	53.1	0.425

Source: Authors' calculations from the Multidimensional Deprivation Index.

5. Results

Social welfare in North Macedonia is received overwhelmingly by people of working age. They enter the system mainly because of unemployment or insufficient earnings in the case of GMA/PK and CA beneficiaries, and because of a health condition or disability in the case of DC beneficiaries. Table 2 presents the socio-demographic profile of the sample. The distribution of respondents across the eight municipalities follows from the sampling strategy, not the actual distribution of beneficiaries in the country.

GMA/PK beneficiaries were the largest group, followed by DC and CA recipients. Receipt of several benefits at once was most common among CA beneficiaries and least common among DC beneficiaries, reflecting the greater difficulty of combining disability-related entitlements with other benefits. Household structure also varied by benefit. GMA/PK beneficiaries most often lived in extended households with minor children or alone; CA beneficiaries were disproportionately single parents or parents of three or more children; and DC beneficiaries most often lived in childless couples or adult-only households, which suggests that in this group the extended household mainly provides care for the adult with a disability and not as a child-rearing arrangement. Educational attainment was low across all groups, and lowest among GMA/PK beneficiaries. Ethnic composition differed sharply as well: ethnic Macedonians predominated among DC and CA beneficiaries, while Roma were disproportionately concentrated among GMA/PK beneficiaries, a pattern examined formally below.

5.1. Depth and Composition of Deprivation

The large majority of respondents, 86.8%, are multidimensionally deprived (Table 3), and those who are deprived lack, on average, more than half of the indicators, which shows that the problem lies not only in how many beneficiaries are deprived, but also in how many

deprivations they face at the same time. Part of this high share follows from the design of the study, since all respondents receive benefits and two of the indicators relate to benefit receipt. However, even when these two indicators are left out, almost three quarters of beneficiaries remain deprived in at least three of the remaining six indicators (Supplementary Table S2), so the high level of deprivation cannot be explained by the construction of the index alone. Unemployment or irregular employment was by far the most common single deprivation, followed by high self-assessed household hardship, receipt of two or more benefits and long-term benefit receipt. Low education and vulnerable household composition were less widespread, though still substantial. By benefit type, CA beneficiaries recorded the highest index value, followed closely by GMA/PK, while DC beneficiaries recorded the lowest. The lower intensity among DC beneficiaries is probably due to the narrower, more clearly defined nature of disability-related deprivation, while GMA/PK and CA beneficiaries face a wider mix of overlapping problems. Still, the three values remain close: whichever benefit a person receives, their level of deprivation is similarly high.

Deprivation also varied substantially across the eight municipalities (Table 3). The highest values were observed in Debar (Southwest region), Kumanovo (Northeast region) and Sveti Nikole (Vardar region), followed by Resen (Pelagonija region), Strumica (Southeast region) and Skopje-Chair (Skopje region), and the lowest was observed in Gostivar (Polog region) and, lowest of all, was Vinica (East region). Rural municipalities generally showed higher values, although the largely urban municipality of Kumanovo ranked second overall, which indicates that local economic and social conditions, rather than rural or urban status alone, are associated with deprivation. Higher municipal deprivation was also associated with a larger share of Roma and Turkish respondents in the sampled population. Since only one municipality was selected from each region, and the sample is purposive, these differences describe local conditions and the composition of the sample in the selected municipalities, not the regions as a whole, and for the same reason, the comparisons with regional rankings in Section 6.2 can only be illustrative.

By ethnicity, the highest within-group deprivation was recorded among Turkish respondents, although this group is small (N = 12), so that any comparison involving it can only be indicative, while Roma respondents recorded the second-highest within-group deprivation and the highest average number of deprivations of any ethnic group. Applying census population weights changes the picture, however. Because the population shares of the smaller communities are comparatively small, ethnic Macedonians, who make up the majority of the relevant population, carry by far the largest share of the total weighted burden, followed by Albanians.

5.2. Lived Experiences of Poverty

Beneficiaries' own experience of poverty, in all three categories, was one of chronic material insufficiency, not of a single event. However, its concrete forms differed by group, depending on what each benefit is meant to address. GMA/PK beneficiaries linked poverty above all to the inability to meet basic material needs, cover personal necessities and pay utility bills, and, in the most severe cases, to afford food itself. They described recurring shortages of food, hot water and heating fuel, as well as constant uncertainty:

> "The support only covers the bills. If you skip electricity for a month or two, they cut it off straightaway. So, what about food? You have to cut back from somewhere". (GMA/PK beneficiary, Vinica)

CA beneficiaries described poverty mainly as the inability to provide adequately for their children and the lack of secure, non-seasonal employment. Several spoke about feeling guilty when they could not meet their children's requests:

> "Children ask, they don't ask whether you can provide it or not... You feel a bit guilty; sometimes the feeling as a mother is very bad. You can't give them what they're entitled to as children". (CA beneficiary, Skopje-Chair)

For DC beneficiaries, poverty meant a daily choice between buying medication and buying food:

> "The medicine I buy for my husband costs three to four thousand denars... never mind going into a shop and wanting an apple, or grapes; you see it, you want it, and you can't afford it". (DC beneficiary, Kumanovo)

This was made worse by uncertainty over whether the entitlement would be renewed at each review, and by a significant loss of dignity associated with the recurring need to "prove" a permanent condition before medical commissions, an administrative burden not shared by the other two groups.

The causes participants gave for their situation varied by group but shared a common structural core. Unemployment, low wages and administrative failures, such as unrecorded employment histories that later disqualify people from pension entitlements, were reported in all three groups, along with individual accounts of over-indebtedness and, among GMA/PK beneficiaries, of direct discrimination in hiring. As one beneficiary from Kumanovo put it, "We go looking for some kind of work, there isn't any... the moment they see you're Roma, there's no work." CA beneficiaries stressed the risk of losing benefits upon taking up formal employment and the lack of affordable childcare. DC beneficiaries centred their accounts on health itself: disability both prevents employment and creates costs that the state does not cover, while these difficulties are compounded by weak enforcement of employment quotas and by inaccessible public buildings, including, in some municipalities, the Centres for Social Work themselves. Transport to the commissions, often located in distant regional centres, came up repeatedly as a serious financial burden:

> "For example, when you go for a commission review for the renewal of the disability compensation, you have to pay for a taxi to Skopje. Having the taxi wait for you there costs 6000 denars. And then the commission itself costs another 1200 to 1250 denars". (DC beneficiary, Strumica)

Perceptions of the usefulness of benefits differed sharply and consistently across the three groups. Views of GMA/PK assistance were the most sceptical: participants criticised both the amount and the household-based calculation, which excludes households with any employed or pension-receiving member, regardless of whether that income is actually shared. Views of the child allowance were similarly critical, with participants describing it as insufficient to cover even a week's worth of food or basic school supplies. DC beneficiaries, by contrast, rated their benefit markedly higher, describing it as necessary and, to some extent, valuable, while still considering it clearly insufficient. This ranking, with GMA/PK assessed least positively, followed by CA and then DC, recurs in both the quantitative ratings and the qualitative accounts.

Employment barriers also varied by group and locality. GMA/PK beneficiaries in smaller municipalities pointed to scarce local job openings, while those in larger ones stressed age discrimination and the fear that formal employment would cost them their benefit without offering job security in return. CA beneficiaries pointed above all to the lack of affordable childcare, while DC beneficiaries faced structural barriers largely outside their control. Unmet needs showed both common ground and group-specific emphasis. Specialist health care, adequate housing and public transport were reported as barriers in all eight municipalities. GMA/PK beneficiaries asked mostly for employment assistance and greater transparency in one-off assistance, which several described as subject to political favouritism. CA beneficiaries asked for subsidised transport and social housing, while DC

beneficiaries most often asked for financial assistance, support in dealing with municipal services, specialised transport and heating fuel.

5.3. Determinants of Deprivation

To test whether the ethnic pattern holds once other factors, particularly location, are taken into account, the number of deprivations was regressed on age, gender, ethnicity and municipality, as described in Section 4 (Table 4). Indicators that are themselves components of the deprivation count were left out deliberately, so that the model examines only characteristics independent of the index.

Table 4. Beneficiary characteristics associated with the number of deprivations (linear regression).

Characteristic	B	SE	95% CI	*p*
Debar (vs. Vinica)	2.65	0.37	1.91, 3.38	<0.001
Kumanovo (vs. Vinica)	1.89	0.40	1.10, 2.69	<0.001
Sveti Nikole (vs. Vinica)	1.86	0.38	1.10, 2.62	<0.001
Strumica (vs. Vinica)	1.74	0.44	0.88, 2.60	<0.001
Skopje-Chair (vs. Vinica)	1.48	0.42	0.65, 2.31	0.001
Gostivar (vs. Vinica)	1.47	0.49	0.50, 2.43	0.003
Resen (vs. Vinica)	1.42	0.37	0.70, 2.15	<0.001
Roma (vs. Macedonian)	0.80	0.27	0.27, 1.34	0.004
Turkish (vs. Macedonian)	0.17	0.40	−0.61, 0.96	0.661
Albanian (vs. Macedonian)	−0.45	0.33	−1.10, 0.20	0.174
Women (vs. men)	0.61	0.20	0.22, 1.00	0.002
Age (years)	−0.014	0.008	−0.029, 0.002	0.084
Constant	2.62	0.52	1.59, 3.65	<0.001

Note: B = unstandardised coefficient (difference in the number of deprivations); SE = standard error; CI = confidence interval. Municipality comparisons are relative to Vinica, and ethnicity comparisons are relative to ethnic Macedonian beneficiaries. N = 152; $R^2 = 0.38$; adjusted $R^2 = 0.33$; $F(12, 139) = 7.24$, $p < 0.001$. Further models are given in Supplementary Table S1.

Place of residence is the factor most strongly associated with deprivation in this sample. Beneficiaries in seven of the eight municipalities experienced significantly greater deprivations than those in Vinica, the least deprived site, with gaps as large as 2.6 additional deprivations in Debar, net of age, gender and ethnicity. Roma beneficiaries still had significantly more deprivations than ethnic Macedonians after accounting for location, so this difference cannot be explained only by where Roma beneficiaries live. The situation is different for Turkish beneficiaries, who are no longer more deprived than ethnic Macedonians once municipality is included, which means that their disadvantage in the simpler model reflected the municipalities where most of them live rather than ethnicity as such. Gender, on the other hand, becomes significant only once municipality is included, since Debar, the most deprived municipality, is disproportionately male, while in every municipality, women report greater deprivation than men. Age shows no clear association with the number of deprivations, neither in the main model nor in the Poisson specification, where its effect is very small. Hence, next to the place where beneficiaries live, ethnicity and gender also play a significant, although secondary, role in the intensity of deprivation, and the same results hold in the Poisson specification and when the two welfare-system indicators are removed from the deprivation count (Supplementary Table S1).

5.4. How Beneficiaries and Professionals Assess the System

The usefulness ratings give an indirect but telling measure of how well the social protection system serves the population it is meant to protect (Table 5). None of the three benefits receives a rating that could be called adequate, and even DC, the most positively assessed, sits closer to the midpoint of the scale than to real satisfaction.

Table 5. Perceived usefulness of cash assistance and licensed social services.

Panel A: Mean usefulness ratings, by respondent group		
Respondent group	**Mean usefulness, 1–5 (SD)**	**N**
GMA/PK beneficiaries	2.58 (1.10)	59
CA beneficiaries	2.69 (1.06)	39
DC beneficiaries	3.30 (1.02)	54
Professionals rating cash assistance	2.64 (1.00)	56
Professionals rating licensed social services	3.32 (1.05)	57
Panel B: Professionals' usefulness ratings by respondent characteristics		
Variable	**Mean rating of cash assistance (N); p**	
Years of experience	1–5 years: 2.36 (14); 6–10: 2.53 (17); 11–15: 3.62 (8); over 15: 2.53 (17); $p = 0.047$	
Role	CSW staff: 2.71 (51); licensed providers: 2.00 (5); $p = 0.13$	
Municipality	From 1.86 in Vinica (7) to 3.50 in Strumica (8); $p = 0.12$	
Association with rating of licensed services	$\rho = 0.00$; $p = 0.99$	

Source: Beneficiary questionnaire and professional survey. Note: SD = standard deviation. One professional did not rate cash assistance. Tests are described in Section 4; full descriptive statistics are given in Supplementary Table S3.

Professionals who administer these benefits judge cash assistance in much the same way as beneficiaries do, since their rating lies within the range of the ratings of the three beneficiary groups (Table 5). While the three groups of beneficiaries differ significantly among themselves ($p < 0.001$), the rating of professionals differs only from the more positive rating of DC beneficiaries ($p = 0.001$). Among beneficiaries, the ranking does not follow the benefit amount or the security of eligibility in any simple way. DC beneficiaries rate their benefit most positively, although they face the same recurring risk of losing it, through periodic review, as GMA and CA beneficiaries face through changes in household income or employment. Among DC beneficiaries, however, ratings rise with the number of years already spent on the benefit (Supplementary Table S3), which suggests that continuity of status, once established, matters more than the formal possibility of losing it.

The professional survey adds a further layer (Table 5, Panel B). Professionals' ratings of cash assistance rise with years of experience up to 11–15 years and then decline among those with more than 15 years. Ratings are similar across roles and municipalities, without a clear pattern or statistically significant differences. Professionals' assessment of cash assistance is not associated with their assessment of licensed services, but on average they rate licensed services considerably better than cash assistance ($p = 0.003$). This suggests that their scepticism is directed at the cash transfer itself and not at the social protection system as a whole, although, given the small number of professionals in the survey, this comparison can only be indicative.

Professionals point to inadequate education, health-related causes and job loss as the main factors behind their clients' deprivation. Beneficiaries see it differently: they rarely blame their own education, and point instead to the absence of jobs and to discrimination. Across specific domains, professionals identified unemployment as the main daily challenge of their clients, described a widespread lack of municipal housing support and named the lack of public transport as the main obstacle to accessing services, particularly in Gostivar and Resen. One professional described the employment dilemma in very concrete terms:

> "GMA/PK beneficiaries are all able to work, and in practice already work as day labourers paid cash in hand. When factories offer them seasonal contracts for a few months, they turn them down because their benefit would be cut". (CSW professional, Strumica)

Asked to name the single most important measure for reducing poverty, most professionals pointed to job creation, while institutional coordination among Centres for Social Work, employment centres, health institutions and municipalities came up repeatedly.

5.5. Needs That Remain Outside the Benefit

Despite being covered by the social protection system, beneficiaries still report several deprivations that make them vulnerable and that cannot be resolved through the cash benefit alone. Table 6 compares, for each category of beneficiaries, what the present right provides with the deprivations that the MDI identifies among them, and shows to which services a multidimensional assessment could refer them. In all three categories, unemployment or irregular work is the most frequent deprivation, followed by high self-assessed hardship among GMA/PK and DC beneficiaries and by the receipt of several benefits among CA beneficiaries, while unmet housing or employment needs are most visible among GMA/PK and CA beneficiaries, and a vulnerable household composition among CA beneficiaries. However, what the present right offers in response to these deprivations is rather limited. For GMA/PK beneficiaries, the right is conditioned on active job search and the law foresees joint activation plans with the employment services (Section 3), while for CA and DC beneficiaries, the right is limited to the cash transfer, and any other support depends on a separate application.

Table 6. Comparison between the present eligibility rules and the proposed MDI, by category of beneficiaries.

Category	What the Present Right Provides	Main Deprivations Identified by the MDI (% Deprived)	Possible Referrals Following a Multidimensional Assessment
GMA/PK (N = 59)	Cash benefit with energy subsidy, conditioned on active job search; joint activation plans foreseen by law but applied mostly formally; the benefit is discontinued or the amount reduced immediately upon accepting a job; other rights only through separate applications	Unemployment or irregular work (98.3); high self-assessed hardship (76.3); multiple benefit receipt (62.7); unmet housing or employment need (59.3); long-term receipt (47.5); low education (45.8)	Employment mediation and training, with the possibility of combining work with the benefit; adult education and second-chance programmes; social housing and help with housing costs; one-off assistance, financial counselling and referral to licensed social service providers; case management for the household as a whole

Table 6. *Cont.*

Category	What the Present Right Provides	Main Deprivations Identified by the MDI (% Deprived)	Possible Referrals Following a Multidimensional Assessment
CA (N = 39)	Cash benefit for the children in the household, income-tested; other rights only through separate applications	Unemployment or irregular work (100.0); multiple benefit receipt (94.9); high self-assessed hardship (69.2); unmet housing or employment need (66.7); vulnerable household composition (51.3)	Childcare; employment mediation, with the right to keep part of the child allowance while working; family support and counselling through licensed social service providers; social housing and help with housing costs; case management for the household as a whole
DC (N = 54)	Cash benefit without an income test; repeated review by the commission, in practice also for permanent conditions, with travel costs borne by the beneficiary	Unemployment or irregular work (87.0); high self-assessed hardship (59.3); long-term receipt (55.6); multiple benefit receipt (46.3)	Care and rehabilitation, with help in accessing specialist health care; support in the assessment procedure, including field visits by the commission; transport; employment in adapted workplaces; referral to licensed social service providers; case management for the household as a whole

Note: For DC beneficiaries, disability in the household applies by definition and is not shown. Multiple benefit receipt refers to all social protection rights reported by beneficiaries, as in Table 2. The third column shows only the deprivations found among at least 40% of the beneficiaries in each category, listed from the most to the least frequent. Source: Beneficiary questionnaire (N = 152); referrals are the authors' proposal.

6. Discussion

6.1. What Beneficiaries Lack Beyond Income

Poverty among social welfare beneficiaries in North Macedonia is multidimensional, not only widespread. Most respondents are deprived in three or more indicators at once, which confirms the premise of Alkire and Foster (2011) that poverty accumulates through mutually reinforcing deprivations that are difficult to address through isolated interventions. Unemployment is the most widespread deprivation, but it rarely comes alone. Its co-occurrence with high self-assessed hardship, the receipt of several benefits, long-term benefit receipt and, in many cases, low education points to structural, individual and psychosocial factors acting together, as shown by the fact that CA beneficiaries combine the highest average deprivation with levels of self-assessed hardship that are essentially the same as those of GMA/PK beneficiaries. Poverty, in beneficiaries' own words, is not only the absence of money; it is the inability to take part in social life, to provide for one's children or to plan for the future, which shows that poverty is experienced well beyond its material core (Krumer-Nevo 2020, pp. 30–31).

The most important finding, in our view, concerns what the main eligibility criterion does not see. Every respondent already passed an income or disability test, and for this test, they are all the same, since it only establishes that the household income is below the threshold or that the disability has been certified. The MDI, applied to the same people, gives a very different picture, ranging from 0.444 among DC beneficiaries to 0.532 among CA beneficiaries, and from 0.227 in Vinica to 0.607 in Debar. In other words, people who are equal in the eyes of the eligibility rule are not equally deprived, with modest differences between the three benefits but considerable differences between places. Moreover, most of what the MDI shows lies outside the scope of the benefit they receive (Section 5.5), and therefore remains invisible to the eligibility test.

In terms of the distinction drawn by Halleröd et al. (2026), the eligibility test establishes poverty or entitlement, while the MDI captures the deprivations that come with it: the lack of work, of health care, of housing, of transport and of childcare, which are both causes and consequences of poverty and, at the same time, the very areas in which services could help.

The fact that only 86.8%, and not all, beneficiaries meet the multidimensional threshold, and that intensity differs by benefit, is consistent with the argument of Kakwani and Son (2026) that resource-based poverty and multidimensional deprivation are not the same thing, although it may also partly be a result of the choice of the counting threshold. Either way, it shows that being entitled to a benefit and being deprived across several dimensions do not fully overlap.

The qualitative material also reveals what Krumer-Nevo (2020, pp. 30–31) calls the relational and symbolic layer of poverty. Accounts of monthly trade-offs between utility bills and food confirm material scarcity, but beneficiaries also spoke about shame before their children, about political favouritism in one-off assistance and about the humiliation of having to prove, again and again, a condition that will not change. This is most visible among DC beneficiaries. Although they record the lowest MDI of the three groups, their disadvantage may be greater than the index shows. It is a result of barriers well beyond the health condition itself: the absence of adapted workplaces, discrimination in employment, physically inaccessible buildings and limited access to health services. Beneficiaries repeatedly described themselves as "forgotten" by institutions and burdened by the demands of the disability-assessment commissions, including the cost of travelling to them. These findings give a strong basis for reforms that would guarantee permanent status for people with permanent disabilities and bring the assessment closer to them, for example through field visits.

6.2. Place and Ethnicity

The ethnic analysis shows significant inequalities, with Turkish and Roma respondents recording the highest within-group deprivation. This is consistent with the systemic marginalisation of Roma in education, employment, housing and health care documented elsewhere (Ullah et al. 2024; Robayo-Abril and Echeverria 2025), and with the stereotypical attitudes of frontline social protection workers towards Roma applicants and beneficiaries observed across the region (Gerovska Mitev and Perišić 2024, p. 193). The regression shows that the Roma disadvantage, unlike the Turkish one, is not explained by age, gender or even local context; it remains significant, supported by beneficiaries' own accounts of discrimination in hiring. When population weights are applied, the largest absolute burden falls on ethnic Macedonians, simply because they make up the largest share of the population. This has direct consequences for policy design: interventions need to reach both the groups with the highest individual intensity of deprivation and those carrying the largest absolute burden, not only one or the other.

In this sample, place matters even more. The national multidimensional poverty atlas developed within the same project (Section 1) describes the general population and not the lived experience of any single household. Where the two approaches agree, they reinforce each other: the spatial index ranks the Northeast region as the most deprived in the country, and the fieldwork, conducted independently, reaches the same conclusion, with Kumanovo recording the second-highest deprivation among the eight municipalities. Where they diverge, the divergence itself is informative. The spatial index ranks Skopje-Chair among the least deprived areas, yet most of the surveyed beneficiaries there are multidimensionally deprived; the opposite holds for Debar, ranked favourably by the spatial index but recording the highest deprivation in the fieldwork. Vinica records the lowest fieldwork deprivation and is seen locally as a positive example, yet the same fieldwork documents an unfinished water and sewerage network concentrated in its Roma neighbourhood. This illustrates the point made by Lanau et al. (2020, p. 163) that taking services into account is likely to change the geography of poverty, and it shows how municipal averages can hide deep inequalities within a municipality. The comparison with the national child poverty index of

Srbinoski et al. (2021) points in the same direction: three of the four regions they identify as most deprived for children are represented in our sample by some of the least deprived municipalities, and only Strumica (Southeast, MDI = 0.471) shows a correspondingly high value, although the two studies converge on which dimensions and groups matter most. For policy, the lesson is that a locally grounded assessment is necessary, since national rankings alone could direct support away from the places where it is most needed.

6.3. How Eligibility Rules Keep People in Poverty

The evidence also suggests that the eligibility rules themselves contribute to keeping beneficiaries in poverty instead of helping them out of it. This is not simply a restatement of the welfare-system indicators in the MDI. The clearest evidence comes from beneficiaries' own accounts. The household-based calculation of GMA withdraws support as soon as a member enters formal employment or starts receiving a pension, regardless of whether the income is actually shared, and beneficiaries describe organising their lives around this rule and not around finding stable work. CA beneficiaries independently describe avoiding formal employment because it puts the child allowance at risk: "If they gave us work now, we'd work, but if we do get taken on, they'll cut our social assistance. That's the problem" (CA beneficiary, Skopje-Chair). The professional from Strumica, quoted above, describes the same logic from the professionals' side.

This does not mean that beneficiaries are unwilling to work. As Krumer-Nevo (2020, p. 27) argues, from a structural perspective, not taking a formal job is in fact a rational choice of a stable, although limited, income over an insecure job under unaffordable conditions in the labour market. The same pattern is found across the region, where beneficiaries try to work in the grey economy so as not to lose their cash social assistance, which is itself rather low (Gerovska Mitev and Perišić 2024, p. 187). In North Macedonia, where, as shown in Section 3, the first step into formal work can cost a household its GMA and all the benefits attached to it, the rational choice for many is informal day labour. The problem lies in the design, not in the beneficiaries. The Council Recommendation is clear on this point, as it recommends that income support can be combined with earnings from work, phased out gradually, or kept during short or sporadic work (Council of the European Union 2023, para. 11(c)).

Multiple-benefit receipt and long-term benefit receipt, two of the MDI's indicators, describe the same pattern from the side of the system. The finding that 65.1% of beneficiaries receive two or more benefits at once is not offered as independent proof of a poverty trap, but it is consistent with what beneficiaries tell us: reliance on the system is chronic and cumulative rather than a bridge out of poverty. The Croatian experience helps to explain why. Where each benefit is too small on its own, professionals combine several, so that the status of social assistance recipients becomes, in a way, the key to all other material and non-material rights (Matančević and Opačić 2024, p. 88). The same holds in North Macedonia, where GMA status opens access to energy support, child benefits and fee exemptions. Under such a design, losing the status means losing almost everything, and keeping it becomes a strategy. This connects to the broader targeting problem documented by Hlasny et al. (2022): a single income threshold cannot register this kind of entrapment at all.

6.4. Perceptions of Beneficiaries and Professionals on the Determinants of Poverty

Beneficiaries and professionals agree that the system does little to help people out of poverty, but, as shown in Section 5.4, they explain it differently. This is close to what Davids and Gouws (2013) and Družić Ljubotina et al. (2022) find in very different settings: the explanation of poverty tends to depend on the position of the person explaining it. It also

echoes Monnickendam et al. (2010), whose directors of social services did not see their caseloads as poor and therefore built few services around poverty.

We do not see this as a failure of individual professionals. As Krumer-Nevo (2020, pp. 29–30) points out, social workers may well agree that poverty has structural causes, but when they face a particular client they turn to individual explanations, since structural analysis gives them few tools for their everyday work. Our professionals work in Centres for Social Work that combine the administration of cash benefits with social work, under a heavy administrative burden and with too few staff (Gerovska Mitev and Bornarova 2024, p. 127). In such conditions, an assessment framed around eligibility and compliance pushes attention towards individual characteristics, while the structural barriers named by beneficiaries, such as missing jobs, transport and childcare, fall outside what the institution can act upon. The regional experience shows where this path leads: social work is often blamed for failures that are in fact systemic (Gerovska Mitev and Perišić 2024, p. 187), and Centres for Social Work risk turning into institutions of supervision and control rather than of support (Leskošek 2024, p. 69). Indeed, when asked about solutions, the same professionals who stress individual causes did not propose individual change, but job creation and coordination among institutions (Section 5.4).

6.5. From Eligibility to Multidimensional Access: Implications for Practice

What, then, can a multidimensional approach add to social policy practice? We believe its main contribution is not in measurement but in access. A multidimensional assessment, applied to everyone who passes the income or disability test, could serve as an additional access criterion, identifying which deprivations a beneficiary faces and therefore which additional services should follow, regardless of the main purpose of the benefit they receive. In the terms of Lanau et al. (2020, p. 152), the same deprivation can have different causes requiring different remedies; the task of the assessment is to distinguish between them. For a DC beneficiary in Strumica, the answer may be transport and a field visit by the commission; for a single mother in Skopje-Chair, it may be childcare and the right to keep part of the child allowance while working; for a Roma GMA beneficiary in Kumanovo, it may be employment mediation that confronts discrimination directly. None of these needs are visible through the income or disability test, and none is reached by it.

The last column in Table 6 links the deprivations identified by the MDI with the services to which a multidimensional assessment could refer beneficiaries, from employment mediation and adult education to housing support, care and rehabilitation. Transport, childcare and access to health care were raised by beneficiaries in the focus groups, but since they could not be measured through the questionnaire (Section 4), they are not separate indicators in the present MDI. Hence, in practice, the index would serve as a first indication of accumulated deprivation, while the needs assessment that follows would also cover these areas, and in a further version of the index, they could be added as separate indicators.

This is not an idea from outside the European policy framework, since it follows the multidimensional needs assessment and the timely referral to services that the 2023 Council Recommendation asks for (Section 2.2). The MDI developed here, built from deprivations that beneficiaries themselves reported, offers one locally grounded way of putting this into practice, and it can also help municipalities, which have the legal possibility to provide additional support, to see where their own services are missing. In addition, our data show that the present system responds to greater deprivation mainly through additional cash benefits (Spearman's $\rho = 0.28$, $p < 0.001$), while 48.5% of the deprived beneficiaries name housing or employment as the help they need most. Hence, most of the needs identified by the MDI remain without adequate support. However, our data do not allow us to assess the effects of the MDI itself on access to services, since an assessment is not yet applied in

practice. This would require a pilot in several Centres for Social Work, comparing referrals to services before and after its introduction.

Two conditions are, however, decisive. The first concerns institutions. The Italian evidence shows that what makes such an approach work is not its formal design but the quality of cooperation between social services and employment services (Busilacchi et al. 2025, p. 294). In North Macedonia, the 2019 Law already foresees joint activation plans and case management, yet cooperation remains largely formal; the Centres for Social Work remain overloaded, and municipalities have no obligation to provide services. Without staff, without services to refer people to, and in the context of the 2026 budget cuts, an additional assessment would only add another administrative procedure to an already overburdened system. The second condition concerns purpose. Krumer-Nevo (2020) warns that standardised assessment can easily become an instrument of control, and the Italian move from social-service diagnosis to an algorithm shows how quickly a multidimensional assessment can drift towards workfare (Busilacchi et al. 2025, p. 283). An access tool must therefore widen access, and never narrow it. It should not become a new condition for receiving the benefit, nor a means of checking on beneficiaries, and it should be applied alongside relationship-based assessment by social workers, who know the families and their circumstances. Gao et al. (2022) remind us of a third, simpler point: even a well-designed assessment cannot replace an adequate benefit. With GMA at 23.2% of the minimum wage, services are a complement to adequate income support, not a substitute for it.

Although the empirical findings are specific to North Macedonia, both the method and the lessons have relevance beyond it. The profile of our beneficiaries, with low education, irregular work and many single parents, is typical of minimum income recipients across Europe (Nardo et al. 2026, pp. 308–9). The clustering of deprivations among long-term beneficiaries, the disproportionate exposure of Roma communities and the bureaucratic barriers in disability-related assistance are patterns that may well be found across the transition countries of Central and Southeast Europe. In many of them, access to social protection is decided in a similar way, potentially producing the same kind of trap documented here.

6.6. Limitations

The study has several limitations. The sample is purposive rather than nationally representative, so the high rate of multidimensional deprivation describes conditions in the eight municipalities studied, not a proportion applicable to all beneficiaries. This also explains why the MDI is considerably higher than the national child MPI of Srbinoski et al. (2021): the two indices measure different populations, as our respondents were already receiving social welfare because of income or disability status rather than being sampled from the general population. The research is cross-sectional and cannot capture change over time; it relies on self-reported data, which may be affected by selective recall; and it does not include children as respondents. Also, it does not capture people at risk of poverty who do not reach the welfare system at all, a group that is likely to be large in Central and Eastern Europe (Nardo et al. 2026); our argument about multidimensional access applies to those inside the system, while those outside it need a separate response. The determinants analysis calls for particular caution: the regression and the comparisons among professionals are exploratory, sample sizes limit the power to detect moderate effects, and the beneficiary model leaves out variables that are components of the deprivation count, which are instead documented descriptively. These findings are hypothesis-generating rather than a substitute for confirmatory analysis on larger samples. Finally, as discussed in Section 4, the MDI combines indicators of deprivation with indicators of the causes and consequences of poverty; it is offered as a tool for identifying needs, not as a measure of poverty as such.

7. Conclusions

The example of social welfare beneficiaries in North Macedonia shows that the main eligibility criterion does not fully assess the multidimensional nature of poverty. The findings show that poverty in this population is systemic, cumulative and multidimensional. Unemployment is the most pervasive deprivation, but its co-occurrence with high hardship, the receipt of several benefits, long-term benefit receipt and, in many cases, low education shows that no single intervention is sufficient. The three groups of beneficiaries show comparably high, though not identical, levels of deprivation, each shaped by different barriers: material exclusion for GMA/PK beneficiaries, caregiving pressures for CA beneficiaries and health-related exclusion for DC beneficiaries. Among the selected municipalities, place of residence stands out as the factor most strongly associated with deprivation; Roma beneficiaries face a disadvantage that remains even when place of residence is taken into account; and ethnic Macedonians carry the largest absolute share of the burden simply because of their population share. Professionals agree with beneficiaries on the central role of unemployment, health and institutional shortcomings, but give more weight to individual causes, a difference that comes more from their institutional position than from their personal views.

Income and disability tests can establish who is poor or entitled, but they cannot show what people lack beyond income, and they only rarely open access to the services that might help them out of poverty. In their present form, the eligibility rules even contribute to keeping beneficiaries in poverty, by penalising formal work and by tying access to almost all support to one status. Hence, the income or disability test should remain the entry point, but it should be complemented by a locally grounded multidimensional assessment that serves as an additional access criterion, identifying for each beneficiary the enabling and essential services they need, regardless of the main purpose of the benefit they receive. Before it is introduced more widely, such an assessment should be piloted, in order to show whether it actually improves access to services. Such a reform would bring North Macedonia closer to the 2023 Council Recommendation on adequate minimum income. It should go hand in hand with a gradual phasing out of GMA upon formal employment, a link between benefit levels and the minimum wage or the poverty line, permanent status for people with permanent disabilities, and adequate investment in the Centres for Social Work, in local services and in cooperation between social and employment services. Without this, a new assessment would remain one more procedure on paper. We believe this implication is not confined to North Macedonia. It also concerns the relationship between social policy and social work. Social workers see every day what beneficiaries lack beyond income, yet this knowledge rarely reaches policy design. A multidimensional assessment could become the channel through which practice informs policy, but only if policy, in turn, provides practice with the services, staff and mandate to respond.

Supplementary Materials: The following supporting information can be downloaded at https://www.mdpi.com/article/10.3390/socsci15120821/s1. Table S1: Regression models of the number of deprivations; Table S2: Sensitivity of the MDI to thresholds, indicators and weights; Table S3: Usefulness ratings of beneficiaries and professionals.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in the study. Participants were informed about the purpose of the study, the use of their data and the assurance of anonymity, and gave verbal consent before taking part.

Data Availability Statement: The datasets presented in this article are not readily available because they contain sensitive personal information on social welfare beneficiaries and are protected by the confidentiality assured to participants. Requests to access the datasets should be directed to the corresponding author.

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